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.

Moda Large Group Commercial Formulary
Alphabetical Index
Last Updated 8/1/2026

Drug Name	Special Code	Tier	Category
5-hydroxytryptophan tab	OTC	EXC	ALTERNATIVE MEDICINES
5 BLADE CART MIS /TRIMMER	OTC	EXC	MEDICAL DEVICES AND SUPPLIES
5-HTP/B6 AND C TAB	OTC	EXC	ALTERNATIVE MEDICINES
5-HYDROXYTRYPTOPHAN TAB DISINTEGRATING	-	EXC	ALTERNATIVE MEDICINES
A THRU Z CHW SELECT	OTC	EXC	MULTIVITAMINS
A THRU Z TAB ADVANTAG	OTC	EXC	MULTIVITAMINS
A1CNOW+ PROF KIT SYSTEM	OTC	EXC	DIAGNOSTIC PRODUCTS
abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days)	QL	Select	ANTIVIRALS
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
ABANEU-SL SUB	-	EXC	HEMATOPOIETIC AGENTS
ABECMA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABILIFY ASIMTUFII INJ 720MG/2.4ML	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY ASIMTUFII INJ 960MG/3.2ML	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MAINTENA INJ	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE PACK (QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics)	QL-ST	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE TAB (QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics)	QL-ST	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	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
ABLYSINOL SOLN	-	EXC	CARDIOVASCULAR AGENTS - MISC.
ABRAXANE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABREVA RAPID PAIN RELIEF	-	EXC	MOUTH/THROAT/DENTAL AGENTS
ABRILADA INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
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

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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
ABSORICA CAP (Step Therapy requires trial of amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, or zenatane cap)	ST	Non-Preferred Brands	DERMATOLOGICALS
ABSORICA LD CAP (QL= 2 caps/day)	QL	Non-Preferred Brands	DERMATOLOGICALS
ACACIA INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ACAM2000 INJ	-	Preventive	VACCINES
acamprosate calcium DR tab (CAMPRAL equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	Select	ANTIDIABETICS
ACCRUFER CAP	-	EXC	HEMATOPOIETIC AGENTS
acebutolol cap (SECTRAL equiv)	-	Select	BETA BLOCKERS
acetaminophen cap	OTC	EXC	ANALGESICS - NONNARCOTIC
acetaminophen chew tab	OTC	EXC	ANALGESICS - NONNARCOTIC
acetaminophen powd pack	OTC	EXC	ANALGESICS - NONNARCOTIC
ACETAMINOPHEN SUPP	-	EXC	ANALGESICS - NONNARCOTIC
acetaminophen susp	OTC	EXC	ANALGESICS - NONNARCOTIC
acetaminophen tab	OTC	EXC	ANALGESICS - NONNARCOTIC
acetaminophen tab er	OTC	EXC	ANALGESICS - NONNARCOTIC
acetaminophen w/ dm liq	OTC	EXC	COUGH/COLD/ALLERGY
ACETAMINOPHEN W/ DM LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB (QL= 10 tabs/day)	QL	High Cost Generics	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	Select	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	Preferred Brands	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	Select	MIGRAINE PRODUCTS
acetaminophen-caffeine tab	OTC	EXC	ANALGESICS - NONNARCOTIC
acetaminophen-caffeine-pyrilamine tab	OTC	EXC	ANALGESICS - NONNARCOTIC
acetaminophen-pamabrom-pyrilamine tab	OTC	EXC	ANALGESICS - NONNARCOTIC
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	Select	DIURETICS
acetazolamide tab	-	Select	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	Select	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	Select	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	EXC	OTIC AGENTS
ACETYL L-CARNITINE HCL CAP	-	EXC	NUTRIENTS
acetylcarnitine-alpha lipoic acid cap	OTC	EXC	ALTERNATIVE MEDICINES
acetylcysteine soln (MUCOMYST equiv)	-	Select	COUGH/COLD/ALLERGY
ACID GONE SUSP	-	EXC	ANTACIDS
ACIOXIA GEL (QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- (crm, lot, oint))	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
ACIPHEX SPRINKLE CAP (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
ACIPHEX TAB (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS

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acitretin cap (SORIATANE equiv) (Step Therapy requires trial of calcipotriene (cream/oint/soln), tazarotene 0.1 cream, or tacro oint)	ST	High Cost Generics	DERMATOLOGICALS
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ACTHAR HP GEL INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHAR INJ 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHAR INJ GEL (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTICLATE TAB (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Non-Preferred Brands	TETRACYCLINES
ACTIFRUIT CHEW	-	EXC	ALTERNATIVE MEDICINES
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ANTINEOPLASTICS
ACTINEL LIQUID (QL= 1200ml/30 days)	QL	Preferred Brands	COUGH/COLD/ALLERGY
ACTINEL PEDIATRIC LIQUID (QL= 2400ml/30 days)	QL	Non-Preferred Brands	COUGH/COLD/ALLERGY
ACTIVITE TAB	OTC	EXC	MULTIVITAMINS
ACTONEL TAB 150MG (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTONEL TAB 30MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTONEL TAB 35MG (QL= 4 tabs/28 days)	QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTONEL TAB 5MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTOPLUS MET TAB	-	Non-Preferred Brands	ANTIDIABETICS
ACTOPLUS MET XR TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands	ANTIDIABETICS
ACULAR LS OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
ACUVAIL OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
ACYCLONINE MUM AERO POWDER	-	EXC	MOUTH/THROAT/DENTAL AGENTS
acyclovir cap (ZOVIRAX equiv)	-	Select	ANTIVIRALS
acyclovir cream (ZOVIRAX equiv)	-	High Cost Generics	DERMATOLOGICALS
acyclovir oint (ZOVIRAX OINT equiv)	-	Select	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	Select	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	Select	ANTIVIRALS
ACZONE GEL 5% (QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
ACZONE GEL 7.5% (QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
ADACEL/BOOSTRIX INJ	VAC	Preventive	TOXOIDS
ADALIMU-ADAZ INJ 80/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMU-ADBM KIT (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMU-ADBM KIT (QL= 4 inj/28 days, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMU-ADBM KIT (QL= 6 inj/28 days, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMU-ADBM KIT 40/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMU-FKJP KIT 20/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB KIT ADBM (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY KIT (QL= 2 inj/28 days)	PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY KIT 20MG/0.2ML (QL= 2 inj/28 days)	PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY KIT 80MG/0.8ML (QL= 1 kit/365 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ 10MG/0.1ML (QL= 0.2ml/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier	Category
ADALIMUMAB-ADAZ INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADBM KIT (QL= 1 pack/fill, 1 fill/year; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-BWWD AUTO-INJECTOR 40MG/0.4ML (QL= 0.8mL/28 days)	LMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-BWWD PREFILLED SYRINGE 40MG/0.4ML (QL= 0.8mL/28 days)	LMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML (QL= 2 inj/2 days)	LMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 40MG/0.4ML (QL= 2 inj/28 days)	LMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK INJ (QL = 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK INJ (QL= 2 syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK INJ 40MG/0.4ML (QL= 2 inj/28 days)	PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK INJ 80MG/0.8ML (QL= 2 inj/28 days)	PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
adapalene cream (DIFFERIN equiv) (QL= 360g/30 days)	QL	Select	DERMATOLOGICALS
adapalene gel	OTC	EXC	DERMATOLOGICALS
adapalene gel 0.3% (DIFFERIN equiv) (QL= 360g/30 days)	QL	Select	DERMATOLOGICALS
ADAPALENE SOLN (QL= 360mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	EXC	DERMATOLOGICALS
ADAPALENE/BENZOYL PEROXIDE PAD	-	EXC	DERMATOLOGICALS
ADAPALENE/BENZOYL PEROXIDE/NIACINAMIDE GEL	-	EXC	DERMATOLOGICALS
adapalene-benzoyl peroxide gel 0.3-2.5% (EPIDUO equiv)	-	EXC	DERMATOLOGICALS
ADAZIN CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
ADBRY INJ (QL= 4 syringes/28 days)	LMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS

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ADBRY INJ (QL= 4ml/28 days)	LMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
ADC/FLUORIDE DROP	-	EXC	MULTIVITAMINS
ADDERALL TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADDERALL XR CAP	-	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADDERALL XR CAP 10MG (QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADDERALL XR CAP 15MG (QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADDERALL XR CAP 20MG (QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADDERALL XR CAP 30MG (QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADDERALL XR CAP 5MG (QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADDYI TAB	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day)	AMSP-QL	Generic Specialty	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
ADENOCAINE INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.
ADHANSIA XR CAP 25MG (QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADHANSIA XR CAP 35MG (QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADHANSIA XR, JORNAY PM (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADLARITY PATCH (QL= 4 patches/28 days; Step therapy requires trial of donepezil tab OR donepezil ODT)	QL-ST	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ADLYXIN INJ (QL= 6ml/28 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC, RYBELSUS and MOUNJARO; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands	ANTIDIABETICS
ADLYXIN INJ (Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC, RYBELSUS and MOUNJARO; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands	ANTIDIABETICS

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ADMELOG INJ, HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) (QL= units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
ADOPT/SURROG MIS FIN ASST	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
ADRENACLICK INJ, EPINEPHRINE INJ	-	Non-Preferred Brands	VASOPRESSORS
ADRENALIN INJ	-	EXC	VASOPRESSORS
ADRENALIN SOLN	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ADRENAMAX CAP	OTC	EXC	NUTRIENTS
ADSTILADRIN SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ADUHELM INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ADULT BARRIER OINT	-	EXC	DERMATOLOGICALS
ADVAIR DISKUS INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol diskus or wixela)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVATE INJ 1000 UNIT	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 1500 UNIT	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 2000 UNIT	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 250 UNIT	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 3000 UNIT	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 4000 UNIT	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 500 UNIT	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVICOR TAB 1000-20MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ADVICOR TAB 500-20MG, 1000-40MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS

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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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Drug Name	Special Code	Tier	Category
ADVICOR TAB 750-20MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ADVIL JR ST TAB 100MG	OTC	EXC	ANALGESICS - ANTI-INFLAMMATORY
ADYNOVATE INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ADZENYS ER SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADZENYS XR ODT (QL= 1 tab/day; ST requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (gen Concerta or 27/36/54 nonOSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADZYNMA KIT	-	EXC	HEMATOLOGICAL AGENTS - MISC.
AEMCOLO TAB (QL= 12 tabs/fill, 2 fills/month)	QL	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
AEROCHAMBER (QL= 1 device/365 days)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
AFINITOR DISPERZ TAB (QL= 1 tab/day; Step therapy requires trial of everolimus tab for oral susp)	AMSP-PA-QL-SF-ST	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB (QL= 1 tab/day; Step therapy requires trial of everolimus tab)	AMSP-PA-QL-SF-ST	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ (QL= 0.5ml/fill)	QL-VAC	Preventive	VACCINES
AFLURIA INJ, FLUZONE INJ	VAC	Preventive	VACCINES
AFREZZA INH POWDER (QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
AFREZZA INH POWDER (QL= 360 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
AFREZZA INH POWDER (QL= 630 inhalations/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
AFRIN CHILD NASAL SOLN	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AFSTYLA KIT (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
AGAMREE SUSP (QL= 225ml/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	CORTICOSTEROIDS
AGGRASTAT INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
AGONEAZE KIT	-	EXC	DERMATOLOGICALS
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	Preferred Brands	MIGRAINE PRODUCTS
AIR PROTECT TAB ORANGE	OTC	EXC	MULTIVITAMINS
AIRAVITE TAB	-	EXC	HEMATOPOIETIC AGENTS

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AIRDUO POWDER INHALER W/SENSOR (QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AIRDUO RESPICLICK (QL= 1 inhaler/30 days, Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AIRSUPRA AER 90-80MCG (QL= 2 inh/30 days; Step Therapy requires trial of albuterol AND two of: Arnuity, Asmanex, Qvar)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ (QL= 1 inj/28 days)	PA-QL	Preferred Brands	MIGRAINE PRODUCTS
AKEEGA TAB (QL= 60 tablets/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AKKERFLOW CAP	-	EXC	ASSORTED CLASSES
AKLIEF CREAM (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
AKOVAZ INJ	-	EXC	VASOPRESSORS
AKTEN OPHTH GEL	-	Non-Preferred Brands	OPHTHALMIC AGENTS
AKYNZEO CAP (QL= 1 cap/28 days; Step Therapy requires trial of aprepitant, granisetron, or ondansetron)	QL-ST	Non-Preferred Brands	ANTIEMETICS
ALAHIST DM LIQ	OTC	EXC	COUGH/COLD/ALLERGY
ALAHIST DM LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
ALAMAX CR TAB	-	EXC	ALTERNATIVE MEDICINES
ALA-SCALP LOTION	-	EXC	DERMATOLOGICALS
ALASKA WILD CAP FISH OIL	-	EXC	NUTRIENTS
ALBUKED INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
ALBUTEROL AER HFA 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	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL NEBULIZER SOLN	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate inhal aero 108mcg/act (QL= 36g/30 days)	QL	Select	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	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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alclometasone cream (ACLOVATE equiv)	-	Select	DERMATOLOGICALS
ALCLOMETASONE OINT	-	Select	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	Select	DERMATOLOGICALS
ALCOHOL SWABS	OTC	EXC	MEDICAL DEVICES AND SUPPLIES
ALDARA CREAM 5% (QL= 24gm/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
ALECENSA CAP (QL= 8 caps/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv) (QL= 300ml/28 days)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	Value	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	Value	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALEVE PM TAB	OTC	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ALEVICYN SOLN DERMAL	-	Non-Preferred Brands	DERMATOLOGICALS
ALFALFA INJ	-	EXC	DIAGNOSTIC PRODUCTS
ALFA-MAX CAP	OTC	EXC	ALTERNATIVE MEDICINES
ALFERON-N INJ	-	EXC	ANTINEOPLASTICS
alfuzosin SR tab (UROXATRAL equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
ALHEMO INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ALIMTA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALINIA TAB (QL= 6 tabs/fill, 2 fills/month)	QL	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
aliskiren tab (TEKTURNA equiv) (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB))	ST	High Cost Generics	ANTIHYPERTENSIVES
ALIVE GUMMIE CHEW CHILDREN	-	EXC	MULTIVITAMINS
ALIVE PREM CAP PRENATAL	OTC	EXC	MULTIVITAMINS
ALIVE PREMIU CHW PRENATAL	-	EXC	MULTIVITAMINS
ALKA-SELTZER PAK PLUS	-	EXC	COUGH/COLD/ALLERGY
ALKA-SELTZER TAB	-	EXC	ANALGESICS - NONNARCOTIC
ALKERAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALKINDI SPRINKLE CAP	PA	Non-Preferred Brands	CORTICOSTEROIDS
ALLEGRA-D TAB	-	EXC	COUGH/COLD/ALLERGY
ALLERGY CONGESTION TAB	-	EXC	COUGH/COLD/ALLERGY
ALLERGY RELIEF CHEW	OTC	EXC	ANTIHISTAMINES

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Drug Name	Special Code	Tier	Category
ALLERGY TRAY	-	Non-Preferred Brands	MEDICAL DEVICES AND SUPPLIES
allopurinol tab (ZYLOPRIM equiv)	-	Select	GOUT AGENTS
allopurinol tab 200mg (QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs)	QL-ST	High Cost Generics	GOUT AGENTS
ALLZITAL TAB (QL= 12 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - NONNARCOTIC
ALMOND INJ	-	EXC	DIAGNOSTIC PRODUCTS
almotriptan tab (AXERT equiv) (QL= 12 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	High Cost Generics	MIGRAINE PRODUCTS
almotriptan tab (AXERT equiv) (QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	High Cost Generics	MIGRAINE PRODUCTS
ALOCANE SPRAY	-	EXC	DERMATOLOGICALS
ALOCRIL OPHTH SOLN (ST req trial of azelastine 0.05% ophth soln)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
ALOGLIPTIN TAB (QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
ALOGLIPTIN TAB, NESINA TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB (QL= 2 tabs/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB (QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
ALOMIDE OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
ALOQUIN GEL	-	Non-Preferred Brands	DERMATOLOGICALS
ALORA PATCH (QL= 8 patches/28 days)	QL	Non-Preferred Brands	ESTROGENS
alosetron tab (LOTRONEX equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
ALPHA LIPOIC ACID-BIOTIN-BERBERINE CAP	-	EXC	ALTERNATIVE MEDICINES
ALPHA LIPOIC CAP	OTC	EXC	ALTERNATIVE MEDICINES
ALPHA LIPOIC LIQUID	-	EXC	ALTERNATIVE MEDICINES

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ALPHA LIPOIC TAB	--OTC	EXC	ALTERNATIVE MEDICINES
alpha-d-galactosidase capsule	OTC	EXC	GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN P OPHTH SOLN 0.15% (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
ALPHAGAN P SOLN 0.1% (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
alpha-lipoic acid (thioctic acid) cap	OTC	EXC	ALTERNATIVE MEDICINES
ALPHANATE, HUMATE-P INJ	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ALPHANINE SD INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
alprazolam ER tab (XANAX XR equiv)	-	Select	ANTIANXIETY AGENTS
ALPRAZOLAM INTENSOL CONC	-	Non-Preferred Brands	ANTIANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	High Cost Generics	ANTIANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	Select	ANTIANXIETY AGENTS
ALPROLIX INJ (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ALREX OPHTH SUSP 0.2% (QL= 5ml/30 days)	QL	Non-Preferred Brands	OPHTHALMIC AGENTS
ALTABAX OINT	-	Non-Preferred Brands	DERMATOLOGICALS
ALTACAINE OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
ALTAFLUOR-BE OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
ALTAFRIN OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
ALTERNAR ALT INJ	-	EXC	DIAGNOSTIC PRODUCTS
ALTERNARIA ALTERNATA INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ALTOPREV TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ALTRENO LOTION (QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
ALTUVIIIO INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
alum and mag hydroxide-simethicone chew tab	OTC	EXC	ANTACIDS
alum and mag hydroxide-simethicone susp	OTC	EXC	ANTACIDS
ALUMINUM ACETATE SOLN	OTC	EXC	DERMATOLOGICALS
aluminum hydroxide-magnesium carbonate chew tab	OTC	EXC	ANTACIDS

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aluminum hydroxide-magnesium carbonate susp	OTC	EXC	ANTACIDS
aluminum sulfate - calcium acetate powd pack	OTC	EXC	DERMATOLOGICALS
ALUNBRIG PAK (QL= 1 pack/365 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
aluroderm pad (DERMOVIX equiv)	OTC	EXC	DERMATOLOGICALS
ALVAIZ TAB	AMSP-PA	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
ALVESCO INHALER (QL= 12.2gm/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALYFRTEK TAB 10-50-125MG (QL= 90 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Preferred 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	Preferred Specialty	RESPIRATORY AGENTS - MISC.
ALYGLO INJ	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ALYMSYS IV SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALZAIR NASAL SPRAY	-	Non-Preferred Brands	NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	Select	ANTIPARKINSON AGENTS
amantadine soln	-	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
amantadine syrup (SYMMETREL equiv)	-	Select	ANTIPARKINSON AGENTS
amantadine tab	-	Select	ANTIPARKINSON AGENTS
AMBELVIST INJ	-	EXC	DIAGNOSTIC PRODUCTS
AMBIEN CR TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
AMBIEN TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
AMBISOME INJ	-	EXC	ANTIFUNGALS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1% (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
AMCINONIDE LOTION	-	Preferred Brands	DERMATOLOGICALS

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amcinonide oint (Step therapy requires trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol))	ST	High Cost Generics	DERMATOLOGICALS
AMCINONIDE OINTMENT (QL= 454 gm/30 days; Step Therapy requires trial o 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
AMERGE TAB (QL= 9 tabs/30 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
AMERICAN ELM INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
AMERICAN LOBSTER INJ	-	EXC	DIAGNOSTIC PRODUCTS
AMERICAN SYCAMORE INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
amethyst tab (LYBREL equiv)	-	Preventive	CONTRACEPTIVES
amiloride tab (MIDAMOR equiv)	-	Select	DIURETICS
AMILORIDE/HCTZ TAB	-	Select	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	Select	DIURETICS
amino acids bar	OTC	EXC	NUTRIENTS
amino acids oral liquid	OTC	EXC	NUTRIENTS
amino acids oral powder	OTC	EXC	NUTRIENTS
amino acids pack	OTC	EXC	NUTRIENTS
AMINO ACIDS SOL HEP/DEXT	-	EXC	NUTRIENTS
amino acids tab	OTC	EXC	NUTRIENTS
AMINO ACIDS/ SOLN DEXTROSE	-	EXC	NUTRIENTS
AMINO ACIDS-DEXTROSE-LIPIDS WITH ELECTROLYTES	-	EXC	NUTRIENTS
amino acids-protein hydrolysate liquid	OTC	EXC	NUTRIENTS
AMINO/DEXTRO SOL CAL/HEP	-	EXC	NUTRIENTS
aminocaproic acid soln (AMICAR equiv)	AMSP	Generic Specialty	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	High Cost Generics	HEMOSTATICS
AMINOPHYLLINE INJ	-	EXC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone hcl inj	-	EXC	ANTIARRHYTHMICS
amiodarone tab (CORDARONE equiv)	-	Select	ANTIARRHYTHMICS
AMITIZA CAP (QL= 60 caps/30 days; Step Therapy requires trial of both TRULANCE and LINZESS or both MOVANTIK and SYMPROIC)	QL-ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	Value	ANTIDEPRESSANTS
AMJEVITA AUTO-INJECTOR (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ 10MG/0.2ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ 20MG/0.2ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier	Category
AMJEVITA INJ 40MG/0.4ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ 80MG/0.8ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA SYRINGE 20MG/0.4ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA SYRINGE 40MG/0.8ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AMLEXANOX (BULK) POWDER	-	EXC	CHEMICALS
amlodipine tab (NORVASC equiv)	-	Value	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv) (QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin))	QL-ST	High Cost Generics	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	Select	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR TAB equiv)	-	Select	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	Select	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) (QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ)	QL-ST	High Cost Generics	ANTIHYPERTENSIVES
AMMONIA AROM INH	OTC	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
AMMONIA N 13 INJ	-	EXC	DIAGNOSTIC PRODUCTS
ammonium lactate cream (LAC-HYDRIN equiv)	-	Select	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	-	Select	DERMATOLOGICALS
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	Select	DERMATOLOGICALS
AMNIOTIC MEMBRANE ALLOGRAFT (HUMAN) SHEET	-	EXC	DERMATOLOGICALS
AMONDYS INJ	-	EXC	NEUROMUSCULAR AGENTS
amoxapine tab (QL= 4 tabs/day)	QL	Select	ANTIDEPRESSANTS
amoxicillin and k clavulanate er tab (QL= 56 tabs/14 days; ST req trial of amoxicillin-clavulanate IR tab)	QL-ST	High Cost Generics	PENICILLINS
amoxicillin cap (TRIMOX equiv)	-	Select	PENICILLINS
amoxicillin chew tab (AMOXIL equiv)	-	Select	PENICILLINS
AMOXICILLIN CHEW TAB 250MG	-	Select	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	Select	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	Select	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	Select	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	Select	PENICILLINS
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP (QL= 240ml/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine tab (EVEKEO equiv) (QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine tab extended release disintegrating (ADZENYS equiv) (QL= 1 tab/day; ST requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (gen Concerta or 27/36/54 nonOSM))	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

	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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Drug Name	Special Code	Tier	Category
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
amphetamine/dextroamphetamine tab 10mg (ADDERALL equiv) (QL= 180 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
amphetamine/dextroamphetamine tab 12.5mg (ADDERALL equiv) (QL= 150 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
amphetamine/dextroamphetamine tab 15mg (ADDERALL equiv) (QL= 120 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
amphetamine/dextroamphetamine tab 20mg (ADDERALL equiv) (QL= 90 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
amphetamine/dextroamphetamine tab 30mg (ADDERALL equiv) (QL= 60 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
amphetamine/dextroamphetamine tab 5mg (ADDERALL equiv) (QL= 360 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 240 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
amphotericin b liposome iv for susp (AMBISOME equiv)	-	EXC	ANTIFUNGALS
ampicillin cap (AMPICILLIN equiv)	-	Select	PENICILLINS
AMPICILLIN INJ	-	EXC	PENICILLINS
ampicillin-sulbactam sodium for iv soln	-	EXC	PENICILLINS
AMP-SULBACTA INJ	-	EXC	PENICILLINS
AMPYRA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMRIX CAP (QL= 30 caps/30 days; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
AMTAGVI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AMVUTTRA SOLN	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMZEEQ FOAM (QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
ANACAINE OINT	-	Non-Preferred Brands	DERMATOLOGICALS
ANACIN TAB	-	EXC	ANALGESICS - NONNARCOTIC

Drug Name	Special Code	Tier	Category
ANADROL TAB	-	Non-Preferred Brands	ANDROGENS-ANABOLIC
anagrelide cap (AGRYLIN equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
ANA-LEX KIT	-	EXC	ANORECTAL AND RELATED PRODUCTS
ANALPRAM ADVANCED KIT	-	Non-Preferred Brands	ANORECTAL AGENTS
ANALPRAM HC CREAM	-	EXC	ANORECTAL AND RELATED PRODUCTS
ANALPRAM-E KIT	-	Non-Preferred Brands	ANORECTAL AGENTS
ANALPRAM-HC CREAM 1-1% (ST req trial of: LIDOCAINE-HYDROCORTISONE ACETATE perianal/RECTAL CREAM)	ST	Non-Preferred Brands	ANORECTAL AND RELATED PRODUCTS
ANASTIA LOTION	-	Non-Preferred Brands	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDEMBRY INJ (QL= 1.2 mL/28 days; Only available through Accredo 800-803-2523, Orsini 800-410-8575 or CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ANDRELA INJ 1.25MG/0.05ML	-	EXC	ANDROGENS-ANABOLIC
ANDRELA INJ 10MG/0.4ML	-	EXC	ANDROGENS-ANABOLIC
ANDRELA INJ 12.5MG/0.05ML	-	EXC	ANDROGENS-ANABOLIC
ANDRELA INJ 12.5MG/0.25ML	-	EXC	ANDROGENS-ANABOLIC
ANDRELA INJ 15MG/0.3ML	-	EXC	ANDROGENS-ANABOLIC
ANDRELA INJ 2.5MG/0.1ML	-	EXC	ANDROGENS-ANABOLIC
ANDRELA INJ 20MG/0.4ML	-	EXC	ANDROGENS-ANABOLIC
ANDRELA INJ 5MG/0.2ML	-	EXC	ANDROGENS-ANABOLIC
ANDRELA INJ 7.5MG/0.3ML	-	EXC	ANDROGENS-ANABOLIC
ANDRENYX INJ 50MG/0.2ML	-	EXC	ANDROGENS-ANABOLIC
ANDRENYX INJ 100MG/0.4ML	-	EXC	ANDROGENS-ANABOLIC
ANDRENYX INJ 150MG/0.6ML	-	EXC	ANDROGENS-ANABOLIC
ANDRENYX INJ 200MG/0.8ML	-	EXC	ANDROGENS-ANABOLIC
ANDRENYX INJ 25MG/0.1ML	-	EXC	ANDROGENS-ANABOLIC
ANDRENYX INJ 75MG/0.3ML	-	EXC	ANDROGENS-ANABOLIC
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
ANDROGEL 1% 25MG (QL= 150gm/30 days)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
ANDROGEL 1% 50MG, TESTIM GEL 1% (QL= 300gm/30 days)	QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
ANDROGEL 1% 50MG/5GM (QL= 300gm/30 days)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC

Drug Name	Special Code	Tier	Category
ANDROGEL 1.62% 1.25GM (QL= 2 packets/day)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1.62% (QL= 150gm/30 days)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	Non-Preferred Brands	ESTROGENS
ANKTIVA SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANNOVERA RING	-	Preventive	CONTRACEPTIVES
ANORO ELLIPTA INHALER (QL= 60 gm/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANT/ANTI-GAS CHW	OTC	EXC	ANTACIDS
ANTACID EXTR CHW	OTC	EXC	ANTACIDS
ANTACID MELT LOZ	OTC	EXC	ANTACIDS
ANTARA CAP (QL= 2 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130))	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ANTARA CAP 30MG, FENOFIBRATE MICRONIZED CAP 30MG (QL= 2 caps/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ANTARA CAP 90MG, FENOFIBRATE MICRONIZED CAP 90MG (QL= 1 cap/da Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ANTIBAC HAND LIQ SOAP	OTC	EXC	ANTISEPTICS & DISINFECTANTS
ANTICHOLIUM INJ	-	EXC	ANTIDOTES AND SPECIFIC ANTAGONISTS
ANTI-DIARRHEA LIQ	-	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
ANTI-OXIDANT TAB	OTC	EXC	MULTIVITAMINS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	Select	OTIC AGENTS
antiseborrheic products misc - liquid	OTC	EXC	DERMATOLOGICALS
antiseptic products misc - pads	OTC	EXC	ANTISEPTICS & DISINFECTANTS
ANTIVERT TAB, MECLIZINE TAB	OTC	EXC	ANTIEMETICS
ANUCORT-HC SUP	-	EXC	ANORECTAL AND RELATED PRODUCTS
ANZEMET TAB (QL= 1 tab/30 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Preferred Brands	ANTIEMETICS
ANZUPGO CREAM (QL= 30 grams/30 days; Only available through Carepoint Pharmacy 855-237-9112)	LD-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
APADAZ TAB (QL= 12 tabs/day)	PA-QL	Non-Preferred Brands	ANALGESICS - OPIOID
APAP/CODEINE SOLN (QL= 90ml/day)	QL	Select	ANALGESICS - OPIOID

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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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Drug Name	Special Code	Tier	Category
APEXICON E CREAM (PSORCON E equiv)	-	Non-Preferred Brands	DERMATOLOGICALS
APHEXDA INJ	-	EXC	HEMATOPOIETIC AGENTS
APIDRA INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
APIDRA SOLOSTAR INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
APLENZIN TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
APOKYN INJ (QL= 54ml/30 days; Only available through Accredo 800-803-2523)	LD-QL	Non-Preferred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
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
APONVIE INJ	-	EXC	ANTIEMETICS
APPLE CIDER CHEW	OTC	EXC	ALTERNATIVE MEDICINES
APPLE CIDER VINEGAR CAP	OTC	EXC	ALTERNATIVE MEDICINES
apple cider vinegar tab	OTC	EXC	ALTERNATIVE MEDICINES
APPLE CIDER VINEGAR-GINGER CHEW TAB	OTC	EXC	ALTERNATIVE MEDICINES
APPLE INJ	-	EXC	DIAGNOSTIC PRODUCTS
APRACLONIDIN OPHTH SOLN (QL= 5mL/30 days; Step therapy requires trial of 2: latanoprost, travoprost, brimonidine, carteolol, levobunolol, timolol)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
apraclonidine ophth soln 0.5% (IOPIDINE equiv)	-	High Cost Generics	OPHTHALMIC AGENTS
aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Select	ANTIEMETICS
aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Select	ANTIEMETICS
aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Select	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month)	QL	Select	ANTIEMETICS
APRETUDE SUSP	-	EXC	ANTIVIRALS
APRISO CAP (QL= 8 caps/day)	QL	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
APRIZIO PAK KIT	-	Non-Preferred Brands	DERMATOLOGICALS
APTENSIO XR CAP 10MG (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
APTENSIO XR CAP 15MG (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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APTENSIO XR CAP 20MG (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
APTENSIO XR CAP 30MG (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
APTENSIO XR CAP 40MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
APTENSIO XR CAP 50MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
APTENSIO XR CAP 60MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
APTIOM TAB (QL= 60 tabs/30 days)	QL	Non-Preferred Brands	ANTICONVULSANTS
APTIVUS CAP (QL= 4 caps/day)	QL	Preferred Brands	ANTIVIRALS
APTIVUS SOLN (QL= 380ml/30 days)	QL	Preferred Brands	ANTIVIRALS
AQNEURSA POWDER (QL= 112 packets/28 days; Only available through Curant Health 1-866-437-8040)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AQUAFRESH MIS WHT TRAY	OTC	EXC	MEDICAL DEVICES AND SUPPLIES
AQUASOL A INJ	-	EXC	VITAMINS
AQUASTAT SFR SOLN	-	EXC	MINERALS & ELECTROLYTES
AQVESME TAB (QL= 60 tabs/30 days; Only available through Biologics by McKesson 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ARAKODA TAB	-	Non-Preferred Brands	ANTIMALARIALS
ARANELLE TAB	-	Preventive	CONTRACEPTIVES
ARANESP INJ (QL= 4 syringes/30 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
ARANESP INJ (QL= 4 vials/30 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
ARAZLO LOTION (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
ARBLI SUSP (QL= 10 mL/day)	QL	Preferred Brands	ANTIHYPERTENSIVES
ARCALYST INJ (QL= 4 vials/21 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier	Category
ARCAPTA NEOHALER (Step Therapy requires trial of STRIVERDI RESPIMAT, ANORO ELLIPTA or STIOLTO INHALER)	ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARCTIC RELIEF GEL	-	EXC	DERMATOLOGICALS
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	High Cost Generics	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARGATROBAN INJ	-	EXC	ANTICOAGULANTS
argatroban iv soln	-	EXC	ANTICOAGULANTS
arginine oral powder	OTC	EXC	NUTRIENTS
ARGYL SALINE SOL IRR	-	EXC	GENITOURINARY AGENTS - MISCELLANEOUS
ARGYL SALINE SOLN	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
ARICEPT TAB 10MG (QL= 1 tab/day)	QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARICEPT TAB 23MG (QL= 1 tab/day)	QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARICEPT TAB 5MG (QL= 1 tab/day)	QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARIKAYCE SUSP (QL= 252ml/30days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Non-Preferred Specialty	AMINOGLYCOSIDES
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARISTADA 675MG/2.4ML INJ	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARISTADA INJ	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARIXTRA INJ 10MG/0.8ML	-	Non-Preferred Specialty	ANTICOAGULANTS
ARIXTRA INJ 2.5MG/0.5ML	-	Non-Preferred Specialty	ANTICOAGULANTS
ARIXTRA INJ 5MG/0.4ML	-	Non-Preferred Specialty	ANTICOAGULANTS
ARIXTRA INJ 7.5MG/0.6ML	-	Non-Preferred Specialty	ANTICOAGULANTS
ARMLUPEG INJ (QL= 1.2mL/28 days)	LMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS

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armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
armodafinil tab 250mg (NUVIGIL equiv) (QL= 60 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ARMONAIR DIGITAL INHALER 113MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 232MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 55MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	EXC	THYROID AGENTS
ARNUITY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aromatic inhalants - inhalant	OTC	EXC	COUGH/COLD/ALLERGY
aromatic inhalants - ointment	OTC	EXC	COUGH/COLD/ALLERGY
ARRANON INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
artificial saliva - gel	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
artificial saliva - gum	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
artificial saliva - solution	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
ARTIFICIAL TEARS DROP	-	EXC	OPHTHALMIC AGENTS
ARYMO ER TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
ARYNTA SOLN (QL= 7mL/day; ST requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (gen Concerta or 27/36/54 nonOSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ARZERRA CON	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ASACOL HD TAB (Step Therapy requires trial of APRISO or LIALDA)	ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
ASACOL HD TAB, MESALAMINE TAB (Step Therapy requires trial of APRISO or LIALDA)	ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
ASCOR SOLN	-	EXC	VITAMINS
ascorbic acid cap	OTC	EXC	VITAMINS
ASCORBIC ACID INJ	-	EXC	VITAMINS
ascorbic acid iv soln (ASCOR equiv)	-	EXC	VITAMINS
ascorbic acid oral powder	OTC	EXC	VITAMINS
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	High Cost Generics	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	Preventive	CONTRACEPTIVES

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ashwagandha (withana somnfera) cap	OTC	EXC	ALTERNATIVE MEDICINES
ASHWAGANDHA (WITHANA SOMNFERA) CHEW TAB	-	EXC	ALTERNATIVE MEDICINES
ASHWAGANDHA CAP 35	OTC	EXC	ALTERNATIVE MEDICINES
ASHWAGANDHA TAB	-	EXC	ALTERNATIVE MEDICINES
ASIAN GINSNG CAP	-	EXC	NUTRIENTS
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER (QL= 1 inhaler/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASPEN POLLEN EXTRACT INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ASPERCREME LOTION	-	EXC	DERMATOLOGICALS
ASPERG FUMIG INJ	-	EXC	DIAGNOSTIC PRODUCTS
aspirin buffered (ca carb-mg carb-mg ox) tab	OTC	EXC	ANALGESICS - NONNARCOTIC
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 effer tab	OTC	EXC	ANALGESICS - NONNARCOTIC
aspirin tab	-	EXC	ANALGESICS - NONNARCOTIC
aspirin tab 325mg	OTC	EXC	ANALGESICS - NONNARCOTIC
aspirin tab delayed release	OTC	EXC	ANALGESICS - NONNARCOTIC
ASPIRIN/CAFFEINE/ORPHENADRINE CITRATE TAB, NORGESIC TAB (QL= tabs/day; Req trial of 2: baclo- tab, tizan- tab/cap, cyclobenz- tab, methoca- tab, cariso- tab, orphen- tab)	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
aspirin/codeine tab	-	Select	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENOX equiv)	-	High Cost Generics	HEMATOLOGICAL AGENTS - MISC.
aspirin-acetaminophen-caffeine tab	OTC	EXC	ANALGESICS - NONNARCOTIC
aspirin-caffeine powder packet	OTC	EXC	ANALGESICS - NONNARCOTIC
aspirin-caffeine tab	OTC	EXC	ANALGESICS - NONNARCOTIC
ASPRUZYO SPRINKLE GRANULES (QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab)	QL-ST	Preferred Brands	ANTIANGINAL AGENTS
ASTAGRAF XL CAP (ST requires trial of tacrolimus IR capsules)	ST	Non-Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ASTHMANEFRIN NEB SOLN	-	EXC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ATABEX ONE CAP	OTC	EXC	MULTIVITAMINS
ATACAND HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
ATACAND TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Select	ANTIVIRALS
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Select	ANTIVIRALS

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atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day)	QL	Select	ANTIVIRALS
ATELVIA TAB (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate)	QL-ST	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
atenolol tab (TENORMIN equiv)	-	Value	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	Select	ANTIHYPERTENSIVES
ATGAM INJ 250MG	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
ATLANTIC COD INJ	-	EXC	DIAGNOSTIC PRODUCTS
ATLANTIC SALMON INJ	-	EXC	DIAGNOSTIC PRODUCTS
ATLANTIC/EASTERN OYSTER INJ	-	EXC	DIAGNOSTIC PRODUCTS
ATMEKSI SUSP (QL= 20 mL/day; ST req trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine)	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
atomoxetine cap 10mg (STRATTERA equiv) (QL= 120 caps/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
ATONCY SOLN, ATOMOXETINE HCL SOLN (QL= 25mL/day; ST req trial of 2: atomoxetine AND one of the following: clonidine ER or guanfacine ER)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
ATORVALIQ SUSP (QL = 600ml/30 days; Step therapy requires trial of 2: atorvastatin tab, rosuvastatin tab or simvastatin tab)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	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)	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)	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)	QL	Preventive	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	Select	ANTIMALARIALS
ATRALIN GEL 0.05% (QL= 360g/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
ATRALIN GEL, RETIN-A GEL (QL= 360g/30 days)	QL	Preferred Brands	DERMATOLOGICALS
ATRIPLA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIVIRALS
atropine ophth oint	-	Select	OPHTHALMIC AGENTS

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atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days)	QL	Select	OPHTHALMIC AGENTS
ATROPINE SUL INJ	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
ATROPINE SUL OPHTH OINT	-	Non-Preferred Brands	OPHTHALMIC AGENTS
ATROPINE SUL SOLN 1% OPHTH	QL	Non-Preferred Brands	OPHTHALMIC AGENTS
atropine sulfate inj	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
atropine sulfate iv soln	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
ATROVENT HFA AERO (QL= 25.8g/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ATTRUBY PAK (QL= 112 tabs/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
AUBAGIO TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUCATZYL INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AUDENZ INJ	-	EXC	VACCINES
AUGTYRO CAP (QL= 240 caps/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AUGTYRO CAP 160MG (QL= 2 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AUKELSO INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
AURANOFIN CAP, RIDAURA CAP (QL= 3 tabs/day)	AMSP-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AUREOBASIDIU SOL PULLULAN	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
AURLUMYN INJ 100MCG/ML	-	EXC	CARDIOVASCULAR AGENTS - MISC.
AURYXIA TAB (QL= 12 tabs/day; ST req trial of sevelamer carbonate tab OR sevelamer HCL tab)	QL-ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB 12MG (QL= 120 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO TAB 6MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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AUSTEDO TAB 9MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB 18MG (QL= 2 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB 24MG (QL= 60 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB 6MG (QL= 8 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB TITRATION PACK (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVELITY TAB (QL= 60 tabs/30 days; ST req trial of 4 (citalopram, escitalopram, fluoxetine cap/tab, fluvoxamine, paroxetine IR/ER, sertraline, desvenlafaxine ER, venlafaxine IR/ER, bupropion, mirtazapine) followed by vilazodone)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
AUVI-Q INJ (QL= 2 inj/fill)	QL	Preferred Brands	VASOPRESSORS
avanafil tab (STENDRA equiv)	-	EXC	CARDIOVASCULAR AGENTS - MISC.
AVANDIA TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands	ANTIDIABETICS
AVAR AEROSOL FOAM	-	EXC	DERMATOLOGICALS
AVAR GEL	-	EXC	DERMATOLOGICALS
AVAR PAD	-	EXC	DERMATOLOGICALS
AVC VAGINAL CREAM	-	Preferred Brands	VAGINAL PRODUCTS
AVEENO BABY KIT CARE	-	EXC	MEDICAL DEVICES AND SUPPLIES
AVEIDA GEL	-	EXC	DERMATOLOGICALS
AVERI TAB	-	Preventive	CONTRACEPTIVES
AVLAYAH INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
AVMAPKI FAKZYNJA CO-PACK (QL= 66 tablets/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVONEX INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Preferred 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	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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AVOPEF INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVTOZMA INJ	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
AVTOZMA INJ (QL= 1.8mL/28 days)	--LMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AXERT TAB (QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
AXERT TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZASITE SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	Select	ASSORTED CLASSES
azathioprine tab 100mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg)	QL-ST	High Cost Generics	MISCELLANEOUS THERAPEUTIC CLASSES
azathioprine tab 75mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg)	QL-ST	High Cost Generics	MISCELLANEOUS THERAPEUTIC CLASSES
azelaic acid gel (FINACEA equiv)	-	Select	DERMATOLOGICALS
azelastine nasal spray (ASTELIN equiv)	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	Select	OPHTHALMIC AGENTS
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZELEX CREAM (QL= 300g/30 days; ST req trial of 2: adapalene, tretinoin, clindamycin, erythromycin, azelaic acid 15% gel)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
AZENASE PAK	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZESCHEW TAB 13-1MG	-	Non-Preferred Brands	MULTIVITAMINS
AZESCO TAB	-	Non-Preferred Brands	MULTIVITAMINS
AZILECT TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIPARKINSON AGENTS
azilsartan medoxomil tab (EDARBI equiv) (ST requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	High Cost Generics	ANTIHYPERTENSIVES
azithromycin susp (ZITHROMAX equiv)	-	Select	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	Select	MACROLIDES
AZO CRANBERY CHW	OTC	EXC	ALTERNATIVE MEDICINES
AZO D-MANNOS CHW	-	EXC	ALTERNATIVE MEDICINES
AZO MENOPAUS CHW DAYTIME	-	EXC	ALTERNATIVE MEDICINES
AZO MENOPAUS CHW NIGHTTIM	-	EXC	ALTERNATIVE MEDICINES

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AZO MENOPAUSE TEST INDICATOR	OTC	EXC	DIAGNOSTIC PRODUCTS
AZO URINARY PAK HEALTH	-	EXC	MULTIVITAMINS
AZO UTI/VAGI KIT PH TEST	-	EXC	DIAGNOSTIC PRODUCTS
AZOPT OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
AZOPT OPHTH SUSP (Step Therapy requires trial of dorzolamide 2% ophth soln)	--ST	Non-Preferred Brands	OPHTHALMIC AGENTS
AZOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
AZSTARYS CAP (QL= 30 caps/30 days)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
B and LSENSITIVE SOL EYES	OTC	EXC	OPHTHALMIC AGENTS
BABY POWDER	OTC	EXC	DERMATOLOGICALS
bacillus coagulans-inulin chew tab	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
BACIT/POLYMY OIN OP	-	Select	OPHTHALMIC AGENTS
BACITRACIN INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
BACITRACIN OPHTH OINT	-	Preferred Brands	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	Select	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	Select	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	Select	OPHTHALMIC AGENTS
bacitracin-polymyxin b oint	OTC	EXC	DERMATOLOGICALS
BACLOFEN INJ 500MCG/ML	-	EXC	MUSCULOSKELETAL THERAPY AGENTS
baclofen intrathecal inj (BACLOFEN equiv)	-	EXC	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN KIT INJ	-	EXC	MUSCULOSKELETAL THERAPY AGENTS
baclofen oral soln 10mg/5ml (QL= 16 mL/day; ST req trial of baclofen (5/10mg) tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN ORAL SOLN 5 MG/5ML (QL= 16 ml/day; ST requires trial of 2: baclofen tabs, tizanidine caps, tizanidine tabs)	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
baclofen oral soln 5mg/5ml (QL= 16ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can open or crush))	QL-ST	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN SOLN (QL= 480ml/30 days; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN SOLN 10MG/5ML (QL= 16 mL/day; ST req trial of baclofen (5/10mg) tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
baclofen susp (BACLOFEN equiv) (QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN SUSP (QL=16ml/day; Step therapy requires trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS

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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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baclofen tab (BACLOFEN equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab 15mg (QL= 8 tabs/day; ST req trial 2: baclofen 5/10mg tab, cyclobenz, tizanidine, methocarb, chlorzoxazone, orphenadrine)	QL-ST	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB 5MG	-	Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
BACTINE MAX OIN	OTC	EXC	DERMATOLOGICALS
BACTROBAN CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
BAFIERTAM CAP (QL= 120 caps/30 days; Only Available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BALCOLTRA TAB	-	Non-Preferred Brands	CONTRACEPTIVES
BALFAXAR INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
balsalazide cap (COLAZAL equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
BALSAM PERU/CASTOR OIL OINT	-	EXC	DERMATOLOGICALS
BALVERSA TAB 3MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 4MG (QL= 2 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 5MG (QL= 1 tab/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BANANA INJ	-	EXC	DIAGNOSTIC PRODUCTS
BAND-AID SPRAY ANTISEPTIC	-	EXC	DERMATOLOGICALS
BANZEL SUSP (QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
BANZEL TAB (QL= 8 tabs/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/month)	QL	Preferred Brands	ANTIDIABETICS
BARACLUDE SOLN (QL= 630ml/30 days)	AMSP-PA-QL	Preferred Specialty	ANTIVIRALS
BARACLUDE TAB (QL= 1 tab/day)	QL	Non-Preferred Specialty	ANTIVIRALS
BARRIGEL INJ	-	EXC	ANORECTAL AND RELATED PRODUCTS
BASAGLAR INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
BASAGLAR KWIKPEN (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred Brands	ANTIDIABETICS

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BASAGLAR TEMPO PEN INJ 100UNIT/ML (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
BASE D PEG GRANULES	-	EXC	PHARMACEUTICAL ADJUVANTS
bath products - gel	OTC	EXC	DERMATOLOGICALS
bath products - liquid	OTC	EXC	DERMATOLOGICALS
BAXDELA TAB (QL= 2 tabs/day)	PA-QL	Non-Preferred Brands	FLUOROQUINOLONES
BC FAST PAIN POW RLF MAX	OTC	EXC	ANALGESICS - NONNARCOTIC
B-COMPLEX INJ	-	EXC	MULTIVITAMINS
B-COMPLEX VITAMIN DISINTEGRATING TAB	-	EXC	MULTIVITAMINS
b-complex vitamin elixir	OTC	EXC	MULTIVITAMINS
b-complex w/ c and folic acid tab (NEPHRO-VITE equiv)	OTC	EXC	MULTIVITAMINS
b-complex w/biotin and folic acid cap	OTC	EXC	MULTIVITAMINS
b-complex w/minerals tab	OTC	EXC	MULTIVITAMINS
b-complex-folic acid cap (PAXLYTE equiv)	-	EXC	MULTIVITAMINS
B-D INSULIN SYRINGE	--OTC	Select	MEDICAL DEVICES AND SUPPLIES
BD NEEDLES	OTC	Select	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv) (QL= 8 tabs/day)	QL	High Cost Generics	ULCER DRUGS
BEANO TAB	-	EXC	GASTROINTESTINAL AGENTS - MISC.
BEBTELOVIMAB IV SOLN	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
BECONASE AQ NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
BEDDING SPRA AER	OTC	EXC	DERMATOLOGICALS
BEEF INJ	-	EXC	DIAGNOSTIC PRODUCTS
BEIZRAY INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BELBUCA FILM (Step therapy requires trial of buprenorphine patch)	ST	Non-Preferred Brands	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	Preferred Brands	ULCER DRUGS
BELSOMRA TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate)	QL-ST	Non-Preferred Brands	HYPNOTICS
BENADRYL SOLN CHILD	OTC	EXC	COUGH/COLD/ALLERGY
benazepril tab (LOTENSIN equiv)	-	Select	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	Select	ANTIHYPERTENSIVES
bendamustine hcl for iv soln (TREANDA equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENEFIBER CHEW	OTC	EXC	LAXATIVES
BENEFIBER PAK ADVANCED	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
BENEFIBER PAK DUAL ACT	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
BENEFIBER POWDER PACKET	-	EXC	LAXATIVES
BENEFIX INJ	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.

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BENICAR HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, olmesartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	AMSP-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ (QL= 4 inj/28 day)	AMSP-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
BENTIVITE TAB	-	EXC	HEMATOPOIETIC AGENTS
BENZ PER- HC LOT	-	EXC	DERMATOLOGICALS
BENZAC AC WASH LIQUID	-	EXC	DERMATOLOGICALS
BENZACLIN GEL	-	EXC	DERMATOLOGICALS
BENZAMYCIN GEL	-	EXC	DERMATOLOGICALS
BENZAMYCIN GEL PACK	-	EXC	DERMATOLOGICALS
benzethonium chloride liquid	OTC	EXC	ANTISEPTICS & DISINFECTANTS
BENZIQ LS GEL	-	EXC	DERMATOLOGICALS
BENZNIDAZOLE TAB	-	Preferred Brands	ANTHELMINTICS
benzocaine aerosol spray (AMERICAINE equiv)	-	EXC	DERMATOLOGICALS
BENZOCAINE DENTAL ADHERING DISK	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
benzocaine dental cream	-	EXC	MOUTH/THROAT/DENTAL AGENTS
benzocaine dental gel	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
benzocaine dental soln	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
benzocaine-benalkonium chloride vaginal cream	OTC	EXC	VAGINAL AND RELATED PRODUCTS
benzocaine-docusate sodium rectal enema	OTC	EXC	LAXATIVES
BENZOCAINE-ISOPROPYL ALCOHOL PADS	OTC	EXC	DERMATOLOGICALS
BENZOCAINE-LIDOCAINE-TETRACAINE CREAM	OTC	EXC	DERMATOLOGICALS
benzocaine-menthol gel	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
BENZOCAINE-MENTHOL LIQUID	-	EXC	MOUTH/THROAT/DENTAL AGENTS
benzocaine-menthol lozenge	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
BENZOCAINE-MENTHOL-ZINC CL GEL	-	EXC	MOUTH/THROAT/DENTAL AGENTS
benzocaine-resorcinol perivaginal cream	OTC	EXC	VAGINAL AND RELATED PRODUCTS
benzoin tincture	OTC	EXC	DERMATOLOGICALS
BENZONATATE CAP (QL= 3 caps/day)	QL	Select	COUGH/COLD/ALLERGY
benzonatate cap (TESSALON equiv)	QL--	Select	COUGH/COLD/ALLERGY
BENZOYL PEROXIDE CLOTH	-	EXC	DERMATOLOGICALS
benzoyl peroxide cream	OTC	EXC	DERMATOLOGICALS
benzoyl peroxide foam (DAYLOGIC equiv)	OTC	EXC	DERMATOLOGICALS
benzoyl peroxide gel	-	EXC	DERMATOLOGICALS
benzoyl peroxide gel 2.5%	OTC	EXC	DERMATOLOGICALS
benzoyl peroxide liq	OTC	EXC	DERMATOLOGICALS
BENZOYL PEROXIDE LOTION	--OTC	EXC	DERMATOLOGICALS
benzoyl peroxide wash kit	-	EXC	DERMATOLOGICALS
BENZPHETAMINE TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
benztropine tab	-	Select	ANTIPARKINSON AGENTS
BENZYL ALCOHOL-ZINC CHLORIDE LIQUID	-	EXC	MOUTH/THROAT/DENTAL AGENTS
BEOVU INJ	-	EXC	OPHTHALMIC AGENTS

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bepotastine besilate ophth soln (BEPREVE equiv) (QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln)	QL-ST	High Cost Generics	OPHTHALMIC AGENTS
BEPREVE DROPS (QL= 5mL/25 days)	QL	Non-Preferred Brands	OPHTHALMIC AGENTS
BEQVEZ INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
berberine chloride cap	OTC	EXC	ALTERNATIVE MEDICINES
BERINERT INJ (QL= 20ml/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
BESIFLOXACIN OPHTH SUSP, BESIVANCE OPHTH SUSP (Step Therapy requires trial of 2: ciprofloxacin ophth soln, levofloxacin ophth soln, ofloxacin ophth soln, or VIGAMOX OPHTH SOLN)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
BESREMI INJ (QL= 2 inj/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BESREMI PEN INJ (QL= 1mL/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BETA CAROTENE CAP	-	EXC	VITAMINS
BETADINE SOLN	-	EXC	ANTISEPTICS & DISINFECTANTS
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	-	Select	DERMATOLOGICALS
betamethasone augmented cream (DIPROLENE AF CREAM equiv) (QL= 200 gm/30 days)	QL	Select	DERMATOLOGICALS
betamethasone augmented gel (QL= 200 gm/30 days; ST req trial of 2 high potency steroids: betameth- (oint, crm, lot), clobet-, halobet-, or fluocin-)	QL-ST	High Cost Generics	DERMATOLOGICALS
BETAMETHASONE AUGMENTED GEL (QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betameth- (oint, crm, lot), clobet-, halobet-, or fluocin-)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv) (QL= 200 mL/3 days)	QL	Select	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv) (QL= 200 gm/30 days)	QL	Select	DERMATOLOGICALS
betamethasone diproprionate cream (DIPROSONE CREAM equiv) (QL= 200 gm/30 days)	QL	Select	DERMATOLOGICALS
betamethasone diproprionate lotion (DIPROSONE LOTION equiv) (QL= 200 mL/30 days)	QL	Select	DERMATOLOGICALS
betamethasone diproprionate oint (DIPROSONE OINT equiv) (QL= 200 gm/30 days)	QL	Select	DERMATOLOGICALS
betamethasone valerate cream	-	Select	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ FOAM equiv) (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betameth- (oint, crm, lot), clobet-, halobet-, or fluocin-)	QL-ST	High Cost Generics	DERMATOLOGICALS
betamethasone valerate lotion	-	Select	DERMATOLOGICALS
betamethasone valerate oint	-	Select	DERMATOLOGICALS
BETASERON INJ (QL= 14 kits/28 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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BETAXOLOL OPHTH SOLN (QL=5mL/30 days; Step therapy requires trial of 2: carteolol, levobunolol, dorzolamide-timolol, timolol)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
betaxolol ophth soln (BETOPTIC-S equiv)	QL-ST	Select	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	Select	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	Select	URINARY ANTISPASMODICS
BETIMOL OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
BETIMOL OPHTH SOLN (QL= 10ml/30 days)	--QL	Non-Preferred Brands	OPHTHALMIC AGENTS
BETIMOL OPHTH SOLN (QL= 15ml/30 days)	--QL	Non-Preferred Brands	OPHTHALMIC AGENTS
BETIMOL OPHTH SOLN (QL= 5ml/30 days)	--QL	Non-Preferred Brands	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN (Step Therapy requires trial of 2: carteolol, levobunolol, dorzolamide/timolol, timolol maleate)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
BEVACIZUMAB INJ	-	EXC	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER (QL= 10.7gm/30 days; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEVYXXA CAP (QL= 43 caps/42 days)	PA-QL	Non-Preferred Brands	ANTICOAGULANTS
BEXAGLIFLOZN TAB (QL= 30 tabs/30 days; ST req trial of 2: farxiga tab, xigduo xr tab, Jardiance tab, synjardy tab, or synjardy xr tab)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
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
BEYAZ TAB	-	Non-Preferred Brands	CONTRACEPTIVES
BEYFORTUS INJ	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
BIAFINE EMULSION	-	Non-Preferred Brands	DERMATOLOGICALS
bicalutamide tab (CASODEX equiv)	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIDIL TAB (QL= 6 tabs/day)	QL	Non-Preferred Brands	CARDIOVASCULAR AGENTS - MISC.

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BIFERARX TAB	-	Non-Preferred Brands	HEMATOPOIETIC AGENTS
BIJUVA CAP	-	Non-Preferred Brands	ESTROGENS
BIKTARVY TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
bilberry (vaccinium myrtillus) cap	-	EXC	ALTERNATIVE MEDICINES
BILDYOS INJ (QL= 1 mL (1 syringe)/180 days)	LMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
BILPREVDA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BILTRICIDE TAB	-	Non-Preferred Brands	ANTHELMINTICS
bimatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Select	OPHTHALMIC AGENTS
bimatoprost ophth soln 0.01% (LUMIGAN equiv) (QL= 2.5ml/25 days; ST requires trial of latanoprost FOLLOWED BY 1: travoprost OR tafluprost)	QL-ST	High Cost Generics	OPHTHALMIC AGENTS
BIMATOPROST/BRIMONIDINE DORZOLOMIDE OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
BIMATOPROST/TIMOLOL MALEATE OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
BIMZELX INJ (QL= 2ml/56 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
BINOSTO TAB (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate and ibandronate)	QL-ST	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
BIODCREAM CREAM	-	EXC	DERMATOLOGICALS
bioflavonoid products cap	OTC	EXC	MULTIVITAMINS
bioflavonoid products chew tab	OTC	EXC	MULTIVITAMINS
bioflavonoid products tab	OTC	EXC	MULTIVITAMINS
bioflavonoid products tab er	OTC	EXC	MULTIVITAMINS
BIOFREEZE LIQUID	-	EXC	DERMATOLOGICALS
BIOFREEZE SPRAY	OTC	EXC	DERMATOLOGICALS
BIONARA CAP ULTRA, MICROVARA CAP, PROBENTRA CAP	-	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
BIORPHEN INJ	-	EXC	VASOPRESSORS
BIOSTEP SHEET, INNOVAMATRIX SHEET	-	EXC	DERMATOLOGICALS
BIOTHRAX INJ	-	Preventive	VACCINES
biotin cap	OTC	EXC	VITAMINS
biotin chew tab	OTC	EXC	VITAMINS
BIOTIN LIQUID	OTC	EXC	VITAMINS
BIOTIN TAB	-	EXC	VITAMINS
biotin tab disint	OTC	EXC	VITAMINS
BIOTIN W/ LUTEIN TAB	-	EXC	MULTIVITAMINS
BIOTIN W/ VITAMIN C CHEW TAB	-	EXC	MULTIVITAMINS
biotin w/ vitamins c and e chew tabs	OTC	EXC	MULTIVITAMINS
BIOTIN-KERAT CAP ALPHA	-	EXC	ALTERNATIVE MEDICINES

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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
BIOTRELLE CAP	-	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
BIPOL SOROKI INJ	-	EXC	DIAGNOSTIC PRODUCTS
bisacodyl suppos	OTC	EXC	LAXATIVES
bisacodyl tab delayed release	OTC	EXC	LAXATIVES
BISMUTH SUBSALICYLATE CAP	-	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
bismuth subsalicylate chew tab	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
bismuth subsalicylate susp	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
bismuth subsalicylate tab	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
bismuth/metro/tetra cap (PYLERA equiv) (QL= 120 tabs/10 days)	QL	Select	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
BISOPROLOL FUMARATE TAB (QL= 8 tabs/day; ST req trial of bisoprolol 5/10mg tab, atenolol tab, metoprolol succ tab, AND acebutolol cap)	QL-ST	Non-Preferred Brands	BETA BLOCKERS
bisoprolol tab (ZEBETA equiv)	-	Select	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	Value	ANTIHYPERTENSIVES
BITTER MELON TAB	-	EXC	ALTERNATIVE MEDICINES
BIVALIRUDIN INJ	-	EXC	ANTICOAGULANTS
BIVALIRUDIN SOLN RTU	-	EXC	ANTICOAGULANTS
BIZENGRI INJ 750 DOSE	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BKEMV INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
black cohosh cap	--OTC	EXC	ALTERNATIVE MEDICINES
BLACK COHOSH TAB	OTC	EXC	ALTERNATIVE MEDICINES
BLACK ELDERBERRY (SAMBUCUS NIGRA) CAP	-	EXC	ALTERNATIVE MEDICINES
BLACK ELDERBERRY SYRUP	-	EXC	ALTERNATIVE MEDICINES
black pepper-turmeric cap	OTC	EXC	ALTERNATIVE MEDICINES
BLACK WALNUT CAP	OTC	EXC	ALTERNATIVE MEDICINES
BLACK WALNUT INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
BLACK WILLOW INJ	-	EXC	DIAGNOSTIC PRODUCTS
BLACK/SWEET BIRCH POLLEN INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
BLANCHE CREAM	-	EXC	DERMATOLOGICALS
BL-C KIT	-	EXC	DIAGNOSTIC PRODUCTS
BLENREP INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BLEPHAMIDE OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT	-	Non-Preferred Brands	OPHTHALMIC AGENTS
BLINK NOURIS DROP	OTC	EXC	OPHTHALMIC AGENTS
BLT-25 KIT	-	EXC	CORTICOSTEROIDS
BLUDIGO INJ	-	EXC	DIAGNOSTIC PRODUCTS
BLUE CRAB INJ	-	EXC	DIAGNOSTIC PRODUCTS
BLUES AWAY LIQ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
BLUJEPA TAB (QL= 20 tabs/5 days, no roll up, 6 fills/year; Step therapy req trial of 2: nitrofurantoin, trimethoprim-sulfamethoxazole, cephalexin)	QL-ST	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
BOMYNTRA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BOMYNTRA INJ 120MG/1.7ML	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BONSITY, TERIPARATIDE INJ (QL= 2.24 mL/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
boric acid granules	OTC	EXC	DERMATOLOGICALS
boric acid vaginal supp	OTC	EXC	VAGINAL AND RELATED PRODUCTS
BORTEZOMIB INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bortezomib inj (VELCADE equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BORUZU INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOSAYA INJ (QL= 1mL/180 days)	LMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
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	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOSULIF TAB (Only available through Onco360 877-662-6633)	LD-PA-SF	Non-Preferred 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
BOSWELLIA TAB	-	EXC	ALTERNATIVE MEDICINES
boswellia-glucosamine-vitamin d tab	OTC	EXC	ALTERNATIVE MEDICINES
BOTULISM IMMUNE GLOBULIN (HUMAN) IV FOR SOLN	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
BOX ELDER INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
BP 10-1 EMU	-	EXC	DERMATOLOGICALS
B-PLEX PLUS TAB	OTC	EXC	MULTIVITAMINS
BPROTECTED LIQ MULTI-VI	OTC	EXC	MULTIVITAMINS
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAZIL NUT INJ	-	EXC	DIAGNOSTIC PRODUCTS
BREEZA ORAL SOLN	-	EXC	DIAGNOSTIC PRODUCTS
BREKIYA INJ (QL= 24mL/28 days; ST req 2: nara tab, riza tab/ODT, zolmi tab, suma tab, eletrip FOLLOWED BY generic DHE inj/nasal)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
BREO ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREVITAL SOD INJ	-	EXC	GENERAL ANESTHETICS

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BREXAFEMME TAB (QL= 4 tabs/1 day)	PA-QL	Non-Preferred Brands	ANTIFUNGALS
BREYNA INHALER (BREYNA equiv) (QL= 10.3g/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela)	QL-ST	High Cost Generics	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREZTRI AEROSPHERE INHALER (QL= 10.7g/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	High Cost Generics	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2% (ALPHAGAN equiv)	-	Select	OPHTHALMIC AGENTS
brimonidine tartrate gel (MIRVASO equiv)	-	EXC	DERMATOLOGICALS
brimonidine tartrate ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	High Cost Generics	OPHTHALMIC AGENTS
brimonidine tartrate-timolol maleate ophth soln (COMBIGAN equiv) (QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate)	QL-ST	High Cost Generics	OPHTHALMIC AGENTS
BRIMONIDONE/DORZOLAMIDE SOLN	-	EXC	OPHTHALMIC AGENTS
BRINSUPRI TAB (QL= 30 capsules/30 days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Non-Preferred Specialty	RESPIRATORY AGENTS - MISC.
brinzolamide ophth susp (AZOPT equiv) (Step Therapy requires trial of dorzolamide 2% ophth soln)	ST	High Cost Generics	OPHTHALMIC AGENTS
BRISDELLE CAP (QL= 1 cap/day)	QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIUMVI INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
brivaracetam iv soln 50mg/5ml (BRIVIACT equiv)	-	EXC	ANTICONVULSANTS
brivaracetam oral soln 10mg/ml (BRIVIACT INJ equiv) (QL= 600mL/30 days)	QL	Select	ANTICONVULSANTS
brivaracetam tab (BRIVIACT equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
BRIVIACT INJ 50MG/5ML	-	EXC	ANTICONVULSANTS
BRIVIACT SOLN 10MG/ML (QL= 600mL/30 days)	QL	Non-Preferred Brands	ANTICONVULSANTS
BRIVIACT TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
BRIXADI SOLN	LMSP	Preferred Specialty	ANALGESICS - OPIOID
BROMFED DM SYRUP	-	EXC	COUGH/COLD/ALLERGY
bromfenac ophth soln (BROMDAY equiv) (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	High Cost Generics	OPHTHALMIC AGENTS

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bromfenac sodium ophth soln 0.07% (PROLENSA equiv) (QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	QL-ST	High Cost Generics	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	Select	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	Select	ANTIPARKINSON AGENTS
brompheniramine and phenylephrine liqd	OTC	EXC	COUGH/COLD/ALLERGY
brompheniramine-dextromethorphan liquid	OTC	EXC	COUGH/COLD/ALLERGY
BROMSITE DROP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
BRONCHIAL SYP SOOTHE	-	EXC	ALTERNATIVE MEDICINES
BRONCHITOL CAP (QL= 560 caps/28 days; ST req trial of hypertonic saline; Diagnosis Restricted – Cystic Fibrosis (E84))	AMSP-QL-RDX-ST	Non-Preferred Specialty	RESPIRATORY AGENTS - MISC.
BROVANA NEB SOLN (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BROWN SHRIMP INJ	-	EXC	DIAGNOSTIC PRODUCTS
BRUKINSA CAP (QL= 4 caps/day)	LMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRUKINSA TAB (QL= 60 tabs/30 days)	LMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRUSELIX TAB	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
BRYNOVIN SOLN (QL= 1 bottle/30 days; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
BUCAPSOL CAP (QL= 2 caps/day; Step req trial of buspirone tabs, hydroxyzine, and doxepin (10, 25, 50, 75, 100, or 150mg))	QL-ST	Non-Preferred Brands	ANTIANXIETY AGENTS
budesonide ER tab (UCERIS equiv)	-	High Cost Generics	CORTICOSTEROIDS
budesonide inh susp (PULMICORT equiv) (QL= 120 units/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide rectal foam (UCERIS equiv) (QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema)	QL-ST	High Cost Generics	ANORECTAL AND RELATED PRODUCTS
budesonide SR cap (ENTOCORT EC equiv)	-	Select	CORTICOSTEROIDS
budesonide/formoterol inhaler (SYMBICORT equiv) (QL= 10.2g/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela)	QL-ST	High Cost Generics	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BUFFERED C POWDER	OTC	EXC	VITAMINS
bumetanide inj	-	EXC	DIURETICS
bumetanide tab (BUMEX equiv)	-	Select	DIURETICS
BUMEX TAB	-	Non-Preferred Brands	DIURETICS

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Drug Name	Special Code	Tier	Category
BUNAVAIL FILM	-	Non-Preferred Brands	ANALGESICS - OPIOID
BUPHENYL POWDER (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
BUPHENYL TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
BUPIVAC/LIDO INJ	-	EXC	OPHTHALMIC AGENTS
buprenorphine hcl buccal film (BELBUCA equiv)	-	Select	ANALGESICS - OPIOID
buprenorphine patch (BUTRANS equiv)	-	Select	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	Select	ANALGESICS - OPIOID
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	Select	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	Select	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	Select	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	Select	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	Select	ANTIDEPRESSANTS
BUPROPION XL TAB 450MG (QL= 1 tab/day; ST req 2: SSRI (eg. fluoxetine, sertraline), SNRI (eg. venlafaxine), bupropion XL tab (150, 300mg))	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
BURN RELIEF GEL	-	EXC	DERMATOLOGICALS
buspirone tab (BUSPAR equiv)	-	Select	ANTIANXIETY AGENTS
BUSPIRONE TAB 12.5MG (QL= 2 tabs/day; ST req 3: buspirone (5, 7.5, 10, 15, 30), hydroxyzine, AND doxepin (10, 25, 50, 75, 100, 150))	QL-ST	Non-Preferred Brands	ANTIANXIETY AGENTS
BUSPIRONE TAB 2.5MG (QL= 2 tabs/day; ST req 3: buspirone (5, 7.5, 10, 15, 30), hydroxyzine, AND doxepin (10, 25, 50, 75, 100, 150))	QL-ST	Non-Preferred Brands	ANTIANXIETY AGENTS
butalbital/acetaminophen cap	-	High Cost Generics	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day)	QL	Select	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine soln	-	Select	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine/codeine cap (FIORICET/CODEINE equiv) (QL= 6 caps/day)	QL	Select	ANALGESICS - OPIOID
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	Non-Preferred Brands	ANALGESICS - NONNARCOTIC
butenafine hcl cream	OTC	EXC	DERMATOLOGICALS
butorphanol nasal spray (QL= 5ml/30 days)	QL	Select	ANALGESICS - OPIOID
BUTRANS PATCH	-	Non-Preferred Brands	ANALGESICS - OPIOID
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC, RYBELSUS and MOUNJARO; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands	ANTIDIABETICS

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BYDUREON INJ (QL= 4 inj/28 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC, RYBELSUS and MOUNJARO; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands	ANTIDIABETICS
BYDUREON PEN INJ (QL= 4 inj/28 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC, RYBELSUS and MOUNJARO; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands	ANTIDIABETICS
BYETTA INJ (QL= 1 pen/30 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC, RYBELSUS and MOUNJARO; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands	ANTIDIABETICS
BYLVAY CAP (Only available through Accredo 800-803-2523 or PantheRx Pharmacy 855-726-8479)	LD-PA	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
BYOOVIZ INJ	-	EXC	OPHTHALMIC AGENTS
BYQLOVI OPHTH SUSP (QL= 3.5ml/17 days; ST req trial of 2: prednisolone sol/sus 1%, dexamethasone soln 0.1%, fluorometholone susp 0.1% ophth)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
BYSANTI TAB (QL= 2 tabs/day; ST req trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
BYSANTI TITRATION PACK (QL= 1 pack/plan year; ST req trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
BYSTOLIC TAB (QL= 1 tab/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol)	QL-ST	Non-Preferred Brands	BETA BLOCKERS
BYSTOLIC TAB 20MG (QL= 2 tabs/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol cap)	QL-ST	Non-Preferred Brands	BETA BLOCKERS
BYVALSON TAB	-	Non-Preferred Brands	ANTIHYPERTENSIVES
C/ROSE HIPS CAP	OTC	EXC	VITAMINS
CA PANTOTHEN TAB	OTC	EXC	VITAMINS
CABENUVA IM SUSP	-	EXC	ANTIVIRALS
cabergoline tab (DOSTINEX equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CABTREO GEL	-	Non-Preferred Brands	DERMATOLOGICALS
CADUET TAB (QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin))	QL-ST	Non-Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
CAFCIT INJ	-	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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Drug Name	Special Code	Tier	Category
CAFERGOT TAB (QL= 40 tabs/28 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
CAFERGOT TAB, ERGOTAMINE/CAFFEINE TAB (QL= 40 tabs/28 days)	QL	High Cost Generics	MIGRAINE PRODUCTS
caffeine citrate soln (CAFCIT equiv)	-	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
caffeine tab	OTC	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
calamine phenolated lotion	OTC	EXC	DERMATOLOGICALS
calamine-zinc oxide lotion	OTC	EXC	DERMATOLOGICALS
calamine-zinc oxide susp	OTC	EXC	DERMATOLOGICALS
CALC CIT+D3 TAB	OTC	EXC	MINERALS & ELECTROLYTES
calcipotriene cream (TRIONEX equiv)	-	EXC	DERMATOLOGICALS
calcipotriene cream (DOVONEX CREAM equiv)	-	Select	DERMATOLOGICALS
CALCIPOTRIENE FOAM (QL= 60gm/30 days; Step therapy requires trial of calcipotriene soln)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
CALCIPOTRIENE FOAM, SORILUX FOAM (QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
calcipotriene oint	-	Select	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	Select	DERMATOLOGICALS
CALCIPOTRIENE SOLN 0.005%	-	Select	DERMATOLOGICALS
CALCIPOTRIENE/ BETAMETHASONE SUSP (QL= 400 gm/30 days; Step Therapy requires trial 2 high potent steroids (betameth- oint/crm/lot, clobet-, halobet-, fluocin-), and calcipotri-)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv) (QL= 400 gm/30 days; Step Therapy requires trial 2 high potent steroids (betameth- oint/crm/lot, clobet-, halobet-, fluocin-), and calcipotri-)	QL-ST	High Cost Generics	DERMATOLOGICALS
calcipotriene-betamethasone dipropionate susp (CALCIPOTRIENE/ BETAMETHASONE SUSP equiv) (QL= 400 gm/30 days; Step Therapy requires trial 2 high potent steroids (betameth- oint/crm/lot, clobet-, halobet-, fluocin-), and calcipotri-)	QL-ST	High Cost Generics	DERMATOLOGICALS
calcitonin inj (MIACALCIN equiv)	-	High Cost Generics	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitonin nasal spray (MIACALCIN equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL OINT	-	Non-Preferred Brands	DERMATOLOGICALS
calcitriol soln (CALCITRIOL equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCIUM + D3 TAB	OTC	EXC	MINERALS & ELECTROLYTES
CALCIUM 1200 CHEW	-	EXC	MINERALS & ELECTROLYTES
CALCIUM 600 TAB + MIN	OTC	EXC	MINERALS & ELECTROLYTES
CALCIUM 600 TAB +D	-	EXC	MINERALS & ELECTROLYTES

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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
calcium acetate cap (PHOSLO equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
calcium alginate wound dressing	OTC	EXC	DERMATOLOGICALS
CALCIUM ALGINATE-SILVER ROPE 1/4"X12"	OTC	EXC	DERMATOLOGICALS
CALCIUM AND PHOS W/ VIT D CHEW TAB	-	EXC	MINERALS & ELECTROLYTES
CALCIUM CARB SUSP	OTC	EXC	ANTACIDS
calcium carb-cholecalciferol tab	OTC	EXC	MINERALS & ELECTROLYTES
calcium carbonate (antacid) chew tab	OTC	EXC	ANTACIDS
CALCIUM CARBONATE DISINTEGRATING TAB	-	EXC	ANTACIDS
calcium carbonate-mag hydroxide chew tab (ROLAIDS equiv)	OTC	EXC	ANTACIDS
calcium carbonate-simethicone chew tab	OTC	EXC	ANTACIDS
calcium carbonate-vitamin d tab (CALCIUM/VITAMIN D equiv)	-	EXC	MINERALS & ELECTROLYTES
calcium carb-vit d w/ minerals chew tab	OTC	EXC	MINERALS & ELECTROLYTES
calcium carb-vit d w/ minerals tab	OTC	EXC	MINERALS & ELECTROLYTES
CALCIUM CHEW	-	EXC	MINERALS & ELECTROLYTES
CALCIUM CHEW FOR WOMEN	-	EXC	MINERALS & ELECTROLYTES
CALCIUM CHEW VIT D/PR	-	EXC	MINERALS & ELECTROLYTES
CALCIUM CHLORIDE INJ	-	EXC	MINERALS & ELECTROLYTES
CALCIUM CITRATE + TAB	-	EXC	MINERALS & ELECTROLYTES
calcium citrate tab	OTC	EXC	MINERALS & ELECTROLYTES
calcium cit-vit d tab	OTC	EXC	MINERALS & ELECTROLYTES
CALCIUM D-CAP GLUCARAT	OTC	EXC	ALTERNATIVE MEDICINES
CALCIUM GLU/NACL INJ	-	EXC	MINERALS & ELECTROLYTES
CALCIUM GLUCONATE CAP	-	EXC	MINERALS & ELECTROLYTES
CALCIUM GLUCONATE INJ	-	EXC	MINERALS & ELECTROLYTES
calcium gluconate inj (CALCIUM GLUCONATE equiv)	-	EXC	MINERALS & ELECTROLYTES
calcium gluconate-nacl iv soln (CALCIUM GLU/NACL equiv)	-	EXC	MINERALS & ELECTROLYTES
calcium glycerophosphate tab	OTC	EXC	ALTERNATIVE MEDICINES
CALCIUM MAG CAP D CMPLX	OTC	EXC	MINERALS & ELECTROLYTES
calcium phos-cholecalcif chew tab	OTC	EXC	MINERALS & ELECTROLYTES
CALCIUM W/ MAGNESIUM POWDER	OTC	EXC	MINERALS & ELECTROLYTES
calcium w/ vitamin d and k chew tab	OTC	EXC	MINERALS & ELECTROLYTES
CALCIUM/MAGNESIUM CARBONATES TAB	OTC	EXC	ANTACIDS
calcium-magnesium-zinc tab 334-134-5mg	OTC	EXC	MINERALS & ELECTROLYTES
CALIBRATION LIQUID	OTC	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
CALIUM GLUCONATE/NACL INJ	-	EXC	MINERALS & ELECTROLYTES
CAL-MAG-ZINC TAB VIT D3	-	EXC	MINERALS & ELECTROLYTES
CALOMIST NASAL SPRAY	-	Non-Preferred Brands	HEMATOPOIETIC AGENTS
CALQUENCE CAP (QL= 2 caps/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALQUENCE TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALSODORE PAK	-	EXC	DERMATOLOGICALS
CAMBIA POWDER (QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan))	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS

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CAMCEVI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAMPATH INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
camphor - menthol lotion	OTC	EXC	DERMATOLOGICALS
camphor cream	OTC	EXC	DERMATOLOGICALS
camphor inhalant liquid	OTC	EXC	COUGH/COLD/ALLERGY
camphor-eucalyptus-menthol - oint	OTC	EXC	COUGH/COLD/ALLERGY
camphor-menthol-methyl salicylate cream	OTC	EXC	DERMATOLOGICALS
camphor-menthol-methyl salicylate gel	OTC	EXC	DERMATOLOGICALS
camphor-menthol-methyl salicylate patch	--OTC	EXC	DERMATOLOGICALS
CAMZYOS CAP (QL= 1 cap/day; Only available through AllianceRx Walgreens Prime 855-244-2555)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
CANASA SUPP (QL= 1 tab/day)	QL	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
candesartan tab (ATACAND equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Select	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Select	ANTIHYPERTENSIVES
capecitabine tab (XELODA equiv)	AMSP	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	Non-Preferred Brands	DERMATOLOGICALS
CAPHOSOL SOLN	-	EXC	MOUTH/THROAT/DENTAL AGENTS
CAPLYTA CAP (QL= 1 cap/day; Step therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CAPMIST DM TAB (QL= 4 tabs/day)	QL	Preferred Brands	COUGH/COLD/ALLERGY
CAPRELSA TAB 100MG (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin cream	OTC	EXC	DERMATOLOGICALS
capsaicin liquid	OTC	EXC	DERMATOLOGICALS
CAPSAICIN PAD	OTC	EXC	DERMATOLOGICALS
capsaicin patch	OTC	EXC	DERMATOLOGICALS
CAPSAICIN SLEEVES AND WRAPS	OTC	EXC	DERMATOLOGICALS
capsaicin-men-methyl nic-methyl sal patch	OTC	EXC	DERMATOLOGICALS
capsaicin-menthol topical patch	OTC	EXC	DERMATOLOGICALS
CAPSINAC PAK	-	EXC	DERMATOLOGICALS
captopril tab (CAPOTEN equiv) (Step Therapy requires trial of 2 angiotensin-converting enzyme (ACE) inhibitors)	ST	High Cost Generics	ANTIHYPERTENSIVES

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CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug)	ST	Preferred Brands	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	ST--	Select	ANTIHYPERTENSIVES
CAPVAXIVE INJ (QL= 0.5 mL/fill; Covered for ages 19 years and older)	QL-VAC	Preventive	VACCINES
CAPZASIN-P CREAM	-	EXC	DERMATOLOGICALS
CARAC CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
CARAC CREAM 0.5%	-	Non-Preferred Brands	DERMATOLOGICALS
CARAWAY SEED-LEVOMENTHOL CAP DELAYED RELEASE ER	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
CARBAGLU TAB (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	Select	ANTICONVULSANTS
CARBAMAZEPINE CHEW TAB 200MG (Step therapy requires trial of carbamazepine 100mg chew tab)	ST	Non-Preferred Brands	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	Select	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	Select	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	Select	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	Select	ANTICONVULSANTS
carbamide peroxide	OTC	EXC	OTIC AGENTS
carbidopa tab (LODOSYN equiv)	-	Select	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	Select	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	Select	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	Select	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	Non-Preferred Brands	ANTIPARKINSON AGENTS
carbidopa-levodopa-entacapone tab 12.5-50-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 18.75-75-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 25-100-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 31.25-125-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 37.5-150-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 50-200-200mg (STALEVO equiv) (QL= 6 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbinoxamine maleate tab 6mg (QL= 120 tabs/30 days; Step therapy requires trial of carbinoxamine 4mg tab)	QL-ST	High Cost Generics	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv) (QL= 240 tabs/30 days)	QL	Select	ANTIHISTAMINES
carbonyl iron susp	OTC	EXC	HEMATOPOIETIC AGENTS

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carbonyl iron tab	OTC	EXC	HEMATOPOIETIC AGENTS
CARBOPROST TROMETHAMINE IM SOLN PREF SYR	-	EXC	OXYTOCICS
carboxymethylcellulose sodium (pf) ophth soln	OTC	EXC	OPHTHALMIC AGENTS
carboxymethylcellulose sodium ophth gel	OTC	EXC	OPHTHALMIC AGENTS
carboxymethylcellulose-glycerin ophth soln	OTC	EXC	OPHTHALMIC AGENTS
CARBZAH SOLN (QL= 40ml/day)	QL	Non-Preferred Brands	ANTIHISTAMINES
CARDAMYST NASAL SPRAY (QL= 2 devices/28 days; 6 fills/year)	PA-QL	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
CARDIOCHEK MIS PLUS	-	EXC	MEDICAL DEVICES AND SUPPLIES
CARDURA XL TAB	-	Non-Preferred Brands	GENITOURINARY AGENTS - MISCELLANEOUS
CARELESSWEED INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
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	Select	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	-	Select	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	Select	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	EXC	DERMATOLOGICALS
CARMUSTINE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARNITEX CAP	OTC	EXC	NUTRIENTS
CARNITOR INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CAROSPIR SUSP (QL= 600ml/30 days; ST req trial of furosemide oral soln)	QL-ST	Non-Preferred Brands	DIURETICS
CARTEOLOL OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	Select	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	High Cost Generics	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	Value	BETA BLOCKERS
CARVYKTI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CASGEVY INJ	-	EXC	HEMATOPOIETIC AGENTS
CASHEW NUT INJ	-	EXC	DIAGNOSTIC PRODUCTS
CASPOFUNGIN INJ	-	EXC	ANTIFUNGALS
CASTOR OIL POLY 40	-	EXC	CHEMICALS
CATAPRES-TTS PATCH	-	Non-Preferred Brands	ANTIHYPERTENSIVES

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Drug Name	Special Code	Tier	Category
CAVHANZA TAB (QL= 4 tabs/day)	PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	ANTI-INFECTIVE AGENTS - MISC.
CEFACLOR CAP	-	Non-Preferred Brands	CEPHALOSPORINS
CEFACLOR ER TAB	-	Non-Preferred Brands	CEPHALOSPORINS
CEFACLOR SUSP	-	Non-Preferred Brands	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	Select	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	Select	CEPHALOSPORINS
CEFADROXIL TAB	-	Non-Preferred Brands	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	Select	CEPHALOSPORINS
CEFAZOL/DEX SOLN	-	EXC	CEPHALOSPORINS
CEFAZOLIN INJ	-	EXC	CEPHALOSPORINS
CEFAZOLIN INJ DEXTROSE	-	EXC	CEPHALOSPORINS
CEFAZOLIN SODIUM IV SOLN PREF SYRINGE	-	EXC	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	Select	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	Select	CEPHALOSPORINS
CEFDITOREN TAB	-	Non-Preferred Brands	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	Select	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	Select	CEPHALOSPORINS
CEFIXIME TAB (Step therapy requires trial of cefixime capsules and suspension)	ST	Non-Preferred Brands	CEPHALOSPORINS
cefotetan disodium for inj (CEFOTETAN equiv)	-	EXC	CEPHALOSPORINS
CEFOTETAN INJ	-	EXC	CEPHALOSPORINS
CEFPODOXIME PROXETIL SUSP	-	Select	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	Select	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	Select	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	Select	CEPHALOSPORINS
ceftaroline fosamil for iv soln (TEFLARO equiv)	-	EXC	CEPHALOSPORINS
CEFTAZIDIME INJ	-	EXC	CEPHALOSPORINS
CEFTRIAXONE INJ	-	EXC	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	Select	CEPHALOSPORINS
CELACYN GEL	-	EXC	DERMATOLOGICALS
celecoxib cap (CELEBREX equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
CELERY INJ	-	EXC	DIAGNOSTIC PRODUCTS
CELONTIN CAP (QL= 4 caps/day; ST requires trial of ethosuximide tab/soln)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS

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CENTANY OINT	-	Non-Preferred Brands	DERMATOLOGICALS
CENTRUM MORN CHW SICKNESS	OTC	EXC	ALTERNATIVE MEDICINES
cephalexin cap (KEFLEX equiv)	-	Select	CEPHALOSPORINS
cephalexin cap 750mg (QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexin 500mg tab/cap)	QL-ST	High Cost Generics	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	Select	CEPHALOSPORINS
cephalexin tab	-	Select	CEPHALOSPORINS
CEQUA (PF) OPHTH SOLN (Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
CEQUR SIMPLICITY 2U (QL= 10 patches/30 days)	QL	Non-Preferred Brands	MEDICAL DEVICES AND SUPPLIES
CEQUR SIMPLICITY INSERTER (QL= 1 inserter/lifetime)	QL	Non-Preferred Brands	MEDICAL DEVICES AND SUPPLIES
CERAVE THERA HAND CREAM	OTC	EXC	DERMATOLOGICALS
CERDELGA CAP (Only available through Accredo 800-803-2523)	LD-PA	Preferred Specialty	HEMATOPOIETIC AGENTS
CERVARIX INJ	VAC	Preventive	VACCINES
CERVICAL CAP	-	Preventive	MEDICAL DEVICES AND SUPPLIES
CERVIDIL INSERTS	-	Non-Preferred Brands	OXYTOCICS
CESAMET CAP (Step Therapy requires trial of ondansetron)	ST	Non-Preferred Brands	ANTIEMETICS
cetirizine hcl cap	OTC	EXC	ANTIHISTAMINES
cetirizine hcl chew tab	OTC	EXC	ANTIHISTAMINES
cetirizine hcl oral soln	OTC	EXC	ANTIHISTAMINES
cetirizine hcl orally disintegrating tab	OTC	EXC	ANTIHISTAMINES
cetirizine hcl tab	OTC	EXC	ANTIHISTAMINES
cetirizine/pseudoepherine tab 5-120mg	-	EXC	COUGH/COLD/ALLERGY
cetrorelix acetate kit (CETROTIDE equiv)	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETROTIDE KIT	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETYLEV TAB	-	Non-Preferred Brands	ANTIDOTES AND SPECIFIC ANTAGONISTS
cetylpyridinium chloride liquid	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
cevimeline cap (EVOXAC equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
CHAMOMILE CAP	OTC	EXC	ALTERNATIVE MEDICINES
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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CHANTIX STARTER PACK (QL= 180 days supply per plan year)	SMKG	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	Non-Preferred Brands	ANTIDOTES
CHENODAL TAB (Split RDX programming: Cerebrotendinous xanthomatosis (CTX) [E75.5 (Other lipid storage disorders)]: no ST. All other conditions: ST through ursodiol capsules/tablets)	RDX-ST	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
CHENODAL TAB (ST req trial of 1: ursodiol caps or tabs)	RDX-ST	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
chia oil (salvia hispanica) cap	OTC	EXC	ALTERNATIVE MEDICINES
CHICKEN MEAT INJ	-	EXC	DIAGNOSTIC PRODUCTS
CHILD CHEW CHW VITAMINS	OTC	EXC	MULTIVITAMINS
CHILDRENS CHW /IRON	OTC	EXC	MULTIVITAMINS
CHLORD/CLIDI CAP	-	Select	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
chlordiazepoxide cap (LIBRIUM equiv)	-	Select	ANTIANXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	Select	ULCER DRUGS
chlorhexidine gluconate dressing	OTC	EXC	ANTISEPTICS & DISINFECTANTS
chlorhexidine gluconate soln	OTC	EXC	ANTISEPTICS & DISINFECTANTS
chlorhexidine gluconate soln (PERIDEX equiv)	OTC--	Select	MOUTH/THROAT/DENTAL AGENTS
CHLOROQUINE TAB	-	Select	ANTIMALARIALS
chloroquine tab (ARALEN equiv)	-	Select	ANTIMALARIALS
CHLOROTHIAZIDE TAB	-	Select	DIURETICS
chlorothiazide tab (DIURIL equiv)	-	Select	DIURETICS
chlorpheniramine maleate tab er	OTC	EXC	ANTIHISTAMINES
chlorpheniramine-acetaminophen tab	OTC	EXC	COUGH/COLD/ALLERGY
chlorpheniramine-dm tab	OTC	EXC	COUGH/COLD/ALLERGY
chlorpheniramine-phenylephrine-asa effer tab	OTC	EXC	COUGH/COLD/ALLERGY
CHLORPROMAZINE CONC (QL= 800ml/30 days)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine hcl conc 100mg/ml (QL= 2000mL/30 days; ST req trial of olanzapine OTD and risperidone ODT/soln)	QL-ST	High Cost Generics	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine hcl conc 30mg/ml (QL= 600mL/30 days; ST req trial of olanzapine OTD and risperidone ODT/soln)	QL-ST	High Cost Generics	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine hcl inj	-	EXC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine tab (THORAZINE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	Value	DIURETICS
chlorzoxazone tab (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS

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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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chlorzoxazone tab (QL= 4 tabs/day)	QL-ST	Select	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 375mg (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	Select	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
cholecalciferol chew tab	OTC	EXC	VITAMINS
cholecalciferol drops	OTC	EXC	VITAMINS
cholecalciferol orally disintegrating tab	OTC	EXC	VITAMINS
cholecalciferol tab	OTC	EXC	VITAMINS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	Select	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	Select	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	Select	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	Select	ANTIHYPERLIPIDEMICS
CHOLINE/INOS CAP	OTC	EXC	NUTRIENTS
CHOLINE-SILICON LIQUID	-	EXC	ALTERNATIVE MEDICINES
CHORION MEMBRANE ALLOGRAFT (HUMAN) SHEET	-	EXC	DERMATOLOGICALS
CHROMAGEN CAP	-	EXC	HEMATOPOIETIC AGENTS
chromic chloride inj	-	EXC	MINERALS & ELECTROLYTES
CHROMIUM CHLORIDE INJ	-	EXC	MINERALS & ELECTROLYTES
chromium-cinnamon cap	OTC	EXC	ALTERNATIVE MEDICINES
CIALIS TAB (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	Non-Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
CIBINQO TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	Select	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	Select	DERMATOLOGICALS
ciclopirox nail soln (PENLAC SOLN equiv)	-	Select	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	Select	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	Select	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPHTH OINT	-	Non-Preferred Brands	OPHTHALMIC AGENTS
CIMDUO TAB	-	Preferred Brands	ANTIVIRALS
CIMERLI INJ	-	EXC	OPHTHALMIC AGENTS
cimetidine soln (CIMETIDINE equiv) (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
cimetidine tab	OTC	EXC	ULCER DRUGS
CIMZIA INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.
CIMZIA INJ (QL= 2 inj/28 days)	--AMSP-PA-QL	Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
CIMZIA INJ 200MG/ML (QL= 2 units/28 days)	AMSP-PA-QL	Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
CINNAMON-CHROMIUM-BIOTIN TAB	-	EXC	ALTERNATIVE MEDICINES
CINQAIR INJ (QL= 4 vials/28 days; Only available through Walgreens 888-347-3416)	LD-M-PA-QL	Non-Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ciporofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	Select	OTIC AGENTS
CIPRO HC OTIC SUSP	-	Non-Preferred Brands	OTIC AGENTS
CIPRO SUSP	-	Select	FLUOROQUINOLONES
CIPRODEX	-	Non-Preferred Brands	OTIC AGENTS
CIPROFLOXACIN 100MG TAB	-	Non-Preferred Brands	FLUOROQUINOLONES
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	Select	OTIC AGENTS
CIPROFLOXACIN INJ	-	EXC	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv)	-	Select	OPHTHALMIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	Select	FLUOROQUINOLONES
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	Select	FLUOROQUINOLONES
ciprofloxacin-hydrocortisone otic susp (QL= 10mL/30 days; ST req trial of neomycin-polycmyxin-HC otic soln and ofloxacin otic soln)	QL-ST	High Cost Generics	OTIC AGENTS
CIRCATA CREAM	-	EXC	DERMATOLOGICALS
cisplatin inj	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CITALOPRAM CAP (QL= 1 cap/day; ST requires trial of citalopram tab)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
citalopram hydrobromide cap (QL= 1 cap/day; ST requires trial of citalopram tab)	QL-ST	High Cost Generics	ANTIDEPRESSANTS
citalopram soln (CELEXA equiv)	-	Select	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	Value	ANTIDEPRESSANTS
CITRULLINE EASY TAB	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
citrulline oral powder	OTC	EXC	NUTRIENTS
CLADO SPHAER INJ	-	EXC	DIAGNOSTIC PRODUCTS
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.
CLARIFOAM EF FOAM	-	EXC	DERMATOLOGICALS
CLARINEX SYRUP	-	EXC	ANTIHISTAMINES
CLARINEX TAB	-	EXC	ANTIHISTAMINES
CLARINEX-D TAB	-	EXC	COUGH/COLD/ALLERGY
CLARINEX-D TAB 12 HOUR	-	EXC	COUGH/COLD/ALLERGY
CLARISCAN INJ, DOTAREM INJ	-	EXC	DIAGNOSTIC PRODUCTS
CLARITHROMYC SUSP	-	Preferred Brands	MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	Select	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	Select	MACROLIDES
CLARITIN CAP	OTC	EXC	ANTIHISTAMINES
CLARITIN CHEW TAB	-	EXC	ANTIHISTAMINES
CLARITIN-D TAB 10-240MG	-	EXC	COUGH/COLD/ALLERGY
CLARITIN-D TAB 5-120MG	-	EXC	COUGH/COLD/ALLERGY
CLARITY GEL SUPPORT	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
CLEAR EYES SOLN	-	EXC	OPHTHALMIC AGENTS
clemastine fumarate syrup (CLEMASTINE equiv)	OTC	EXC	ANTIHISTAMINES
CLEMASTINE SYRUP	-	EXC	ANTIHISTAMINES
CLEMASTINE TAB	-	EXC	ANTIHISTAMINES
CLEMASTINE TAB, CLEMASZ TAB	OTC	EXC	ANTIHISTAMINES
CLENIA PLUS SUSP	-	EXC	DERMATOLOGICALS
CLENPIQ SOLN	-	Non-Preferred Brands	LAXATIVES
CLEOCIN PHOS INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN PHOSPHATE INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill)	QL	Non-Preferred Brands	VAGINAL PRODUCTS
CLEOCIN-T GEL (QL= 360g/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
CLEVER CHOIC MIS HEAR AID	-	EXC	MEDICAL DEVICES AND SUPPLIES
CLIMARA PATCH (QL= 4 patches/28 days)	QL	Non-Preferred Brands	ESTROGENS
CLIMARA PRO PATCH	-	Non-Preferred Brands	ESTROGENS
CLINDACIN KIT	-	EXC	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
clindamycin foam (EVOCLIN equiv) (QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	High Cost Generics	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	Select	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	Select	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	Select	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	Select	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv) (QL= 1 tube/fill)	QL	Select	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	EXC	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	--OTC	EXC	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv) (QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin)	QL-ST	High Cost Generics	DERMATOLOGICALS
CLINDAVIX KIT	-	EXC	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill)	QL	Non-Preferred Brands	VAGINAL PRODUCTS
CLINISTIX TES KIDNEY	-	EXC	DIAGNOSTIC PRODUCTS
CLINISTIX TEST STRIP	OTC	EXC	DIAGNOSTIC PRODUCTS
CLINPRO 5000 PST	-	EXC	MOUTH/THROAT/DENTAL AGENTS
clobazam susp (ONFI equiv) (QL= 480ml/30 days)	QL	Select	ANTICONVULSANTS
clobazam tab (ONFI equiv)	-	Select	ANTICONVULSANTS
clobetasol E foam (OLUX E equiv) (QL= 200 gm/30 days; Step Therapy requires trial of 2 high pot steroids: betameth-, clobet- (crm, lot, gel, oint, etc.), halobet-, or fluocin-)	QL-ST	High Cost Generics	DERMATOLOGICALS
clobetasol foam (OLUX equiv) (QL= 200 gm/30 days)	QL	Select	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv) (QL= 200 mL/30 days)	QL	Select	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv) (QL= 200 gm/30 days)	QL	Select	DERMATOLOGICALS
CLOBETASOL PROPIONATE CREAM, IMPOYZ CREAM (QL= 200gm/30 days Trial of 2 high pot steroids: betameth-, clobet- (crm, lot, gel, oint, etc.), halobet-, or fluocin-)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv) (QL= 200 gm/30 days; Step Therapy requires trial of 2 high pot steroids: betameth-, clobet- (crm, lot, gel, oint, etc.), halobet-, or fluocin-)	QL-ST	High Cost Generics	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv) (QL= 200 gm/30 days)	QL	Select	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv) (QL= 200 gm/30 days)	QL	Select	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv) (QL= 200 mL/30 days)	QL	Select	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv) (QL= 200 mL/30 days)	QL	Select	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv) (QL= 200 mL/30 days)	QL	Select	DERMATOLOGICALS
CLOBEX LOTION (QL= 200 mL/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
CLOBEX SHAMPOO (QL= 200 mL/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
CLOBEX SPRAY (QL= 200 mL/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS

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CLOCORTOLONE CREAM (QL= 454g/30 days; ST req trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone)	QL-ST	High Cost Generics	DERMATOLOGICALS
CLOCORTOLONE CREAM (QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
clocortolone pivalate cream (CLOCORTOLONE equiv) (QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone)	QL-ST	High Cost Generics	DERMATOLOGICALS
CLOMID TAB	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomiphene citrate tab (CLOMID equiv)	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomipramine cap (ANAFRANIL equiv)	-	Select	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	Select	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	Select	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
CLONIDINE INJ	-	EXC	ANALGESICS - NONNARCOTIC
clonidine patch (CATAPRES-TTS equiv)	-	High Cost Generics	ANTIHYPERTENSIVES
CLONIDINE TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	QL--	Select	ANTIHYPERTENSIVES
clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days)	QL	Select	HEMATOLOGICAL AGENTS - MISC.
clopidogrel tab 75mg (PLAVIX equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	Select	ANTIANXIETY AGENTS
clotrimazole cream	OTC	EXC	DERMATOLOGICALS
clotrimazole cream 1%	-	Select	DERMATOLOGICALS
clotrimazole soln	OTC	EXC	DERMATOLOGICALS
clotrimazole soln 1%	-	Select	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	Select	DERMATOLOGICALS
CLOTRIMAZOLE/BETAMETHASONE LOTION	-	Select	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	Select	DERMATOLOGICALS
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZARIL TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CNJ-016 INJ	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CO Q-10 CAP	OTC	EXC	ALTERNATIVE MEDICINES
COAGADEX INJ (Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.

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coal tar oint	OTC	EXC	DERMATOLOGICALS
coal tar shampoo	OTC	EXC	DERMATOLOGICALS
COARTEM TAB	-	Non-Preferred Brands	ANTIMALARIALS
cobalamin combination cap	OTC	EXC	HEMATOPOIETIC AGENTS
cobalamin combination sl tab	OTC	EXC	HEMATOPOIETIC AGENTS
cobalamin combination tab	OTC	EXC	HEMATOPOIETIC AGENTS
cobalamin combination tab disint	OTC	EXC	HEMATOPOIETIC AGENTS
COBENFY CAP (QL= 60 caps/30 days; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COBENFY CAP STARTER PACK (QL= 56 caps/28 days; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COCAINE HCL SOLN	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
COCKROACH INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
COCONUT INJ	-	EXC	DIAGNOSTIC PRODUCTS
COCONUT OIL	-	EXC	ALTERNATIVE MEDICINES
cod liver oil	OTC	EXC	MULTIVITAMINS
CODEINE SULFATE SOLN	-	Non-Preferred Brands	ANALGESICS - OPIOID
CODEINE SULFATE TAB	-	High Cost Generics	ANALGESICS - OPIOID
CODEINE SULFATE TAB	-	Non-Preferred Brands	ANALGESICS - OPIOID
codeine sulfate tab	-	Select	ANALGESICS - OPIOID
CODITUSSIN LIQUID DAC (QL= 1200ml/30 days)	QL	Preferred Brands	COUGH/COLD/ALLERGY
coenzyme q chew	OTC	EXC	ALTERNATIVE MEDICINES
COFFEE BEAN CAP	-	EXC	ALTERNATIVE MEDICINES
COGNIUM COMPLETE GUMMIES	-	EXC	MULTIVITAMINS
COLACE SOFT CHW	OTC	EXC	LAXATIVES
colchicine cap (MITIGARE equiv) (QL= 4 caps/day)	QL	High Cost Generics	GOUT AGENTS
colchicine tab (COLCRYS equiv) (QL= 4 tabs/day)	QL	Select	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	Select	GOUT AGENTS
COLCRYS TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands	GOUT AGENTS
cold/allergy elx children (QL= 2400ml/30 days)	QL	Select	COUGH/COLD/ALLERGY
COLD/COUGH LIQ CHLD NGT	OTC	EXC	COUGH/COLD/ALLERGY
COLD-EEZE LOZ CHERRY	OTC	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
colesevelam pack (WELCHOL equiv) (Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol)	ST	High Cost Generics	ANTIHYPERLIPIDEMICS

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colesevelam tab (WELCHOL equiv)	-	Select	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	Select	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	Select	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	Select	ANTIHYPERLIPIDEMICS
colistimethate inj (COLY-MYCIN M equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
COLLAGEN MATRIX LIQUID	-	EXC	DERMATOLOGICALS
collagen-boron-hyaluronic acid	OTC	EXC	ALTERNATIVE MEDICINES
COLLAGEN-VITAMIN C TAB	OTC	EXC	ALTERNATIVE MEDICINES
collagen-vitamin c-biotin cap	OTC	EXC	ALTERNATIVE MEDICINES
colloidal oatmeal cream	OTC	EXC	DERMATOLOGICALS
colloidal oatmeal lotion	OTC	EXC	DERMATOLOGICALS
colloidal oatmeal packet	OTC	EXC	DERMATOLOGICALS
COLUMVI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COLY-MYCIN S OTIC SUSP	-	Non-Preferred Brands	OTIC AGENTS
COLY-MYCIN-S SUSP OTIC	-	Non-Preferred Brands	OTIC AGENTS
COMBIGAN OPHTH SOLN (QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
COMBIPATCH	-	Non-Preferred Brands	ESTROGENS
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVIR TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
COMBOGESIC INJ	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
COMBOGESIC TAB	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
COMETRIQ KIT (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMIRNATY INJ	VAC	Preventive	VACCINES
COMIRNATY INJ 30MCG/0.3ML	VAC	Preventive	VACCINES
COMPLERA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIVIRALS
COMPLEX B-100 TAB	-	EXC	MULTIVITAMINS
COMPOUND W AER NITROFRE	-	EXC	DERMATOLOGICALS
CONCEPT DHA CAP	-	Preferred Brands	MULTIVITAMINS
CONCERTA TAB 18MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/NOREXIANTS

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CONCERTA TAB 27MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
CONCERTA TAB 36MG (QL= 1 tabs/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
CONCERTA TAB 54MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
CONDYLOX GEL (QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
CONEX COLD/ SOL ALLERGY	OTC	EXC	COUGH/COLD/ALLERGY
CONEXXENCE INJ 60MG/ML (QL= 1mL/180 days)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
CONJUPRI TAB, LEVAMLODIPINE TAB (QL= 1 tab/day; Step therapy requires trial of 2: nifedipine IR/ER, felodipine ER, nicardipine, isradipine, amlodipine)	QL-ST	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
CONSENSI TAB (QL= 30 tabs/30 days; Step Therapy requires trial of amlodipine and celecoxib)	QL-ST	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days)	QL	Preferred Brands	DIAGNOSTIC PRODUCTS
CONTOUR TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands	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
COOL N HEAT MIS	OTC	EXC	DERMATOLOGICALS
COPAXONE INJ 20MG/ML (QL= 30 syringes/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPAXONE INJ 40MG/ML (QL= 12 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPIKTRA CAP (QL= 2 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
copper gluconate tab	OTC	EXC	MINERALS & ELECTROLYTES
COQ10/BLACK PEPPER CAP	-	EXC	ALTERNATIVE MEDICINES
COQMAX OMEGA CAP	OTC	EXC	ALTERNATIVE MEDICINES
CORDRAN OINTMENT	-	Non-Preferred Brands	DERMATOLOGICALS

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CORDRAN TAPE (QL= 1 box/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
CORIFACT KIT	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
CORLANOR SOLN (QL= 450ml/30 days)	QL	Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
CORLANOR TAB (QL= 60 tabs/30 days)	QL	Non-Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
CORN INJ	-	EXC	DIAGNOSTIC PRODUCTS
CORN SMUT INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
corn starch topical powder	OTC	EXC	DERMATOLOGICALS
CORPHENA ORAL SOLN, RYCLORA ORAL SOLN	-	Non-Preferred Brands	ANTIHISTAMINES
CORTANE-B OTIC SOLN	-	Non-Preferred Brands	OTIC AGENTS
CORTIC-ND DROPS	-	EXC	OTIC AGENTS
CORTIFOAM	-	Non-Preferred Brands	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	Preferred Brands	CORTICOSTEROIDS
CORTISPORIN CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
CORTISPORIN OINT	-	Non-Preferred Brands	DERMATOLOGICALS
CORTROPHIN GEL 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
CORTROPHIN INJ (Only available through CVS Specialty 800-238-7828)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
CORVITA TAB	-	EXC	HEMATOPOIETIC AGENTS
COSENTYX INJ	-	EXC	DERMATOLOGICALS
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
COSENTYX INJ (2-PACK) (QL= 2 inj/56 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
COSENTYX INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS

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COSOPT (PF) OPHTH SOLN (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
COSOPT OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
COTELLIC TAB (QL= 3 tabs/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR TAB, METHYLPHENIDATE ER TAB (QL= 1 tab/day; ST req tri of 2: dextroamphetamine-amphet ER, methylphenidate ER (OSM), dexmethylphenidate HCl ER)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
COTEMPLA XR TAB, METHYLPHENIDATE ER TAB 25.9MG (QL= 2 tabs/day; ST req trial of 2: dextroamphetamine-amphet ER, methylphenidate ER (OSM), dexmethylphenidate HCl ER)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
COUGH DROPS LOZ HON LEMN	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
COVARYX TAB	-	EXC	ESTROGENS
COVID-19 TEST	OTC	EXC	DIAGNOSTIC PRODUCTS
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
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 (PFIZER)	-	EXC	VACCINES
COVID-19 VACCINE INJ 5-11Y (PFIZER)	-	EXC	VACCINES
COVID-19 VACCINE INJ 5-11Y (PFIZER)	--VAC	Preventive	VACCINES
COVID-19 VACCINE INJ 6-11Y (MODERNA)	-	EXC	VACCINES
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	VAC	Preventive	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	-	EXC	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	--VAC	Preventive	VACCINES
COVID-19 VACCINE INJ 6M-5Y (MODERNA)	-	EXC	VACCINES
COW MILK INJ	-	EXC	DIAGNOSTIC PRODUCTS
COXANTO CAP (QL= 180 caps/30 days; ST req trial of generic oxaprozin 600mg AND 2 addl NSAID (e.g., diclofenac, etodolac, sulindac))	QL-ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
CPB WC LIQUID	-	EXC	COUGH/COLD/ALLERGY
CRANBERRY CAP	OTC	EXC	ALTERNATIVE MEDICINES
CRANBERRY CAP URIN COM	-	EXC	MULTIVITAMINS
CRANBERRY TAB	OTC	EXC	ALTERNATIVE MEDICINES

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CRANBERRY TAB DISINTEGRATING	-	EXC	ALTERNATIVE MEDICINES
cranberry-vit c-probiotic-calcium tab	OTC	EXC	ALTERNATIVE MEDICINES
cranberry-vitamin c cap	OTC	EXC	ALTERNATIVE MEDICINES
cranberry-vitamin c-probiotic tab	OTC	EXC	ALTERNATIVE MEDICINES
CRANRX CHW	-	EXC	ALTERNATIVE MEDICINES
CREATINE MONOHYDRATE LIQUID	-	EXC	NUTRIENTS
CRENESSITY CAP (QL= 60 caps/30 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
CRENESSITY SOLN (QL= 120ml/30 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
CREON CAP	-	Preferred Brands	DIGESTIVE AIDS
CRESEMBA CAP 186MG (QL= 72 caps/30 days; Step therapy requires trial of voriconazole and posaconazole)	QL-ST	Non-Preferred Brands	ANTIFUNGALS
CRESEMBA CAP 74.5MG (QL= 180 caps/30 days; Step therapy requires trial of two: voriconazole and posaconazole)	QL-ST	Non-Preferred Brands	ANTIFUNGALS
CRESEMBA INJ	-	EXC	ANTIFUNGALS
CRESTOR TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin tab or rosuvastatin tab)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
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	Preferred Brands	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	Preferred Brands	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	Preferred Brands	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	Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
CRINONE GEL	-	Non-Preferred Brands	VAGINAL PRODUCTS
CRIXIVAN CAP	-	Preferred Brands	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	Select	OPHTHALMIC AGENTS
cromolyn sodium nasal aerosol soln	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
CROMOLYN SODIUM OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
CROTAN LOTION (ST req trial of permethrin cream)	ST	Non-Preferred Brands	DERMATOLOGICALS
cryselle tab	-	Preventive	CONTRACEPTIVES

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Drug Name	Special Code	Tier	Category
CUE COVID-19 INJ TEST CARTRIDGE	OTC	EXC	DIAGNOSTIC PRODUCTS
CUE HEALTH MIS MONITOR (QL= 1 kit/year)	QL	Preventive	DIAGNOSTIC PRODUCTS
CUPRIMINE CAP	-	Non-Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
CUTAQUIG INJ (QL= 576ml/28 days)	LMSP-PA-QL	Non-Preferred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUVITRU INJ (Only available through AllianceRx Walgreens Prime 855-244-2555)	LD-PA	Preferred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUVPOSA SOLN (QL= 9ml/day)	QL	Non-Preferred Brands	ULCER DRUGS
CUVRIOR TAB (QL= 10 tabs/day; ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap)	QL-ST	Non-Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
CVS B12 CHEW	-	EXC	HEMATOPOIETIC AGENTS
CVS BALANCED TAB B100	OTC	EXC	MULTIVITAMINS
CVS CALCIUM TAB	OTC	EXC	MINERALS & ELECTROLYTES
CVS CINNAMON CAP COMPLEX	-	EXC	ALTERNATIVE MEDICINES
CVS DIGITAL TEST PREGNANCY	-	EXC	DIAGNOSTIC PRODUCTS
CVS GARLIC TAB	OTC	EXC	ALTERNATIVE MEDICINES
CVS MSM CAP	OTC	EXC	ALTERNATIVE MEDICINES
CVS NASAL CAP DECONGES	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
cyanocobalamin chew tab	OTC	EXC	HEMATOPOIETIC AGENTS
cyanocobalamin inj	-	Select	HEMATOPOIETIC AGENTS
cyanocobalamin nasal spray 500mcg/0.1ml (NASCOBAL equiv) (ST req trial of cyanocobalamin injection)	ST	High Cost Generics	HEMATOPOIETIC AGENTS
cyanocobalamin sublingual liquid	OTC	EXC	HEMATOPOIETIC AGENTS
cyclobenzaprine ER cap (AMRIX equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab (FLEXERIL equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (Trial of 2: cyclobenzaprine 5mg, cyclobenzaprine 10mg, tizanidine, methocarbamol, baclofen, chlorzoxazone, orphenadrine)	ST	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
CYCLOGYL OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
CYCLOMYDRIL OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	Select	OPHTHALMIC AGENTS
cyclophosphamide cap	-	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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cyclophosphamide iv soln	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE TAB	-	Non-Preferred Brands	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOSERINE CAP	-	Non-Preferred Brands	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	High Cost Generics	ASSORTED CLASSES
CYCLOSPORINE EMULSION 0.1% OPHTH	-	EXC	OPHTHALMIC AGENTS
cyclosporine modified cap (NEORAL equiv)	-	Select	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	Select	ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days)	QL	Select	OPHTHALMIC AGENTS
CYCLOSPORINE OPHTH EMULSION 0.1%	-	EXC	OPHTHALMIC AGENTS
CYLTEZO AUTO-INJECTOR (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO INJ 10MG/0.2ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO INJ 20MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO INJ CROHNS (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO INJ PSORIASIS (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO KIT (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO KIT CROHNS (QL= 6 inj/28 days, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO PSORIASIS KIT (QL= 4 inj/28 days, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
CYMBALTA CAP 20MG (QL= 6 caps/day)	QL	Non-Preferred Brands	ANTIDEPRESSANTS
CYMBALTA CAP 30MG (QL= 4 caps/day)	QL	Non-Preferred Brands	ANTIDEPRESSANTS

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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
CYMBALTA CAP 60MG (QL= 2 caps/day)	QL	Non-Preferred Brands	ANTIDEPRESSANTS
cyproheptadine syrup	-	Select	ANTIHISTAMINES
cyproheptadine tab	-	Select	ANTIHISTAMINES
CYSTADANE POWDER (QL= 540 grams/30 days; Only available through AnovoRx 844-288-5007)	LD-QL	Preferred 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	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
CYSTADROPS SOLN (QL= 4 bottles (20mL)/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-QL-RDX	Non-Preferred Specialty	OPHTHALMIC AGENTS
CYSTAGON CAP 150MG (Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-RDX	Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTAGON CAP 50MG (QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-QL-RDX	Preferred 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	Preferred Specialty	OPHTHALMIC AGENTS
CYSTEX URINA CAP VAGINAL	OTC	EXC	ALTERNATIVE MEDICINES
CYTARABINE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYTOGAM INJ	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CYTRA K CRYSTALS	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
D.H.E. INJ (QL= 24ml/28 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
D2.5W/NACL INJ	-	EXC	MINERALS & ELECTROLYTES
D5W/NACL INJ	-	EXC	MINERALS & ELECTROLYTES
dabigatran etexilate mesylate cap (PRADAXA equiv) (QL= 2 caps/day)	QL	Select	ANTICOAGULANTS
DAILY MENOPA TAB VIT D	-	EXC	ALTERNATIVE MEDICINES
DAKLINZA TAB (Only available through Lumicera 855-847-3553)	LMSP-PA	Non-Preferred Specialty	ANTIVIRALS
dalbavancin hcl for iv soln (DALVANCE equiv)	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
dalfampridine ER tab (AMPYRA equiv)	AMSP-PA	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DALVANCE INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
danazol cap (DANOCRINE equiv) (QL= 4 caps/day)	QL	Select	ANDROGENS-ANABOLIC
DANDELION (TARAXACUM OFFICINALE) CAP	-	EXC	ALTERNATIVE MEDICINES

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DANTRIUM CAP (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
dantrolene cap (DANTRIUM equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
DANZITEN TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dapagliflozin tab (FARXIGA equiv) (QL= 1 tab/day)	QL	Select	ANTIDIABETICS
dapagliflozin-metformin er tab 10-1000mg (XIGDUO XR equiv) (QL= 2 tabs/day)	QL	Select	ANTIDIABETICS
dapagliflozin-metformin er tab 10-500mg (XIGDUO XR equiv) (QL= 1 tab/day)	QL	Select	ANTIDIABETICS
dapagliflozin-metformin er tab 5-1000mg (XIGDUO XR equiv) (QL= 2 tabs/day)	QL	Select	ANTIDIABETICS
dapagliflozin-metformin er tab 5-500mg (XIGDUO XR equiv) (QL= 2 tabs/day)	QL	Select	ANTIDIABETICS
dapsone gel (ACZONE equiv) (QL= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	High Cost Generics	DERMATOLOGICALS
dapsone tab	-	Select	ANTI-INFECTIVE AGENTS - MISC.
DAPTOMY/NACL INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
DAPTOMYCIN INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv) (Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER, solifenacin)	ST	High Cost Generics	URINARY ANTISPASMODICS
DARTISLA ODT TAB (QL= 4 tabs/day, Step therapy requires trial of glycopyrrolate tab or glycopyrrolate solution)	QL-ST	Non-Preferred Brands	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Select	ANTIVIRALS
darunavir tab 800mg (PREZISTA equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Select	ANTIVIRALS
DARZALEX FASPRO SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dasatinib tab (SPRYCEL equiv)	AMSP-PA-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DATROWAY INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
daunorubicin hcl iv soln	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAUNORUBICIN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAURISMO TAB 100MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAURISMO TAB 25MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAVIMET/IRON CHEW	-	EXC	MULTIVITAMINS

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Drug Name	Special Code	Tier	Category
DAWNZERA INJ (QL= 0.8ml/28 days; Only available through Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
DAXXIFY INJ	-	EXC	NEUROMUSCULAR AGENTS
DAYBUE SOLN (QL= 4000ml/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	NEUROMUSCULAR AGENTS
DAYBUE STIX POW (QL= 120 packets/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	NEUROMUSCULAR AGENTS
DAYBUE STIX POWDER 8000MG (QL= 60 packets/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	NEUROMUSCULAR AGENTS
DAYTRANA PATCH (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DAYVIGO TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate)	QL-ST	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DAZAVEIDAOXI GEL	-	EXC	DERMATOLOGICALS
DAZOMON GEL	-	EXC	DERMATOLOGICALS
DDAVP NASAL SOLN	-	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
DECNUPAZ INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DECON-A LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
DEFENCATH SOLN	-	EXC	ANTICOAGULANTS
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	Preferred Specialty	CORTICOSTEROIDS
deflazacort tab (EMFLAZA equiv)	AMSP-PA	Preferred Specialty	CORTICOSTEROIDS
DEGLUDEC FLEXTOUCH INJ 100 UNIT (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Preferred Brands	ANTIDIABETICS
DEGLUDEC FLEXTOUCH INJ 200 UNIT (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Preferred Brands	ANTIDIABETICS
DEGLUDEC INJ 100 UNIT (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Preferred Brands	ANTIDIABETICS
dehydrated alcohol intra-arterial soln (ABLYSINOL equiv)	-	EXC	CARDIOVASCULAR AGENTS - MISC.

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DELESTROGEN INJ	-	Non-Preferred Brands	ESTROGENS
DELSTRIGO TAB	-	Preferred Brands	ANTIVIRALS
DELTUSS DMX LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
DELZICOL CAP (QL= 6 caps/day)	QL	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	Select	TETRACYCLINES
DEMEROL TAB (QL= 6 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
DEMSER CAP (QL= 448 caps/28 days)	PA-QL	Non-Preferred Brands	ANTIHYPERTENSIVES
DENAVIR CREAM (QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
DENGVAXIA SUSP	-	EXC	VACCINES
DENOVO PLUS CAP B12	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DENTA 5000 CRE PLUS	-	EXC	MOUTH/THROAT/DENTAL AGENTS
DENTAGEL GEL	-	EXC	MOUTH/THROAT/DENTAL AGENTS
DEOXIATAR SOLN	-	EXC	DERMATOLOGICALS
DEPEN TITRATAB (QL= 16 tabs/day)	QL	Non-Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
DEPLIN FC CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPO-ESTRADIOL INJ	-	Non-Preferred Brands	ESTROGENS
DEPO-PROVERA INJ (QL= 1 inj/84 days)	QL	Non-Preferred Brands	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days)	QL	Preventive	CONTRACEPTIVES
DEPO-TESTOSTERONE INJ (QL= 1 vial/28 days)	QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
DEPO-TESTOSTERONE INJ (QL= 4 vials/28 days)	QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
DERMACINRX KIT	-	EXC	DERMATOLOGICALS
DERMACINRX KIT (QL= 1 kit/30 days)	--QL	Non-Preferred Brands	DERMATOLOGICALS
DERMACINRX LIDOGEL	-	EXC	DERMATOLOGICALS
DERMACINRX PAK DICLOLID	-	EXC	DERMATOLOGICALS
DERMACURE CREAM	OTC	EXC	DERMATOLOGICALS
DERMAFIX SPRAY	-	EXC	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
dermatological products misc - aerosol	OTC	EXC	DERMATOLOGICALS
dermatological products misc - cream	OTC	EXC	DERMATOLOGICALS
dermatological products misc - gel	OTC	EXC	DERMATOLOGICALS
dermatological products misc - liquid	OTC	EXC	DERMATOLOGICALS
dermatological products misc - lotion	OTC	EXC	DERMATOLOGICALS
dermatological products misc - ointment	OTC	EXC	DERMATOLOGICALS
dermatological products misc - pads	OTC	EXC	DERMATOLOGICALS
dermatological products misc - stick	OTC	EXC	DERMATOLOGICALS
DERMAVYX KIT	-	EXC	DERMATOLOGICALS
dermawerx pak (DERMACINRX KIT equiv) (QL= 1 kit/30 days)	QL	Select	DERMATOLOGICALS
DERMAZINC BAR SOAP	-	EXC	DERMATOLOGICALS
DERMETAZOLE PAK	-	EXC	DERMATOLOGICALS
DERMOPLAST AER KIDS	OTC	EXC	DERMATOLOGICALS
DESCOVY TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	Select	ANTIDEPRESSANTS
DESLORATADINE ODT	-	EXC	ANTIHISTAMINES
DESLORATADINE SOLN	OTC	EXC	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	-	EXC	ANTIHISTAMINES
DESMODA SOLN 0.05MG/ML (QL= 145mL/9 days; ST req trial of 2: desmopressin nasal soln AND desmopressin tab)	QL-ST	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate inj (DDAVP equiv)	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate nasal spray (DDAVP equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESMOPRESSIN NASAL SPRAY	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
desonate gel	-	High Cost Generics	DERMATOLOGICALS
DESONATE GEL	-	Non-Preferred Brands	DERMATOLOGICALS
desonide cream	-	Select	DERMATOLOGICALS
DESONIDE GEL (QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
desonide lotion	-	Select	DERMATOLOGICALS
desonide oint	-	Select	DERMATOLOGICALS
DESOWEN CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
DESOWEN CREAM KIT	-	Non-Preferred Brands	DERMATOLOGICALS
DESOWEN LOTION	-	Non-Preferred Brands	DERMATOLOGICALS

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DESOWEN LOTION KIT	-	Non-Preferred Brands	DERMATOLOGICALS
DESOWEN OINT KIT	-	Non-Preferred Brands	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	Select	DERMATOLOGICALS
desoximetasone cream 0.05% (TOPICORT equiv) (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	High Cost Generics	DERMATOLOGICALS
DESOXIMETASONE CREAM 0.05% (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv) (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	High Cost Generics	DERMATOLOGICALS
DESOXIMETASONE GEL (QL= 454g/30 days; ST req trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	Select	DERMATOLOGICALS
desoximetasone oint 0.05% (TOPICORT equiv) (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	High Cost Generics	DERMATOLOGICALS
DESOXIMETASONE OINT 0.05% (QL= 454 gm/30 days; Step Therapy require trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
desoximetasone spray 0.25% (TOPICORT equiv) (Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	ST	High Cost Generics	DERMATOLOGICALS
DESOXYN TAB (QL= 5 tabs/day; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
DESTRESS CHW GUMMIES	OTC	EXC	ALTERNATIVE MEDICINES
DESVENLAFAXINE ER TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day)	QL-ST	Select	ANTIDEPRESSANTS
DEX24 INJ	-	EXC	OTIC AGENTS
DEXAMETHASONE CONC	-	Preferred Brands	CORTICOSTEROIDS
dexamethasone elixir	-	Select	CORTICOSTEROIDS
dexamethasone pak (DEXPAK equiv)	-	Select	CORTICOSTEROIDS
DEXAMETHASONE PHOSPHATE INJ	-	EXC	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	Preferred Brands	CORTICOSTEROIDS
dexamethasone tab (DEXAMETHASONE equiv)	-	Select	CORTICOSTEROIDS
DEXAMETHASONE TAB 20MG (QL= 8 tabs/30 days)	QL	Preferred Brands	CORTICOSTEROIDS
dexbrompheniramine and pseudoephedrine tab	OTC	EXC	COUGH/COLD/ALLERGY
dexbrompheniramine-acetaminophen tab	OTC	EXC	COUGH/COLD/ALLERGY
dexchlorpheniramine-phenylephrine tab (RYMED equiv)	OTC	EXC	COUGH/COLD/ALLERGY

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DEXCOM G6 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR (15-DAY) (QL= 2 sensors/30 days; Step therapy requires trial of an insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
DEXEDRINE CAP 10MG (QL= 120 caps/30 days)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DEXEDRINE CAP 15MG (QL= 4 caps/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DEXEDRINE CAP 5MG (QL= 2 caps/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DEXILANT DR CAP (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
dexlansoprazole DR cap (DEXILANT equiv) (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
dexmedetomidine hcl in nacl iv soln (PRECEDEX equiv)	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
dexmedetomidine hcl iv soln	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DEXMEDETOMIDINE HCL-NACL SOLN PREF SYR	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DEXMEDETOMIDINE INJ	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
dexmethylphenidate ER 10mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL 60 caps/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexmethylphenidate ER 15mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL 60 caps/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexmethylphenidate ER 20mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL 60 caps/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexmethylphenidate ER 5mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 60 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 240 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexmethylphenidate tab 5mg (FOCALIN equiv) (QL= 120 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
DEXPAK TAB (Step Therapy requires trial of dexamethasone)	ST	Preferred Brands	CORTICOSTEROIDS
dextran 70-hypromellose (pf) ophth soln	OTC	EXC	OPHTHALMIC AGENTS
dextroamphetamine 5mg tab (QL= 180 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANORETICS/ANTI-PARKINSON'S
dextroamphetamine ER cap 10mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANORETICS/ANTI-PARKINSON'S
dextroamphetamine ER cap 15mg (QL= 4 caps/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANORETICS/ANTI-PARKINSON'S
dextroamphetamine ER cap 5mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANORETICS/ANTI-PARKINSON'S
dextroamphetamine soln (PROCENTRA equiv) (QL= 1800ml/30 days)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANORETICS/ANTI-PARKINSON'S
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANORETICS/ANTI-PARKINSON'S
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANORETICS/ANTI-PARKINSON'S
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANORETICS/ANTI-PARKINSON'S
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANORETICS/ANTI-PARKINSON'S
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANORETICS/ANTI-PARKINSON'S
dextroamphetamine tab 10mg (QL= 6 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANORETICS/ANTI-PARKINSON'S
dextromethorphan hbr cap	OTC	EXC	COUGH/COLD/ALLERGY
DEXTROMETHORPHAN HBR CHEW TAB	-	EXC	COUGH/COLD/ALLERGY
dextromethorphan hbr liquid	OTC	EXC	COUGH/COLD/ALLERGY
dextromethorphan hbr lozenge	OTC	EXC	COUGH/COLD/ALLERGY
dextromethorphan polistirex extended release susp	OTC	EXC	COUGH/COLD/ALLERGY
dextromethorphan-apap-chlorpheniramine tab	OTC	EXC	COUGH/COLD/ALLERGY
dextromethorphan-benzocaine lozenge	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
dextromethorphan-doxylamine-apap liquid	OTC	EXC	COUGH/COLD/ALLERGY
dextromethorphan-gg w/ apap liquid (ROBITUSSIN equiv)	OTC	EXC	COUGH/COLD/ALLERGY
dextromethorphan-guaifenesin liquid	OTC	EXC	COUGH/COLD/ALLERGY
dextromethorphan-guaifenesin liquid 20-200mg/20ml (ROBITUSSIN equiv)	-	EXC	COUGH/COLD/ALLERGY
dextromethorphan-guaifenesin syrup	OTC	EXC	COUGH/COLD/ALLERGY
dextromethorphan-guaifenesin tab er 12hr	OTC	EXC	COUGH/COLD/ALLERGY
dextromethorphan-phenylephrine-apap powd pack	OTC	EXC	COUGH/COLD/ALLERGY
dextromethorphan-phenylephrine-apap tab	OTC	EXC	COUGH/COLD/ALLERGY
dextromethorphan-pyrilamine liquid	OTC	EXC	COUGH/COLD/ALLERGY
DEXTROSE INJ	-	EXC	NUTRIENTS

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dextrose w/ sodium chloride inj 2.5%-0.45% (D2.5W/NACL equiv)	-	EXC	MINERALS & ELECTROLYTES
dextrose w/ sodium chloride inj 5%-0.225% (DW5-NACL equiv)	-	EXC	MINERALS & ELECTROLYTES
dextrose w/ sodium chloride inj 5%-0.3% (D5W/NACL equiv)	-	EXC	MINERALS & ELECTROLYTES
DHIVY TAB (QL= 8 tabs/day; Step therapy requires trial of carbidopa-levodopa tab/ODT or carbidopa-levodopa ER tab)	QL-ST	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
DIABECIN CS CRE	OTC	EXC	DERMATOLOGICALS
DIABECIN HR CRE	-	EXC	DERMATOLOGICALS
DIABETIC FIR GEL AID	-	EXC	DERMATOLOGICALS
DIABETIC PUMP	-	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	Non-Preferred Specialty	ANTICONVULSANTS
DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	Non-Preferred Specialty	ANTICONVULSANTS
DIADIMAXIA, DIASDIMAXIA CREAM	-	EXC	DERMATOLOGICALS
DIALYVITE TAB	-	Select	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	Select	MULTIVITAMINS
DIAOXIA, DIASOXIA CREAM	-	EXC	DERMATOLOGICALS
diaper rash products - cream	OTC	EXC	DERMATOLOGICALS
DIAPHRAGM	-	Preventive	MEDICAL DEVICES AND SUPPLIES
DIASAXIATAR CREAM	-	EXC	DERMATOLOGICALS
DIASAXIATAR GEL	-	EXC	DERMATOLOGICALS
DIASTAT ACDL GEL (QL= 4 doses/fill)	QL	Non-Preferred Brands	ANTICONVULSANTS
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 4 doses/fill)	QL	Non-Preferred Brands	ANTICONVULSANTS
diatrizoate meglumine/sodium oral soln (GASTROGRAFIN equiv)	-	EXC	DIAGNOSTIC PRODUCTS
diazepam conc (VALIUM equiv)	-	Select	ANTIANXIETY AGENTS
diazepam oral soln 5mg/5ml (QL= 360ml/30 days)	QL	Select	ANTIANXIETY AGENTS
diazepam rectal gel (QL= 4 doses/fill)	QL	Value	ANTICONVULSANTS
diazepam tab (VALIUM equiv)	-	Select	ANTIANXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	Select	ANTIDIABETICS
dibucaine perianal ointment	OTC	EXC	ANORECTAL AND RELATED PRODUCTS
dichlorphenamide tab (KEVEYIS equiv) (QL= 4 tabs/day)	AMSP-PA-QL	Generic Specialty	DIURETICS
DICLEGIS TAB (QL= 120 tabs/30 days)	QL	Non-Preferred Brands	ANTIEMETICS
diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month)	QL	Select	DERMATOLOGICALS
DICLOFENAC PATCH, FLECTOR PATCH (QL= 60 patches/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
diclofenac potassium (migraine) packet (CAMBIA equiv) (QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan))	QL-ST	High Cost Generics	MIGRAINE PRODUCTS

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diclofenac potassium cap (ZIPSOR equiv) (QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets)	QL-ST	High Cost Generics	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab (CATAFLAM equiv) (QL= 4 tabs/day)	QL	Select	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab 25mg (QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets)	QL-ST	High Cost Generics	ANALGESICS - ANTI-INFLAMMATORY
DICLOFENAC SOD SOLN 2%, CAPSAICIN CREAM 0.025% THER PACK	-	EXC	DERMATOLOGICALS
diclofenac sodium EC tab (VOLTAREN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium gel	OTC	EXC	DERMATOLOGICALS
diclofenac sodium gel kit (VENNGEL equiv)	-	EXC	DERMATOLOGICALS
diclofenac sodium ophth soln (VOLTAREN equiv)	-	Select	OPHTHALMIC AGENTS
diclofenac sodium soln 2% (Step therapy requires trial of of diclofenac 1.5% soln)	ST	High Cost Generics	DERMATOLOGICALS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
DICLOFENAC SODIUM-MENTHOL-LIDOCAINE PATCH	-	EXC	DERMATOLOGICALS
diclofenac soln 1.5% (PENNSAID equiv)	-	Select	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
DICLONA GEL	-	EXC	DERMATOLOGICALS
DICLONA+ PAD	-	EXC	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	Select	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	Select	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	Select	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	Select	ULCER DRUGS
DICYCLOMINE TAB 40MG (QL= 4 tabs/day; Step therapy requires trial of dicyclomine 10mg cap/20mg tab/10mg/5mL soln)	QL-ST	Non-Preferred Brands	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
DIDANOSINE DR CAP (QL= 2 caps/day)	QL	Preferred Brands	ANTIVIRALS
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	QL	Select	ANTIVIRALS
dietary management product - powder	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
dietary management product - tabs	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DIETHYLPROPION ER TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
diethylpropion tab	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
diethyltoluamide (DEET) aerosol	OTC	EXC	DERMATOLOGICALS
diethyltoluamide (DEET) liquid	OTC	EXC	DERMATOLOGICALS
diethyltoluamide (DEET) lotion	OTC	EXC	DERMATOLOGICALS
diethyltoulaumide (DEET) sheets	OTC	EXC	DERMATOLOGICALS
DIFFERIN CREAM (QL= 360g/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
DIFFERIN GEL (QL= 360g/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS

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DIFFERIN LOTION (QL= 472mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
DIFICID SUSP (QL= 136 mL/10 days)	QL	Preferred Brands	MACROLIDES
DIFICID TAB (QL= 20 tabs/10 days; ST requires trial of vancomycin cap/soln)	QL-ST	Non-Preferred Brands	MACROLIDES
DIFLORASONE CREAM (QL= 450g/30 days; Trial 2 high potency creams: betameth diprop/val, fluocinonide, mometasone, triamcin, amcinonide)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
DIFLORASONE CREAM, PSORCON CREAM (Step Therapy requires trial of 2 high potency creams: betameth diprop/val, fluocinonide, mometasone, triamcin, amcinonide)	ST	Non-Preferred Brands	DERMATOLOGICALS
diflorasone oint (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	High Cost Generics	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	Select	ANALGESICS - NONNARCOTIC
difluprednate ophth emulsion (DUREZOL equiv) (QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp)	QL-ST	High Cost Generics	OPHTHALMIC AGENTS
digestive enzyme cap	OTC	EXC	DIGESTIVE AIDS
DIGESTIVE ENZYME CAP DELAYED RELEASE	OTC	EXC	DIGESTIVE AIDS
digestive enzyme tab	OTC	EXC	DIGESTIVE AIDS
DIGITAL THERAPY APPLICATION	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
DIGITAL THERAPY APPLICATION - WOMENS HEALTH	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
digoxin soln (LANOXIN equiv)	-	High Cost Generics	CARDIOTONICS
DIGOXIN SOLN	-	Non-Preferred Brands	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	Select	CARDIOTONICS
digoxin tab 62.5mcg (LANOXIN equiv) (QL= 1 tab/day)	QL	Select	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 24ml/28 days)	QL	High Cost Generics	MIGRAINE PRODUCTS
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan)	QL-ST	High Cost Generics	MIGRAINE PRODUCTS
DIHYRDROBERBERINE CAP	OTC	EXC	ALTERNATIVE MEDICINES
DILANTIN CAP 30MG	-	Preferred Brands	ANTICONVULSANTS
DILAUDID INJ	-	EXC	ANALGESICS - OPIOID
DILAUDID LIQUID	-	Non-Preferred Brands	ANALGESICS - OPIOID
diltiazem ER cap (CARDIZEM CD equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	Select	CALCIUM CHANNEL BLOCKERS

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diltiazem ER tab (CARDIZEM LA equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
DILTIAZEM INJ	-	EXC	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
dimenhydrinate tab	OTC	EXC	ANTIEMETICS
DIMETAPP CHL LIQ	OTC	EXC	ANTIHISTAMINES
DIMETAPP LIQ	OTC	EXC	ANTIHISTAMINES
DIMETAPP LIQUID	-	EXC	COUGH/COLD/ALLERGY
dimethicone cream (DERMACINRX equiv)	-	EXC	DERMATOLOGICALS
dimethicone lotion	OTC	EXC	DERMATOLOGICALS
dimethicone wipe	OTC	EXC	DERMATOLOGICALS
dimethyl ether aerosol	OTC	EXC	DERMATOLOGICALS
dimethyl ether-propane-isobutane aerosol	OTC	EXC	DERMATOLOGICALS
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.
DIOOXIA CREAM	-	EXC	DERMATOLOGICALS
DIPENTUM CAP	-	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv)	OTC	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
DIPHENHYDRAMINE ELIXIR	-	EXC	ANTIHISTAMINES
diphenhydramine hcl (sleep) cap	OTC	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
diphenhydramine hcl (sleep) liquid	OTC	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
diphenhydramine hcl cap	OTC	EXC	ANTIHISTAMINES
diphenhydramine hcl chew tab	OTC	EXC	ANTIHISTAMINES
diphenhydramine hcl liquid	OTC	EXC	ANTIHISTAMINES
diphenhydramine hcl tab	OTC	EXC	ANTIHISTAMINES
diphenhydramine inj	-	Select	ANTIHISTAMINES
diphenhydramine-acetaminophen powder packet	OTC	EXC	COUGH/COLD/ALLERGY
diphenhydramine-acetaminophen tab	OTC	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
diphenhydramine-phenylephrine tab	-	EXC	COUGH/COLD/ALLERGY
diphenhydramine-phenylephrine-apap liquid (DIMETAPP equiv)	-	EXC	COUGH/COLD/ALLERGY
diphenhydramine-phenylephrine-apap packet	OTC	EXC	COUGH/COLD/ALLERGY
diphenhydramine-zinc acetate cream	OTC	EXC	DERMATOLOGICALS
DIPHENOXYLATE/ATROPINE LIQUID	-	Preferred Brands	ANTIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	Select	ANTIDIARRHEALS
DIPROLENE OINT (QL= 200 gm/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
dipyridamole tab (PERSANTINE equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
DISKETS TAB (QL= 1 tab/day)	QL	Preferred Brands	ANALGESICS - OPIOID
disopyramide cap (NORPACE equiv)	-	Select	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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DIUREX ULTRA TAB	OTC	EXC	DIURETICS
DIURIL SUSP	-	Preferred Brands	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	Select	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	Select	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	Select	ANTICONVULSANTS
DIVIGEL GEL (QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Non-Preferred Brands	ESTROGENS
DIVIGEL GEL 1.25MG/1.25GM (QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Non-Preferred Brands	ESTROGENS
DIVIGEL GEL, ELESTRIN GEL	-	Non-Preferred Brands	ESTROGENS
d-mannose cap	OTC	EXC	ALTERNATIVE MEDICINES
d-mannose oral powder	OTC	EXC	ALTERNATIVE MEDICINES
dm-gg liqd and doxylamine-dm liqd day/night ther pack	OTC	EXC	COUGH/COLD/ALLERGY
dm-gg liqd and pe-diphenhyd-apap liqd therapy pack	OTC	EXC	COUGH/COLD/ALLERGY
dm-gg soln and chlorpheniramine-dm soln day/night ther pack	OTC	EXC	COUGH/COLD/ALLERGY
DOBUTAMINE INJ	-	EXC	CARDIOTONICS
docetaxel inj	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DOCIVYX INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DOCK-SORREL INJ	-	EXC	DIAGNOSTIC PRODUCTS
docosanol cream	OTC	EXC	DERMATOLOGICALS
docusate sodium cap	OTC	EXC	LAXATIVES
docusate sodium enema	OTC	EXC	LAXATIVES
DOCUSATE SYRUP	-	EXC	LAXATIVES
dofetilide cap (TIKOSYN equiv)	-	Select	ANTIARRHYTHMICS
DOG EPITHELI INJ	-	EXC	DIAGNOSTIC PRODUCTS
DOJOLVI ORAL LIQUID (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	NUTRIENTS
DOLOBID TAB (QL= 6 tabs/day; ST req trial of 3: diflunisal 500mg tab, diclofenac, etodolac, flurbiprofen, nabumetone)	QL-ST	Non-Preferred Brands	ANALGESICS - NONNARCOTIC
DOLOBID TAB 375MG (QL= 4 tabs/day; ST req trial of 3: diflunisal 500mg tab, diclofenac, etodolac, flurbiprofen, nabumetone)	QL-ST	Non-Preferred Brands	ANALGESICS - NONNARCOTIC
DOLOPHINE TAB 10MG (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
DOLOPHINE TAB 5MG (QL= 8 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
donepezil ODT (ARICEPT equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 10mg (ARICEPT equiv) (QL= 60 tabs/30 days)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 5mg (ARICEPT equiv) (QL= 60 tabs/30 days)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONG QUAI CAP	-	EXC	ALTERNATIVE MEDICINES
DONNATAL ELX GRAPE	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
DONNATAL TAB	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
DOPTELET SPRINKLE CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
DORYX MPC TAB (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate followed by generic doxycycline hyclate DR)	QL-ST	Non-Preferred Brands	TETRACYCLINES
DORYX TAB 50MG (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Non-Preferred Brands	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	Select	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Select	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
dorzolamide/timolol ophth soln (COSOPT equiv)	-	Select	OPHTHALMIC AGENTS
DOVATO TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
doxazosin tab (CARDURA equiv)	-	Select	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv) (QL= 2 tabs/day)	QL	Select	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	Select	ANTIDEPRESSANTS
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM (ST req trial of a topical corticosteroid AND topical tacrolimus)	ST	Non-Preferred Brands	DERMATOLOGICALS
DOXEPIN HCL CONC	-	Select	ANTIDEPRESSANTS
doxepin hcl cream (ST req trial of a topical corticosteroid AND topical tacrolimus)	ST	High Cost Generics	DERMATOLOGICALS
DOXEPIN HCL CREAM (ST req trial of a topical corticosteroid AND topical tacrolimus)	ST	Non-Preferred Brands	DERMATOLOGICALS
doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zaleplon cap, zolpidem IR/ER tab, doxepin 10mg, trazodone tab)	QL-ST	High Cost Generics	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
doxercalciferol cap (HECTOROL equiv)	-	High Cost Generics	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
DOXERCALCIFEROL CAP 0.5MCG (QL= 3 caps/day; ST req trial of calcitriol cap AND paricalcitol cap 1mcg/2mcg)	QL-ST	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
DOXERCALCIFEROL CAP 1MCG (QL= 3 caps/day; ST req trial of calcitriol cap AND paricalcitol cap 1mcg/2mcg)	QL-ST	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
DOXERCALCIFEROL CAP 2.5MCG (QL= 1 cap/day; ST req trial of calcitriol cap AND paricalcitol cap 1mcg/2mcg)	QL-ST	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
DOXIL INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
doxorubicin hcl inj (ADRIAMYCIN equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DOXORUBICIN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
doxycycline (rosacea) cap delayed release (ORACEA equiv) (QL= 1 cap/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics	DERMATOLOGICALS
DOXYCYCLINE HYCLATE CAP (QL= 2 caps/day;ST req trial of 1: doxycycline monohydrate tablets, doxycycline hyclate capsules, doxycycline hyclate tablets)	QL-ST	Non-Preferred Brands	TETRACYCLINES
doxycycline hyclate cap (QL= 2 caps/day)	QL-ST	Select	TETRACYCLINES
doxycycline hyclate cap 50mg (VIBRAMYCIN equiv) (QL= 2 caps/day)	QL	Select	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics	TETRACYCLINES
doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Select	TETRACYCLINES
doxycycline hyclate DR tab 200mg (DORYX equiv) (QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics	TETRACYCLINES
doxycycline hyclate DR tab 50mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics	TETRACYCLINES
doxycycline hyclate DR tab 75mg (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day)	QL	Select	TETRACYCLINES
doxycycline hyclate tab 150mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	High Cost Generics	TETRACYCLINES
doxycycline hyclate tab 50mg (TARGADOX equiv) (Step Therapy requires trial of doxycycline monohydrate)	ST	High Cost Generics	TETRACYCLINES
doxycycline hyclate tab 75mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	High Cost Generics	TETRACYCLINES
doxycycline monohydrate cap (MONODOX equiv) (QL= 2 caps/day)	QL	High Cost Generics	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	Select	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	Select	TETRACYCLINES

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doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day)	QL	Select	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA PAK equiv) (QL= 2 tabs/day; Step therapy req trial of doxycycline monohydrate 50mg tabs, 100mg tabs, 50mg caps, or 100mg caps)	QL-ST	High Cost Generics	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	Select	TETRACYCLINES
doxylamine succinate (sleep) tab	OTC	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days)	QL	Select	ANTIEMETICS
DOXYLAMINE-DM CHEW TAB	-	EXC	COUGH/COLD/ALLERGY
doxylamine-dm liqd ther pack	OTC	EXC	COUGH/COLD/ALLERGY
doxylamine-dm liquid	OTC	EXC	COUGH/COLD/ALLERGY
D-PENAMINE TAB	-	Preferre d Brands	ASSORTED CLASSES
d-ribose oral powder	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DRIZALMA DR CAP	-	Non-Pref erred Brands	ANTIDEPRESSANTS
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	QL	Select	ANTIEMETICS
DRONABINOL SOLN, SYNDROS SOLN (QL= 60mL/30 days; ST req: dronabinol cap)	QL-ST	Non-Pref erred Brands	ANTIEMETICS
droperidol inj (INAPSINE equiv)	-	EXC	ANTIANXIETY AGENTS
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	Preventi ve	CONTRACEPTIVES
DROXIA CAP	-	Preferre d Brands	HEMATOPOIETIC AGENTS
droxidopa cap (NORTHERA equiv)	AMSP	Generic Specialty	VASOPRESSORS
DRUG ASSAY (URINE) AND FUROSEMIDE TAB KIT	-	EXC	DIAGNOSTIC PRODUCTS
DRYELLO MIS	OTC	EXC	DERMATOLOGICALS
DRYSOL SOLN	-	Preferre d Brands	DERMATOLOGICALS
DUAKLIR INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of ANORO ELLIPTA INHALER or STIOLTO INHALER)	QL-ST	Non-Pref erred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUETACT TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Pref erred Brands	ANTIDIABETICS
DUEXIS TAB	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
DULERA INHALER (QL= 1 inhaler/30 days)	QL	Preferre d Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv) (QL= 2 caps/day)	QL	High Cost Generics	ANTIDEPRESSANTS
DULOXETINE DR CAP 120MG (QL= 1 cap/day; ST req trial of duloxetine (20,30,60mg) AND 3 antidepressants (e.g. fluox, sertr, venlafax, buprop))	QL-ST	Non-Pref erred Brands	ANTIDEPRESSANTS
DULOXETINE DR CAP 80MG (QL= 1 cap/day; ST req trial of duloxetine (20,30,60mg) AND 3 antidepressants (e.g. fluox, sertr, venlafax, buprop))	QL-ST	Non-Pref erred Brands	ANTIDEPRESSANTS

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Drug Name	Special Code	Tier	Category
DULOXETINE DR CAP 90MG (QL= 1 cap/day; ST req trial of duloxetine (20,30,60mg) AND 3 antidepressants (e.g. fluox, sertr, venlafax, buprop))	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
duloxetine EC cap 20mg (QL= 6 caps/day)	QL	Select	ANTIDEPRESSANTS
duloxetine EC cap 30mg (QL= 4 caps/day)	QL	Select	ANTIDEPRESSANTS
duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day)	QL	Select	ANTIDEPRESSANTS
DULOXICAINE PACK	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DUOBRII LOTION (QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids (betameth-, clobet-, halobet-, or fluocin-), and tazorotene)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
DUOVISC KIT	-	EXC	OPHTHALMIC AGENTS
DUPIXENT INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
DURAGESIC PATCH (QL=15 patches/30 days)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
DURAMORPH INJ	-	EXC	ANALGESICS - OPIOID
DURATUSS AC LIQ	OTC	EXC	COUGH/COLD/ALLERGY
DURATUSS DM LIQ	OTC	EXC	COUGH/COLD/ALLERGY
DUREZOL OPHTH EMULSION (QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
DURLAZA CAP	-	Non-Preferred Brands	HEMATOLOGICAL AGENTS - MISC.
dutasteride cap (AVODART equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv) (Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap)	ST	High Cost Generics	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB (QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers)	QL-ST	Non-Preferred Brands	ANTIHYPERTENSIVES
DUVYZAT ORAL SUSP (QL= 140ml/11 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	NEUROMUSCULAR AGENTS
DUZALLO TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands	GOUT AGENTS
DW5-NACL INJ	-	EXC	MINERALS & ELECTROLYTES
DXEVO 11-DAY PAK (Step therapy requires trial of dexamethasone tab/soln)	ST	Non-Preferred Brands	CORTICOSTEROIDS

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Drug Name	Special Code	Tier	Category
DYANAVEL XR CHEW 10MG (QL= 2 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DYANAVEL XR CHEW 15MG (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DYANAVEL XR CHEW 20MG (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DYANAVEL XR CHEW 5MG (QL= 4 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DYCLOPRO SOLN	-	EXC	DERMATOLOGICALS
DYMISTA SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
DYRENIUM CAP (Step Therapy requires trial of amiloride or spironolactone)	ST	Non-Preferred Brands	DIURETICS
E.E.S. TAB (ST req trial of erythromycin ethinylsuccinate susp)	ST	High Cost Generics	MACROLIDES
E-400 SELENIUM CAP	-	EXC	MULTIVITAMINS
EASTERN COTTONWOOD INJ	-	EXC	DIAGNOSTIC PRODUCTS
EASYGEL GEL	-	EXC	MOUTH/THROAT/DENTAL AGENTS
EBGLYSS INJ (QL= 2ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
EB-N3 DR CAP	-	EXC	MULTIVITAMINS
echinacea cap	OTC	EXC	ALTERNATIVE MEDICINES
ECHINACEA TAB	OTC	EXC	ALTERNATIVE MEDICINES
ECHINACEA-VITAMIN C CHEW TAB	OTC	EXC	ALTERNATIVE MEDICINES
econazole cream (SPECTAZOLE equiv)	-	Select	DERMATOLOGICALS
ECONAZOLE NITRATE FOAM, ECOZA FOAM	-	Non-Preferred Brands	DERMATOLOGICALS
ECOZA FOAM	-	Non-Preferred Brands	DERMATOLOGICALS
ED A-HIST LIQ	OTC	EXC	COUGH/COLD/ALLERGY
EDARAVONE INJ	-	EXC	NEUROMUSCULAR AGENTS
edaravone inj (RADICAVA equiv)	-	EXC	NEUROMUSCULAR AGENTS
EDARBI TAB (ST requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
EDARBYCLOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
EDLUAR SL TAB (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, or zolpidem ER tab)	QL-ST	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
EDURANT PED TAB (QL= 6 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS

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EDURANT TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIVIRALS
EFAVIRENZ CAP	-	Select	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	Select	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	Select	ANTIVIRALS
EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB (QL= 1 tab/day)	QL	Select	ANTIVIRALS
EFFER-K TAB	-	High Cost Generics	MINERALS & ELECTROLYTES
EFFIENT TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	HEMATOLOGICAL AGENTS - MISC.
EFLORNITHINE POWDER	-	EXC	CHEMICALS
EGATEN TAB	-	Non-Preferred Brands	ANTHELMINTICS
EGRIFTA INJ	-	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
EGRIFTA WR KIT	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
EKTERLY TAB (QL= 16 tabs/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ELAHERE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELDER/VIT C CAP ZINC	-	EXC	ALTERNATIVE MEDICINES
elderberry-vitamin c-zinc chew tab	--OTC	EXC	ALTERNATIVE MEDICINES
electrolyte-a solution (PLASMA-LYTE equiv)	-	EXC	MINERALS & ELECTROLYTES
ELEPSIA XR TAB 1000MG (QL= 90 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
ELEPSIA XR TAB 1500MG (QL= 60 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
eletriptan tab (RELPAX equiv) (QL= 9 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
ELEVIDYS KIT	-	EXC	NEUROMUSCULAR AGENTS
ELFABRIO SOLN	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELIDEL CREAM (Step Therapy requires trial of tacrolimus oint)	ST	Non-Preferred Brands	DERMATOLOGICALS
ELIGARD INJ	AMSP-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIGARD INJ (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
ELIGARD INJ, VABRINTY INJ	AMSP-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIQUIS SPRINKLE CAP (QL= 70 caps/30 days)	QL	Preferred Brands	ANTICOAGULANTS
ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days)	QL	Preferred Brands	ANTICOAGULANTS
ELIQUIS TAB 2.5MG (QL= 60 tabs/30 days)	QL	Preferred Brands	ANTICOAGULANTS
ELIQUIS TAB 5MG (QL= 74 tabs/30 days)	QL	Preferred Brands	ANTICOAGULANTS
ELIQUIS TAB FOR ORAL SUSP (QL= 560 tabs/30 days)	QL	Preferred Brands	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	Preventive	CONTRACEPTIVES
ELLENCE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELMIRON CAP (QL= 3 caps/day; ST requires trial of amitriptyline AND hydroxyzine)	QL-ST	Preferred Brands	GENITOURINARY AGENTS - MISCELLANEOUS
ELOCTATE INJ	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ELREXFIO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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)	-	Preventive	CONTRACEPTIVES
ELYXYB SOLN (QL= 43.2ml/30 days; Step Therapy requires trial of 2: celecoxib cap, diclofenac potassium 50mg tab, diclofenac sodium IR, XR, EC tab, etodolac IR/ER cap/tab, meloxicam tab, sumatriptan tab, naratriptan tab, rizatriptan tab/ODT, naproxen suspension)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
EMADINE OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
EMBECTA INSULIN SYRINGE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
EMBECTA PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
EMBLAVEO INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
EMBOLIZATION MICROSPHERES PREFILLED SYRINGE	-	EXC	MEDICAL DEVICES AND SUPPLIES
EMEND CAP 125MG (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Preferred Brands	ANTIEMETICS
EMEND CAP 40MG (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Preferred Brands	ANTIEMETICS
EMEND CAP 80MG (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Preferred Brands	ANTIEMETICS

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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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EMEND PAK (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron)	QL-ST	Non-Preferred Brands	ANTIEMETICS
EMEND SUSP (QL= 3 doses/fill, 2 fills/month)	QL	Non-Preferred Brands	ANTIEMETICS
EMETROL CHEW TAB	-	EXC	ANTACIDS
EMFLAZA SUSP (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	CORTICOSTEROIDS
EMFLAZA TAB (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	CORTICOSTEROIDS
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	Preferred Brands	MIGRAINE PRODUCTS
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	Non-Preferred Brands	MIGRAINE PRODUCTS
emollient - cream	OTC	EXC	DERMATOLOGICALS
emollient - gel	OTC	EXC	DERMATOLOGICALS
emollient - kit	OTC	EXC	DERMATOLOGICALS
emollient - liquid	OTC	EXC	DERMATOLOGICALS
emollient - lotion	OTC	EXC	DERMATOLOGICALS
emollient - misc	OTC	EXC	DERMATOLOGICALS
emollient - oil	OTC	EXC	DERMATOLOGICALS
emollient - ointment	OTC	EXC	DERMATOLOGICALS
emollient - stick	OTC	EXC	DERMATOLOGICALS
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
EMRELIS INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMROSI CAP (QL= 30 caps/30 days; Step Therapy requires trial of two of the following: doxycycline monohydrate and minocycline cap)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
EMSAM PATCH	-	Non-Preferred Brands	ANTIDEPRESSANTS
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Select	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	Select	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	Select	ANTIVIRALS
EMTRIVA CAP (QL= 1 cap/day)	QL	Non-Preferred Brands	ANTIVIRALS
EMTRIVA SOLN (QL= 850ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands	ANTIVIRALS

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Drug Name	Special Code	Tier	Category
EMVERM TAB	-	Non-Preferred Brands	ANTHELMINTICS
ENABLEX TAB (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	Non-Preferred Brands	URINARY ANTISPASMODICS
enalapril maleate oral soln (EPANED equiv) (QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab)	QL-ST	High Cost Generics	ANTIHYPERTENSIVES
enalapril tab (VASOTEC equiv)	-	Value	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	Value	ANTIHYPERTENSIVES
enalaprilat inj	-	EXC	ANTIHYPERTENSIVES
ENBREL INJ (QL= 8 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 25MG (QL= 8 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Preferred 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	Preferred Specialty	DIURETICS
ENCELTO IMPLANT	-	EXC	OPHTHALMIC AGENTS
ENCLOMIPHENE POW CITRATE	-	EXC	CHEMICALS
ENDARI POWDER PACKET (QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps)	LMSP-QL-ST	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
ENDEAVORRX	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
ENDOMETRIN INSERT	PA	Preferred Brands	VAGINAL PRODUCTS
ENDOMETRIN SUPP	PA	Preferred Brands	VAGINAL AND RELATED PRODUCTS
ENDUR-AMIDE TAB	-	EXC	VITAMINS
ENERGY B-12 TAB	-	EXC	HEMATOPOIETIC AGENTS
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
ENGLISH PLAN INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ENGLISH WALNUT INJ	-	EXC	DIAGNOSTIC PRODUCTS
ENJAYMO SOLN	-	EXC	HEMATOLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
ENOBY SOLN (QL= 1 mL/180 days)	PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
enoxaparin inj (LOVENOX equiv)	-	Select	ANTICOAGULANTS
enoxaparin inj 300mg (LOVENOX equiv)	-	Select	ANTICOAGULANTS
ENOXILUV KIT INJ	OTC	EXC	ANTICOAGULANTS
enpresse tab (TRI-LEVELEN equiv)	-	Preventive	CONTRACEPTIVES
ENSACOVE CAP 100MG (QL= 60 caps/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENSACOVE CAP 25MG (QL= 90 caps/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENSPRYNG INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
ENSTILAR FOAM (QL= 400 gm/30 days; Step Therapy requires trial 2 med potent steroids (betameth- crm/lot, desonide oint, momet-, triamcin-), and calcipotri-)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	Select	ANTIPARKINSON AGENTS
ENTADFI CAP (QL= 1 tab/day; Step therapy requires trial of an alpha 1 blocker (e.g. tamsulosin), finasteride 5mg AND tadalafil)	QL-ST	Non-Preferred Brands	GENITOURINARY AGENTS - MISCELLANEOUS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
ENTRESTO CAP (QL= 8 caps/day)	QL	Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
ENTRESTO TAB (QL= 60 tabs/30 days)	QL	Non-Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
ENTYVIO INJ (QL= 1.36ml/28 days)	AMSP-PA-QL	Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
ENVARSUS XR TAB (Step therapy requires trial of tacrolimus IR capsules)	ST	Preferred Brands	ASSORTED CLASSES
EOHILIA SUS 2MG/10ML (Step therapy requires trial of budesonide vials; Diagnosis Restricted – Eosinophilic esophagitis (K20.0))	RDX-ST	Preferred Brands	CORTICOSTEROIDS
EPANED SOLN (QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab)	QL-ST	Non-Preferred Brands	ANTIHYPERTENSIVES
EPCLUSA PAK (QL= 1 packet/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
EPCLUSA TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
ephedrine hcl tab	OTC	EXC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ephedrine sulfate prefilled syringe (AKOVAZ equiv)	-	EXC	VASOPRESSORS
ephedrine sulfate tab	OTC	EXC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
EPHEDRINE SULF-NACL SOLN PREF SYR	-	EXC	VASOPRESSORS

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EPICOCCUM NI INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	Preferred Specialty	ANTICONVULSANTS
EPIDUO FORTE GEL 0.3-2.5%	-	EXC	DERMATOLOGICALS
EPIDUO GEL 0.1-2.5%	-	EXC	DERMATOLOGICALS
EPIFOAM AEROSOL	-	Non-Preferred Brands	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv) (QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln)	QL-ST	High Cost Generics	OPHTHALMIC AGENTS
epinephrine hcl nasal soln (ADRENALIN equiv)	-	High Cost Generics	NASAL AGENTS - SYSTEMIC AND TOPICAL
EPINEPHRINE INJ	-	EXC	VASOPRESSORS
epinephrine inj (ADRENALIN equiv)	-	EXC	VASOPRESSORS
epinephrine inj	-	High Cost Generics	VASOPRESSORS
EPINEPHRINE INJ	-	Preferred Brands	VASOPRESSORS
EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
EPINEPHRINE INJ/NACL	-	EXC	VASOPRESSORS
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
EPINEPHRINE PF INJ 1 MG/ML	-	Non-Preferred Brands	VASOPRESSORS
EPINEPHRINE SOL NACL	-	EXC	VASOPRESSORS
EPINEPHRINE SOLN	-	EXC	VASOPRESSORS
EPIOXA HD/ KIT EPIOXA	-	EXC	OPHTHALMIC AGENTS
EPIPEN (JR) INJ (QL= 2 inj/fill)	QL	Non-Preferred Brands	VASOPRESSORS
EPIVIR HBV SOLN (QL= 720ml/30 days)	AMSP-QL	Preferred Specialty	ANTIVIRALS
EPIVIR HBV TAB (QL= 1 tab/day)	AMSP-QL	Non-Preferred Specialty	ANTIVIRALS
EPIVIR SOLN (QL= 960ml/30 days)	QL	Non-Preferred Brands	ANTIVIRALS
EPIVIR TAB 150MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
EPIVIR TAB 300MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIVIRALS

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EPKINLY INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
eplerenone tab (INSPRA equiv)	-	Select	ANTIHYPERTENSIVES
EPOGEN/PROCRIT (QL= 12 vials/30 days; ST req trial of Retacrit OR Aranesp	AMSP-QL-ST	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
EPOGEN/PROCRIT (QL= 4 vials/30 days; Step therapy requires trial of Retacrit or Aranesp)	AMSP-QL-ST	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
EPRONTIA SOLN (QL= 480mL/30 days; Step therapy requires trial of topiramate sprinkle caps)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
EPSOLAY CREAM	-	EXC	DERMATOLOGICALS
EPYSQLI INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
EPZICOM TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIVIRALS
EQL FLOSSERS MIS MINT	OTC	EXC	MEDICAL DEVICES AND SUPPLIES
EQL REDNESS RELIEF DROP	OTC	EXC	OPHTHALMIC AGENTS
EQUETRO CAP	-	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERGOLOID MESYLATES TAB	-	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOMAR SL TAB (QL= 12 tabs/30 days; ST req trial of Migergot rectal supp, and 2 of the following: nara- tab, riza- tab/ODT, suma- tab)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
ergotamine/caffeine tab (CAFERGOT equiv) (QL= 40 tabs/28 days)	QL	High Cost Generics	MIGRAINE PRODUCTS
ERGOTHIONEINE CAP	OTC	EXC	ALTERNATIVE MEDICINES
eribulin mesylate inj (HALAVEN equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERIVEDGE CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB 240MG (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLOTINIB HCL (BULK) POWDER	-	EXC	CHEMICALS
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

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ERMEZA SOLN 150MCG/5ML (QL= 10ml/day; Step therapy requires trial of levothyroxine tab)	QL-ST	Non-Preferred Brands	THYROID AGENTS
ERTACZO CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
ERTACZO CREAM (QL= 60g/30 days; ST req 2: ciclop crm/gel/susp, clotrim crm, clotrim/beta lot/crm, econ crm, keto crm, nyst crm/oint)	--QL-ST	Non-Preferred Brands	DERMATOLOGICALS
ERY PAD	-	Select	DERMATOLOGICALS
ERYGEL GEL	-	Non-Preferred Brands	DERMATOLOGICALS
ERYTHROCIN INJ	-	EXC	MACROLIDES
ERYTHROCIN TAB	-	Non-Preferred Brands	MACROLIDES
ERYTHROMYCIN CAP DR	-	Preferred Brands	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	Select	MACROLIDES
ERYTHROMYCIN EC CAP	-	Preferred Brands	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	Select	MACROLIDES
erythromycin ethylsuccinate tab (ST req trial of erythromycin ethinylsuccinate susp)	ST	High Cost Generics	MACROLIDES
ERYTHROMYCIN GEL	-	Select	DERMATOLOGICALS
erythromycin lactobionate for inj (ERYTHROCIN equiv)	-	EXC	MACROLIDES
erythromycin ophth oint	-	Select	OPHTHALMIC AGENTS
erythromycin pad	-	Select	DERMATOLOGICALS
erythromycin soln	-	Select	DERMATOLOGICALS
erythromycin tab (ERY-TAB equiv)	-	Select	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	Select	MACROLIDES
erythromycin/benzoyl peroxide gel	-	EXC	DERMATOLOGICALS
ERZOFRI INJ 117MG/0.75ML	AMSP	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERZOFRI INJ 156MG/ML	AMSP	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERZOFRI INJ 234MG/1.5ML	AMSP	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERZOFRI INJ 351MG/2.25ML	AMSP	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERZOFRI INJ 39MG/0.25ML	AMSP	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERZOFRI INJ 78MG/0.5ML	AMSP	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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Drug Name	Special Code	Tier	Category
ESBRIET CAP (QL= 3 caps/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 267MG (QL= 9 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 801MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	RESPIRATORY AGENTS - MISC.
ESCITALOPRAM CAP (QL= 1 cap/day; ST req trial of escitalopram tabs AND one SSRI (eg. fluoxetine, sertraline) or SNRI (eg. venlafaxine, desven.))	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
escitalopram soln (LEXAPRO equiv)	-	Select	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	Value	ANTIDEPRESSANTS
ESGIC TAB	-	Non-Preferred Brands	ANALGESICS - NONNARCOTIC
ESKATA SOLN	-	EXC	DERMATOLOGICALS
eslicarbazepine acetate tab (APTIOM equiv) (QL= 60 tabs/30 days)	QL	Select	ANTICONVULSANTS
esomeprazole DR granule pack (NEXIUM equiv) (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
esomeprazole magnesium cap delayed release	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
esomeprazole magnesium DR tab (NEXIUM equiv) (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
ESOMEPRAZOLE STRONTIUM CAP (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
ESOMEPRAZOLE-EZS KIT (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
ESPEROCT INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ESSENT ONE TAB DAILY	OTC	EXC	MULTIVITAMINS
estazolam tab (PROSOM equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	Select	ESTROGENS
ESTRACE VAGINAL CREAM	-	Non-Preferred Brands	VAGINAL PRODUCTS
estradiol cream (ESTRACE equiv)	-	Select	VAGINAL PRODUCTS
estradiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	High Cost Generics	ESTROGENS
estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days)	QL	Select	ESTROGENS
estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days)	QL	Select	ESTROGENS
estradiol tab (ESTRACE equiv)	-	Select	ESTROGENS
estradiol td gel (DIVIGEL equiv) (QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	High Cost Generics	ESTROGENS

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Drug Name	Special Code	Tier	Category
estradiol td gel 1.25mg/1.25gm (DIVIGEL equiv) (QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	High Cost Generics	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	Select	VAGINAL PRODUCTS
estradiol valerate inj	-	Select	ESTROGENS
estradiol/norethindrone tab (ACTIVELLA equiv)	-	Select	ESTROGENS
ESTRING (QL= 1 ring/90 days; 3 copays per Rx)	QL	Preferred Brands	VAGINAL PRODUCTS
ESTROBLEND TAB MENOPAUS	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
estrogens, conjugated tab (PREMARIN equiv)	-	High Cost Generics	ESTROGENS
ESTROVEN COM TAB ASHWAGAN	-	EXC	ALTERNATIVE MEDICINES
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ethacrynic tab (EDECRIN equiv)	-	High Cost Generics	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	Select	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	Select	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	Select	ANTICONVULSANTS
ETHY ALCOHOL SOL 70% RUB	OTC	EXC	CHEMICALS
ethyl alcohol wipes	OTC	EXC	DERMATOLOGICALS
etodolac cap (LODINE equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	Select	ANALGESICS - ANTI-INFLAMMATORY
ETOPOSIDE CAP	-	Preferred Brands	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etoposide cap (VEPESID equiv)	-	Select	ANTINEOPLASTICS
etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day)	QL	Select	ANTIVIRALS
etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
EUCRISA OINT (Step Therapy requires trial of tacrolimus oint or pimecrolimus cream)	ST	Non-Preferred Brands	DERMATOLOGICALS
EULEXIN CAP (QL= 6 caps/day)	QL	Non-Preferred Brands	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EURAX CREAM	OTC	EXC	DERMATOLOGICALS
EVAMIST SPRAY	-	Non-Preferred Brands	ESTROGENS
EVDI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVEKEO ODT (QL= 60 tabs/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
EVEKEO TAB	-	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
EVENING PRIMROSE OIL CAP	-	EXC	NUTRIENTS

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everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab (ZORTRESS equiv) (QL= 2 tabs/day)	AMSP-PA-QL-SF	High Cost Generics	MISCELLANEOUS THERAPEUTIC CLASSES
everolimus tab for oral susp (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVISTA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
EVOCLIN FOAM (QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
EVOTAZ TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
EVRYSDI SOLN (QL= 240 ml/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	NEUROMUSCULAR AGENTS
EVRYSDI TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	NEUROMUSCULAR AGENTS
EVUSHELD SOLN	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY)	ST	Non-Preferred Brands	ANTIDOTES AND SPECIFIC ANTAGONISTS
EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY)	ST	Non-Preferred Brands	ANTIDOTES
EXALGO TAB 12MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
EXALGO TAB 16MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
EXALGO TAB 32MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
EXALGO TAB 8MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
EXDENSUR INJ	-	EXC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
EXELDERM CREAM, SULCONAZOLE CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
EXELDERM SOLN, SULCONAZOLE SOLN	-	Non-Preferred Brands	DERMATOLOGICALS
EXELON PATCH (QL= 1 patch/day)	QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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EXEMAX CRE	OTC	EXC	DERMATOLOGICALS
exemestane tab (AROMASIN equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXFORGE HCT TAB (QL= 1 tab/day; Step therapy requires trial of 2: valsartan/HCTZ tab and amlodipine tab)	QL-ST	Non-Preferred Brands	ANTIHYPERTENSIVES
EXKIVITY CAP (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Preferred Specialty	NEUROMUSCULAR AGENTS
EXTAVIA INJ (QL= 14 kits/28 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EXTENCILLINE INJ	-	EXC	PENICILLINS
EXTINA FOAM	-	Non-Preferred Brands	DERMATOLOGICALS
EXXUA TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands	ANTIDEPRESSANTS
eyelid cleansers - foam	OTC	EXC	DERMATOLOGICALS
eyelid cleansers - pads	OTC	EXC	DERMATOLOGICALS
eyelid cleansers - solution	OTC	EXC	DERMATOLOGICALS
EYLEA HD INJ	-	EXC	OPHTHALMIC AGENTS
EYLEA INJ	-	EXC	OPHTHALMIC AGENTS
EYSUVIS OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
EZALLOR SPRINKLE CAP (QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, rosuvastatin, or simvastatin)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ezetimibe tab (ZETIA equiv) (QL= 1 tab/day)	QL	Select	ANTIHYPERLIPIDEMICS
EZETIMIBE/ATORVASTATIN TAB (QL= 1 tab/day; Step therapy requires trial of atorvastatin and ezetimibe)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day)	QL	Select	ANTIHYPERLIPIDEMICS
FABHALTA CAP (QL= 60 caps/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
FABIOR AEROSOL FOAM (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
FACTIVE TAB	-	Non-Preferred Brands	FLUOROQUINOLONES
FALESSA KIT	-	Non-Preferred Brands	CONTRACEPTIVES
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS

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Drug Name	Special Code	Tier	Category
famciclovir tab 500mg (FAMVIR equiv) (QL= 42 tabs/fill, 2 fills/month)	QL	Select	ANTIVIRALS
FAMOTIDINE SOL	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
famotidine susp (PEPCID equiv) (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
famotidine tab (Covered for members age 17 or younger)	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
famotidine-ca carbonate-mag hydroxide chew tab	OTC	EXC	ULCER DRUGS
FANAPT TAB (QL= 2 tabs/day; ST req trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK (QL= 1 pack/plan year; ST req trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FARESTON TAB (Only available through Walgreens 888-347-3416; Step Therapy requires trial of tamoxifen)	LD-ST	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIDIABETICS
FASENRA INJ (QL= 1 syringe/56 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FASENRA INJ 10MG/0.5ML (QL= 1 syringe/56 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FASENRA PEN INJ (QL= 1 pen/56 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FATHER JOHNS SYP	OTC	EXC	COUGH/COLD/ALLERGY
FAVLYXA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FAZACLO ODT 12.5MG, 25MG, 100MG (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
febuxostat tab (ULORIC equiv) (QL= 1 tab/day; Step Therapy requires trial of allopurinol 100mg or 300mg)	QL-ST	Select	GOUT AGENTS
FEIBA INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
felbamate susp (FELBATOL equiv) (QL= 30ml/day)	QL	Select	ANTICONVULSANTS
felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day)	QL	Select	ANTICONVULSANTS
felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
FELBATOL SUSP (QL= 30ml/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
FELBATOL TAB 400MG (QL= 9 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS

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Drug Name	Special Code	Tier	Category
FELBATOL TAB 600MG (QL= 6 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	Non-Preferred Brands	VAGINAL PRODUCTS
FEMALE CONDOMS	OTC	Preventive	MEDICAL DEVICES AND SUPPLIES
FEMLYV TAB (QL= 28 tabs/24 days)	QL	Preventive	CONTRACEPTIVES
FEMRING (3 copays per Rx)	-	Non-Preferred Brands	VAGINAL PRODUCTS
FENOFIBRATE CAP (QL= 3 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130))	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	Select	ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	Select	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	Preferred Brands	ANTIHYPERLIPIDEMICS
FENOFIBRATE MICRO CAP 90MG (QL= 2 caps/day; ST req trial of 2: fenofibrate tab (Tricor) or fenofibrate cap (Lofibra))	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	High Cost Generics	ANTIHYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	Select	ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	Select	ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB 105MG (QL= 1 tab/day; ST req trial of fenofibrate tab (Tricor) AND fenofibrate cap (Lofibra))	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB 35MG (QL= 2 tabs/day; ST req trial of fenofibrate tab (Tricor) AND fenofibrate cap (Lofibra))	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB, FIBRICOR TAB	-	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
fenoprofen calcium cap (NALFON equiv) (QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	QL-ST	High Cost Generics	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP, NAFLON CAP (QL= 8 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	QL-ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN TAB (ST req trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
FENOPRON CAP (QL= 1 cap/day; ST req trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	QL-ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
FENSOLVI INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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FENTA/ROPIVA INJ	-	EXC	ANALGESICS - OPIOID
FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	Non-Preferred Brands	ANALGESICS - OPIOID
FENTANYL CIT INJ	-	EXC	ANALGESICS - OPIOID
fentanyl citrate inj	-	EXC	ANALGESICS - OPIOID
fentanyl citrate pf soln prefilled syringe (FENTANYL equiv)	-	EXC	ANALGESICS - OPIOID
FENTANYL CITRATE-BUPIVACAINE EPIDURAL INJ	-	EXC	ANALGESICS - OPIOID
FENTANYL CITRATE-NACL IV SOLN	-	EXC	ANALGESICS - OPIOID
FENTANYL CIT-ROPIV-NACL SOL PREF SYR	-	EXC	ANALGESICS - OPIOID
FENTANYL FE KIT	-	EXC	DIAGNOSTIC PRODUCTS
fentanyl patch (DURAGESIC equiv) (QL=15 patches/30 days)	QL	High Cost Generics	ANALGESICS - OPIOID
FENTANYL/BUPIVACAINE/NACL INJ	-	EXC	ANALGESICS - OPIOID
FENTANYL/ROPIVAC/NACL INJ	-	EXC	ANALGESICS - OPIOID
fenugreek (trigonella foenum-graecum) cap	-	EXC	ALTERNATIVE MEDICINES
FERABRIGHT INJ	-	EXC	DIAGNOSTIC PRODUCTS
FERAHEME INJ	-	EXC	HEMATOPOIETIC AGENTS
FERIVA 21/7 TAB	-	EXC	HEMATOPOIETIC AGENTS
FEROTRINSIC CAP	-	EXC	HEMATOPOIETIC AGENTS
ferric carboxymaltose iv soln (INJECTAFER equiv)	-	EXC	HEMATOPOIETIC AGENTS
ferric citrate tab (QL= 12 tabs/day; ST req trial of 1: sevelamer carbonate tab OR sevelamer HCL tab)	QL-ST	Select	GASTROINTESTINAL AGENTS - MISC.
FERRIPROX 2 DAY TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Preferred Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Preferred Specialty	ANTIDOTES
FERRIPROX TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Preferred Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
FERRIPROX TAB 500MG (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Preferred Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
FERRO-PLEX TAB	-	EXC	HEMATOPOIETIC AGENTS
ferrous gluconate tab	OTC	EXC	HEMATOPOIETIC AGENTS
ferrous sulfate dried tab	OTC	EXC	HEMATOPOIETIC AGENTS
ferrous sulfate elixir	OTC	EXC	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID	OTC	EXC	HEMATOPOIETIC AGENTS
ferrous sulfate soln	OTC	EXC	HEMATOPOIETIC AGENTS
ferrous sulfate tab ec	OTC	EXC	HEMATOPOIETIC AGENTS
ferrous sulfate tab er	OTC	EXC	HEMATOPOIETIC AGENTS
ferumoxytol inj (FERAHEME equiv)	-	EXC	HEMATOPOIETIC AGENTS
FESILTY INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
fesoterodine fumarate er tab (TOVIAZ equiv) (QL= 1 tab/day)	QL	Select	URINARY ANTISPASMODICS
FETZIMA CAP (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS

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FETZIMA TITRATION PACK (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
fexofenadine hcl susp	OTC	EXC	ANTIHISTAMINES
fexofenadine hcl tab	OTC	EXC	ANTIHISTAMINES
fexofenadine/pseudoephedrine tab 60-120mg	-	EXC	COUGH/COLD/ALLERGY
fexofenadine-pseudoephedrine tab er 24hr	OTC	EXC	COUGH/COLD/ALLERGY
FIASP FLEXTOUCH INJ (QL= 60 units/30 days)	QL	Preferred Brands	ANTIDIABETICS
FIASP INJ (QL= 60 units/30 days)	QL	Preferred Brands	ANTIDIABETICS
FIASP PENFILL INJ (QL= 60 units/30 days)	QL	Preferred Brands	ANTIDIABETICS
FIASP PUMP CARTRIDGE (QL= 60 units/30 days)	QL	Preferred Brands	ANTIDIABETICS
fiber cap	OTC	EXC	LAXATIVES
fiber liquid	OTC	EXC	LAXATIVES
FIBER PACKET	-	EXC	LAXATIVES
FIBER/VITAMIN D3 CHEW TAB	-	EXC	LAXATIVES
FIBRYGA INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
fidaxomicin tab (DIFICID equiv) (QL= 20 tabs/10 days; ST requires trial of vancomycin cap/soln)	QL-ST	Select	MACROLIDES
FILKRI INJ 300MCG/0.5ML (QL= 7.5mL/30 days)	LMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
FILKRI INJ 480MCG/0.8ML (QL= 12mL/30 days)	LMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
FILSPARI TAB (QL= 30 tabs/30 days; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
FILSUVEZ GEL (QL= 702g/30days; Only available through PantherRx 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
FINACEA FOAM	-	Non-Preferred Brands	DERMATOLOGICALS
FINAPID SOLN	-	EXC	DERMATOLOGICALS
FINAPODTAR SOLN	-	EXC	DERMATOLOGICALS
finasteride tab (PROPECIA equiv)	-	EXC	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
FINAZOL TAB	-	EXC	MULTIVITAMINS
fingolimod hcl cap (GILENYA equiv) (QL= 30 caps/30 days)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	ANTICONVULSANTS
FIORICET CAP	-	Non-Preferred Brands	ANALGESICS - NONNARCOTIC

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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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FIORINAL CAP	-	Non-Preferred Brands	ANALGESICS - NONNARCOTIC
FIORINAL/CODEINE CAP	-	Non-Preferred Brands	ANALGESICS - OPIOID
FIRAZYR INJ (QL= 36ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
FIRDAPSE TAB (QL= 8 tabs/day; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	ANTIMYASTHENIC/CHOLINERGIC AGENTS
FIRMAGON INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FIRST AID KIT	-	EXC	MEDICAL DEVICES AND SUPPLIES
FIRST AID OINTMENT	-	EXC	ANTISEPTICS & DISINFECTANTS
FIRST METRONIDAZOLE SUSP	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	EXC	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	EXC	ULCER DRUGS
FIRST PANTOPRAZOLE SUSP	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
FIRVANQ SOLN 25MG/ML (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution)	QL-ST	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
FIRVANQ SOLN 50MG/ML (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution)	QL-ST	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP	-	Preferred Brands	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv) (QL= 8 tabs/day; Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER, solifenacin)	QL-ST	High Cost Generics	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	Select	ANTIARRHYTHMICS
FLEQSUVY SUSP (QL= 16ml/day; Step therapy requires trial of baclofen tab and tizanidine tab)	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
FLEXITOL ECZ CRE	OTC	EXC	DERMATOLOGICALS
FLOLIPID SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
FLONASE SENSIMIST NASAL SPRAY	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
FLO-PRED SUSP	-	Non-Preferred Brands	CORTICOSTEROIDS
FLORACTIS CAP	-	EXC	ANTIDIARRHEALS
FLORAFOL CHEW TAB	-	EXC	MULTIVITAMINS
FLORAFOL PEDIATRIC ORAL SOLN	-	EXC	MULTIVITAMINS
FLORASTOR CHEW	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
FLORASYNC CAP	-	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
FLORAVITA TAB MINI	-	EXC	MULTIVITAMINS

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FLORIVA CHEW TAB	-	Non-Preferred Brands	MULTIVITAMINS
FLORIVA DROPS	-	Preferred Brands	MINERALS & ELECTROLYTES
FLORIVA PLUS DROPS	--OTC	EXC	MULTIVITAMINS
FLORTAUCIPIR F 18 IV SOLN	-	EXC	DIAGNOSTIC PRODUCTS
FLOXURIDINE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
FLUCAINE SOLN	-	EXC	OPHTHALMIC AGENTS
FLUCELVAX INJ (QL= 0.5ml/fill)	QL-VAC	Preventive	VACCINES
FLUCELVAX QUAD INJ	VAC	Preventive	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	Select	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	Select	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	Select	ANTIFUNGALS
FLUDARABINE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUDEOXYGLUCOSE F 18 IV INJ	-	EXC	DIAGNOSTIC PRODUCTS
fludrocortisone tab (FLORINEF equiv)	-	Select	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
FLUMIST QUADRIVALENT NASAL SUSP	VAC	Preventive	VACCINES
flunisolide nasal soln	-	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream 0.01% (FLUOCINOLONE ACETONIDE equiv) (QL= 454 gm/30 days)	QL	High Cost Generics	DERMATOLOGICALS
fluocinolone acetonide cream 0.025% (SYNALAR equiv) (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	High Cost Generics	DERMATOLOGICALS
FLUOCINOLONE ACETONIDE CREAM 0.025% (QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
fluocinolone acetonide oil	-	Select	DERMATOLOGICALS
fluocinolone acetonide oint	-	Select	DERMATOLOGICALS
fluocinolone acetonide soln	-	Select	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	Select	OTIC AGENTS

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fluocinonide cream 0.05% (LIDEX equiv)	-	Select	DERMATOLOGICALS
fluocinonide cream 0.1%	-	Select	DERMATOLOGICALS
fluocinonide emollient cream	-	Select	DERMATOLOGICALS
fluocinonide gel (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betameth-, clobet-, halobet-, or fluocin- (crm, oint, soln))	QL-ST	High Cost Generics	DERMATOLOGICALS
fluocinonide oint	-	Select	DERMATOLOGICALS
fluocinonide soln	-	Select	DERMATOLOGICALS
FLUOPAR KIT	-	EXC	DERMATOLOGICALS
FLUORABON SOLN (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive	MINERALS & ELECTROLYTES
FLUORESCEIN INJ	-	EXC	OPHTHALMIC AGENTS
fluorescein sodium iv soln (FLUORESCITE equiv)	-	EXC	OPHTHALMIC AGENTS
FLUORESCITE INJ OP	-	EXC	OPHTHALMIC AGENTS
FLUORIDE CHW TAB (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Select	MINERALS & ELECTROLYTES
FLUORIDEX CON DLY REN	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	Select	OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv)	-	Select	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	Non-Preferred Brands	DERMATOLOGICALS
FLUOROURACIL SOLN	-	Preferred Brands	DERMATOLOGICALS
fluorouracil soln (FLUOROURACIL equiv)	-	Select	DERMATOLOGICALS
FLUOVIX PAK	-	EXC	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	Value	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine cap 90mg (QL= 4 caps/28 days)	QL	Select	ANTIDEPRESSANTS
fluoxetine soln (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
FLUOXETINE TAB	-	Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine tab 10mg, 20mg (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
fluoxetine tab 60mg	-	High Cost Generics	ANTIDEPRESSANTS
FLUOXETINE TAB 60MG (Step Therapy requires trial of fluoxetine cap, fluoxetine tab or fluoxetine weekly cap)	--ST	High Cost Generics	ANTIDEPRESSANTS
FLUOXIA CREAM	-	EXC	DERMATOLOGICALS
fluphenazine tab (PROLIXIN equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
flurandrenolide cream (CORDRAN equiv)	-	High Cost Generics	DERMATOLOGICALS
FLURANDRENOLIDE CREAM (QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone)	--QL-ST	Non-Preferred Brands	DERMATOLOGICALS

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FLURANDRENOLIDE LOTION (QL= 454 mL/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
flurandrenolide oint (CORDRAN equiv)	-	High Cost Generics	DERMATOLOGICALS
FLURAZEPAM CAP (QL= 1 cap/day; Step Therapy requires trial of 2: estazolam, temazepam, and triazolam)	QL-ST	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	Preferred Brands	OPHTHALMIC AGENTS
FLURBIPROFEN TAB (QL= 90 tabs/30 days; ST req trial of 2: indomethacin, celecoxib, naproxen, diclofenac, meloxicam, piroxicam, diclofenac)	QL-ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
FLURBIPROFEN TAB	QL-ST	Select	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	QL-ST	Select	ANALGESICS - ANTI-INFLAMMATORY
FLUTAMIDE CAP (QL= 6 caps/day)	QL	Non-Preferred Brands	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
flutamide cap (EULEXIN equiv)	QL--	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUTICASONE DISKUS INHALER (QL= 2 inhalers/30 days)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100 MCG/AC (QL= 1 inhaler/30 days)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200 MCG/AC (QL= 1 inhaler/30 days)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50 MCG/ACT (QL= 1 inhaler/30 days)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER 110MCG (QL= 2 inhalers/30 days)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER 220MCG (QL= 2 inhalers/30 days)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE LOTION (QL= 454 mL/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
fluticasone propionate cream (CUTIVATE equiv)	-	Select	DERMATOLOGICALS
fluticasone propionate hfa inhal aero (QL= 2 inhalers/30 days)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone propionate lotion (CUTIVATE equiv)	-	High Cost Generics	DERMATOLOGICALS
fluticasone propionate nasal susp	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate oint (CUTIVATE equiv)	-	Select	DERMATOLOGICALS
FLUTICASONE/SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE/VILANTEROL INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv) (QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL-ST	High Cost Generics	ANTIHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL-ST	High Cost Generics	ANTIHYPERLIPIDEMICS
FLUVIRIN INJ	VAC	Preventive	VACCINES
fluvoxamine ER cap (LUVOX CR equiv) (QL= 2 caps/day)	QL	High Cost Generics	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	Select	ANTIDEPRESSANTS
FLUZONE HD PF INJ	VAC	Preventive	VACCINES
FLUZONE HIGH DOSE PF INJ	VAC	Preventive	VACCINES
FLUZONE QUAD INJ	VAC	Preventive	VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	Preventive	VACCINES
FLYPROGPIDTA SOLN	-	EXC	DERMATOLOGICALS
FLYRCADO INJ	-	EXC	DIAGNOSTIC PRODUCTS
FML FORTE OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT	-	Non-Preferred Brands	OPHTHALMIC AGENTS
FOAM ANTACID CHEW	-	EXC	ANTACIDS
FOAMIL LIQUID	-	EXC	PHARMACEUTICAL ADJUVANTS
FOCALIN TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
FOCALIN XR CAP (QL= 1 cap/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
FOCINVEZ INJ	-	EXC	ANTIEMETICS
FOLBEE PLUS CZ TAB	-	Select	MULTIVITAMINS
FOLDITAM TAB	-	EXC	HEMATOPOIETIC AGENTS
folic acid cap (Covered at $0 for females only; All other members covered at generic copay)	-	Preventive	HEMATOPOIETIC AGENTS
FOLIC ACID LIQUID	-	EXC	HEMATOPOIETIC AGENTS

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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
FOLIC ACID-CHOLECALCIFEROL CAP	-	EXC	HEMATOPOIETIC AGENTS
folic acid-pyridoxine-cyanocobalamin tab	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
FOLIC AC-VIT B12-VIT B6-ARGININE TAB	-	EXC	HEMATOPOIETIC AGENTS
FOLOTYN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fondaparinux inj 10mg/0.8ml (ARIXTRA equiv)	-	Select	ANTICOAGULANTS
fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv)	-	Select	ANTICOAGULANTS
fondaparinux inj 5mg/0.4ml (ARIXTRA equiv)	-	Select	ANTICOAGULANTS
fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv)	-	Select	ANTICOAGULANTS
FOOD THICKNR POW INSTANT	OTC	EXC	PHARMACEUTICAL ADJUVANTS
formaldehyde solution	OTC	EXC	ANTISEPTICS & DISINFECTANTS
formoterol fumarate neb soln (PERFOROMIST equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	High Cost Generics	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORSKOHLII CAP	OTC	EXC	ALTERNATIVE MEDICINES
FORTAMET TAB	-	Non-Preferred Brands	ANTIDIABETICS
FORTEO INJ 560MCG/2.24ML (QL= 2.24 mL/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA GEL 2% (QL= 2 bottles/30 days)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
FORZINITY INJ (QL= 4 vials/28 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB (Step Therapy requires trial of alendronate and ibandronate)	ST	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day)	QL	Select	ANTIVIRALS
fosfomycin tromethamine powder pack (MONUROL equiv)	-	High Cost Generics	ANTI-INFECTIVE AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	Select	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	Select	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK (QL= 3 packs/day)	QL	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
FOTIVDA CAP (QL= 21 caps/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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FOUNDAYO TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
FRAGMIN INJ	-	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 10000 (QL= 10ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 12500 (QL= 5ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 15000 (QL= 6ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 18000 (QL= 7.2ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 2500 (QL= 2ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 5000 (QL= 2ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 7500 (QL= 3ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 95000 (QL= 7.6ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FRAICHE 5000 GEL PREVI	-	EXC	MOUTH/THROAT/DENTAL AGENTS
FRAICHE 5000 GEL SENSITIV	-	EXC	MOUTH/THROAT/DENTAL AGENTS
FREE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 READER (QL= 1 receiver/1 year; Step Therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands	DIAGNOSTIC PRODUCTS

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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
FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIPS (QL= 300 strips/30 days)	QL	Preferred Brands	DIAGNOSTIC PRODUCTS
FROVA TAB (QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv) (QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	High Cost Generics	MIGRAINE PRODUCTS
FRUCTOOLIGOSACCHARIDES (FOS)-INULIN POWDER	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
fructose-dextrose-phosphoric acid oral soln	OTC	EXC	ANTIEMETICS
FRUIT FROSTR LOZ	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
FRUZAQLA CAP 1MG (QL= 84 caps/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRUZAQLA CAP 5MG (QL= 21 caps/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FT CALCIUM VITAMIN D3 CAP	-	EXC	MINERALS & ELECTROLYTES
FT PHENOLATE LOTION CALAMINE	OTC	EXC	DERMATOLOGICALS
FT TRI-PERFO MIS INSOLE	OTC	EXC	MEDICAL DEVICES AND SUPPLIES
FULPHILA INJ (QL= 2 syringes/28 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
FULVESTRANT INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fulvestrant inj soln pref syringe	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FULVICIN P/G TAB (QL= 1 tab/day; ST req trial of itraconazole, fluconazole, terbinafine, and griseofulvin oral suspension)	QL-ST	Non-Preferred Brands	ANTIFUNGALS
FULVICIN P/G TAB, GRISEOFULVIN ULTRA MICRO TAB (QL= 1 tab/day; ST r trial of itraconazole, fluconazole, terbinafine, and griseofulvin oral susp)	QL-ST	Non-Preferred Brands	ANTIFUNGALS
FUNGIZYL AC CREAM	-	EXC	DERMATOLOGICALS
FUNGIZYL AL LIQUID	-	EXC	DERMATOLOGICALS
FUROSCIX KIT (QL= 8 kits/30 days; Step requires a trial of furosemide tabs or furosemide soln; Only available through Onco360 877-662-6633)	LD-QL-ST	Non-Preferred Specialty	DIURETICS
FUROSEMIDE SOLN	-	Value	DIURETICS
furosemide soln (LASIX equiv)	-	Value	DIURETICS
furosemide tab (LASIX equiv)	-	Value	DIURETICS
FUZEON INJ	-	Preferred Brands	ANTIVIRALS
FYARRO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FYCOMPA SUSP (Step Therapy requires a trial of 2: levetiracetam soln, lamotrigine ODT/chew, valproic acid soln, topiramate sprinkle)	ST	Non-Preferred Brands	ANTICONVULSANTS

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Drug Name	Special Code	Tier	Category
FYCOMPA TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
FYCOMPA TAB (QL= 4 tabs/day; ST req trial of 2: levetiracetam, lamotrigine, valproic acid, divalproex, topiramate)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
FYLNETRA INJ (QL= 2 syringes/28 days)	PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
G HIST FORTE TAB	-	EXC	COUGH/COLD/ALLERGY
GABA CAP	OTC	EXC	NUTRIENTS
GABA TAB 25MG	OTC	EXC	NUTRIENTS
gabapentin (once-daily) tab (GRALISE equiv) (QL= 2 tabs/day)	PA-QL	High Cost Generics	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
gabapentin cap (NEURONTIN equiv)	-	Select	ANTICONVULSANTS
gabapentin cap 200mg (NEURONTIN equiv) (ST req trial of 2: gabapentin 100mg cap, gabapentin tabs, pregabalin caps)	ST	High Cost Generics	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	Select	ANTICONVULSANTS
GABARONE TAB (QL= 3 tabs/day; Step therapy requires trial of gabapentin capsules AND pregabalin capsules)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
GABITRIL TAB 12MG (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
GABITRIL TAB 16MG (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
GABITRIL TAB 2mg (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
GABITRIL TAB 4MG (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
GADAVIST INJ	-	EXC	DIAGNOSTIC PRODUCTS
gadobutrol inj (GADAVIST equiv)	-	EXC	DIAGNOSTIC PRODUCTS
gadoterate meglumine iv soln (CLARISCAN INJ, DOTAREM INJ equiv)	-	EXC	DIAGNOSTIC PRODUCTS
gadoterate meglumine iv soln prefilled syringe (CLARISCAN INJ, DOTAREM IN equiv)	-	EXC	DIAGNOSTIC PRODUCTS
gadoteridol iv soln (PROHANCE equiv)	-	EXC	DIAGNOSTIC PRODUCTS
GALAFOLD CAP (QL= 15 caps/30 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALEN IQ 900 POWDER	-	EXC	PHARMACEUTICAL ADJUVANTS

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Drug Name	Special Code	Tier	Category
GALZIN CAP	-	Non-Preferred Brands	MINERALS & ELECTROLYTES
GANIRELIX AC INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ganirelix ac inj (GANIRELIX equiv)	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
GARDASIL 9 INJ	VAC	Preventive	VACCINES
GARDASIL INJ	VAC	Preventive	VACCINES
GARLIC CAP	OTC	EXC	ALTERNATIVE MEDICINES
garlic tab	OTC	EXC	ALTERNATIVE MEDICINES
GARLIC/PARSL TAB	OTC	EXC	NUTRIENTS
GASTROGRAFIN SOLN	-	EXC	DIAGNOSTIC PRODUCTS
gatifloxacin ophth soln (ZYMAXID equiv)	-	High Cost Generics	OPHTHALMIC AGENTS
GATTEX KIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
GAUZE PADS/DRESSINGS - PADS 10" X 9"	OTC	EXC	MEDICAL DEVICES AND SUPPLIES
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
gavilyte-h kit	-	High Cost Generics	LAXATIVES
GAVRETO CAP (QL= 120 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEAMETDRAY GEL	-	EXC	DERMATOLOGICALS
gefitinib tab (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELATIN CAP	OTC	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
GELCLAIR GEL	-	Non-Preferred Brands	MOUTH/THROAT/DENTAL AGENTS
GEMCITABINE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gemfibrozil tab (LOPID equiv)	-	Select	ANTIHYPERLIPIDEMICS
GEMTESA TAB (QL= 30 tabs/30 days; ST requires trial of oxybutynin IR/ER and soliferacin)	QL-ST	Non-Preferred Brands	URINARY ANTISPASMODICS
GENOTROPIN INJ 0.2MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.4MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.6MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
GENOTROPIN INJ 0.8MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.2MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.4MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.6MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.8MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 12MG (QL= 4 cartridges/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 2MG (QL= 21 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	Select	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	Select	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	Select	DERMATOLOGICALS
gentamicin sulfate inj (GENTAMICIN equiv)	-	EXC	AMINOGLYCOSIDES
gentamicin sulfate oint	-	Select	DERMATOLOGICALS
GENTAMICIN/NACL INJ	-	EXC	AMINOGLYCOSIDES
GENTEAL TEAR GEL SEV D/N	-	EXC	OPHTHALMIC AGENTS
gentian violet soln	OTC	EXC	DERMATOLOGICALS
GENVOYA TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
GEODON CAP (QL= 2 caps/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
GERITOL LIQUID TONIC	-	EXC	MULTIVITAMINS
GERITOL TAB COMPLETE	OTC	EXC	MULTIVITAMINS
G-HIST PE TAB	-	EXC	COUGH/COLD/ALLERGY
GIALAX KIT	-	Non-Preferred Brands	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	Preventive	CONTRACEPTIVES
GIAPREZA INJ	-	EXC	VASOPRESSORS
GILENYA CAP (QL= 30 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GIMOTI NASAL SPRAY (QL= 1 bottle/28 days; Step therapy requires trial of metoclopramide tab)	QL-ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
GINGER ROOT CAP	OTC	EXC	ALTERNATIVE MEDICINES
GINGER-ASHWAGANDHA LOZENGE	-	EXC	ALTERNATIVE MEDICINES
GINGER-CHASTEBERRY-VALERIAN CAP	-	EXC	ALTERNATIVE MEDICINES
GINKGO BILOB CAP	OTC	EXC	ALTERNATIVE MEDICINES
ginkgo biloba cap	OTC	EXC	ALTERNATIVE MEDICINES
GLASSIA INJ	-	EXC	RESPIRATORY AGENTS - MISC.
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.
GLEEVEC TAB 100 MG (QL= 3 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLEEVEC TAB 400MG (QL= 2 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLENTUSS LIQUID	-	EXC	COUGH/COLD/ALLERGY
GLEOLAN SOLN	-	EXC	DIAGNOSTIC PRODUCTS
GLEOSTINE CAP	AMSP	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLIMEPIRIDE TAB (QL= 1 tab/day; ST req trial of glimepiride 1mg tab or 2mg tab)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
glimepiride tab (AMARYL equiv)	QL-ST	Value	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	Value	ANTIDIABETICS
GLIPIZIDE TAB (QL= 30 tabs/30 days; Step req trial of 3 of: glipizide IR tabs (5mg, 10mg), glipizide ER, glimepiride, glyburide)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	QL-ST	Value	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	Select	ANTIDIABETICS
GLOPERBA SOLN (QL= 300ml/30 days; Step Therapy requires trial of colchicine)	QL-ST	Non-Preferred Brands	GOUT AGENTS
GLUCAGEN INJ	-	Preferred Brands	DIAGNOSTIC PRODUCTS
glucagon (rdna) for inj kit (QL= 2 inj/fill, 2 fills/month)	QL	Select	ANTIDIABETICS
GLUCAGON DIAGNOSTIC INJ	-	Preferred Brands	DIAGNOSTIC PRODUCTS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	Preferred Brands	ANTIDIABETICS
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	Non-Preferred Brands	ANTIDIABETICS
glucan cap	OTC	EXC	ALTERNATIVE MEDICINES

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GLUCORAPHANIN-MYOSINASE-ASCORBIC ACID CAP	OTC	EXC	ALTERNATIVE MEDICINES
GLUCOS/CHOND LIQ MAX-STR	OTC	EXC	ALTERNATIVE MEDICINES
glucosamine sulfate cap	OTC	EXC	ALTERNATIVE MEDICINES
GLUCOSAMINE TAB	OTC	EXC	ALTERNATIVE MEDICINES
GLUCOSAMINE/CHONDROITIN CAP	OTC	EXC	ALTERNATIVE MEDICINES
GLUCOSAMINE/MSM CAP	-	EXC	ALTERNATIVE MEDICINES
GLUCOSAMINE-CHONDROITIN-HYALURONIC ACID-MSM LIQUID	-	EXC	ALTERNATIVE MEDICINES
GLUCOSAMINE-CHONDROITIN-MSM CAP	OTC	EXC	ALTERNATIVE MEDICINES
glucosamine-chondroitin-msm tab	OTC	EXC	ALTERNATIVE MEDICINES
glucosamine-chondroitin-msm-boron-d3-hyaluronic acid tab	OTC	EXC	ALTERNATIVE MEDICINES
glucosamine-chondroitin-msm-boswellia-vit d tab	OTC	EXC	ALTERNATIVE MEDICINES
glucosamine-chondroitin-msm-vitamin d tab	OTC	EXC	ALTERNATIVE MEDICINES
GLUCOSAMINE-MSM-HYALURONIC ACID CAP	-	EXC	ALTERNATIVE MEDICINES
glucose chew tab	OTC	EXC	ANTIDIABETICS
GLUCOSE LIQUID	OTC	EXC	ANTIDIABETICS
glucose oral soln	OTC	EXC	NUTRIENTS
glucose-cholecalciferol oral liquid	OTC	EXC	NUTRIENTS
glucose-vitamin c chew tab	OTC	EXC	ANTIDIABETICS
GLUMETZA TAB 1000MG (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands	ANTIDIABETICS
GLUMETZA TAB 500MG (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands	ANTIDIABETICS
GLUTATHIONE CAP	-	EXC	NUTRIENTS
GLYBURID MCR TAB	-	Select	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	Value	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	Value	ANTIDIABETICS
GLYCATE TAB (Step Therapy requires trial of glycopyrrolate)	ST	Non-Preferred Brands	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
GLYCATE TAB, GLYCOPYRROLATE TAB (QL= 4 tabs/day; Step Therapy requires trial of glycopyrrolate tab 1mg or glycopyrrolate tab 2mg)	QL-ST	Non-Preferred Brands	ULCER DRUGS
glycerin suppos	OTC	EXC	LAXATIVES
glycerol phenylbutyrate liquid (RAVICTI equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
glycine oral powder	OTC	EXC	NUTRIENTS
glycopyrrolate inj 0.2mg/ml (ROBINUL equiv)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
glycopyrrolate inj pf soln prefilled syringe	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day)	QL	Select	ULCER DRUGS
glycopyrrolate tab (ROBINUL equiv)	-	Select	ULCER DRUGS
GLYCTERA CAP	-	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
GLY-OXIDE SOLN	-	EXC	MOUTH/THROAT/DENTAL AGENTS
GLYRX-PF INJ 0.2MG/ML	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

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GLYXAMBI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Preferred Brands	ANTIDIABETICS
GNP CREATINE CHW MONOHYDR	OTC	EXC	NUTRIENTS
GNP L-LYSINE TAB	-	EXC	NUTRIENTS
GOCOVRI CAP (Step Therapy requires trial of amantadine)	ST	Non-Preferred Brands	ANTIPARKINSON AGENTS
GOHIBIC INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
GOLDENSEAL CAP	-	EXC	ALTERNATIVE MEDICINES
GOLYTELY SOLN	-	Non-Preferred Brands	LAXATIVES
GOMEKLI CAP (QL= 42 caps/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GOMEKLI TAB (QL= 84 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GONIOTAIRE OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
GONITRO POWDER	-	Non-Preferred Brands	ANTIANGINAL AGENTS
GRAFAPEX INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GRAFCO SILVER NITRATE APPLICATOR	-	EXC	DERMATOLOGICALS
GRALISE STARTER PACK	-	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GRALISE TAB (QL= 2 tabs/day)	PA-QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days)	QL	Select	ANTIEMETICS
GRANISOL ORAL SOLN 2MG/10ML (QL= 60ml/30 days; ST req: ondansetron soln, ondansetron tab, ondansetron ODT (4 mg, 8 mg), AND granisetron tab)	QL-ST	Non-Preferred Brands	ANTIEMETICS
GRANIX INJ (QL= 15 syringes/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
GRANIX INJ (QL= 15 vials/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
GRAPE SEED CAP	-	EXC	ALTERNATIVE MEDICINES
grape seed tab	OTC	EXC	ALTERNATIVE MEDICINES
GRASS POLLEN INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
GRASTEK SL TAB (QL= 30 tabs/30 days)	QL	Preferred Brands	BIOLOGICALS MISC
GREEN ASH POLLEN EXTRACT INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
green soap tincture	OTC	EXC	DERMATOLOGICALS
GREEN TEA CAP	-	EXC	ALTERNATIVE MEDICINES

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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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griseofulvin micro tab (GRIFULVIN V equiv)	-	High Cost Generics	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	Select	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	High Cost Generics	ANTIFUNGALS
guaifenesin tab er	OTC	EXC	COUGH/COLD/ALLERGY
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month)	OTC-QL	Preferred Brands	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month)	OTC-QL	Select	COUGH/COLD/ALLERGY
guaifenesin-DM oral liquid 10-100mg/5ml (ROBITUSSIN equiv)	-	EXC	COUGH/COLD/ALLERGY
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	Select	ANTIHYPERTENSIVES
GUANIDINE TAB	-	Select	ANTIMYASTHENIC/CHOLINERGIC AGENTS
GUARDIAN 4 MIS SENSOR (QL= 5 sensors/30 days)	PA-QL	Non-Preferred Brands	MEDICAL DEVICES AND SUPPLIES
GUARDIAN 4 TRANSMITTER (QL= 1 transmitter/year)	PA-QL	Non-Preferred Brands	MEDICAL DEVICES AND SUPPLIES
GUINEA PIG INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
GVOKE INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferred Brands	ANTIDIABETICS
GVOKE INJ KIT (QL= 2 vials/fill, 2 fills/30 days)	QL	Preferred Brands	ANTIDIABETICS
GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferred Brands	ANTIDIABETICS
GVOKE VIALDX INJ	-	EXC	DIAGNOSTIC PRODUCTS
GYNAZOLE CREAM	-	Non-Preferred Brands	VAGINAL PRODUCTS
HADLIMA INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier	Category
HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
HALAVEN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
halcinonide cream (HALOG equiv) (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	High Cost Generics	DERMATOLOGICALS
halcinonide soln (QL= 360 mL/30 days; ST req trial of 2: amcinonide, clobetasol, desoximet, diflorasone, fluocinol, halobet, halcinonide)	QL-ST	High Cost Generics	DERMATOLOGICALS
HALCINONIDE SOLN (QL= 360 mL/30 days; ST req trial of 2: amcinonide, clobetasol, desoximet, diflorasone, fluocinol, halobet, halcinonide)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
HALDOL DECANOATE INJ	-	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HALFLYTELY BOWEL PREP KIT	-	Non-Preferred Brands	LAXATIVES
HALOBETASOL AER (QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobet- crm/oint, or fluocinonide)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
HALOBETASOL AER (QL= 200gm/30 days; ST req trial of 2 high potency steroids:betamethasone, clobetasol, halobet- crm/oint or fluocinonide)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
HALOBETASOL LOTION 0.01% (QL= 200 mL/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobet- crm/oint, or fluocinonide)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
HALOBETASOL LOTION 0.05% (QL= 200 mL/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobet- crm/oint, or fluocinonide)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
halobetasol propionate cream (ULTRAVATE equiv) (QL= 200 gm/30 days)	QL	Select	DERMATOLOGICALS
halobetasol propionate foam (QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobet- crm/oint, or fluocinonide)	QL-ST	High Cost Generics	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv) (QL= 200 gm/30 days)	QL	Select	DERMATOLOGICALS
HALOG CREAM (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
HALOG OINT (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
HALOG SOLN	-	Non-Preferred Brands	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	Select	DERMATOLOGICALS
haloperidol decanoate inj	AMSP	Generic Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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haloperidol lactate conc (HALDOL equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HALUCORT GEL	-	Non-Preferred Brands	DERMATOLOGICALS
HARLIKU TAB (QL= 30 tablets/30 days; Only available through LeMed Specialty Pharmacy 347-913-4656)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
HARVONI PELLET PAK (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
HARVONI TAB (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
HAVRIX INJ, VAQTA INJ	VAC	Preventive	VACCINES
HAWTHORN TAB	OTC	EXC	ALTERNATIVE MEDICINES
HAZELNUT INJ	-	EXC	DIAGNOSTIC PRODUCTS
HC BUTYRATE CREAM	-	Preferred Brands	DERMATOLOGICALS
HC BUTYRATE CREAM	-	Select	DERMATOLOGICALS
HC BUTYRATE SOLN	-	Preferred Brands	DERMATOLOGICALS
HC PRAMOXINE CREAM 1-2.5%	-	EXC	DERMATOLOGICALS
HC/IODOQUIN CREAM	-	EXC	DERMATOLOGICALS
HEALON DUET INJ	-	EXC	OPHTHALMIC AGENTS
HEALON GV INJ	-	EXC	OPHTHALMIC AGENTS
HEALTHY SLEE TAB 5HTP/LTH	OTC	EXC	ALTERNATIVE MEDICINES
HELIDAC PACK (QL= 224 tabs/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole)	QL-ST	Non-Preferred Brands	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
HEMADY TAB 20MG (QL= 8 tabs/30 days)	QL	Preferred Brands	CORTICOSTEROIDS
HEMANGEOL ORAL SOLN 4.28MG/ML	-	Non-Preferred Brands	BETA BLOCKERS
HEMANGEOL SOLN 4.28MG/ML	-	Non-Preferred Brands	BETA BLOCKERS
HEMATINIC PL TAB VITAMIN	-	EXC	HEMATOPOIETIC AGENTS
HEMATINIC/FA TAB	OTC	EXC	HEMATOPOIETIC AGENTS
HEMAX TAB	OTC	EXC	HEMATOPOIETIC AGENTS
HEMGENIX INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
HEMLIBRA INJ	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
HEMOFIL M, KOATE INJ	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
HEMORR/FISS OINT	OTC	EXC	ANORECTAL AND RELATED PRODUCTS
HEMORRHOID OINT	OTC	EXC	ANORECTAL AND RELATED PRODUCTS

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Drug Name	Special Code	Tier	Category
HEMORRHOIDAL SUPP	--OTC	EXC	ANORECTAL AND RELATED PRODUCTS
HEPARIN LOCK INJ	-	EXC	ANTICOAGULANTS
heparin porcine inj	-	Select	ANTICOAGULANTS
HEPARIN SODIUM/NACL INJ	-	EXC	ANTICOAGULANTS
HEPCLUDEX INJ (QL= 30 inj/30 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	ANTIVIRALS
HEPLISAV-B INJ	VAC	Preventive	VACCINES
HEPSERA TAB (QL= 1 tab/day)	AMSP-QL	Non-Preferred Specialty	ANTIVIRALS
HEPZATO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERCESSI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERNEXEOS TAB (QL= 60 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HETASTARCH INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
HETLIOZ CAP (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
HETLIOZ SUSP (QL= 158ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
HEXALEN CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	ANTINEOPLASTICS
HEXATRIONE SUSP	-	EXC	CORTICOSTEROIDS
HEXIOUNYL LOTION	-	EXC	DERMATOLOGICALS
histamine dihydrochloride cream	OTC	EXC	DERMATOLOGICALS
HISTANAZ TAB	OTC	EXC	COUGH/COLD/ALLERGY
HISTDAO TAB	OTC	EXC	DIGESTIVE AIDS
HIXDEFRIMA SOLN	-	EXC	DERMATOLOGICALS
HIZENTRA INJ (Only available through Emerging Health 971-290-2010)	LD-PA	Preferred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HIZENTRA INJ, VIVAGLOBIN INJ (Only available through Emerging Health 971-290-2010)	LD-PA	Preferred Specialty	PASSIVE IMMUNIZING AGENTS
HOMATROPINE OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
HOODIA CAP	-	EXC	ALTERNATIVE MEDICINES
HORIZANT TAB (QL= 30 tabs/30 days)	PA-QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HORIZANT TAB 600MG ER (QL= 60 tabs/30 days)	PA-QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HORSE CHESTNUT CAP	-	EXC	ALTERNATIVE MEDICINES

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Drug Name	Special Code	Tier	Category
HORSE EPITHE INJ	-	EXC	DIAGNOSTIC PRODUCTS
HULIO INJ 40MG/0.8ML (QL= 2 pens/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HULIO KIT 20MG/0.4ML (QL= 2 pens/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMALOG KWIKPEN INJ (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMALOG KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMALOG MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMALOG PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMALOG TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMATIN CAP	-	Non-Preferred Brands	AMINOGLYCOSIDES
HUMATROPE INJ	AMSP-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA 10MG/0.1ML (CORDAVIS) (QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA 20MG/0.2ML (CORDAVIS) (QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA 40MG/0.4ML (CORDAVIS) (QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA 80MG/0.8ML (CORDAVIS) (QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier	Category
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 80MG (QL = 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMULIN MIX PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMULIN N INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMULIN N PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMULIN R INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMULIN R INJ U-500 (QL= 40ml/30 days)	QL	Select	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ (QL= 24ml/30 days)	QL	Select	ANTIDIABETICS
HURRICAINE SPRAY	-	EXC	MOUTH/THROAT/DENTAL AGENTS
HURRI-FREEZE AER MIST SPRAY	-	EXC	DERMATOLOGICALS
HYALURONIC CAP	-	EXC	ALTERNATIVE MEDICINES
HYCAMTIN CAP	AMSP-PA	Preferred Specialty	ANTINEOPLASTICS
HYCLODEX SOLN	-	Non-Preferred Brands	DERMATOLOGICALS
HYCODAN SYRUP	-	Non-Preferred Brands	COUGH/COLD/ALLERGY
HYCOFENIX SOLN	-	EXC	COUGH/COLD/ALLERGY
HYD POL/CPM SUSP (QL= 10ml/day)	QL	Select	COUGH/COLD/ALLERGY

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hydralazine tab (APRESOLINE equiv)	-	Select	ANTIHYPERTENSIVES
HYDRO 35	-	EXC	DERMATOLOGICALS
HYDROCAINE CREAM	-	EXC	DERMATOLOGICALS
hydrochlorothiazide cap (MICROZIDE equiv)	-	Value	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	Value	DIURETICS
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	High Cost Generics	ANALGESICS - OPIOID
HYDROCODONE ER TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
hydrocodone/acetaminophen cap (LORCET equiv)	-	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 180ml/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	High Cost Generics	ANALGESICS - OPIOID
HYDROCODONE/ACETAMINOPHEN SOLN 10-325 MG/15ML (QL= 90ml/90 days for members age 20 or younger; QL= 210ml/90 days for members age 21 or older)	--QL	Non-Preferred Brands	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10-325mg (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	High Cost Generics	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5-325mg (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	High Cost Generics	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	High Cost Generics	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	Select	COUGH/COLD/ALLERGY
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv)	-	EXC	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	Select	COUGH/COLD/ALLERGY
HYDROCODONE/IBUPROFEN TAB (QL= 5 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	QL--	Select	ANALGESICS - OPIOID
HYDROCORT CRE IODOQUIN	-	EXC	DERMATOLOGICALS
HYDROCORTISONE POWDER	-	EXC	CHEMICALS
HYDROCORTISONE ACETATE POWDER	-	EXC	CHEMICALS
hydrocortisone butyrate cream (LOCOID equiv)	-	Select	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	Select	DERMATOLOGICALS
HYDROCORTISONE BUTYRATE OINT	-	Select	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	Select	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
hydrocortisone butyrate soln (LOCOID equiv)	-	Select	DERMATOLOGICALS
HYDROCORTISONE CREAM	-	EXC	ANORECTAL AND RELATED PRODUCTS
hydrocortisone cream (PROCTOCORT equiv)	-	Select	DERMATOLOGICALS
HYDROCORTISONE CREAM 1%	-	EXC	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	Select	ANORECTAL AGENTS
hydrocortisone liquid	OTC	EXC	DERMATOLOGICALS
hydrocortisone lotion	-	EXC	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	High Cost Generics	DERMATOLOGICALS
hydrocortisone lotion (HYTONE equiv)	-	Select	DERMATOLOGICALS
HYDROCORTISONE LOTION 2.5%	-	EXC	DERMATOLOGICALS
hydrocortisone oint	-	EXC	DERMATOLOGICALS
hydrocortisone oint	-	Select	DERMATOLOGICALS
HYDROCORTISONE PAK	OTC	EXC	DERMATOLOGICALS
HYDROCORTISONE POWDER	-	EXC	CHEMICALS
hydrocortisone sodium succinate pf for inj (SOLU-CORTEF equiv)	-	Select	CORTICOSTEROIDS
HYDROCORTISONE STICK	OTC	EXC	DERMATOLOGICALS
hydrocortisone tab (CORTEF equiv)	-	Select	CORTICOSTEROIDS
hydrocortisone valerate cream	-	Select	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	Select	DERMATOLOGICALS
HYDROCORTISONE/PRAMOXINE SUPP	-	EXC	ANORECTAL AND RELATED PRODUCTS
hydrogen peroxide soln	OTC	EXC	ANTISEPTICS & DISINFECTANTS
HYDROLYZED SILK TAB	-	EXC	ALTERNATIVE MEDICINES
HYDROMO/NACL INJ	-	EXC	ANALGESICS - OPIOID
HYDROMORPHON INJ	-	EXC	ANALGESICS - OPIOID
hydromorphone ER tab 12mg (EXALGO equiv) (QL= 1 tab/day)	QL	High Cost Generics	ANALGESICS - OPIOID
hydromorphone ER tab 16mg (EXALGO equiv) (QL= 1 tab/day)	QL	High Cost Generics	ANALGESICS - OPIOID
hydromorphone ER tab 32mg (EXALGO equiv) (QL= 2 tabs/day)	QL	High Cost Generics	ANALGESICS - OPIOID
hydromorphone ER tab 8mg (EXALGO equiv) (QL= 1 tab/day)	QL	High Cost Generics	ANALGESICS - OPIOID
hydromorphone hcl inj (DILAUDID equiv)	-	EXC	ANALGESICS - OPIOID
HYDROMORPHONE HCL-NACL INJ SOLN PREF SYR	-	EXC	ANALGESICS - OPIOID
hydromorphone liquid (DILAUDID equiv)	-	Select	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	Select	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	Select	ANALGESICS - OPIOID
HYDROQUINONE-HYDROCORTISONE-TRETINOIN EMULSION	-	EXC	DERMATOLOGICALS
HYDROQUINONE-TRETINOIN EMULSION	-	EXC	DERMATOLOGICALS
HYDROQUINONE-TRETINOIN-TRIAMCINOLONE ACE EMUL	-	EXC	DERMATOLOGICALS
HYDROXYAPATITE CMPD-CHOLECAL-MG CAP	OTC	EXC	MINERALS & ELECTROLYTES
HYDROXYCHLOROQUINE TAB	-	Select	ANTIMALARIALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	Select	ANTIMALARIALS
HYDROXYM CREAM	-	EXC	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
HYDROXYM GEL	-	EXC	DERMATOLOGICALS
HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days)	AMSP-PA-QL	Preferred Specialty	PROGESTINS
hydroxyurea cap (HYDREA equiv)	-	Select	ANTINEOPLASTICS
hydroxyzine pamoate cap (VISTARIL equiv)	-	Select	ANTIANXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	Select	ANTIANXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	Select	ANTIANXIETY AGENTS
HYFTOR GEL (QL= 20 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
HYMOVIS ONE SOLN	-	EXC	MUSCULOSKELETAL THERAPY AGENTS
HYMPAVZI INJ (QL= 4ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
HYMPAVZI INJ 75MG/0.5ML (QL= 2mL/28 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
HYOPHEN TAB	-	Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
HYOSCYAMINE DRO	-	EXC	ULCER DRUGS
HYOSCYAMINE ELX	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
HYOSCYAMINE SUB	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
hyoscyamine sulfate CR tab (LEVBID equiv)	-	EXC	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	EXC	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	EXC	ULCER DRUGS
HYOSCYAMINE TAB	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
hyoscyamine tab (LEVSIN equiv)	-	EXC	ULCER DRUGS
HYOSCYAMINE TAB ER	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
HYPERSAL NEB	-	Select	COUGH/COLD/ALLERGY
hypertonic nasal wash - packet	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
HYPOCYN GEL	-	EXC	DERMATOLOGICALS
HYPODERMIC NEEDLES	OTC	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
HYQVIA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	PASSIVE IMMUNIZING AGENTS
HYRIMOZ INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY

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HYRIMOZ INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ INJ 80MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ INJ CROHNS (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ INJ PLAQUE PSORIASIS (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ PFS INJ 10MG/0.1ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ PFS INJ 20MG/0.2ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ-PED INJ CROHNS (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ-PED INJ CROHNS 80MG/0.8ML (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HYRNUO TAB (QL= 120 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HYSINGLA ER TAB (QL= 1 tab/day; Step Therapy requires trial of morphine sulfate ER)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
ibandronate tab 150mg (BONIVA equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP (QL= 21 caps/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBRANCE TAB (QL= 21 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBSRELA TAB (QL= 60 tabs/30 days)	PA-QL	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
IBTROZI CAP (QL= 90 capsules/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ibuprofen cap	OTC	EXC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen chew tab	OTC	EXC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp	OTC	EXC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	OTC	EXC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	OTC--	Select	ANALGESICS - ANTI-INFLAMMATORY
IBUPROFEN TAB 300MG (QL= 1 tab/day; ST req trial of ibup (200, 400, 600, 800) AND 2: diclof EC/XR, etodolac IR/ER, melox tab, celecoxib)	QL-ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier	Category
ibuprofen tab cold/sinus (QL= 240 tabs/30 days)	QL	Select	COUGH/COLD/ALLERGY
ibuprofen-acetaminophen tab	OTC	EXC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen-diphenhydramine citrate tab	OTC	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ibuprofen-diphenhydramine hcl cap	OTC	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ibuprofen-famotidine tab (DUEXIS equiv)	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
ICAR-C PLUS TAB	-	EXC	HEMATOPOIETIC AGENTS
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	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
icosapent ethyl cap 0.5gm (VASCEPA equiv) (QL= 2 caps/day)	QL	Select	ANTIHYPERLIPIDEMICS
icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day)	QL	Select	ANTIHYPERLIPIDEMICS
ICY HOT ADV PAD	OTC	EXC	DERMATOLOGICALS
IDACIO INJ 40MG/0.8ML (QL= 2 pens/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
IDAOXIA GEL	-	EXC	DERMATOLOGICALS
IDARAN OINT	-	EXC	DERMATOLOGICALS
idarubicin inj	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDELVION INJ (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
IDHIFA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDOSE TR IMP	-	EXC	OPHTHALMIC AGENTS
IFOSFAMIDE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IGALMI FILM	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
IHEEZO GEL	-	EXC	OPHTHALMIC AGENTS
ILARIS INJ	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
ILUMYA INJ	-	EXC	DERMATOLOGICALS
IMAAVY INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
IMATINIB MES POW	-	EXC	CHEMICALS
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	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
IMBRUVICA SUSP (QL= 2 bottles/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMCIVREE INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
IMDELLTRA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imipramine pamoate cap (TOFRANIL PM equiv)	-	High Cost Generics	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	Select	ANTIDEPRESSANTS
imiquimod cream 3.75% (IMIQUIMOD equiv) (QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution)	QL-ST	High Cost Generics	DERMATOLOGICALS
IMIQUIMOD CREAM 3.75% (QL= 7.5gm/28 days; Step Therapy requires trial o 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days)	QL	Select	DERMATOLOGICALS
IMITREX 4MG INJ, ZEMBRACE INJ (QL= 8 inj/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
IMITREX INJ (QL= 8 inj/30 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
IMITREX INJ (QL= 8 inj/30 days; ST req trial of 2: naratriptan, rizatriptan, rizatriptan ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY (QL= 6 sprays/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
IMITREX TAB (QL= 9 tabs/30 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
IMITREX VIAL INJ (QL= 4 mL/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
IMJUDO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMKELDI SOLUTION (QL= 140ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMMUNOTIX CAP	OTC	EXC	ALTERNATIVE MEDICINES
IMOVAX INJ	-	Preventive	VACCINES
IMPAVIDO CAP (QL= 3 caps/day)	AMSP-QL	Preferred Specialty	ANTI-INFECTIVE AGENTS - MISC.

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IMPEKLO LOTION	-	Non-Preferred Brands	DERMATOLOGICALS
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	Preventive	CONTRACEPTIVES
IMPOYZ CREAM (QL= 200 gm/30 days; Step Therapy requires trial of 2 high pot steroids: betameth-, clobet- (crm, lot, gel, oint, etc.), halobet-, or fluocin-)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
IMULDOSA INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.
IMULDOSA SYRINGE 45MG/0.5ML (QL= 0.5 mL/84 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
IMULDOSA SYRINGE 90MG/ML (QL= 1 mL/84 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
IMVEXXY SUPP	-	EXC	VAGINAL PRODUCTS
INBRIJA INH POWDER (QL= 4 units/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
incontinent cleanser - foam	OTC	EXC	DERMATOLOGICALS
incontinent cleanser - liquid	OTC	EXC	DERMATOLOGICALS
incontinent cleanser - lotion	OTC	EXC	DERMATOLOGICALS
INCRELEX INJ (Only available through AnovoRx 844-288-5007)	LD	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER (QL= 30 units/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	Select	DIURETICS
INDERAL XL CAP, INNOPRAN XL CAP	-	Non-Preferred Brands	BETA BLOCKERS
INDOCIN SUSP (QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp)	QL-ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
INDOCYANINE INJ	-	EXC	DIAGNOSTIC PRODUCTS
indomethacin cap (INDOCIN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN CAP, TIVORBEX CAP (Step Therapy requires trial of 2 nonsteroidal anti-inflammatory agents (NSAIDs))	ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN INJ	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN SUPP	-	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
indomethacin suppository (INDOCIN equiv) (QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxen, diclofenac, meloxicam, etc))	QL-ST	High Cost Generics	ANALGESICS - ANTI-INFLAMMATORY
indomethacin susp (INDOCIN equiv) (QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp)	QL-ST	High Cost Generics	ANALGESICS - ANTI-INFLAMMATORY
INFANRIX INJ	VAC	Preventive	TOXOIDS

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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
INFLAMMACIN MIS	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
INFLUENZA-SARS AT HOME TEST	-	EXC	DIAGNOSTIC PRODUCTS
INFUVITE INJ	-	EXC	MULTIVITAMINS
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA PACK 40-80MG (QL= 1 pack/fill, 1 fill/plan year)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA SPRINKLE CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INJECTAFER INJ	-	EXC	HEMATOPOIETIC AGENTS
INLEXZO IMP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INLURIYO TAB (QL= 56 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INLYTA TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INLYTA TAB 5MG (QL= 4 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INNOVAMATRIX DISK	-	EXC	DERMATOLOGICALS
INOSITOL CAP	OTC	EXC	NUTRIENTS
inositol powder	OTC	EXC	NUTRIENTS
INPEFA TAB (QL= 30 tabs/30 days; Step therapy requires trial of Jardiance and Farxiga)	QL-ST	Non-Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
INPEN INSULIN INJECTION DEVICE	-	EXC	MEDICAL DEVICES AND SUPPLIES
INQOVI TAB (QL= 5 tabs/28 days; Only available through Optum 877-445-6874 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INREBIC CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
insect repellent - aerosol	OTC	EXC	DERMATOLOGICALS
insect repellent - liquid	OTC	EXC	DERMATOLOGICALS
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
INSULIN GLARGINE INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (1 UNIT DIAL) (QL= 18ml/3 days)	QL	Preferred Brands	ANTIDIABETICS
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (2 UNIT DIAL) (QL= 18ml/3 days)	QL	Preferred Brands	ANTIDIABETICS

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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
INSULIN GLARGINE-YFGN (SINGLE PEN) (QL= 60ml/30 days)	QL	Preferred Brands	ANTIDIABETICS
INSULIN GLARGINE-YFGN PEN (CIVICA) 100UNIT/ML (QL= 60mL/30 days; S req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
INSULIN LISP INJ 100/ML (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
INSULIN PUMP KIT STARTER (QL= 1 kit/year)	QL	Non-Preferred Brands	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB (QL= 4 tabs/day)	QL	Preferred Brands	ANTIVIRALS
INTELENCE TAB 100MG (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
INTELENCE TAB 200MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
INTELENCE TAB 25MG (QL= 4 tabs/day)	QL	Preferred Brands	ANTIVIRALS
INTERMEZZO SL TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
INTRALIPID INJ	-	EXC	NUTRIENTS
INTRAROSA SUPP	-	Non-Preferred Brands	VAGINAL PRODUCTS
INTRON-A INJ	AMSP	Preferred Specialty	ANTINEOPLASTICS
INTUNIV TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
INTUNIV TAB 1MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
INTUNIV TAB 2MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
inulin chew tab	OTC	EXC	LAXATIVES
INVEGA HAFYERA INJ	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA INJ	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVELTYS OPHTH SUSP (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS

Drug Name	Special Code	Tier	Category
INVIRASE CAP (QL= 10 caps/day)	QL	Preferred Brands	ANTIVIRALS
INVIRASE TAB (QL= 4 tabs/day)	QL	Preferred Brands	ANTIVIRALS
INVOKAMET TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
INVOKAMET XR TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
INVOKANA TAB (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
INZDEAXIAVAR GEL	-	EXC	DERMATOLOGICALS
INZIRQO SUSP (QL= 5ml/day; ST req Diuril AND trial of 1: HCTZ tab/cap, chlorthal-, spirono- tab, spirono-HCTZ, or Triam-HCTZ)	QL-ST	Non-Preferred Brands	DIURETICS
iodine tincture	OTC	EXC	ANTISEPTICS & DISINFECTANTS
iodixanol inj (VISIPAQUE equiv)	-	EXC	DIAGNOSTIC PRODUCTS
IODOFLEX PAD	-	Non-Preferred Brands	ANTISEPTICS & DISINFECTANTS
IODOQU/HC GEL ALOE	-	EXC	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	Select	DERMATOLOGICALS
iohexol inj (OMNIPAQUE equiv)	-	EXC	DIAGNOSTIC PRODUCTS
IOHEXOL/LIDOCAINE/BETAMETHASONE INJ KIT	-	EXC	DIAGNOSTIC PRODUCTS
iopamidol inj (ISOVUE-M equiv)	-	EXC	DIAGNOSTIC PRODUCTS
IOPIDINE OPHTH SOLN 1% (Step Therapy requires trial of apraclonidine soln)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
IPOL INJ	-	Preventive	VACCINES
ipratropium bromide hfa inhaler aerosol (ATROVENT equiv) (QL= 25.8g/30 days)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ipratropium nasal spray (ATROVENT equiv)	-	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
IQIRVO TAB (QL= 30 tabs/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
irbesartan tab (AVAPRO equiv)	-	Select	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	Select	ANTIHYPERTENSIVES
IRESSA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
iron carbonyl-senna-c-e-b6-b12-if-folate tab	OTC	EXC	HEMATOPOIETIC AGENTS
IRON GLYCINATE CAP	OTC	EXC	HEMATOPOIETIC AGENTS
IRON GLYCINATE LIQUID	-	EXC	HEMATOPOIETIC AGENTS
iron sucrose inj (VENOFER equiv)	-	EXC	HEMATOPOIETIC AGENTS
IRON TAB	-	EXC	HEMATOPOIETIC AGENTS
iron-vit c-folate-b12-biotin-copper-vit e tab	OTC	EXC	HEMATOPOIETIC AGENTS

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Drug Name	Special Code	Tier	Category
iron-vit c-vit b12-folic acid tab	OTC	EXC	HEMATOPOIETIC AGENTS
iron-vitamin c tab	OTC	EXC	HEMATOPOIETIC AGENTS
ISENTRESS (HD) TAB (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands	ANTIVIRALS
ISENTRESS CHEW TAB (QL= 6 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands	ANTIVIRALS
ISENTRESS POWDER PACK (QL= 2 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	Preventive	CONTRACEPTIVES
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	Preferred Brands	MIGRAINE PRODUCTS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	Select	MIGRAINE PRODUCTS
isoniazid tab	-	Select	ANTIMYCOBACTERIAL AGENTS
ISOP ALCOHOL SOLN	OTC	EXC	CHEMICALS
isopropyl alcohol otic liquid	OTC	EXC	OTIC AGENTS
isopropyl alcohol spray	-	EXC	DERMATOLOGICALS
isopropyl alcohol wipes	OTC	EXC	DERMATOLOGICALS
ISORDIL TITRADOSE TAB 40MG (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER)	ST	Non-Preferred Brands	ANTIANGINAL AGENTS
isosorbide dinitrate tab 40mg (ISORDIL equiv) (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER)	ST	High Cost Generics	ANTIANGINAL AGENTS
isosorbide dinitrate tab 5mg (ISORDIL equiv)	-	Select	ANTIANGINAL AGENTS
isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day)	QL	Select	CARDIOVASCULAR AGENTS - MISC.
isosorbide mononitrate ER tab (IMDUR equiv)	-	Select	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	Select	ANTIANGINAL AGENTS
ISOVUE-M 200 INJ	-	EXC	DIAGNOSTIC PRODUCTS
ISOXSUPRINE TAB (QL= 120 tabs/30 days)	QL	Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN 0.5% (Step Therapy requires trial of timolol maleate ophth soln)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
ISTODAX OVR INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISTURISA TAB (QL= 12 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ITOVEBI TAB (QL= 28 tabs/28 days)	LMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
itraconazole cap (SPORANOX equiv)	-	Select	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	-	High Cost Generics	ANTIFUNGALS
ITVISMA INJ	-	EXC	NEUROMUSCULAR AGENTS
ivabradine hcl tab (CORLANOR equiv) (QL= 60 tabs/30 days)	QL	Select	CARDIOVASCULAR AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
ivermectin cream (SOOLANTRA equiv) (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	High Cost Generics	DERMATOLOGICALS
IVERMECTIN CREAM (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
ivermectin lotion	OTC	EXC	DERMATOLOGICALS
IVERMECTIN TAB	-	Non-Preferred Brands	ANTHELMINTICS
ivermectin tab (STROMECTOL equiv)	-	Select	ANTHELMINTICS
IVIZIA DRY GEL	-	EXC	OPHTHALMIC AGENTS
IVRA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IWILFIN TAB (QL= 240 tablets/30 days; Only available through Curant Health 1-866-437-8040)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXCHIQ INJ	-	EXC	VACCINES
IXIARO INJ	-	Preventive	VACCINES
IXINITY INJ, RIXUBIS INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
IYUZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln)	QL-ST	Preferred Brands	OPHTHALMIC AGENTS
IZERVAY SOLN	-	EXC	OPHTHALMIC AGENTS
JADENU SPRINKLE	AMSP-PA	Non-Preferred Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
JAKAFI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JAKAFI XR TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JALYN CAP (Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap)	ST	Non-Preferred Brands	GENITOURINARY AGENTS - MISCELLANEOUS
JANUMET TAB (QL= 60 tabs/30 days; Step Therapy requires trial of metformin AND Tradjenta or Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
JANUVIA TAB (QL= 30 tabs/30 days; Step Therapy requires trial of metformin AND Tradjenta or Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIDIABETICS
JASCAYD TAB (QL= 60 tabs/30 days; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty	RESPIRATORY AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
JATENZO CAP 158MG (QL= 4 caps/day)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
JATENZO CAP 198MG (QL= 4 caps/day)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
JATENZO CAP 237MG (QL= 2 caps/day)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
JAVADIN SOLN (QL= 3600 mL/30 days; ST req trial of clonidine tab AND trial of 2 ACEi/ARBs)	QL-ST	Non-Preferred Brands	ANTIHYPERTENSIVES
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.
JAYPIRCA TAB 100MG (QL= 60 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JAYPIRCA TAB 50MG (QL= 30 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEMPERLI SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JENTADUETO TAB (QL= 2 tabs/day)	QL	Preferred Brands	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	Preferred Brands	ANTIDIABETICS
JESDUVROQ TAB	-	EXC	HEMATOPOIETIC AGENTS
JEUVEAU INJ	-	EXC	DERMATOLOGICALS
jinteli tab (FEMHRT equiv)	-	Select	ESTROGENS
JIVI INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
JOBEVNE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JOENJA TAB (QL= 60 tabs/30 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
JOINT COMFRT CAP	OTC	EXC	ALTERNATIVE MEDICINES
JOURNAVX TAB (QL= 30 tablets/14 days; limit 1 fill/6 months; ST req 1 NSAID (ibu 600, meloxicam tab, celecoxib, etc) AND 1 gabapentinoid (gabapentin, pregabalin))	QL-ST	Non-Preferred Brands	ANALGESICS - NONNARCOTIC
JUBBONTI INJ (QL= 1mL/180 days)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JUBEREQ INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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JUBLIA SOLN (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Non-Preferred Brands	DERMATOLOGICALS
JULUCA TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
junel FE tab (LOESTRIN FE equiv)	-	Preventive	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	Preventive	CONTRACEPTIVES
JUXTAPID CAP (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty	ANTIHYPERLIPIDEMICS
JYLAMVO SOLN, XATMEP SOLN (QL= 60ml/30 days)	QL	Non-Preferred Brands	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB 30MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNNEOS INJ	-	Preventive	VACCINES
K CITRATE SOL CITR ACD	-	EXC	GENITOURINARY AGENTS - MISCELLANEOUS
K/NA CITRATE SOL CITR ACD	-	EXC	GENITOURINARY AGENTS - MISCELLANEOUS
K2 LIQ	-	EXC	VITAMINS
K2-45 CAP	-	EXC	VITAMINS
KADIAN CAP 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KADIAN CAP 10MG (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KADIAN CAP 200MG (QL= 1 cap/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KADIAN CAP 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KADIAN CAP 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KADIAN CAP 40mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID

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Drug Name	Special Code	Tier	Category
KADIAN CAP 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KADIAN CAP 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KADIAN CAP 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KALETRA SOLN (QL= 480 mL/30 days)	QL-RDX	Non-Preferred Brands	ANTIVIRALS
KALETRA TAB 100-25MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
KALETRA TAB 100-25MG (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands	ANTIVIRALS
KALETRA TAB 200-50MG (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
KALETRA TAB 200-50MG (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
KAOPECTATE LIQ	OTC	EXC	GASTROINTESTINAL AGENTS - MISC.
KAPSPARGO CAP	-	Non-Preferred Brands	BETA BLOCKERS
KAPVAY TAB (QL= 4 tabs/day)	PA-QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
KARBINAL ER SUSP (QL= 960ml/30 days)	QL	Non-Preferred Brands	ANTIHISTAMINES
KATERZIA SUSP (Step Therapy requires trial of amlodipine)	ST	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
kcl in dextrose/nacl inj (KCL/D5W/NACL equiv)	-	EXC	MINERALS & ELECTROLYTES
KCL/D5W/NACL INJ	-	EXC	MINERALS & ELECTROLYTES
KCL/NACL INJ	-	EXC	MINERALS & ELECTROLYTES
KEBILIDI INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KEFUNOVA CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
kelnor tab (DEMULEN equiv)	-	Preventive	CONTRACEPTIVES
KELP TAB	OTC	EXC	MINERALS & ELECTROLYTES

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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
KENALOG SPRAY (QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- crm/lot/oint)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
KENALOG-10 INJ	-	EXC	CORTICOSTEROIDS
KEPIVANCE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KERAFOAM	-	Non-Preferred Brands	DERMATOLOGICALS
KERALYT GEL	OTC	EXC	DERMATOLOGICALS
KERALYT SHAMPOO	-	EXC	DERMATOLOGICALS
KERASTAT CREAM	-	EXC	DERMATOLOGICALS
KERASTAT GEL	-	EXC	DERMATOLOGICALS
KERENDIA TAB (QL= 30 tabs/30 days; Step req trial of 1 ACE/ARB (ex lisinopril, losartan, valsartan) AND 1 SGLT2 (ex Farxiga, Jardiance))	QL-ST	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
KERYDIN SOLN (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Non-Preferred Brands	DERMATOLOGICALS
KESIMPTA INJ (QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine)	AMSP-QL-ST	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KETAMINE HCL INJ NACL	-	EXC	GENERAL ANESTHETICS
KETAMINE HCL SOLN INJ PREF SYRINGE	-	EXC	GENERAL ANESTHETICS
KETAMINE INJ	-	EXC	GENERAL ANESTHETICS
ketoconazole cream (NIZORAL CREAM equiv)	-	Select	DERMATOLOGICALS
ketoconazole foam 2% (EXTINA equiv)	-	High Cost Generics	DERMATOLOGICALS
ketoconazole shampoo	-	Select	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	Select	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	EXC	DIAGNOSTIC PRODUCTS
KETOPROFEN CAP (ST req trial of 4 NSAIDs (e.g., celecx, diclofn EC/XR, IBU indometh, meloxic tab, naproxen tab))	ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj	-	Select	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln .05% (ACULAR (LS) equiv)	-	Select	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	EXC	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv)	OTC	EXC	OPHTHALMIC AGENTS
KEVEYIS TAB (QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	DIURETICS
KEVZARA INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier	Category
KEYTRUDA INJ QLEX	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KEYTRUDA SOLN 50MG	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KHINDIVI SOLN (ST req trial of hydrocortisone tab AND prednisolone soln)	ST	Non-Preferred Brands	CORTICOSTEROIDS
KIMMTRAK SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
KINEVAC INJ	-	EXC	DIAGNOSTIC PRODUCTS
KISQALI PAK (QL= 91 tabs/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISUNLA INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KITABIS PAK NEB SOLN (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	AMINOGLYCOSIDES
KLISYRI OINT (QL= 5 grams/5 days)	PA-QL	Non-Preferred Brands	DERMATOLOGICALS
KLS QUIT2 GUM	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KLS QUIT2 LOZ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KLS QUIT4 GUM	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KLS QUIT4 LOZ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KOGENATE FS INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
KOMBIGLYZE XR TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
KOMZIFTI CAP (QL= 90 caps/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KONVOMEP SUSP	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
KORLYM TAB (QL= 4 tabs/day; Only available through Curant Health 1-866-437-8040)	LD-PA-QL	Non-Preferred Specialty	ANTIDIABETICS
KORSUVA INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES

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Drug Name	Special Code	Tier	Category
KOSELUGO CAP (QL= 12 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO CAP (QL= 120 caps/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO CAP 5MG (QL= 20 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOVALTRY INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
K-PHOS TAB	-	EXC	MINERALS & ELECTROLYTES
K-PHOS TAB	-	Non-Preferred Brands	GENITOURINARY AGENTS - MISCELLANEOUS
K-PHOS TAB NEUTRAL	-	EXC	MINERALS & ELECTROLYTES
KRAZATI TAB (QL= 180 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
krill oil cap	OTC	EXC	ALTERNATIVE MEDICINES
KRINTAFEL TAB (QL= 2 tabs/365 days)	QL	Preferred Brands	ANTIMALARIALS
KRYSTEXXA INJ	-	EXC	GOUT AGENTS
K-TAB	-	Select	MINERALS & ELECTROLYTES
K-TAN PLUS CAP	-	EXC	HEMATOPOIETIC AGENTS
KUVAN POWDER PACK (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYGEVVI POWDER (QL= 30 packets/30 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYLEENA IUD	-	Preventive	CONTRACEPTIVES
KYNAMRO INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ANTIHYPERLIPIDEMICS
KYNMOBI FILM (QL= 150 films/30 days)	AMSP-QL	Non-Preferred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYNMOBI TITRATION KIT	AMSP-PA	Non-Preferred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYTRIL TAB (QL= 8 tabs/30 days)	QL	Non-Preferred Brands	ANTIEMETICS

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Drug Name	Special Code	Tier	Category
KYXATA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KYZATREX CAP (QL= 4 tabs/day)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
KYZATREX CAP, TLANDO CAP (QL= 4 tabs/day)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
L.E.T. GEL	-	Non-Preferred Brands	DERMATOLOGICALS
LABETALOL HCL IV SOLN	-	EXC	BETA BLOCKERS
labetalol hcl tab 400mg (QL= 2 tabs/day; ST req 2: labetalol (100,200,300mg), atenolol, metopro-, bisopro-, nado-, proprano-, carvedilol IR)	QL-ST	High Cost Generics	BETA BLOCKERS
labetalol tab (NORMODYNE equiv)	-	Select	BETA BLOCKERS
lacosamide iv inj (VIMPAT equiv)	-	EXC	ANTICONVULSANTS
lacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30 days)	QL	Select	ANTICONVULSANTS
lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
lactase chew tab	OTC	EXC	DIGESTIVE AIDS
lactase tab	OTC	EXC	DIGESTIVE AIDS
LACTATED RINGERS INJ	-	EXC	MINERALS & ELECTROLYTES
lactated ringers solution	-	EXC	MINERALS & ELECTROLYTES
LACTIC ACID E CREAM	-	EXC	DERMATOLOGICALS
LACTIC ACID LOTION	-	EXC	DERMATOLOGICALS
lactobacillus - packet	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
lactobacillus acidophilus-pectin tab	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
lactobacillus cap	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
lactobacillus reuteri chew tab	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
lactobacillus rhamnosus (gg) liquid	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
lactobacillus rhamnosus (gg) packet	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
lactobacillus-inulin cap	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
lactobacillus-inulin chew tab	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
LACTOFERRIN CAP	-	EXC	ALTERNATIVE MEDICINES
lactulose oral crystal packet (KRISTALOSE equiv) (ST req trial of lactulose)	ST	High Cost Generics	LAXATIVES
LACTULOSE PACK (Step Therapy requires trial of lactulose)	ST	Non-Preferred Brands	LAXATIVES
lactulose soln	-	Select	LAXATIVES
LAGEVRIO CAP 200MG (QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older)	QL	Preferred Brands	ANTIVIRALS
LAMBS QUARTE INJ	-	EXC	DIAGNOSTIC PRODUCTS
LAMICTAL ODT (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	Non-Preferred Brands	ANTICONVULSANTS

Drug Name	Special Code	Tier	Category
LAMICTAL XR TAB 100MG (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
LAMICTAL XR TAB 200MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
LAMICTAL XR TAB 250MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
LAMICTAL XR TAB 25MG (QL= 6 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
LAMICTAL XR TAB 300MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
LAMICTAL XR TAB 50MG (QL= 6 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days)	QL	Select	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	Select	ANTIVIRALS
lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Select	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	Select	ANTICONVULSANTS
lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine odt (LAMICTAL equiv) (QL= 2 tabs/day; Step Therapy requires trial of lamotrigine chew)	QL-ST	High Cost Generics	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	High Cost Generics	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	Select	ANTICONVULSANTS
LAMPIT TAB 120MG (QL= 225 tabs/30 days)	QL	Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
LAMPIT TAB 30MG (QL= 360 tabs/30 days)	QL	Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
LAMZEDE INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
LANCET KIT	OTC	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
lanolin cream	OTC	EXC	DERMATOLOGICALS
LANOLIN OINT	OTC	EXC	PHARMACEUTICAL ADJUVANTS

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lanolin-petrolatum oint (A+D equiv)	-	EXC	DERMATOLOGICALS
LANOXIN INJ 0.1MG/ML	-	Non-Preferred Brands	CARDIOTONICS
LANOXIN TAB 62.5MCG (QL= 1 tab/day)	QL	Non-Preferred Brands	CARDIOTONICS
lanreotide acetate extended release inj (SOMATULINE equiv)	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
LANSINOH ORG OIN NIPPLE	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
lansoprazole cap delayed release	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
lansoprazole odt (PREVACID SOLUTAB equiv) (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
LANSOPRAZOLE SUSP	-	EXC	ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
LANSOPRAZOLE/AMOXICILLIN/CLARITHTHROMYCIN KIT (QL= 112 tabs/10 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole))	QL-ST	Non-Preferred Brands	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
lanthanum carbonate chew tab (FOSRENOL equiv) (QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab)	QL-ST	Select	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	Select	GASTROINTESTINAL AGENTS - MISC.
LANTIDRA INJ	-	EXC	ANTIDIABETICS
LANTUS INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
LANTUS SOLOSTAR INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
lapatinib ditosylate tab (TYKERB equiv)	AMSP-PA	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LASIX ONYU INJ 80MG/2.67ML (QL= 1 kit per fill/1 fill per year; Step requires a trial of furosemide tabs or furosemide solution)	QL-ST	Preferred Specialty	DIURETICS
LASTACAFT OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
LATANOPROST OIL	-	EXC	CHEMICALS
latanoprost ophth soln (XALATAN equiv)	-	Value	OPHTHALMIC AGENTS
LATUDA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lavender (lavandula angustifolia) oil capsule	OTC	EXC	ALTERNATIVE MEDICINES
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	Preventive	CONTRACEPTIVES
LAZCLUZE TAB 240MG (QL= 30 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
LAZCLUZE TAB 80MG (QL= 60 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LC 655 CAP	-	EXC	MINERALS & ELECTROLYTES
L-CARNITINE CAP	--OTC	EXC	NUTRIENTS
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
LEFLUNICLO PAK	OTC	EXC	ANALGESICS - ANTI-INFLAMMATORY
leflunomide tab (ARAVA equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Generic Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
LENMELDY INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEQEMBI IQLIK INJ (QL= 7.2mL/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LEQEMBI SOLN	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LEQSELVI TAB	-	EXC	DERMATOLOGICALS
LEQVIO SOLN	-	EXC	ANTIHYPERLIPIDEMICS
LEROCHOL SOLN (QL= 1.2mL/28 days)	PA-QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
LESCOL XL TAB (QL= 1 tab/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab.)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
LETAIRIS TAB (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
letrozole tab (FEMARA equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUCOVOR CA TAB 5MG	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	Select	ANTINEOPLASTICS
LEUKERAN TAB	-	Non-Preferred Brands	ANTINEOPLASTICS
LEUKINE INJ	AMSP-PA	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
LEUPROLIDE INJ (3 MONTH) (QL= 1 kit/90 days)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
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Drug Name	Special Code	Tier	Category
LEVALBUTEROL TARTRATE	-	Preferred Brands	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	Preferred Brands	ANTIDIABETICS
LEVEMIR INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Preferred Brands	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	Select	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	Select	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	Select	ANTICONVULSANTS
LEVOBUNOLOL OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv)	-	Select	OPHTHALMIC AGENTS
levocarnitine (dietary) oral soln	OTC	EXC	NUTRIENTS
levocarnitine cap	-	EXC	NUTRIENTS
levocarnitine inj (CARNITOR equiv)	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine soln (CARNITOR equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine dihydrochloride tab	OTC	EXC	ANTIHISTAMINES
levocetirizine soln (XYZAL equiv)	OTC	EXC	ANTIHISTAMINES
LEVOFLOXACIN INJ 25MG/ML	-	EXC	FLUOROQUINOLONES
levofloxacin IV soln 25 mg/ml (LEVOFLOXACIN IV equiv)	-	EXC	FLUOROQUINOLONES
LEVOFLOXACIN OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
levofloxacin ophth soln (QUIXIN equiv)	-	Select	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN 0.5% (QL= 5mL/30 days; Step therapy requires trial of ciprofloxacin, moxifloxacin or ofloxacin ophth)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
levofloxacin oral soln 25mg/ml (LEVOFLOXACIN equiv)	-	Select	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	Select	FLUOROQUINOLONES
LEVOLEUCOVORIN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVOLEUCOVORIN SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVOMEFOLATE GLUCOSAMINE CAP	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
levomefolate glucosamine tab er	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
levonorgestrel tab	OTC	Preventive	CONTRACEPTIVES
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	Preventive	CONTRACEPTIVES
levorphanol tab (LEVORPHANOL equiv) (QL= 6 tabs/day; ST req trial of 2 short acting opioids(eg hydrocodone, hydromorphone, oxycodone))	QL-ST	High Cost Generics	ANALGESICS - OPIOID
LEVOTHYROXINE INJ	-	EXC	THYROID AGENTS
LEVOTHYROXINE INJ 100MCG/ML	-	EXC	THYROID AGENTS
levothyroxine sodium for iv inj (LEVOTHYROXINE equiv)	-	EXC	THYROID AGENTS
levothyroxine tab (SYNTHROID equiv)	-	Select	THYROID AGENTS

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Drug Name	Special Code	Tier	Category
LEVULAN SOLN	-	EXC	DERMATOLOGICALS
LEXISCAN INJ	-	EXC	DIAGNOSTIC PRODUCTS
LEXIVA SUSP (QL= 1800ml/30 days)	QL	Non-Preferred Brands	ANTIVIRALS
LEXIVA TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps)	AMSP-QL-ST	Generic Specialty	HEMATOPOIETIC AGENTS
LIALDA TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
LIBERVANT FILM (QL= 4 doses/fill, 5 fills/month; Step requires trial of diazepam rectal gel)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
LICART PATCH	-	Non-Preferred Brands	DERMATOLOGICALS
LICE TRTMNT LIQ	OTC	EXC	DERMATOLOGICALS
LICEFREEE SPR HOME	-	EXC	DERMATOLOGICALS
LIDO/MENTHOL SPRAY	-	EXC	DERMATOLOGICALS
LIDO/RAC/TET GEL	OTC	EXC	DERMATOLOGICALS
LIDOCAINE (BUFFERED) W/ EPINEPHRINE	-	EXC	LOCAL ANESTHETICS-PARENTERAL
lidocaine aerosol	OTC	EXC	DERMATOLOGICALS
lidocaine anorectal cream	OTC	EXC	ANORECTAL AND RELATED PRODUCTS
lidocaine cream	OTC	EXC	DERMATOLOGICALS
LIDOCAINE CREAM 10%	-	EXC	DERMATOLOGICALS
LIDOCAINE CREAM 3%	-	EXC	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	High Cost Generics	DERMATOLOGICALS
LIDOCAINE CREAM 3.25%	-	EXC	DERMATOLOGICALS
LIDOCAINE CREAM 3.88%	-	EXC	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	High Cost Generics	DERMATOLOGICALS
LIDOCAINE CREAM 4.12%	-	EXC	DERMATOLOGICALS
LIDOCAINE CREAM 5%	-	EXC	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	EXC	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	Select	DERMATOLOGICALS
lidocaine hcl aerosol soln	--OTC	EXC	DERMATOLOGICALS
lidocaine hcl cream 4.12%	-	EXC	DERMATOLOGICALS
lidocaine hcl gel 4% (ALOCANE equiv)	OTC	EXC	DERMATOLOGICALS
LIDOCAINE HCL INJ	-	EXC	OPHTHALMIC AGENTS
LIDOCAINE HCL LOCAL SOLN PREFILLED SYRINGE	-	EXC	LOCAL ANESTHETICS-PARENTERAL
LIDOCAINE INJ	-	EXC	LOCAL ANESTHETICS-PARENTERAL
lidocaine oint	--OTC-QL	EXC	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	Preferred Brands	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch	OTC	EXC	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
lidocaine soln (XYLOCAINE equiv)	-	Select	DERMATOLOGICALS
lidocaine viscous soln 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
LIDOCAINE/EPINEPHRINE INJ	-	EXC	LOCAL ANESTHETICS-PARENTERAL
LIDOCAINE/HC CREAM	-	EXC	ANORECTAL AND RELATED PRODUCTS
lidocaine/hydrocortisone kit (ANALPRAM equiv)	-	Select	ANORECTAL AGENTS
LIDOCAINE/OXYMETAZOLINE NASAL SOLN	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
lidocaine/prilocaine cream (EMLA equiv)	-	Select	DERMATOLOGICALS
lidocaine-benzalkonium cream	OTC	EXC	DERMATOLOGICALS
lidocaine-benzalkonium liquid	OTC	EXC	DERMATOLOGICALS
LIDOCAINE-BENZALKONIUM PAD	OTC	EXC	DERMATOLOGICALS
LIDOCAINE-HYDROCORTISONE ACETATE CREAM	-	EXC	DERMATOLOGICALS
lidocaine-menthol cream	OTC	EXC	DERMATOLOGICALS
lidocaine-menthol gel	OTC	EXC	DERMATOLOGICALS
lidocaine-menthol liquid	OTC	EXC	DERMATOLOGICALS
lidocaine-menthol patch	OTC	EXC	DERMATOLOGICALS
LIDOCAINE-PHENYLEPHRINE HCL AEROSOL	-	EXC	ANORECTAL AND RELATED PRODUCTS
lidocain-pe-glycerin-petrolatum perianal crm	OTC	EXC	ANORECTAL AND RELATED PRODUCTS
LIDO-EP-TETR SOLN	-	Non-Preferred Brands	DERMATOLOGICALS
LIDOGEL GEL	OTC	EXC	DERMATOLOGICALS
LIDOGEL GEL 2%	-	EXC	DERMATOLOGICALS
LIDOGEL GEL 3.88%	-	EXC	DERMATOLOGICALS
LIDOGEL GEL 4%	-	EXC	DERMATOLOGICALS
LIDOGEL GEL 5%	-	EXC	DERMATOLOGICALS
LIDO-HYDRO GEL	-	EXC	ANORECTAL AGENTS
LIDOMEDIX PAD	OTC	EXC	DERMATOLOGICALS
LIDOPRO PAD	-	EXC	DERMATOLOGICALS
LIDOREX GEL	-	EXC	DERMATOLOGICALS
LIDO-SORB LOTION 3%	-	EXC	DERMATOLOGICALS
LIDOSTREAM KIT	-	Non-Preferred Brands	DERMATOLOGICALS
LIDOTHOL GEL	-	EXC	DERMATOLOGICALS
LIDOTHOL PAD	-	EXC	DERMATOLOGICALS
LIDOTRAL 1 PAD 4.88%	-	EXC	DERMATOLOGICALS
LIDOTRAL SOLN	-	EXC	DERMATOLOGICALS
LIDOTRAL-HC LOTION	-	EXC	DERMATOLOGICALS
LIDOTREX GEL	-	Non-Preferred Brands	DERMATOLOGICALS
LIDTOPIC CREAM	-	EXC	DERMATOLOGICALS
LIFES DHA CAP	OTC	EXC	ALTERNATIVE MEDICINES
LIKMEZ SUSP (QL= 210ml/14 days)	QL	Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
LIMENCIN LOTION	OTC	EXC	DERMATOLOGICALS
linezolid susp	-	Select	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
liniments and rubs - cream	OTC	EXC	DERMATOLOGICALS
liniments and rubs - gel	OTC	EXC	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
LINZESS CAP (QL= 30 caps/30 days)	QL	Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
LIOTHYRONINE INJ	-	EXC	THYROID AGENTS
liothyronine tab (CYTOMEL equiv)	-	Select	THYROID AGENTS
LIPID PANEL+ MIS EGLU	-	EXC	DIAGNOSTIC PRODUCTS
LIPITOR TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
LIPO FLAVONO DRO EAR PAIN	OTC	EXC	OTIC AGENTS
LIQ-10 DS LIQ	OTC	EXC	ALTERNATIVE MEDICINES
LIQREV SUSP (QL= 6ml/day; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
LIQUICAL LIQ PLUS	-	EXC	MINERALS & ELECTROLYTES
LIQUID-C LIQ	OTC	EXC	VITAMINS
LIQUIMAT LOT	-	EXC	DERMATOLOGICALS
liraglutide (weight mngmt) soln pen-inj (SAXENDA equiv)	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Select	ANTIDIABETICS
lisdexamfetamine dimesylate cap (VYVANSE equiv) (QL= 1 cap/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
lisdexamfetamine dimesylate chew tab (VYVANSE equiv) (QL= 1 tab/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	Value	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	Value	ANTIHYPERTENSIVES
LITFULO CAP	-	EXC	DERMATOLOGICALS
LITHIUM CARBONATE CAP	-	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate cap (ESKALITH ER equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium oral solution (LITHIUM equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITH-ORO CAP 5MG	OTC	EXC	MINERALS & ELECTROLYTES
LITHOSTAT TAB	-	Non-Preferred Brands	GENITOURINARY AGENTS - MISCELLANEOUS
LITTLE REMED SOLN SALINE	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
LIVALO TAB (QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
LIVDELZI CAP (QL= 30 caps/30 days; Only available through Orsini Pharmacy 800-410-8575 or PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI SOLN (Only available through Eversana 636-519-2400)	LD-PA	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.

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LIVMARLI TAB (QL= 1 tab/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
LIVTENCITY TAB (QL= 112 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANTIVIRALS
LO LOESTRIN TAB	-	Preventive	CONTRACEPTIVES
LOARGYS INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
LOCOID LIPOCREAM	-	Select	DERMATOLOGICALS
LODINE TAB	-	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
LODOCO TAB (QL= 30 tabs/30 days)	PA-QL	Non-Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
lofexidine hcl tab (LUCEMYRA equiv) (QL= 224 tabs/fill, 1 fill/month)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LOKELMA PAK (QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone)	QL-ST	Preferred Brands	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	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide hcl cap	OTC	EXC	ANTIDIARRHEALS
loperamide hcl soln	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
loperamide hcl tab	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
loperamide-simethicone tab	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Select	ANTIVIRALS
lopinavir-ritonavir tab 100-25mg (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Select	ANTIVIRALS
lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Select	ANTIVIRALS
LOPRESSOR SOLN (QL= 1200mL/30 days; ST req trial of 2: atenolol, bisoprol metoprol, nadolol, propranol soln/tab, labetal, carved)	QL-ST	Non-Preferred Brands	BETA BLOCKERS
LOPROX CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
LOPROX SUSP	-	Non-Preferred Brands	DERMATOLOGICALS
LOQTORZI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loratadine cap	OTC	EXC	ANTIHISTAMINES
loratadine chew tab	OTC	EXC	ANTIHISTAMINES
loratadine oral soln	OTC	EXC	ANTIHISTAMINES
loratadine orally disintegrating tab	OTC	EXC	ANTIHISTAMINES
loratadine tab	OTC	EXC	ANTIHISTAMINES

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loratadine/pseudoepherine tab 10-240mg	-	EXC	COUGH/COLD/ALLERGY
loratadine/pseudoepherine tab 5-120mg	-	EXC	COUGH/COLD/ALLERGY
lorazepam conc (ATIVAN equiv)	-	Select	ANTIANXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	Select	ANTIANXIETY AGENTS
LORBRENA TAB 100MG (QL= 1 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LOREEV XR CAP (QL= 1 cap/day; Step therapy requires trial of lorazepam tab)	QL-ST	Non-Preferred Brands	ANTIANXIETY AGENTS
LOREEV XR CAP 3MG (QL= 3 cap/day; Step therapy requires trial of lorazepam tab)	QL-ST	Non-Preferred Brands	ANTIANXIETY AGENTS
LORTAB ELIXIR	-	Non-Preferred Brands	ANALGESICS - OPIOID
LORTUSS DM LIQUID	-	EXC	COUGH/COLD/ALLERGY
LORTUSS EX LIQUID (QL= 1200ml/30 days)	QL	Select	COUGH/COLD/ALLERGY
LORTUSS LIQUID (QL= 1200ml/30 days)	QL	Preferred Brands	COUGH/COLD/ALLERGY
losartan tab (COZAAR equiv)	-	Value	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	Value	ANTIHYPERTENSIVES
LOTEMAX GEL (QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
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	Preferred Brands	OPHTHALMIC AGENTS
LOTEMAX OPHTH SUSP (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
LOTEMAX SM GEL	-	Preferred Brands	OPHTHALMIC AGENTS
loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	High Cost Generics	OPHTHALMIC AGENTS
loteprednol etabonate ophth susp 0.2% (ALREX equiv) (QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	High Cost Generics	OPHTHALMIC AGENTS
loteprednol etabonate-tobramycin ophth susp (ZYLET equiv) (QL= 10mL/fill; ST req trial of Tobramycin-Dexamethasone ophth susp AND Neomycin-Polymyxin-Dexamethasone ophth susp)	QL-ST	High Cost Generics	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX equiv)	-	Select	OPHTHALMIC AGENTS
LOTREXONE CAP, NALTREX CAP	-	EXC	ANALGESICS - NONNARCOTIC
LOUNZDOMDIOX PAK	-	EXC	DERMATOLOGICALS
lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
LOVAZA CAP (QL= 4 caps/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS

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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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Drug Name	Special Code	Tier	Category
LOVENOX INJ	-	Non-Preferred Brands	ANTICOAGULANTS
LOVENOX INJ 300MG	-	Non-Preferred Brands	ANTICOAGULANTS
loxapine cap (LOXITANE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lubiprostone cap (AMITIZA equiv) (QL= 60 caps/30 days)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
LUCEMYRA TAB (QL= 224 tabs/fill, 1 fill/month)	QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUCENTIS INJ	-	EXC	OPHTHALMIC AGENTS
LULICONAZOLE CREAM, LUZU CREAM (QL= 60gm/28 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
LUMAKRAS TAB (QL= 2 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMAKRAS TAB (QL= 240 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMAKRAS TAB 320MG (QL= 90 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMIFY PF SOLN 0.03%	OTC	EXC	OPHTHALMIC AGENTS
LUMIGAN OPHTH SOLN (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
LUMIGAN OPHTH SOLN 0.01% (QL= 2.5mL/25 days; ST requires trial of latanoprost FOLLOWED BY 1: travoprost OR tafluprost)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
LUMINOPIA MIS	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
LUMISIGHT INJ	-	EXC	DIAGNOSTIC PRODUCTS
LUMRYZ PACK 4.5GM (QL= 1 pack/day; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUMRYZ PACK 6GM (QL= 1 pack/day; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUMRYZ PACK 7.5GM (QL= 1 pack/day; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUMRYZ PACK 9GM (QL= 1 pack/day; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUMRYZ STARTER PACK (QL= 28 packets/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUMVOA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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LUNESTA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
LUNSUMIO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPKYNIS CAP (QL= 180 caps/30 days; Only available through Biologics 800-850-4306 or PantherRx Pharmacy 855-726-8479)	LD-PA-QL-SF	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
LUPRON DEPOT INJ (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ (1-MONTH) (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ (3-MONTH) (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LUTEIN CHEW TAB	OTC	EXC	ALTERNATIVE MEDICINES
lutein-zeaxanthin cap	OTC	EXC	ALTERNATIVE MEDICINES
LUTRATE DEPO INJ (QL= 1 kit/90 days)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYBALVI TAB (QL= 30 tabs/30 days; ST req trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYFGENIA SUSP	-	EXC	HEMATOPOIETIC AGENTS
LYMPHIR INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYMPHOSEEK KIT	-	EXC	DIAGNOSTIC PRODUCTS
LYNKUET CAP (QL= 60 capsules/30 days; ST req trial of gabapentin and 2: citalopram, escitalopram, paroxetine, venlafaxine, desvenlafaxine)	QL-ST	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
LYNOZYFIC INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP (Step Therapy required trial of gabapentin and pregabalin)	ST	Non-Preferred Brands	ANTICONVULSANTS

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LYRICA CR TAB (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln)	QL-ST	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYRICA SOLN (QL= 30ml/day; Step Therapy required trial of gabapentin and pregabalin)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSTEDA TAB (QL= 180 tabs/30 days)	QL	Non-Preferred Brands	HEMOSTATICS
LYTGOBI TAB (12MG DAILY DOSE) (QL= 84 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYTGOBI TAB (16MG DAILY DOSE) (QL= 112 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYTGOBI TAB (20MG DAILY DOSE) (QL= 140 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYUMJEV INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
LYUMJEV KWIKPEN (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
LYUMJEV KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
LYUMJEV TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
LYVISPAH GRANULE PACKET 10MG (QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
LYVISPAH GRANULE PACKET 20MG (QL= 4 packets/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
LYVISPAH GRANULE PACKET 5MG (QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
MACA ROOT CAP	-	EXC	ALTERNATIVE MEDICINES
macitentan tab (OPSUMIT equiv) (QL= 1 tab/day)	PA-QL	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
MAFENIDE ACETATE SOLN PACK	-	Non-Preferred Brands	DERMATOLOGICALS
MAG COMPLEX TAB	OTC	EXC	MINERALS & ELECTROLYTES
MAG GLYCINAT CHW	OTC	EXC	MINERALS & ELECTROLYTES
MAG L-THREON CAP /VIT C-VIT D	OTC	EXC	MINERALS & ELECTROLYTES
MAG TAB	-	EXC	ANTACIDS

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Drug Name	Special Code	Tier	Category
MAGNESIUM CAP	OTC	EXC	MINERALS & ELECTROLYTES
MAGNESIUM CARBONATE SUSP	-	EXC	ANTACIDS
MAGNESIUM CHEW TAB	-	EXC	MINERALS & ELECTROLYTES
magnesium chewable tablet	OTC	EXC	MINERALS & ELECTROLYTES
magnesium chloride tab dr	OTC	EXC	MINERALS & ELECTROLYTES
MAGNESIUM CHW	OTC	EXC	MINERALS & ELECTROLYTES
magnesium citrate cap	OTC	EXC	MINERALS & ELECTROLYTES
magnesium citrate chew tab	OTC	EXC	MINERALS & ELECTROLYTES
MAGNESIUM GL TAB	OTC	EXC	MINERALS & ELECTROLYTES
magnesium glycinate cap	OTC	EXC	MINERALS & ELECTROLYTES
magnesium hydroxide chew tab	OTC	EXC	LAXATIVES
magnesium lactate tab er	OTC	EXC	MINERALS & ELECTROLYTES
magnesium oxide (laxative) tab	OTC	EXC	LAXATIVES
magnesium oxide cap	OTC	EXC	MINERALS & ELECTROLYTES
magnesium oxide tab	OTC	EXC	MINERALS & ELECTROLYTES
magnesium salicylate tetrahydrate tab	OTC	EXC	ANALGESICS - NONNARCOTIC
MAGNESIUM SU INJ	-	EXC	MINERALS & ELECTROLYTES
MAGNESIUM W/ POTASSIUM CAP	OTC	EXC	MINERALS & ELECTROLYTES
MAINTAIN BOR KIT ODOR	OTC	EXC	VAGINAL AND RELATED PRODUCTS
MAKENA INJ (QL= 4 vials/28 days)	AMSP-PA-QL	Non-Preferred Specialty	PROGESTINS
MAKENA INJ (QL= 4.4 ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty	PROGESTINS
malathion lotion (OVIDE equiv)	-	Select	DERMATOLOGICALS
MALE CONDOMS	OTC	Preventive	MEDICAL DEVICES AND SUPPLIES
MANGANESE CHLORIDE INJ	-	EXC	MINERALS & ELECTROLYTES
manganese gluconate tab	OTC	EXC	MINERALS & ELECTROLYTES
MANNITOL INJ	-	EXC	DIURETICS
MAPROTILINE TAB	-	Select	ANTIDEPRESSANTS
maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 tabs/day)	QL	Select	ANTIVIRALS
MAR-COF CG LIQUID (QL= 473ml/month)	QL	Preferred Brands	COUGH/COLD/ALLERGY
MARGENZA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MARINOL CAP (QL= 2 caps/day)	QL	Non-Preferred Brands	ANTIEMETICS
MARPLAN TAB (ST req trial of 2: SSRI (eg. citalopram, fluoxetine, sertraline), SNRI (eg. venlafaxine, desven.))	ST	Non-Preferred Brands	ANTIDEPRESSANTS
MARPLAN TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred Brands	ANTIDEPRESSANTS
MARVONA KIT	-	EXC	LOCAL ANESTHETICS-PARENTERAL
MATERVIA CAP 0.5MG	-	EXC	MULTIVITAMINS
MATRONEX TAB	-	EXC	MULTIVITAMINS

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Drug Name	Special Code	Tier	Category
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	ANTINEOPLASTICS
MAVENCLAD THERAPY PAK 10MG (QL= 10 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVENCLAD THERAPY PAK 10MG (QL= 4 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVENCLAD THERAPY PAK 10MG (QL= 5 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVENCLAD THERAPY PAK 10MG (QL= 6 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVENCLAD THERAPY PAK 10MG (QL= 7 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVENCLAD THERAPY PAK 10MG (QL= 8 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVENCLAD THERAPY PAK 10MG (QL= 9 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVYRET PAK (QL= 5 packets/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
MAXALT MLT TAB (QL= 12 tabs/30 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
MAXALT TAB (QL= 12 tabs/30 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
MAXFE TAB	OTC	EXC	HEMATOPOIETIC AGENTS
MAXIDEX OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
MAYZENT STARTER PACK 0.25MG (QL= 7 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK (QL= 12 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MB CAPS CAP	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
ME/NAPHOS/MB TAB HYO	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
meclizine chew tab (BONINE equiv)	OTC	EXC	ANTIEMETICS

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Drug Name	Special Code	Tier	Category
MECLIZINE CHEW TAB 25MG (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTIEMETICS
meclizine hcl tab 50mg (ANTIVERT equiv)	OTC	Select	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	OTC	EXC	ANTIEMETICS
meclizine tab 12.5mg (ANTIVERT equiv)	-	Select	ANTIEMETICS
meclizine tab 25mg (ANTIVERT equiv)	-	Select	ANTIEMETICS
MECLOFENAMATE CAP	-	Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
MEDI-FIRST TAB SINUS	OTC	EXC	COUGH/COLD/ALLERGY
MEDIHONEY PASTE WOUND	-	EXC	DERMATOLOGICALS
MEDI-LAXX CAP	OTC	EXC	LAXATIVES
medium chain triglycerides oral emulsion	OTC	EXC	NUTRIENTS
medium chain triglycerides oral oil	OTC	EXC	NUTRIENTS
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days)	QL	Preventive	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	Select	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	High Cost Generics	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	High Cost Generics	ANTIMALARIALS
MEGA-MARATHO TAB 100 TR	OTC	EXC	MULTIVITAMINS
MEGARED ADV CAP 4 IN 1	OTC	EXC	ALTERNATIVE MEDICINES
megestrol ES susp (MEGACE ES equiv)	-	Select	PROGESTINS
MEGESTROL SUSP	-	Select	PROGESTINS
megestrol susp (MEGACE equiv)	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST SOLN (QL= 40ml/day)	LMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB (QL= 6 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
melatonin cap	OTC	EXC	ALTERNATIVE MEDICINES
melatonin chew tab	OTC	EXC	ALTERNATIVE MEDICINES
melatonin liquid	OTC	EXC	ALTERNATIVE MEDICINES
MELATONIN TAB	-	EXC	ALTERNATIVE MEDICINES
MELATONIN TAB DISINTEGRATING	-	EXC	ALTERNATIVE MEDICINES
melatonin tab er	OTC	EXC	ALTERNATIVE MEDICINES
MELATONIN TR TAB /VIT-B6	OTC	EXC	ALTERNATIVE MEDICINES
MELATONIN-5-HTP-PYRIDOXINE ER TAB	-	EXC	ALTERNATIVE MEDICINES

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MELATONIN-ASHWAGANDHA-THEANINE-LEMON BALM CAP	-	EXC	ALTERNATIVE MEDICINES
MELATONIN-ELDERBERRY-VIT C-VIT D3-ZINC CAP	-	EXC	ALTERNATIVE MEDICINES
MELATONIN-LEMON BALM ORALLY DISINTEGRATING TAB	-	EXC	ALTERNATIVE MEDICINES
melatonin-lemon balm tab	OTC	EXC	ALTERNATIVE MEDICINES
MELATONIN-THEANINE CHEW TAB	OTC	EXC	ALTERNATIVE MEDICINES
MELATONIN-THEANINE TABLET DISINTEGRATING	-	EXC	ALTERNATIVE MEDICINES
MELATONIN-THEANINE-5 HTP-LEMON B CHEW TAB	-	EXC	ALTERNATIVE MEDICINES
MELATONIN-TURMERIC-BLACK PEPPER CAP	-	EXC	ALTERNATIVE MEDICINES
meloxicam (VIVLODEX equiv) (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	High Cost Generics	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM COMFORT KIT	-	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP	-	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP (QL= 10ml/day; Step therapy requires trial of naproxen susp AND ibuprofen susp)	--QL-ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
MELPHALAN TAB	AMSP	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELZARA CREAM	-	EXC	DERMATOLOGICALS
memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine hcl-donepezil hcl 24hr er cap (NAMZARIC equiv) (QL= 1 cap/day; ST requires trial of 2: donepezil, donepezil ODT, memantine, or NAMENDA XR)	QL-ST	High Cost Generics	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine soln (NAMENDA equiv) (QL= 300 ml/30 days)	QL	High Cost Generics	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MEMANTINE TITRATION PAK (QL= 49 tablets/28 days)	QL	Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	Preventive	VACCINES
menaquinone	OTC	EXC	VITAMINS
M-END DMX LIQUID (QL= 1800ml/30 days)	QL	Preferred Brands	COUGH/COLD/ALLERGY
MENEST TAB	-	Preferred Brands	ESTROGENS
MENHIBRIX INJ	VAC	Preventive	VACCINES
MENOMUNE INJ	VAC	Preventive	VACCINES
MENOSTAR PATCH	-	Non-Preferred Brands	ESTROGENS
MENQUADFI INJ	VAC	Preventive	VACCINES

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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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MENTAX CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
menthol cream	OTC	EXC	DERMATOLOGICALS
menthol gel	OTC	EXC	DERMATOLOGICALS
MENTHOL GEL 5.5%	-	EXC	DERMATOLOGICALS
menthol liquid	OTC	EXC	DERMATOLOGICALS
menthol lozenge	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
menthol powder	OTC	EXC	DERMATOLOGICALS
menthol-methyl salicylate aerosol	OTC	EXC	DERMATOLOGICALS
menthol-methyl salicylate patch	OTC	EXC	DERMATOLOGICALS
menthol-zinc oxide oint	OTC	EXC	DERMATOLOGICALS
menthol-zinc oxide powder	OTC	EXC	DERMATOLOGICALS
MENTHOREAL10 THERAPY PACK	-	EXC	DERMATOLOGICALS
MENTHOZEN CREAM	-	EXC	DERMATOLOGICALS
MENTICAM CREAM	-	EXC	DERMATOLOGICALS
MENVEO INJ	VAC	Preventive	VACCINES
MENVEO SOLN	VAC	Preventive	VACCINES
MEPERIDINE INJ	-	EXC	ANALGESICS - OPIOID
meperidine tab (DEMEROL equiv) (QL= 6 tabs/day)	QL	Select	ANALGESICS - OPIOID
meprobamate tab (MILTOWN equiv)	-	High Cost Generics	ANTIANXIETY AGENTS
mercaptopurine susp 2000mg/100ml (PURIXAN equiv)	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mercaptopurine tab (PURINETHOL equiv)	-	Select	ANTINEOPLASTICS
MEROPENEM INJ 2GM	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
meropenem iv for soln 2gm	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
MESALAMINE DR CAP (QL= 6 caps/day)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv) (QL= 60mL/day)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (PENTASA equiv) (QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA)	QL-ST	High Cost Generics	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv) (QL= 8 caps/day)	QL-ST	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv) (QL= 9 tabs/1 day; Step Therapy requires trial of generic APRISO or generic LIALDA)	QL-ST	High Cost Generics	GASTROINTESTINAL AGENTS - MISC.
mesna tab (MESNEX equiv)	AMSP	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MESNEX TAB	AMSP	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METAFOLBIC PLUS TAB	-	Non-Preferred Brands	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

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Drug Name	Special Code	Tier	Category
METAMUCIL 4-IN-1 FIBER	-	EXC	LAXATIVES
METAMUCIL POWDER	OTC	EXC	LAXATIVES
METANX FC CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METANX RR CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
metaxalone tab (SKELAXIN equiv)	-	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB (ST req metaxolone (400/800) AND trial of 2: cariso-, chlorzox-, cycloben-, methoca-, or orphena-)	--ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
METDRAY GEL	-	EXC	DERMATOLOGICALS
metformin ER osmotic tab (FORTAMET equiv)	-	High Cost Generics	ANTIDIABETICS
metformin ER osmotic tab (GLUMETZA equiv) (Step Therapy requires trial of metformin or metformin ER)	--ST	High Cost Generics	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	Value	ANTIDIABETICS
metformin hcl tab 625mg (QL= 4 tabs/day; ST req trial of metformin IR (generic Glucophage) 500mg, 850mg, or 1000mg tab AND metformin ER)	QL-ST	High Cost Generics	ANTIDIABETICS
metformin hcl tab 750mg (QL= 4 tabs/day; ST req trial of metformin IR (generic Glucophage) 500mg, 850mg, or 1000mg tab AND metformin ER)	QL-ST	High Cost Generics	ANTIDIABETICS
metformin soln (RIOMET equiv)	-	High Cost Generics	ANTIDIABETICS
METFORMIN TAB (QL= 3 tabs/day; ST requires trial of metformin 500mg, 850mg, or 1000mg tab AND metformin ER)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	QL-ST	Value	ANTIDIABETICS
methadone hcl inj 10mg/ml	-	EXC	ANALGESICS - OPIOID
METHADONE HCL-SODIUM CHLORIDE SOLN PREF SYR	-	EXC	ANALGESICS - OPIOID
METHADONE INJ	-	EXC	ANALGESICS - OPIOID
METHADONE INJ 10MG/ML	-	EXC	ANALGESICS - OPIOID
methadone sol 10mg/5ml (QL= 20ml/day)	QL	Select	ANALGESICS - OPIOID
METHADONE SOLN	-	Non-Preferred Brands	ANALGESICS - OPIOID
methadone soln (QL= 4 ml/day)	--QL	Select	ANALGESICS - OPIOID
methadone soln 5mg/5ml (QL= 40ml/day)	QL	Select	ANALGESICS - OPIOID
methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day)	QL	Select	ANALGESICS - OPIOID
methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day)	QL	Select	ANALGESICS - OPIOID
METHADOSE CONC (QL= 4 ml/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
methadose tab (QL= 1 tab/day)	QL	Select	ANALGESICS - OPIOID

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Drug Name	Special Code	Tier	Category
methamphetamine hcl tab (METHAMPHETAMINE equiv) (QL= 5 tabs/day; ST req trial of dextro-amphet tab, dexmethylph HCl tab, methylphen tab/soln, and dextroamph tab)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
methazolamide tab (NEPTAZANE equiv) (Step Therapy requires trial of acetazolamide)	ST	High Cost Generics	DIURETICS
METHENAM MAN TAB	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
methenamine hippurate tab (HIPREX equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
METHENAMINE ORAL SOLN	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
methenamine-sodium salicylate tab	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
methimazole tab (TAPAZOLE equiv)	-	Select	THYROID AGENTS
METHITEST TAB (QL= 150 tablets/30 days)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
methocarbamol tab 1000mg (QL= 8 tabs/day; ST req trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine)	QL-ST	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
methohexital sodium for inj (BREVITAL equiv)	-	EXC	GENERAL ANESTHETICS
METHOTREXATE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METHOTREXATE INJ	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METHOTREXATE IV SOLN 1000MG/40ML	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	Select	ANTINEOPLASTICS
METHOXSALEN CAP	-	Non-Preferred Brands	DERMATOLOGICALS
methoxsalen cap (OXSORALEN ULTRA equiv)	-	Select	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	Select	ULCER DRUGS
methsuximide cap (CELONTIN equiv) (QL= 4 caps/day; ST requires trial of ethosuximide tab/soln)	QL-ST	High Cost Generics	ANTICONVULSANTS
METHYCLOTHIAZIDE TAB	-	Select	DIURETICS
METHYL B-12 CHW	-	EXC	HEMATOPOIETIC AGENTS
METHYL SALIC CREAM	-	EXC	DERMATOLOGICALS
METHYL SALIC OIL	-	EXC	DERMATOLOGICALS
methyl salicylate cream	OTC	EXC	DERMATOLOGICALS
methyl salicylate oil	OTC	EXC	DERMATOLOGICALS
methyl salicylate patch	OTC	EXC	DERMATOLOGICALS
methyl salicylate-lidocaine-menthol patch	OTC	EXC	DERMATOLOGICALS
methylcellulose tab	OTC	EXC	LAXATIVES
methylcobalamin orally disintegrating tab	OTC	EXC	HEMATOPOIETIC AGENTS
methyldopa tab (ALDOMET equiv) (QL= 6 tabs/day; ST req trial of hydralazine tab, labetalol tab, nifedipine cap/SR tab)	QL-ST	High Cost Generics	ANTIHYPERTENSIVES
METHYLDOPA TAB	QL-ST	Preferred Brands	ANTIHYPERTENSIVES
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	Select	ANTIHYPERTENSIVES
METHYLENE BLUE INJ	-	EXC	ANTIDOTES AND SPECIFIC ANTAGONISTS

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Drug Name	Special Code	Tier	Category
METHYLENE BLUE INJ SOLN	-	EXC	DIAGNOSTIC PRODUCTS
methylergonovine tab (METHERGINE equiv)	-	Select	OXYTOCICS
methylphenidate 10mg ER caps (METHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate 20mg ER caps (METHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate 30mg ER caps (METHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate CD cap (METADATE CD equiv) (QL= 1 cap/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate chew tab (METHYLIN equiv) (QL= 3 tabs/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER 18mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER 27mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER 36mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv) (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate er cap 10mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate er cap 15mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate er cap 20mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate er cap 30mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate er cap 40mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate er cap 50mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate er cap 60mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE ER TAB (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE ER TAB (QL= 1 tab/day)	QL-ST	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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methylphenidate ER tab 10mg (QL= 3 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
methylphenidate ER tab 20mg (QL= 3 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
METHYLPHENIDATE ER TAB 27MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
METHYLPHENIDATE ER TAB 36MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
METHYLPHENIDATE ER TAB 45MG/RELEXXII TAB 45MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
METHYLPHENIDATE ER TAB 54MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
METHYLPHENIDATE ER TAB 63MG/RELEXXII TAB 63MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
methylphenidate er tab 72mg (RELEXXII equiv)	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
methylphenidate ER tab 72mg (QL= 1 tab/day; Step Therapy requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (generic Concerta))	--QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
METHYLPHENIDATE HCL TAB ER 24HR 18MG (QL= 60 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
METHYLPHENIDATE HCL TAB ER 24HR 27MG (QL= 60 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
METHYLPHENIDATE HCL TAB ER 24HR 36MG (QL= 60 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
methylphenidate tab 10mg (RITALIN equiv) (QL= 180 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
methylphenidate tab 20mg (RITALIN equiv) (QL= 90 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
methylphenidate tab 5mg (RITALIN equiv) (QL= 360 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
methylphenidate td patch (DAYTRANA equiv) (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	Select	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	Select	CORTICOSTEROIDS
methyltestosterone cap (QL= 150 tablets/30 days)	PA-QL	High Cost Generics	ANDROGENS-ANABOLIC
METIPRANOLOL OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	Select	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	Value	BETA BLOCKERS

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metoprolol tab (LOPRESSOR equiv)	-	Value	BETA BLOCKERS
METOPROLOL TARTRATE TAB (QL= 60 tabs/30 days; ST req trial of 1: carvedilol, metoprolol succ, metoprolol tart 25/37.5/50/75/100mg, bisoprolol)	QL-ST	Non-Preferred Brands	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	Select	ANTIHYPERTENSIVES
METOZOLV ODT (Step Therapy requires trial of metoclopramide)	ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
metronidazole cap (FLAGYL equiv)	-	High Cost Generics	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	Select	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	Select	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	Select	DERMATOLOGICALS
METRONIDAZOLE TAB (ST requires trial of generic metronidazole 250 mg AND 500 mg tab)	ST	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
metronidazole tab (FLAGYL equiv)	ST--	Select	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	Select	VAGINAL PRODUCTS
metyrosine cap (DEMSER equiv) (QL= 448 caps/28 days)	PA-QL	High Cost Generics	ANTIHYPERTENSIVES
mexiletine hcl cap	-	Select	ANTIARRHYTHMICS
MG217 PSORIA GEL COAL 2%	-	EXC	DERMATOLOGICALS
MIACALCIN INJ	-	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
mibelas chew tab (MINASTRIN equiv)	-	Preventive	CONTRACEPTIVES
MICAFUNGIN INJ NACL	-	EXC	ANTIFUNGALS
MICARDIS HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
MICARDIS TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
MICLARA LIQUID	-	Non-Preferred Brands	ANTIHISTAMINES
MICONAZOLE 7 SUPP 100MG	OTC	EXC	VAGINAL AND RELATED PRODUCTS
miconazole nitrate aerosol	OTC	EXC	DERMATOLOGICALS
miconazole nitrate aerosol pow	OTC	EXC	DERMATOLOGICALS
miconazole nitrate ointment	OTC	EXC	DERMATOLOGICALS
miconazole nitrate soln	OTC	EXC	DERMATOLOGICALS
miconazole nitrate vaginal app kit	OTC	EXC	VAGINAL PRODUCTS
miconazole nitrate vaginal cream	OTC	EXC	VAGINAL AND RELATED PRODUCTS
MICORT HC CREAM (QL= 360g/30 day; ST req trial of 1: hydrocortisone 0.5%,1% cream/ 0.5%,1%, 2.5% ointment/ 1%, 2.5% lotion)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
MICORT-HC CREAM	-	Preferred Brands	DERMATOLOGICALS

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
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MICROVERA TAB	-	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
MICURADERM EMU	-	EXC	DERMATOLOGICALS
MIDAZOLAM HCL IV SOLN PREF SYRINGE	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
midazolam hcl syrup	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
MIDAZOLAM INJ (QL= 4 doses/fill, 5 fills/month; ST req trial of 2: diazepam rectal gel, Nayzilam, and Valtoco)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
midazolam inj (MIDAZOLAM equiv)	QL-ST	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
MIDAZOLAM IV SOLN PREFILLED SYRINGE	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
MIDAZOLAM/NACL INJ	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
MIDAZOLAM/SODIUM CHLORIDE IV SOLN	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
midazolam-sodium chloride 0.9% iv soln (MIDAZOLAM/NACL equiv)	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
midodrine tab (PROAMATINE equiv)	-	Select	VASOPRESSORS
MIEBO OPHTH SOLN (QL= 3ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
MIFEPREX TAB	-	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)	AMSP-PA-QL	Generic Specialty	ANTIDIABETICS
mifepristone tab (MIFEPREX equiv)	AMSP-PA-QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIGERGOT SUPP (QL= 20 supp/28 days)	QL	Preferred Brands	MIGRAINE PRODUCTS
MIGLITOL TAB	-	High Cost Generics	ANTIDIABETICS
miglitol tab (MIGLITOL equiv)	-	High Cost Generics	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (QL= 3 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Generic Specialty	HEMATOPOIETIC AGENTS
MIGRANAL SPRAY (QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
MILK OF MAGNESIUM SUSP	-	EXC	LAXATIVES
milk thistle (silybum marianum) cap	OTC	EXC	ALTERNATIVE MEDICINES
MILK THISTLE CAP	OTC	EXC	ALTERNATIVE MEDICINES
MILLIPRED DP PAK	-	Non-Preferred Brands	CORTICOSTEROIDS
MILLIPRED TAB	-	Non-Preferred Brands	CORTICOSTEROIDS

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milnacipran hcl tab (SAVELLA equiv) (QL= 2 tabs/day; ST req trial of duloxetine and gabapentin)	QL-ST	High Cost Generics	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
milnacipran hcl tab (SAVELLA equiv) (ST req trial of duloxetine and gabapentin)	QL-ST	High Cost Generics	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
mineral oil enema	OTC	EXC	LAXATIVES
MINERAL OIL HEAVY	-	EXC	LAXATIVES
mineral oil light (topical)	OTC	EXC	DERMATOLOGICALS
MINIMED APP MIS MANAGER	-	EXC	MEDICAL DEVICES AND SUPPLIES
minocycline cap (MINOCIN equiv)	-	Select	TETRACYCLINES
MINOCYCLINE ER CAP (QL= 1 cap/day; Step Therapy requires trial of minocycline)	QL-ST	Non-Preferred Brands	TETRACYCLINES
minocycline ER tab (SOLODYN equiv) (QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab)	QL-ST	High Cost Generics	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	High Cost Generics	TETRACYCLINES
MINOLIRA TAB (QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab)	QL-ST	Non-Preferred Brands	TETRACYCLINES
minoxidil foam	OTC	EXC	DERMATOLOGICALS
minoxidil soln	OTC	EXC	DERMATOLOGICALS
minoxidil tab (LONITEN equiv)	-	Select	ANTIHYPERTENSIVES
MIOSTAT INJ	-	Non-Preferred Brands	OPHTHALMIC AGENTS
MIPLYFFA CAP (QL= 90 caps/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
mirabegron granules for oral extended release susp (MYRBETRIQ equiv) (QL= 188mL/30 days; ST req trial of 2: oxybutynin syrup/tab/ER tab, solifenacin, tolterodine IR tab, trospium IR tab)	QL-ST	High Cost Generics	URINARY ANTISPASMODICS
mirabegron tab er (MYRBETRIQ equiv) (Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER, solifenacin)	ST	High Cost Generics	URINARY ANTISPASMODICS
MIRALAX PACKET	OTC	EXC	LAXATIVES
MIRALAX POWDER	OTC	EXC	LAXATIVES
MIRAPEX ER TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIPARKINSON AGENTS
MIRCERA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
MIRENA IUD	-	Preventive	CONTRACEPTIVES
MIRO3D WOUND PAD	-	EXC	DERMATOLOGICALS
MIROTRACT MIS	-	EXC	DERMATOLOGICALS
mirtazapine ODT (REMERON equiv)	-	Select	ANTIDEPRESSANTS

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mirtazapine tab (REMERON equiv)	-	Select	ANTIDEPRESSANTS
MIRVASO GEL	-	EXC	DERMATOLOGICALS
misc natural product nasal soln	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
MISC NATURAL PRODUCTS CAP DR	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
MISC NATURAL PRODUCTS CAP ER	OTC	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
MISC NATURAL PRODUCTS CAPSULE THERAPY PACK	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
misc throat products - liquid	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
misc vaginal products - gel	OTC	EXC	VAGINAL AND RELATED PRODUCTS
misc vaginal products - suppositories	OTC	EXC	VAGINAL AND RELATED PRODUCTS
misoprostol tab (CYTOTEC equiv)	-	Select	ULCER DRUGS
MITIGARE CAP (QL= 2 caps/day)	QL	Non-Preferred Brands	GOUT AGENTS
MITOCHONDRIAL RENEWAL KIT	OTC	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
M-M-R II INJ	VAC	Preventive	VACCINES
MODAFINIL POW	-	EXC	CHEMICALS
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	Value	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/NOREXIANTS
MODERIBA TAB	AMSP-PA	Non-Preferred Specialty	ANTIVIRALS
MODEYSO CAP (QL= 4 caps/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
moexipril tab (UNIVASC equiv)	-	Select	ANTIHYPERTENSIVES
MOLINDONE TAB	-	Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	Preventive	ANTIVIRALS
mometasone cream (ELOCON equiv)	-	Select	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv)	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone nasal spray 50mcg/act (NASONEX equiv)	-	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	Select	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	Select	DERMATOLOGICALS
MONISTAT CARE CREAM	OTC	EXC	VAGINAL AND RELATED PRODUCTS
MONODOX CAP (QL= 2 caps/day)	QL	Non-Preferred Brands	TETRACYCLINES
MONSELS FERRIC PASTE SUBSULF	-	EXC	HEMOSTATICS
montelukast chew tab (SINGULAIR equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
MOOD POSITIV TAB 5-HTP	-	EXC	HEMATOPOIETIC AGENTS

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MORGIDOX KIT (QL= 1 kit/30 days)	QL	Non-Preferred Brands	TETRACYCLINES
MORPHABOND TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
MORPHINE SUL INJ	-	EXC	ANALGESICS - OPIOID
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Select	ANALGESICS - OPIOID
morphine sulfate ER cap 10mg (KADIAN equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
morphine sulfate ER cap 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Select	ANALGESICS - OPIOID
morphine sulfate ER cap 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
morphine sulfate ER cap 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
morphine sulfate ER cap 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day)	QL	Select	ANALGESICS - OPIOID
morphine sulfate iv soln 4mg/ml	-	EXC	ANALGESICS - OPIOID
MORPHINE SULFATE ORAL SOLN 100MG/5ML	-	Non-Preferred Brands	ANALGESICS - OPIOID
morphine sulfate oral soln 100mg/5ml (MORPHINE equiv)	-	Select	ANALGESICS - OPIOID
MORPHINE SULFATE ORAL SOLN 10MG/5ML	-	Non-Preferred Brands	ANALGESICS - OPIOID
morphine sulfate oral soln 10mg/5ml (MORPHINE equiv)	-	Select	ANALGESICS - OPIOID
morphine sulfate oral soln 20mg/5ml (MORPHINE equiv)	-	Select	ANALGESICS - OPIOID
morphine sulfate soln (MORPHINE equiv)	-	EXC	ANALGESICS - OPIOID
MORPHINE SULFATE SOLN 20MG/5ML	-	Non-Preferred Brands	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP	-	Preferred Brands	ANALGESICS - OPIOID

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MORPHINE SULFATE TAB	-	Non-Preferred Brands	ANALGESICS - OPIOID
morphine sulfate tab	-	Select	ANALGESICS - OPIOID
MORPHINE SULFATE-NACL INJ SOLN PREF SYR	-	EXC	ANALGESICS - OPIOID
MOTEGRITY TAB (QL= 1 tab/day; Step therapy requires trial of Trulance, Linzess, AND lubiprostone)	QL-ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
MOTOFEN TAB	-	Non-Preferred Brands	ANTIDIARRHEALS
MOTPOLY XR CAP 100MG (QL= 1 cap/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
MOTPOLY XR CAP 150MG (QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
MOTPOLY XR CAP 200MG (QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
MOUNJARO INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred Brands	ANTIDIABETICS
MOUNTAIN CEDAR INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
MOUSE EPITHE INJ	-	EXC	DIAGNOSTIC PRODUCTS
mouthwashes - liquid	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
MOVANTIK TAB (QL= 30 tabs/30 days)	PA-QL	Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN	-	Non-Preferred Brands	LAXATIVES
MOXATAG TAB (Step Therapy requires trial of amoxicillin)	ST	Non-Preferred Brands	PENICILLINS
MOXEZA OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
MOXIFLOXACIN INJ	-	EXC	OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	Select	OPHTHALMIC AGENTS
MOXIFLOXACIN SOLN (QL= 1 bottle/30 days; Step therapy requires trial of 2: ciprofloxacin hcl drops, levofloxacin drops, ofloxacin drops)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	Select	FLUOROQUINOLONES
MOXIFLOXACIN/BROMFENAC SOLN	-	EXC	OPHTHALMIC AGENTS
MOZOBIL INJ	-	EXC	HEMATOPOIETIC AGENTS
MPM PAK	-	EXC	OXYTOCICS
MRESVIA INJ (QL= 0.5 mL/fill, 1 fill/lifetime; Covered for members 50 years of age and older)	QL-VAC	Preventive	VACCINES
MS CONTIN TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
MSM TAB	OTC	EXC	ALTERNATIVE MEDICINES

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Drug Name	Special Code	Tier	Category
MUCINEX CAP DAY/NITE	-	EXC	COUGH/COLD/ALLERGY
MUCINEX CHILD PAK COUGH	-	EXC	COUGH/COLD/ALLERGY
MUCINEX COLD/FLU CAP	OTC	EXC	COUGH/COLD/ALLERGY
MUCINEX LIQUID	-	Non-Preferred Brands	COUGH/COLD/ALLERGY
MUCINEX TAB	-	Non-Preferred Brands	COUGH/COLD/ALLERGY
MUCOR PLUMBE SOL	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
MULPLETA TAB (QL= 7 tablets/365 days)	LMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
MULT ELECTRO INJ PH	-	EXC	MINERALS & ELECTROLYTES
MULTAQ TAB	-	Non-Preferred Brands	ANTIARRHYTHMICS
multigen plus tab (CHROMAGEN FORTE equiv)	-	Select	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	Select	HEMATOPOIETIC AGENTS
MULTI-MAC TAB	-	EXC	MULTIVITAMINS
MULTIPLE VITAMIN IV EMULSION	-	EXC	MULTIVITAMINS
MULTIPLE VITAMIN TAB ER	-	EXC	MULTIVITAMINS
MULTIPLE-VITAMIN/FL-FE DROPS	-	EXC	MULTIVITAMINS
MULTIPRO CAP	OTC	EXC	MULTIVITAMINS
MULTIVITAMIN CHEW TAB	OTC	EXC	MULTIVITAMINS
multivitamin/minerals tab	OTC	EXC	MULTIVITAMINS
mupirocin cream (BACTROBAN CREAM equiv)	-	Select	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	Select	DERMATOLOGICALS
MYALEPT INJ (QL= 1 inj/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
MYCAPSSA CAP (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
mycophenolate DR tab (MYFORTIC equiv)	-	Select	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	Select	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	Select	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	Select	ASSORTED CLASSES
MYCOZYL AL SOLN	-	EXC	DERMATOLOGICALS
MYCOZYL HC GEL	-	EXC	DERMATOLOGICALS
MYCOZYL HC LIQ	-	EXC	DERMATOLOGICALS
MYDAYIS CAP 12.5MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
MYDAYIS CAP 25MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
MYDAYIS CAP 37.5MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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MYDAYIS CAP 50MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
MYDCOMBI OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
MYFEMBREE TAB (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ESTROGENS
MYHIBBIN SUSP	-	Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
MYLERAN TAB	AMSP	Preferred Specialty	ANTINEOPLASTICS
MYLK CAP	-	EXC	ALTERNATIVE MEDICINES
MYNATAL-Z TAB	-	Non-Preferred Brands	MULTIVITAMINS
MYNEPHRON CAP	OTC	EXC	MULTIVITAMINS
MYQORZO TAB (QL= 30 tabs/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
MYRBETRIQ SUSP (QL= 188mL/30 days; ST req trial of 2: oxybutynin syrup/tab/ER tab, solifenacin, tolterodine IR tab, trospium IR tab)	QL-ST	Non-Preferred Brands	URINARY ANTISPASMODICS
MYRBETRIQ TAB (Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER, solifenacin)	ST	Non-Preferred Brands	URINARY ANTISPASMODICS
MYROSINASE-ASCORBIC ACID CAP	OTC	EXC	ALTERNATIVE MEDICINES
MYTESI TAB	-	Non-Preferred Brands	ANTIDIARRHEALS
N.O.MAX ER TAB 660-50MG	OTC	EXC	NUTRIENTS
nabumetone tab (RELAFEN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
N-ACETYL TYROSINE-PYRIDOXINE HCL CAP	OTC	EXC	NUTRIENTS
nadolol tab (CORGARD equiv)	-	Select	BETA BLOCKERS
NAFLON CAP (QL= 8 tabs/day; ST req trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	QL-ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
naftifine cream (NAFTIN equiv) (QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products)	QL-ST	High Cost Generics	DERMATOLOGICALS
NAFTIFINE CREAM 1%	-	Preferred Brands	DERMATOLOGICALS
naftifine gel (NAFTIN equiv)	-	High Cost Generics	DERMATOLOGICALS
naftifine hcl gel 2% (QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream)	QL-ST	High Cost Generics	DERMATOLOGICALS
NAFTIN GEL	-	Non-Preferred Brands	DERMATOLOGICALS

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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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NAFTIN GEL (QL= 1 tube/30 days; Step therapy requires trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream)	--QL-ST	Non-Preferred Brands	DERMATOLOGICALS
NAFTIN GEL 2% (QL= 60 grams/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
nalbuphine inj	-	EXC	ANALGESICS - OPIOID
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)	-	Select	ANTIDOTES
NAMENDA TAB (Step Therapy requires trial of memantine tab)	ST	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA TITRAPAK (QL= 49 tabs/28 days)	QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR CAP (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab)	QL-ST	Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP (QL= 1 cap/day; ST requires trial of 2: donepezil, donepezil ODT, memantine, or NAMENDA XR)	QL-ST	Non-Preferred Brands	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	Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK (QL= 28 caps/28 days; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NANRAN OINT	-	EXC	DERMATOLOGICALS
naphazoline w/ pheniramine ophth soln	OTC	EXC	OPHTHALMIC AGENTS
naphazoline-glycerin ophth soln	OTC	EXC	OPHTHALMIC AGENTS
NAPRELAN CR TAB (Step therapy requires trial of generic naproxen IR AND one of the following: diclofenac tab, etodolac tab, indomethacin cap)	ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
NAPROTIN KIT	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
naproxen EC tab (NAPROSYN EC equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SOD ER TAB (ST req trial of naproxen IR and one of the following: diclofenac tab, etodolac tab, indomethacin cap)	ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium cap	OTC	EXC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv) (Step therapy requires trial of generic naproxen IR AND one of the following: diclofenac tab, etodolac tab, indomethacin cap)	ST	High Cost Generics	ANALGESICS - ANTI-INFLAMMATORY

Drug Name	Special Code	Tier	Category
naproxen sodium tab	OTC	EXC	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	High Cost Generics	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
NARCAN HCL SPRAY (OTC)	OTC	Select	ANTIDOTES AND SPECIFIC ANTAGONISTS
NARDIL TAB 15MG (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTIDEPRESSANTS
NASAL IRRIGA KIT	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
nasal moisturizer combination - gel	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
nasal moisturizer combination - soln	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
nasal wash - soln	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL SPRAY 500MCG/0.1ML	-	Non-Preferred Brands	HEMATOPOIETIC AGENTS
NATACYN OPHTH SUSP (QL= 45ml/30 days)	QL	Preferred Brands	OPHTHALMIC AGENTS
NATALCHEW CHEW	-	EXC	MULTIVITAMINS
NATALCORE CHEW 29-1MG	-	EXC	MULTIVITAMINS
NATAZIA TAB	-	Preventive	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	Select	ANTIDIABETICS
NATESTO GEL (QL= 3 bottles/30 days)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
NATESTO NASAL GEL (QL= 3 bottles/30 days)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
NATPARA INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
NATROBA SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Non-Preferred Brands	DERMATOLOGICALS
NATROBA SUSP 0.9% (QL= 1 bottle/fill, 1 fill/month)	QL	Non-Preferred Brands	DERMATOLOGICALS
NATTOKINASE CAP	-	EXC	ALTERNATIVE MEDICINES
NATURL FIBER POWDER	-	EXC	LAXATIVES
NAVAGE NASAL PAK RINSE	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
NAYZILAM SPRAY (QL= 4 units/fill, 5 fills/month)	QL	Preferred Brands	ANTICONVULSANTS
nebivolol hcl tab (BYSTOLIC equiv) (QL= 1 tab/day)	QL	Select	BETA BLOCKERS
NEFAZODONE TAB	-	Select	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	Select	ANTIDEPRESSANTS

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NEFFY SPRAY (QL= 2 doses/fill)	QL	Preferred Brands	VASOPRESSORS
nelarabine iv soln (ARRANON equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEMLUVIO INJ (QL= 1 auto-injector/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
NENDRUX GEL	-	EXC	DERMATOLOGICALS
NEO/BAC/POLY OIN OP	-	Select	OPHTHALMIC AGENTS
NEO/POLY/BAC OIN /HC	-	Select	OPHTHALMIC AGENTS
neomycin tab	-	Select	AMINOGLYCOSIDES
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	-	Select	OTIC AGENTS
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv)	-	Select	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	Select	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	Select	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
neomycin-bacitracin-polymyxin oint	OTC	EXC	DERMATOLOGICALS
neomycin-polymyxin w/ pramoxine cream	OTC	EXC	DERMATOLOGICALS
NEONATAL 19 TAB	-	Non-Preferred Brands	MULTIVITAMINS
NEONATAL FE TAB	-	Non-Preferred Brands	MULTIVITAMINS
NEONATAL PN SOL STARTER	-	EXC	NUTRIENTS
NEOSALUS FOAM	-	Non-Preferred Brands	DERMATOLOGICALS
NEOSTIGMINE METHYLSULFATE INJ	-	EXC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
neostigmine methylsulfate soln pref syringe	-	EXC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
NEO-SYNALAR CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
NEO-SYNALAR KIT	-	Non-Preferred Brands	DERMATOLOGICALS
NEOTUSS LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
NEPHROCAP	-	EXC	MULTIVITAMINS
NEPHRON FA TAB	-	Preferred Brands	HEMATOPOIETIC AGENTS
NEREUS CAP (QL= 8 caps/30 days)	PA-QL	Non-Preferred Brands	ANTIEMETICS
NERLYNX TAB (QL= 6 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NETTLE INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
NEULASTA INJ	-	EXC	HEMATOPOIETIC AGENTS

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NEULASTA INJ (QL= 1.2 units/28 days)	--AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
NEUPOGEN INJ (QL= 15 syringes/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
NEUPRO PATCH (QL= 1 patch/day)	QL	Non-Preferred Brands	ANTIPARKINSON AGENTS
NEURACIN GEL	-	EXC	DERMATOLOGICALS
NEURO COMPLX TAB A-LIPOIC 100-1-100-50MG	OTC	EXC	NUTRIENTS
NEUROLITE KIT	-	EXC	DIAGNOSTIC PRODUCTS
NEUROPHX CAP	OTC	EXC	HEMATOPOIETIC AGENTS
NEVANAC OPHTH SUSP, ILEVRO OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
NEVIRAPINE ER TAB (QL= 3 tabs/day)	QL	Preferred Brands	ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
NEVIRAPINE SUSP (QL= 1200ml/30 days)	QL	Preferred Brands	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days)	QL	Preferred Brands	COUGH/COLD/ALLERGY
NEXAVAR TAB (Only available through Walgreens 888-347-3416)	LD-PA-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXICLON XR TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANTIHYPERTENSIVES
NEXIUM 24HR TAB (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
NEXIUM CAP (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
NEXIUM GRANULE PACK (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
NEXLETOL TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
NEXLIZET TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
NEXOBRID GEL	-	EXC	DERMATOLOGICALS
NEXPLANON IMPLANT	-	Preventive	CONTRACEPTIVES
NEXTSTELLIS TAB (QL= 28 tabs/24 days)	QL	Preventive	CONTRACEPTIVES
NEXVIAZYME INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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NGENLA INJ (QL= 1.2ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
niacin cap	OTC	EXC	VITAMINS
niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day)	QL	Select	ANTIHYPERLIPIDEMICS
niacin tab er	OTC	EXC	VITAMINS
NIACIN TR CAP	OTC	EXC	VITAMINS
NIACINAMIDE CAP	OTC	EXC	VITAMINS
NIACINAMIDE/SULFACETAMIDE CREAM	-	EXC	DERMATOLOGICALS
NIACINAMIDE-TRETINOIN GEL	-	EXC	DERMATOLOGICALS
NIACOR TAB	-	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
NIASPAN ER TAB	-	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
nicardipine hcl iv soln	-	EXC	CALCIUM CHANNEL BLOCKERS
NICARDIPINE INJ	-	EXC	CALCIUM CHANNEL BLOCKERS
NICARDIPINE SOLN	-	EXC	CALCIUM CHANNEL BLOCKERS
NICAZELDOXY KIT	-	Preferred Brands	TETRACYCLINES
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOMIDE TAB	-	EXC	MULTIVITAMINS
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)	-	Select	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
NIKTIMVO INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
NILANDRON TAB (QL= 150mg/day after the first 30 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NILOTINB TAR CAP (QL= 4 caps/day)	LMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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NILOTINIB D-TAR CAP (QL= 4 caps/day)	LMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nilotinib hcl cap (TASIGNA equiv)	AMSP-PA-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days)	AMSP-PA-QL	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NILUTAMIDE TAB (QL= 2 tabs/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	High Cost Generics	CALCIUM CHANNEL BLOCKERS
NINLARO CAP	AMSP-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nintedanib esylate cap (OFEV equiv) (QL= 2 caps/day)	AMSP-PA-QL-SF	Generic Specialty	RESPIRATORY AGENTS - MISC.
NIPRIDE RTU INJ	-	EXC	ANTIHYPERTENSIVES
nisoldipine ER tab (SULAR equiv)	-	High Cost Generics	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB (QL= 1 tab/day; ST req trial of 2: amlodipine, nicardipine nifedipine, felodipine, diltiazem, verapamil tab)	--QL-ST	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
nit remover - gel	OTC	EXC	DERMATOLOGICALS
nit remover - kit	OTC	EXC	DERMATOLOGICALS
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days; ST req trial of metronidazole AND tinidazole)	QL-ST	High Cost Generics	ANTI-INFECTIVE AGENTS - MISC.
nitisinone cap (ORFADIN equiv)	LMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	Non-Preferred Brands	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
NITROFURANTOIN SUSP (Step therapy requires trial of Nitrofurantoin Susp 25 MG/5ML)	ST	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin susp (FURADANTIN equiv)	ST--	Select	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP	-	Select	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	High Cost Generics	ANTIANGINAL AGENTS
nitroglycerin oint	-	Select	ANTIANGINAL AGENTS
nitroglycerin oint (RECTIV equiv) (Diagnosis Restricted – Anal Fissure (K60.2))	--RDX	Select	ANORECTAL AND RELATED PRODUCTS
nitroglycerin patch (NITRO-DUR equiv)	-	Select	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	Select	ANTIANGINAL AGENTS

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Drug Name	Special Code	Tier	Category
NITROMIST SPRAY	-	Non-Preferred Brands	ANTIANGINAL AGENTS
nitroprusside sodium in nacl 0.9% iv soln (NIPRIDE RTU equiv)	-	EXC	ANTIHYPERTENSIVES
NITYR TAB (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ (QL= 15 syringes/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
NIX LICE SPRAY	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
NIZATIDINE CAP	-	Preferred Brands	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
nizatidine cap (AXID equiv)	-	Select	ULCER DRUGS
NIZORAL A-D SHAMPOO	-	EXC	DERMATOLOGICALS
nizoral a-d shampoo (NIZORAL equiv)	--OTC	Select	DERMATOLOGICALS
NIZORAL SHAMPOO	-	Non-Preferred Brands	DERMATOLOGICALS
NOCDURNA SL TAB	-	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
NOCTIVA EMULSION SPRAY (QL= 3.8gm/30 days)	QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
NON-PREFERRED CGM MONITOR SUPPLIES KIT	PA	Non-Preferred Brands	MEDICAL DEVICES AND SUPPLIES
NORCO 10-325mg (QL= 12 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
NORCO 5-325mg (QL= 12 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
NORCO TAB 7.5MG-325MG (QL= 12 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
NORDITROPIN INJ, NUTROPIN AQ INJ	AMSP-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
NOREPINEPHRINE INJ	-	EXC	VASOPRESSORS
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv)	-	Preventive	CONTRACEPTIVES
norethindrone tab (NORA-QD equiv)	-	Preventive	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	Select	PROGESTINS
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	Preventive	CONTRACEPTIVES
NORITATE CREAM (Step Therapy requires trial of azelaic acid gel or FINACEA PLUS KIT)	ST	Non-Preferred Brands	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
NORLIQVA ORAL SOLN (QL= 300ml/30 days)	QL	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
NORMALYTE CAP	-	EXC	MINERALS & ELECTROLYTES
NORPACE CR CAP	-	Preferred Brands	ANTIARRHYTHMICS
NORTHERA CAP (NORTHERA equiv) (QL= 180 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416)	LD-QL-ST	Non-Preferred Specialty	VASOPRESSORS
NORTHERA CAP 100MG (QL= 90 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416)	LD-QL-ST	Non-Preferred Specialty	VASOPRESSORS
NORTHERN QUAHOG CLAM INJ	-	EXC	DIAGNOSTIC PRODUCTS
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	Preventive	CONTRACEPTIVES
nortrel tab (OVCON 35 equiv)	-	Preventive	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	Select	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	Select	ANTIDEPRESSANTS
NORVIR CAP (QL= 12 caps/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands	ANTIVIRALS
NORVIR POWDER PACK (QL= 12 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands	ANTIVIRALS
NORVIR SOLN (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands	ANTIVIRALS
NORVIR TAB (QL= 12 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
NOURIANZ TAB (QL= 1 tab/day; ST: Trial of 2: dopamine agonist(ropinir-, pramip-), COMT inhib(entacapone), MAOB inhib(rasag-, seleg-))	LMSP-QL-ST	Non-Preferred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
NOVACORT GEL	-	Non-Preferred Brands	DERMATOLOGICALS
NOVAFERRUM DROP MV/IRON	OTC	EXC	MULTIVITAMINS
NOVAMV PED DROPS	OTC	EXC	MULTIVITAMINS
NOVAVAX INJ	VAC	Preventive	VACCINES
NOVITE CAP MULTIVIT	OTC	EXC	MULTIVITAMINS
NOVOEIGHT INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
NOVOFINE PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ (QL= 60 units/30 days)	OTC-QL	Select	ANTIDIABETICS
NOVOLIN 70/30 INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN N INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN N RELION INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN R INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN R INJ 100 UNIT (QL= 60ml/30 days)	OTC-QL	Select	ANTIDIABETICS

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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
NOVOLIN RELION INJ 70/30 (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN VIAL (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG FLEXPEN INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG INJ FLEX REL (QL= 60ml/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG MIX INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG PENFILL INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOSEVEN RT INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
NOVOTWIST PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
NOXAFIL INJ	-	EXC	ANTIFUNGALS
NOXAFIL PAK (QL= 31 packets/30 days; Step Therapy requires trial of 1: fluconazole tab, fluconazole susp, itraconazole cap, itraconazole soln, voriconazole susp, or voriconazole tab)	QL-ST	Non-Preferred Brands	ANTIFUNGALS
NOXAFIL SUSP (Step therapy requires trial of fluconazole, itraconazole or voriconazole)	ST	Non-Preferred Brands	ANTIFUNGALS
NOXAFIL TAB (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND)	QL-ST	Non-Preferred Brands	ANTIFUNGALS
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	EXC	THYROID AGENTS
NUBEQA TAB (QL= 4 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NUCALA INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUCARARXPAK KIT	-	EXC	DERMATOLOGICALS
NUCYNTA ER TAB (QL= 2 tabs/day; ST req trial of 2: morphine sulfate ER tab AND tramadol ERT)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
NUCYNTA TAB (QL= 6 tabs/day; ST req trial of 2: oxycodone, tramadol, morphine tab/soln, hydrocodone/apap, oxycodone/apap)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
NUEDEXTA CAP (QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA)	QL-ST	Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NUFYMCO INJ	-	EXC	OPHTHALMIC AGENTS
NUJO SOLN	-	EXC	DERMATOLOGICALS
NULIBRY INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NULYTELY SOLN	-	Non-Preferred Brands	LAXATIVES
NUMOISYN LOZENGE	-	EXC	MOUTH/THROAT/DENTAL AGENTS
NUPLAZID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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NUPLAZID TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NURTEC ODT (QL= 8 tabs/30 days)	PA-QL	Non-Preferred Brands	MIGRAINE PRODUCTS
NUTRITIONAL SUPPLEMENT EFFERVESCENT POWDER	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
NUVARING	-	Non-Preferred Brands	CONTRACEPTIVES
NUVESSA VAGINAL GEL, VANDAZOLE GEL (QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln)	QL-ST	Preferred Brands	VAGINAL PRODUCTS
NUVIGIL TAB 150MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
NUVIGIL TAB 200G (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
NUVIGIL TAB 250MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
NUVIGIL TAB 50MG (QL= 3 tabs/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
NUWIQ INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
NUWIQ KIT	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
NUZYRA TAB (QL= 30 tabs/fill, 1 fill/month; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	TETRACYCLINES
NYMALIZE SOLN	-	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
NYPOZI INJ (QL= 7.5ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
nystatin cream (MYCOSTATIN CREAM equiv)	-	Select	DERMATOLOGICALS
nystatin oint	-	Select	DERMATOLOGICALS
nystatin powder	-	Select	ANTIFUNGALS
NYSTATIN SUSP (QL= 720ml/30 days)	QL	Non-Preferred Brands	MOUTH/THROAT/DENTAL AGENTS
nystatin susp	QL--	Select	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	Select	ANTIFUNGALS
nystatin topical powder	-	Select	DERMATOLOGICALS
nystatin/triamcinolone cream	-	Select	DERMATOLOGICALS
nystatin/triamcinolone oint	-	Select	DERMATOLOGICALS

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NYVEPRIA INJ (QL= 2 inj/28 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
OAT INJ	-	EXC	DIAGNOSTIC PRODUCTS
OBIZUR INJ (Only available through CVS Specialty 800-238-7828)	LD-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
OBREDON SOLN (QL= 1800ml/30 days)	QL	Non-Preferred Brands	COUGH/COLD/ALLERGY
OBTREX DHA PAK	OTC	EXC	MULTIVITAMINS
OCALIVA TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
OCM WOUND MIS	-	EXC	DERMATOLOGICALS
OCREVUS INJ (QL= 60ml/365 days; Only available through Emerging Health 971-290-2010)	LD-M-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OCREVUS ZUNOVO INJ (QL= 23ml/180 days; Only available through Emerging Health 971-290-2010)	LD-M-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
octreotide acetate for im inj kit (SANDOSTATIN equiv)	-	EXC	ENDOCRINE AND METABOLIC 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.
OCUDOX KIT	-	Non-Preferred Brands	TETRACYCLINES
ODACTRA SL TAB (QL= 30 tabs/30 days)	QL	Preferred Brands	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
ODOMZO CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	Select	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	Select	OTIC AGENTS
OFLOXACIN TAB	-	Non-Preferred Brands	FLUOROQUINOLONES
OGSIVEO TAB (QL= 168 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OGSIVEO TAB 100MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
OGSIVEO TAB 150MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OHTUVAYRE SUSP (QL= 150 mL/30 days; Only available through AcariaHealth 800-511-5144 or Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	Non-Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
OJEMDA SUSP (QL= 96 mL/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OJEMDA TAB (QL= 24 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OJJAARA TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/fluoxetine cap (SYMBYAX equiv) (QL= 1 cap/day)	QL	High Cost Generics	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
olive oil otic	OTC	EXC	OTIC AGENTS
olmesartan tab (BENICAR equiv)	-	Select	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) (QL= 30 tabs/30 days)	QL	Select	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	Select	ANTIHYPERTENSIVES
olopatadine hcl ophth soln (PATADAY equiv)	OTC	EXC	OPHTHALMIC AGENTS
olopatadine nasal spray (PATANASE equiv) (QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray)	QL-ST	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
OLPRUVA PACK (QL= 3 packets/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OLU PAIN PAD	-	EXC	DERMATOLOGICALS
OLUMIANT TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
OLUMIANT TAB 4MG	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
OLUX FOAM (QL= 200 gm/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
OLYSIO CAP (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ANTIVIRALS
OMADA FOR MIS HYPERTEN	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
OMECLAMOX (QL= 80 tabs/10 days)	QL	Preferred Brands	ULCER DRUGS
OMEGA 3 FATTY ACIDS-LUTEIN-ZEAXANTHIN CAP	-	EXC	ALTERNATIVE MEDICINES
omega 3-omega 6-omega 9 fatty acids cap	OTC	EXC	ALTERNATIVE MEDICINES
omega 3-omega 6-omega 9 fatty acids cap delayed release	OTC	EXC	ALTERNATIVE MEDICINES
OMEGA-3 FA-CHOLECALCIFEROL CAP	-	EXC	NUTRIENTS
omega-3 fatty acids cap	OTC	EXC	NUTRIENTS
omega-3 fatty acids liquid	OTC	EXC	NUTRIENTS

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OMEGA-3 FATTY ACIDS-HEMP EXTRACT CAP DR	-	EXC	ALTERNATIVE MEDICINES
OMEGA-3 FATTY ACIDS-VITAMIN E CAP	-	EXC	NUTRIENTS
omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day)	QL	Select	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv) (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
omeprazole magnesium delayed release tab	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole tab (Covered for members age 17 or younger)	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	EXC	ULCER DRUGS
omeprazole-sodium bicarbonate cap	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
OMLONTI OPHTH SOLN (QL= 2.5mL/25 days; ST requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
OMNARIS NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNIPAQUE INJ	-	EXC	DIAGNOSTIC PRODUCTS
OMNIPAQUE SOLN	-	EXC	DIAGNOSTIC PRODUCTS
OMNIPOD 5 DEX G7G6 INTRO KIT (QL= 1 kit/year)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 DEX G7G6 PODS (QL= 15 pods/30 days)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT (QL= 1 kit/year)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 LIBRE2 PLUS G6 PODS (QL= 15 pods/30 days)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH KIT (QL= 1 kit/year)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS (QL= 15 pods/30 days)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ (QL= 13.5 mL/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMNITROPE INJ 5.8MG (QL= 8 vials/28 days)	AMSP-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMNITROPE INJ 5.8MG (QL= 8 vials/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMVOH INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.
OMVOH INJ (QL= 2ml/28 days)	--AMSP-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
OMVOH INJ 100MG/ML, 200MG/2ML (QL= 3ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
ONAPGO INJ 98MG/20ML (QL= 20ml/day; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	Non-Preferred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS

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ONCOPLEX ES CAP	-	EXC	ALTERNATIVE MEDICINES
ondansetron inj (ZOFRAN equiv) (QL= 24ml/fill, 1 fill/15 days)	QL	Select	ANTIEMETICS
ondansetron ODT (ZOFRAN equiv)	-	Select	ANTIEMETICS
ondansetron soln (ZOFRAN equiv) (QL= 50ml/fill, 1 fill/15 days)	QL	Select	ANTIEMETICS
ondansetron tab (ZOFRAN equiv)	-	Select	ANTIEMETICS
ONDANSETRON TAB 24MG (QL= 1 tab/day; Trial of ondansetron ODT (4mg, 8mg) AND trial of 1: ondansetron tab, ondansetron soln)	QL-ST	Non-Preferred Brands	ANTIEMETICS
ONDANSETRON TAB ODT 16MG (QL= 1 tab/day; Trial of ondansetron ODT (4mg, 8mg) AND trial of 1: ondansetron tab, ondansetron soln)	QL-ST	Non-Preferred Brands	ANTIEMETICS
ONE A DAY PRENATAL ADV	OTC	EXC	MULTIVITAMINS
ONFI SUSP (QL= 480ml/30 days)	QL	Non-Preferred Brands	ANTICONVULSANTS
ONFI TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
ONGENTYS CAP (Step Therapy requires trial of 2: entacapone, pramipexole, rasagiline, ropinirole, or selegiline)	ST	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
ONGLYZA TAB (QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
ONTRALFY ORAL SOLN (Step therapy requires trial of tizanidine caps/tabs or baclofen tabs)	ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
ONUREG TAB (QL= 14 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONYDA XR SUSP (QL= 4ml/day; ST req trial of ALL: clonidine ER tab, guanfacine ER tab, and atomoxetine cap)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ONZDEAXIADEM GEL	-	EXC	DERMATOLOGICALS
ONZDEAXIAZAR GEL	-	EXC	DERMATOLOGICALS
ONZETRA XSAIL (QL= 16 nosepieces/30 days; Trial of 2: nara, riza tab/ODT, zolm tab, suma tab, elet tab FOLLOWED BY 1: suma nasal, zolm nasal)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
OPDIVO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDIVO INJ QVANTIG	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDUALAG SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPFOLDA CAP (QL= 3 caps/14 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ophthalmic irrigation solution	OTC	EXC	OPHTHALMIC AGENTS
OPILL TAB	-	Preventive	CONTRACEPTIVES

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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
OPIPZA FILM (QL= 30 films/30 days; Step Therapy requires trial of two of the following: aripiprazole ODT and aripiprazole oral soln)	QL-ST	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
OPIPZA FILM 10MG (QL= 90 films/30 days; Step Therapy requires trial of two of the following: aripiprazole ODT and aripiprazole oral soln)	QL-ST	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
OPIUM TIN	-	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
OPSYNVI TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
OPVEE NASAL SPRAY	-	Preferred Brands	ANTIDOTES AND SPECIFIC ANTAGONISTS
OPZELURA CREAM (QL= 120 grams/28 days)	PA-QL	Non-Preferred Brands	DERMATOLOGICALS
ORACEA CAP (QL= 1 cap/day)	QL	Non-Preferred Brands	DERMATOLOGICALS
oral electrolyte - packet	OTC	EXC	MINERALS & ELECTROLYTES
oral electrolyte for soln	OTC	EXC	MINERALS & ELECTROLYTES
oral electrolyte solution	OTC	EXC	MINERALS & ELECTROLYTES
oral electrolyte tab	OTC	EXC	MINERALS & ELECTROLYTES
ORALAIR SL TAB (QL= 30 tabs/30 days)	QL	Preferred Brands	BIOLOGICALS MISC
ORANGE INJ	-	EXC	DIAGNOSTIC PRODUCTS
ORAPRED ODT TAB, PREDNISOLONE ODT TAB (Step therapy requires trial of two of the following: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	Non-Preferred Brands	CORTICOSTEROIDS
ORAVIG TAB	-	Non-Preferred Brands	MOUTH/THROAT/DENTAL AGENTS
OREGANO OIL CAP	-	EXC	ALTERNATIVE MEDICINES
OREGON ASH POLLEN EXTRACT INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ORENCIA CLICK INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.

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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
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Drug Name	Special Code	Tier	Category
ORENITRAM TAB MONTH PAK (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
ORFADIN CAP (Only available through Eversana 636-519-2400)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORFADIN SUSP (Only available through Eversana 636-519-2400)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORGOVYX TAB (QL= 30 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORIAHNN CAP (QL= 2 caps/day)	AMSP-PA-QL	Non-Preferred Specialty	ESTROGENS
ORILISSA TAB 150MG (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORILISSA TAB 200MG (QL= 2 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
ORLADEYO CAP (QL= 28 caps/28 days; Only available through Optime Care 1-888-287-2017)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ORLADEYO PACK (QL= 28 pellet pack/28 days; Only available through Optime Care 1-888-287-2017)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ORLYNVAH TAB (QL= 10 tabs/fill, 6 fills/year; ST req trial of 2: nitrofurantoin, sulfa-trimeth, cephalexin, ciprofloxacin, amox-clav)	QL-ST	Non-Preferred Brands	ANTI-INFECTIVE 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)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
ORPHENADRINE INJ	-	EXC	MUSCULOSKELETAL THERAPY AGENTS
ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORSERDU TAB 86MG (QL= 3 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORTIKOS ER CAP	-	Non-Preferred Brands	CORTICOSTEROIDS
ORUDIS CAP (ST req trial of 4 NSAIDs (e.g., celecx, diclofn EC/XR, IBU, indometh, meloxic tab, naproxen tab))	ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier	Category
OSAPLEX CAP	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Select	ANTIVIRALS
oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Select	ANTIVIRALS
oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days)	QL	Select	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days)	QL	Select	ANTIVIRALS
OSENVELT INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OSMOLEX ER TAB (QL= 1 tab/day; Step Therapy requires trial of amantadine)	QL-ST	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOLEX ER TAB (Step Therapy requires trial of amantadine)	QL-ST	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOPREP TAB (Step Therapy requires trial of CLENPIQ)	ST	Non-Preferred Brands	LAXATIVES
OSPHENA TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
OSPOMYV INJ (QL= 1mL (1 syringe)/180 days)	LMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OSSOPAN 1100 CAP	-	EXC	MINERALS & ELECTROLYTES
OSVYRTI INJ (QL= 1mL/180 days)	PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OTARMENI INJ	-	EXC	OTIC AGENTS
OTEZLA STARTER PACK (QL= 1 pack/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA XR TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	Select	OTIC AGENTS
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN (QL= bottle/fill, 2 fills/month; Step Therapy requires trial of neomycin/polymixin/hydrocoritisone otic)	QL-ST	Non-Preferred Brands	OTIC AGENTS
OTREXUP INJ 10MG (QL= 1.6ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ 12.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ 15MG (QL= 1.6ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY

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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
OTREXUP INJ 17.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ 22.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ, RASUVO INJ 20MG (QL= 1.6ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ, RASUVO INJ 25MG (QL= 1.6ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
OTULFI INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.
OTULFI INJ (QL= 1mL/84 days)	--LMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
OTULFI SYRINGE 45MG/0.5ML (QL= 1 inj/84 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
OTULFI SYRINGE 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
OVACE PLUS CREAM	-	EXC	DERMATOLOGICALS
OVACE PLUS GEL WASH	-	EXC	DERMATOLOGICALS
OVACE PLUS LIQ WASH	-	EXC	DERMATOLOGICALS
OVACE PLUS LOTION	-	EXC	DERMATOLOGICALS
OVACE PLUS SHAMPOO	-	EXC	DERMATOLOGICALS
OVACE PLUS FOAM	-	EXC	DERMATOLOGICALS
OVIDREL INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
oxandrolone tab (OXANDRIN equiv)	-	EXC	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv) (Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab)	ST	High Cost Generics	ANTIANXIETY AGENTS
oxcarbazepine er tab 150mg (OXTELLAR equiv) (QL= 1 tab/day)	QL	High Cost Generics	ANTICONVULSANTS
oxcarbazepine er tab 300mg (OXTELLAR equiv) (QL= 1 tab/day)	QL	High Cost Generics	ANTICONVULSANTS
oxcarbazepine er tab 600mg (OXTELLAR equiv) (QL= 4 tabs/day)	QL	High Cost Generics	ANTICONVULSANTS
oxcarbazepine susp (TRILEPTAL equiv)	-	Select	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	Select	ANTICONVULSANTS
OXERVATE OPHTH SOLN (QL= 28ml/28 days; Only available through Accredc 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	OPHTHALMIC AGENTS
OXIAICE LOTION	-	EXC	DERMATOLOGICALS
OXIANUJI OINT	-	EXC	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
OXIANUJO CREAM	-	EXC	DERMATOLOGICALS
oxiconazole nitrate cream (OXISTAT equiv)	-	High Cost Generics	DERMATOLOGICALS
OXISTAT LOTION	-	Non-Preferred Brands	DERMATOLOGICALS
OXOPIDAXIAQU SOLN	-	EXC	DERMATOLOGICALS
OXTELLAR XR TAB 150MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
OXTELLAR XR TAB 300MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
OXTELLAR XR TAB 600MG (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
oxybutynin chloride tab 2.5mg (QL= 1 tab/day; Step therapy requires trial of: oxybutynin syrup or solifenacin)	QL-ST	High Cost Generics	URINARY ANTISPASMODICS
oxybutynin ER tab (DITROPAN XL equiv)	-	Select	URINARY ANTISPASMODICS
oxybutynin syrup	-	Select	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	Select	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	Select	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	High Cost Generics	ANALGESICS - OPIOID
OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands	ANALGESICS - OPIOID
OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands	ANALGESICS - OPIOID
OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands	ANALGESICS - OPIOID
OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands	ANALGESICS - OPIOID
OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands	ANALGESICS - OPIOID
OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands	ANALGESICS - OPIOID
OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	Select	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	Select	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	Select	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	Non-Preferred Brands	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 10-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG (QL=12 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID

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Drug Name	Special Code	Tier	Category
oxycodone/acetaminophen tab 2.5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 7.5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
OXYCODONE/ASPIRIN TAB	-	Select	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	Select	ANALGESICS - OPIOID
OXYCONTIN CR TAB (QL= 2 tabs/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
OXYCONTIN ER TAB (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
OXYCONTIN ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands	ANALGESICS - OPIOID
OXYCONTIN ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands	ANALGESICS - OPIOID
OXYCONTIN ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands	ANALGESICS - OPIOID
OXYCONTIN TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
OXYCONTIN TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
OXYCONTIN TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
oxymetazoline hcl cream (RHOFADE equiv)	-	EXC	DERMATOLOGICALS
oxymetazoline hcl nasal soln	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day)	QL	Preferred Brands	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day)	QL	Preferred Brands	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day)	QL	Preferred Brands	ANALGESICS - OPIOID
oxymorphone ER tab 30mg (OPANA ER equiv) (QL= 4 tabs/day)	QL	High Cost Generics	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day)	QL	Preferred Brands	ANALGESICS - OPIOID
oxymorphone ER tab 40mg (OPANA ER equiv) (QL= 4 tabs/day)	QL	High Cost Generics	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day)	QL	Preferred Brands	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day)	QL	Preferred Brands	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day)	QL	Preferred Brands	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	Select	ANALGESICS - OPIOID

Drug Name	Special Code	Tier	Category
OXYTROL PATCH (OTC)	OTC	EXC	URINARY ANTISPASMODICS
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred Brands	ANTIDIABETICS
OZEMPIC TAB, RYBELSUS TAB (QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred Brands	ANTIDIABETICS
paclitaxel protein-bound particles for iv susp (ABRAXANE equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PAFOLACIANINE SODIUM IV SOLN	-	EXC	DIAGNOSTIC PRODUCTS
PAIN RELIEF DEVICE	-	EXC	MEDICAL DEVICES AND SUPPLIES
PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PALONOSETRON INJ	-	EXC	ANTIEMETICS
PALSONIFY TAB (QL= 60 tabs/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
PANCREAZE CAP, PERTZYE CAP (Step Therapy requires trial of Creon OR Zenpep)	ST	Non-Preferred Brands	DIGESTIVE AIDS
PANDEL CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
PANDOZ OIL	OTC	EXC	ALTERNATIVE MEDICINES
PANRETIN GEL	-	Non-Preferred Brands	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv) (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
PANTOPRAZOLE INJ SOD	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
PANTOPRAZOLE SOLN	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
PAPAVERINE INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.
PAPZIMEOS INJ	-	EXC	ANTIVIRALS
PARAGARD IUD	-	Preventive	CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	Select	DERMATOLOGICALS
PAREGORIC TINCTURE	-	Non-Preferred Brands	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	Select	AMINOGLYCOSIDES

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paroxetine cap (BRISDELLE equiv) (QL= 1 cap/day)	QL	High Cost Generics	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	High Cost Generics	ANTIDEPRESSANTS
PAROXETINE SUSP (QL= 900 mL/30 days; ST req trial of 2: SSRI (eg. paroxetine tab, fluoxetine, sertraline), SNRI (eg. venlafaxine))	QL-ST	High Cost Generics	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	Select	ANTIDEPRESSANTS
PARSABIV INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
PASER GRANULE	-	Non-Preferred Brands	ANTIMYCOBACTERIAL AGENTS
PATANASE NASAL SPRAY (QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray)	QL-ST	Non-Preferred Brands	NASAL AGENTS - SYSTEMIC AND TOPICAL
PAVBLU INJ	-	EXC	OPHTHALMIC AGENTS
PAVBLU SYRINGE	-	EXC	OPHTHALMIC AGENTS
PAXIL ORAL SUSP (QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
PAXLOVID PAK (QL= 11 tabs/5 days)	QL	Preferred Brands	ANTIVIRALS
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 12 years or older)	QL	Preferred Brands	ANTIVIRALS
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; Covered for members age 12 years or older)	QL	Preferred Brands	ANTIVIRALS
PAXLOVID TAB 150-100MG (QL= 20 tabs/90 days, 1 fill/90 days; Covered for members age 12 years or older)	QL	Preferred Brands	ANTIVIRALS
PAXLOVID TAB 300-100 (QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 12 years or older)	QL	Preferred Brands	ANTIVIRALS
PAXLOVID TAB 300-100MG (QL= 30 tabs/90 days, 1 fill/90 days; Covered for members age 12 years or older)	QL	Preferred Brands	ANTIVIRALS
PAXLYTE CAP	-	EXC	MULTIVITAMINS
PAXOTIN CAP	-	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
PAZEO OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
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	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PCE TAB	-	Preferred Brands	MACROLIDES
PEAK FLOW METER	-	Non-Preferred Brands	MEDICAL DEVICES AND SUPPLIES
PEANUT INJ	-	EXC	DIAGNOSTIC PRODUCTS
pe-apap cap/doxylamine-pe-apap cap therapy pack	OTC	EXC	COUGH/COLD/ALLERGY
PECAN INJ	-	EXC	DIAGNOSTIC PRODUCTS

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VAC	Vaccine Program				

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PECAN POLLEN INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
PECGEN PSE LIQUID	-	EXC	COUGH/COLD/ALLERGY
pectin lozenge	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
pectin lozenge on a handle	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
PED TRI-VIT DRO	OTC	EXC	MULTIVITAMINS
PEDIACARE MS LIQ COLD	-	EXC	COUGH/COLD/ALLERGY
PEDIACLEAR PD LIQUID	OTC	EXC	ANTIHISTAMINES
PEDIATEX TDM SUSP	-	EXC	COUGH/COLD/ALLERGY
PEDIATRIC MULTIPLE VITAMINS IV EMULSION	-	EXC	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	EXC	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	EXC	MULTIVITAMINS
pe-dm-apap - pe-cpm-dm-apap tab day/night therapy pack	OTC	EXC	COUGH/COLD/ALLERGY
PEDMARK INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pe-dm-gg-apap - pe-doxylamine-dm-apap liqd ther pack	OTC	EXC	COUGH/COLD/ALLERGY
pe-dm-gg-apap cap - pe-doxyl-dm-apap cap therapy pack	OTC	EXC	COUGH/COLD/ALLERGY
pe-dm-gg-apap tab - pe-chlorphen-dm-apap tab therapy pack	OTC	EXC	COUGH/COLD/ALLERGY
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv)	-	High Cost Generics	LAXATIVES
peg 3350/electrolytes soln (COLYTE equiv) (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive	LAXATIVES
PEGANONE TAB	-	Non-Preferred Brands	ANTICONVULSANTS
PEGASYS INJ	AMSP-PA	Preferred Specialty	ANTIVIRALS
PEG-INTRON INJ (Only available through Lumicera 855-847-3553)	LMSP	Preferred Specialty	ANTIVIRALS
PELLIX SOLN	-	Non-Preferred Brands	DERMATOLOGICALS
PEMAZYRE TAB (QL= 14 tabs/21 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEMETREXED DIPOTASSIUM INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pemetrexed disodium for iv soln (ALIMTA equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEMETREXED INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEMETREXED SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEMFEXY INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEMFEXY SOL	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
PEMGARDA SOLN	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
PENBRAYA INJ (Covered for members age 10 through 25 years)	-	Preventive	VACCINES
penciclovir cream (DENAVIR equiv) (QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB)	QL-ST	High Cost Generics	DERMATOLOGICALS
penicillamine cap (CUPRIMINE equiv)	-	High Cost Generics	MISCELLANEOUS THERAPEUTIC CLASSES
penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days)	QL	Select	MISCELLANEOUS THERAPEUTIC CLASSES
penicillin g potassium for inj (PFIZERPEN equiv)	-	Select	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	Select	PENICILLINS
PENICILLIUM INJ	-	EXC	DIAGNOSTIC PRODUCTS
PENMENVY INJ (Covered for members age 10 through 25 years)	VAC	Preventive	VACCINES
PENNSAID SOLN 2% (Step therapy requires trial of of diclofenac 1.5% soln)	ST	Non-Preferred Brands	DERMATOLOGICALS
pentamidine neb soln (NEBUPENT equiv)	-	High Cost Generics	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CR CAP (QL= 8 caps/day; Diagnosis Restricted - Crohn's Disease (K50.9), UC (K51.9); For UC, ST req trial of generic APRISO or generic LIALDA)	QL-RDX-ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	Select	ANALGESICS - OPIOID
PENTAZOCINE/NALOXONE TAB (QL= 12 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	QL--	Select	ANALGESICS - OPIOID
pentoxifylline ER tab (TRENTAL equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
PEPAXTO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEPCID SUSP (Step Therapy requires trial of cimetidine or nizatidine)	ST	Non-Preferred Brands	ULCER DRUGS
PEPPERMINT OIL CAP	-	EXC	ALTERNATIVE MEDICINES
perampanel susp (FYCOMPA equiv) (Step Therapy requires a trial of 2: levetiracetam soln, lamotrigine ODT/chew, valproic acid soln, topiramate sprinkle)	ST	High Cost Generics	ANTICONVULSANTS
perampanel tab (FYCOMPA equiv) (QL= 4 tabs/day; ST req trial of 2: levetiracetam, lamotrigine, valproic acid, divalproex, topiramate)	QL-ST	High Cost Generics	ANTICONVULSANTS
PERCOCET TAB 10-325MG (QL= 12 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
PERCOCET TAB 2.5-325mg (QL= 12 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
PERCOCET TAB 5-325MG (QL= 12 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID

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PERCOCET TAB 7.5-325MG (QL= 12 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
PERFOROMIST NEB SOLN (QL= 120ml/30 days; Step Therapy requires trial o albuterol neb soln OR levalbuterol neb soln)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PERINDOPRIL TAB	-	Non-Preferred Brands	ANTIHYPERTENSIVES
perindopril tab (ACEON equiv)	-	Select	ANTIHYPERTENSIVES
perivaginal cleanser - liquid	OTC	EXC	VAGINAL AND RELATED PRODUCTS
permethrin cream (ELIMITE CREAM equiv)	-	Select	DERMATOLOGICALS
permethrin creme rinse	OTC	EXC	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PERSERIS INJ	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PETROLATUM GEL WHITE	OTC	EXC	PHARMACEUTICAL ADJUVANTS
PEXEVA TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
PHEDRAX SHAMPOO	-	EXC	DERMATOLOGICALS
PHENAZOPYRID TAB	OTC	EXC	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine hcl tab	OTC	EXC	GENITOURINARY AGENTS - MISCELLANEOUS
PHENDIMETRAZINE ER TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
phendimetrazine tab (BONTRIL PDM equiv)	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
PHENELZINE SULFATE TAB (QL= 4 tabs/day)	QL	Select	ANTIDEPRESSANTS
phenelzine tab (NARDIL equiv)	-	Select	ANTIDEPRESSANTS
PHENOBARB ELX	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
PHENOBARB INJ	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
PHENOBARB TAB	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
phenobarbital elixir	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
phenobarbital tab	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
phenol liquid	OTC	EXC	ANTISEPTICS & DISINFECTANTS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	High Cost Generics	ANTIHYPERTENSIVES

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phentermine hcl-topiramate cap (QSYMIA equiv)	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
phentolamine mesylate for inj (PHENTOLAMINE equiv)	-	EXC	ANTIHYPERTENSIVES
phenyleph-chlorphen-dm w/apap susp	OTC	EXC	COUGH/COLD/ALLERGY
phenyleph-dm-apap - phenyleph-diphenhyd-apap packet ther pak	OTC	EXC	COUGH/COLD/ALLERGY
phenylephrine hcl (pf) iv soln (BIORPHEN equiv)	-	EXC	VASOPRESSORS
PHENYLEPHRINE HCL IV SOLN	-	EXC	VASOPRESSORS
phenylephrine hcl nasal soln	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
PHENYLEPHRINE HCL SUPPOSITORIES	OTC	EXC	ANORECTAL AND RELATED PRODUCTS
phenylephrine hcl tab	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
phenylephrine ophth soln (MYDFRIN equiv)	-	Select	OPHTHALMIC AGENTS
phenylephrine w/ dm-gg liqd	OTC	EXC	COUGH/COLD/ALLERGY
PHENYLEPHRINE W/ DM-GG TAB	OTC	EXC	COUGH/COLD/ALLERGY
phenylephrine-apap-gg tab	OTC	EXC	COUGH/COLD/ALLERGY
phenylephrine-chlorphen-dm liquid	OTC	EXC	COUGH/COLD/ALLERGY
phenylephrine-chlorphen-dm tab	OTC	EXC	COUGH/COLD/ALLERGY
phenylephrine-dexbrompheniramine-dm liquid (ALAHIST equiv)	OTC	EXC	COUGH/COLD/ALLERGY
phenylephrine-dm-gg w/ apap cap	OTC	EXC	COUGH/COLD/ALLERGY
phenylephrine-dm-gg w/ apap liq	OTC	EXC	COUGH/COLD/ALLERGY
phenylephrine-dm-gg w/ apap tab	OTC	EXC	COUGH/COLD/ALLERGY
PHENYLEPHRINE-DOXYLAMINE-DM LIQUID	-	EXC	COUGH/COLD/ALLERGY
phenylephrine-doxylamine-dm-apap liq	OTC	EXC	COUGH/COLD/ALLERGY
phenylephrine-guaifenesin liqd	OTC	EXC	COUGH/COLD/ALLERGY
phenylephrine-guaifenesin tab	OTC	EXC	COUGH/COLD/ALLERGY
phenylephrine-ibuprofen tab	OTC	EXC	COUGH/COLD/ALLERGY
phenylephrine-mineral oil-petrolatum oint	OTC	EXC	ANORECTAL AND RELATED PRODUCTS
phenylephrine-witch hazel perianal gel	OTC	EXC	ANORECTAL AND RELATED PRODUCTS
PHENYLEPH-TRIPROLIDINE-DM LIQUID	-	EXC	COUGH/COLD/ALLERGY
phenytoin cap (DILANTIN equiv)	-	Select	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	Select	ANTICONVULSANTS
PHENYTOIN INJ	-	EXC	ANTICONVULSANTS
phenytoin sodium inj	-	EXC	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	Select	ANTICONVULSANTS
PHEOXIA CREAM	-	EXC	DERMATOLOGICALS
PHEXXI GEL (QL= 180gm/30 days)	QL	Preventive	VAGINAL AND RELATED PRODUCTS
PHOSLYRA SOLN	-	Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
phosphatidylserine cap	OTC	EXC	NUTRIENTS
PHOSPHOLINE OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PHOTREXA VISCOUS OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PHOTREXA/PHO SOL VISC KIT	-	EXC	OPHTHALMIC AGENTS
PHYRAGO TAB (Only available through Lumicera 855-847-3553)	LD-PA-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PHYSIOLYTE SOLN	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES

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phytonadione tab (MEPHYTON equiv)	-	Select	VITAMINS
PIASKY INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
picaridin aerosol	OTC	EXC	DERMATOLOGICALS
picaridin liquid	OTC	EXC	DERMATOLOGICALS
PICATO GEL (QL= 2 tubes/60 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
PICATO GEL (QL= 3 tubes/60 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
PIDPROGTAR SOLN	-	EXC	DERMATOLOGICALS
PIFELTRO TAB	-	Preferred Brands	ANTIVIRALS
pilocarpine hcl ophth soln 1.25% (VUITY equiv)	-	EXC	OPHTHALMIC AGENTS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	Select	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
pimecrolimus cream (ELIDEL equiv) (Step Therapy requires trial of tacrolimus oint)	ST	High Cost Generics	DERMATOLOGICALS
pimozide tab (ORAP equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	Select	BETA BLOCKERS
PINEAPPLE INJ	-	EXC	DIAGNOSTIC PRODUCTS
pioglitazone tab (ACTOS equiv)	-	Select	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv) (Step Therapy requires trial of metformin or metformin ER)	ST	High Cost Generics	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	Select	ANTIDIABETICS
PIPERACILLIN/TAZOBACTAM/NACL INJ	-	EXC	PENICILLINS
PIQRAY TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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.
piroxicam cap (FELDENE equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
pitavastatin calcium tab (LIVALO equiv) (QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs)	QL-ST	High Cost Generics	ANTIHYPERLIPIDEMICS
PIVOT SUPPLY KIT (QL= 10 reservoir/30 days)	QL	Non-Preferred Brands	MEDICAL DEVICES AND SUPPLIES
PIVYA TAB (QL= 21 tabs/7 days, no roll up, 6 fills/year; Step therapy req trial of 2: nitrofurantoin, trimethoprim-sulfamethoxazole, cephalexin)	QL-ST	Non-Preferred Brands	PENICILLINS
PLASMA-LYTE INJ -148	-	EXC	MINERALS & ELECTROLYTES

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PLASMA-LYTE INJ -A	-	EXC	MINERALS & ELECTROLYTES
PLAVIX TAB 300MG (QL= 4 tabs/30 days)	QL	Non-Preferred Brands	HEMATOLOGICAL AGENTS - MISC.
PLAVIX TAB 75MG	-	Non-Preferred Brands	HEMATOLOGICAL AGENTS - MISC.
PLEGRIDY INJ (QL= 1 kit/28 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ (QL= 1 kit/28 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENITY CAP	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
PLENVU SOLN	-	Non-Preferred Brands	LAXATIVES
plerixafor subcutaneous inj (MOZOBIL equiv)	-	EXC	HEMATOPOIETIC AGENTS
PLEXION CREAM	-	EXC	DERMATOLOGICALS
PLEXION LOTION	-	EXC	DERMATOLOGICALS
PLEXION SCT CREAM	-	EXC	DERMATOLOGICALS
PLIAGLIS CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
PLIAGLIS CREAM (ST req trial of two: lidocaine ointment, soln, gel, cream, lidocaine-prilocaine cream)	--ST	Non-Preferred Brands	DERMATOLOGICALS
PLUVICTO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PNEUMOVAX INJ	VAC	Preventive	VACCINES
podiatric products - cream	OTC	EXC	DERMATOLOGICALS
podiatric products - liquid	OTC	EXC	DERMATOLOGICALS
podiatric products - ointment	OTC	EXC	DERMATOLOGICALS
podiatric products - stick	OTC	EXC	DERMATOLOGICALS
PODOCON SOLN	-	Preferred Brands	DERMATOLOGICALS
podofilox gel (CONDYLOX equiv) (QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream)	QL-ST	High Cost Generics	DERMATOLOGICALS
PODOFILOX SOLN (QL= 0.5ml/day)	QL	Preferred Brands	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	QL--	Select	DERMATOLOGICALS
PODOXIA SOLN	-	EXC	DERMATOLOGICALS
PODTAR SOLN	-	EXC	DERMATOLOGICALS
poison ivy treatment - wash	OTC	EXC	DERMATOLOGICALS
POKONZA ORAL SOLN 5% (Step therapy requires trial of potassium chloride powder packet)	ST	Non-Preferred Brands	MINERALS & ELECTROLYTES

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POKONZA POWDER (QL= 60 packets/30 days; ST req trial of 2: KCL ER tab, KCL micro tab (K-DUR), KCL sprinkle cap (Klor-Con))	QL-ST	Non-Preferred Brands	MINERALS & ELECTROLYTES
polaprezinc - chew tab	OTC	EXC	ALTERNATIVE MEDICINES
POLOCAINE INJ -MPF	-	EXC	LOCAL ANESTHETICS-PARENTERAL
POLYENYLPHOSPHATIDYLCHOLINE CAP	OTC	EXC	NUTRIENTS
POLYENYLPHOSPHATIDYLCHOLINE CONC	OTC	EXC	NUTRIENTS
polyethylene glycol	OTC	EXC	LAXATIVES
polyethylene glycol (VISINE equiv)	OTC--	EXC	OPHTHALMIC AGENTS
POLYETHYLENE GLYCOL 8000 GRANULES	-	Preferred Brands	PHARMACEUTICAL ADJUVANTS
POLYETHYLENE GLYCOL-PROPYLENE GLYCOL (OPHTH)	-	EXC	OPHTHALMIC AGENTS
polyethylene glycol-propylene glycol ophth gel (GENTEAL equiv)	-	EXC	OPHTHALMIC AGENTS
polyethylene glycol-propylene glycol ophth soln	OTC	EXC	OPHTHALMIC AGENTS
POLY-IRON CAP	OTC	EXC	HEMATOPOIETIC AGENTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	Select	OPHTHALMIC AGENTS
polysaccharide iron complex liquid	OTC	EXC	HEMATOPOIETIC AGENTS
POLY-TUSSIN DM SYRUP	-	Non-Preferred Brands	COUGH/COLD/ALLERGY
POLYTUSSIN LIQ DM	OTC	EXC	COUGH/COLD/ALLERGY
polyvinyl alcohol ophth soln (ARTIFICIAL TEARS equiv)	-	EXC	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
POMALYST CAP (QL= 21 caps/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
POMBILITI SOLN	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
PONVORY TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PONVORY TAB STARTER PACK (QL= 14 tabs/14 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PORK INJ	-	EXC	DIAGNOSTIC PRODUCTS
posaconazole DR tab (NOXAFIL equiv) (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND)	QL-ST	High Cost Generics	ANTIFUNGALS
posaconazole iv soln (NOXAFIL equiv)	-	EXC	ANTIFUNGALS
posaconazole susp (NOXAFIL equiv) (Step therapy requires trial of fluconazole, itraconazole or voriconazole)	ST	High Cost Generics	ANTIFUNGALS
POSLUMA SOLN	-	EXC	DIAGNOSTIC PRODUCTS
POT IODIDE SOLN	-	EXC	COUGH/COLD/ALLERGY
POT PHOSPHAT INJ	-	EXC	MINERALS & ELECTROLYTES
POT/CHLORIDE EFFER TAB	-	Select	MINERALS & ELECTROLYTES
POTABA POWDER PACKET	-	Preferred Brands	VITAMINS
POTASS GLYC CAP	OTC	EXC	MINERALS & ELECTROLYTES
potassium - sodium phosphates powder pack	OTC	EXC	MINERALS & ELECTROLYTES

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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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POTASSIUM ACETATE INJ	-	EXC	MINERALS & ELECTROLYTES
potassium bicarbonate effer tab (K-LYTE equiv)	-	High Cost Generics	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	Select	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	Select	MINERALS & ELECTROLYTES
potassium chloride ER tab (K-TAB equiv)	-	Select	MINERALS & ELECTROLYTES
potassium chloride in nacl inj	-	EXC	MINERALS & ELECTROLYTES
potassium chloride inj	-	EXC	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	Select	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	High Cost Generics	MINERALS & ELECTROLYTES
potassium chloride soln	-	High Cost Generics	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE TAB ER	-	Select	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE/D5W INJ	-	EXC	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K TAB equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
POTASSIUM CITRATE-MAGNESIUM CITRATE ER TAB	-	EXC	GENITOURINARY AGENTS - MISCELLANEOUS
POTASSIUM CITRATE-MAGNESIUM CITRATE PACKET	-	EXC	GENITOURINARY AGENTS - MISCELLANEOUS
POTASSIUM GLUCONATE TAB	-	EXC	MINERALS & ELECTROLYTES
POTASSIUM INJ	-	EXC	MINERALS & ELECTROLYTES
POTASSIUM PHOSPHATE INJ	-	EXC	MINERALS & ELECTROLYTES
POTASSIUM-MAGNESIUM ASPARTATE CAP	OTC	EXC	MINERALS & ELECTROLYTES
POVIDONE IOD SOLN 5%	-	EXC	OPHTHALMIC AGENTS
povidone-iodine pad	OTC	EXC	ANTISEPTICS & DISINFECTANTS
povidone-iodine swabs	OTC	EXC	ANTISEPTICS & DISINFECTANTS
powders	OTC	EXC	DERMATOLOGICALS
powders - aerosol powder	OTC	EXC	DERMATOLOGICALS
PRADAXA CAP 75MG, 150MG (QL= 2 caps/day, Step therapy requires trial of Eliquis and Xarelto)	QL-ST	Non-Preferred Brands	ANTICOAGULANTS
PRADAXA PELLET PACK (QL= 2 packets/day)	QL	Non-Preferred Brands	ANTICOAGULANTS
PRAKETAMIDE CREAM	-	EXC	DERMATOLOGICALS
pralatrexate iv inj (FOLOTYN equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PRALUENT INJ (QL= 2 inj/28 days)	PA-QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
pramipexole ER tab (MIRAPEX ER equiv) (QL= 1 tab/day)	QL	High Cost Generics	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	Select	ANTIPARKINSON AGENTS

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Drug Name	Special Code	Tier	Category
PRAMOSONE CREAM 1-1%	-	Preferred Brands	DERMATOLOGICALS
PRAMOSONE E CREAM	-	Preferred Brands	DERMATOLOGICALS
PRAMOSONE LOTION	-	Non-Preferred Brands	DERMATOLOGICALS
pramoxine hcl lotion	OTC	EXC	DERMATOLOGICALS
pramoxine hcl wipes	OTC	EXC	DERMATOLOGICALS
PRAMOXINE-CALAMINE AEROSOL	OTC	EXC	DERMATOLOGICALS
pramoxine-calamine lotion	OTC	EXC	DERMATOLOGICALS
PRAMOXINE-MENTHOL LOTION	-	EXC	DERMATOLOGICALS
pramox-pe-glycerin-petrolatum perianal cream	OTC	EXC	ANORECTAL AND RELATED PRODUCTS
PRANDIMET TAB	-	Non-Preferred Brands	ANTIDIABETICS
PRASCION RA CREAM	-	EXC	DERMATOLOGICALS
prasterone (dhea) tab	OTC	EXC	ALTERNATIVE MEDICINES
prasugrel tab (EFFIENT equiv) (QL= 1 tab/day)	QL	Select	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)	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)	QL	Preventive	ANTIHYPERLIPIDEMICS
praziquantel tab (BILTRICIDE equiv)	-	Select	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	Select	ANTIHYPERTENSIVES
PRECEDEX INJ	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
PRECISION XTRA KETONE TEST STRIP	OTC	EXC	DIAGNOSTIC PRODUCTS
PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands	DIAGNOSTIC PRODUCTS
PRED FORTE OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PRED MILD OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
PRED-G S.O.P OPHTH OINTMENT	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	Preferred Brands	DERMATOLOGICALS
PREDNICARBATE OIN	-	Preferred Brands	DERMATOLOGICALS
prednisolone acetate ophth susp	-	Select	OPHTHALMIC AGENTS
prednisolone ODT (ORAPRED equiv) (Step therapy requires trial of two of the following: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	High Cost Generics	CORTICOSTEROIDS
PREDNISOLONE OPHTH SUSP	-	Select	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	Select	OPHTHALMIC AGENTS

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PREDNISOLONE SOLN	-	Preferred Brands	CORTICOSTEROIDS
prednisolone soln	-	Select	CORTICOSTEROIDS
prednisolone soln (PEDIAPRED equiv)	-	Select	CORTICOSTEROIDS
prednisolone tab (MILLIPRED equiv) (Step therapy requires trial of 2: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	High Cost Generics	CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PREDNISONE DR TAB (QL= 3 tabs/day; ST req trial of ALL: prednisone tab, methylprednisolone tab, prednisolone tab)	QL-ST	Non-Preferred Brands	CORTICOSTEROIDS
prednisone pack	-	Select	CORTICOSTEROIDS
PREDNISONE SOLN	-	Select	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	Select	CORTICOSTEROIDS
PREFEST TAB	-	Non-Preferred Brands	ESTROGENS
pregabalin cap (LYRICA equiv)	-	Select	ANTICONVULSANTS
pregabalin ER tab (LYRICA equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln)	QL-ST	High Cost Generics	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	Select	ANTICONVULSANTS
PREMARIN TAB	-	Non-Preferred Brands	ESTROGENS
PREMARIN VAGINAL CREAM	-	Preferred Brands	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	Preferred Brands	ESTROGENS
PRENARA CAP	-	Non-Preferred Brands	MULTIVITAMINS

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Drug Name	Special Code	Tier	Category
PRENATABS RX TAB	-	Preferred Brands	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	Preferred Brands	MULTIVITAMINS
PRENATAL 19 TAB	-	Preferred Brands	MULTIVITAMINS
PRENATAL CAP	OTC	EXC	MULTIVITAMINS
PRENATAL MV, MIN W/ FA-OMEGA-3 CHEW TAB	-	EXC	MULTIVITAMINS
PRENATAL VITAMINS (NON-PREFERRED)	-	Non-Preferred Brands	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	Preferred Brands	MULTIVITAMINS
PRENATE MAX TAB 15-0.4-0.6MG	-	EXC	MULTIVITAMINS
PRENATOL-M TAB 27-1.2MG	-	EXC	MULTIVITAMINS
PREP H CREAM	-	EXC	ANORECTAL AND RELATED PRODUCTS
PREPIDIL GEL	-	Non-Preferred Brands	OXYTOCICS
PRESTALIA TAB (Step Therapy requires trial of 2: amlodipine, angiotensin-converting enzyme (ACE) inhibitor)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
PRETOMANID TAB (QL= 1 tab/day)	AMSP-QL	Non-Preferred Specialty	ANTIMYCOBACTERIAL AGENTS
PREVACID CAP (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
PREVACID SOLUTAB (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
PREVIDENT SOLN	-	EXC	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 20 INJ	VAC	Preventive	VACCINES
PREVPAC KIT	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
PREVYMIS PAK (QL= 1 packet/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
PREVYMIS TAB	AMSP-PA	Non-Preferred Specialty	ANTIVIRALS
PREZCOBIX TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
PREZISTA SUSP (QL= 400ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands	ANTIVIRALS
PREZISTA TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
PREZISTA TAB 150MG (QL= 8 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands	ANTIVIRALS
PREZISTA TAB 600MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS

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Drug Name	Special Code	Tier	Category
PREZISTA TAB 600MG (QL= 2 tabs/day)	QL	Preferred Brands	ANTIVIRALS
PREZISTA TAB 75MG (QL= 16 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands	ANTIVIRALS
PREZISTA TAB 800MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIVIRALS
PRIFTIN TAB	-	Non-Preferred Brands	ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
PRILOSEC POWDER PACKET (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
primaquine tab (PRIMAQUINE equiv)	-	High Cost Generics	ANTIMALARIALS
PRIMIDONE TAB (QL= 4 tabs/day)	QL	Select	ANTICONVULSANTS
primidone tab (MYSOLINE equiv)	QL--	Select	ANTICONVULSANTS
PRIMLEV TAB 10-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
PRIMLEV TAB 5-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
PRIMSOL SOLN	-	Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
PRIORIX INJ	VAC	Preventive	VACCINES
PRISTIQ TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
PRO DNA KIT	-	EXC	DIAGNOSTIC PRODUCTS
PROAIR HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROAIR RESPICLICK INHALER (Step Therapy requires trial of VENTOLIN HF INHALER and albuterol hfa inhaler)	ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
probenecid tab (BENEMID equiv)	-	Select	GOUT AGENTS
probiotic product - cap	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
probiotic product - cap dr	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
probiotic product - liquid	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
probiotic product - packet	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
probiotic product - powder	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
probiotic product - tab	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
probiotic product - tab dr	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
PROCAINAMIDE INJ	-	EXC	ANTIARRHYTHMICS
prochlorperazine supp (COMPAZINE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCTOFOAM HC FOAM	-	Preferred Brands	ANORECTAL AGENTS
PROCTOFOAM NS	OTC	EXC	ANORECTAL AND RELATED PRODUCTS

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proctosol HC cream (ANUSOL HC equiv)	-	Select	ANORECTAL AGENTS
PROCYSBI CAP (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
PROCYSBI GRANULES PACKET (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
PRODRIN TAB	-	Select	MIGRAINE PRODUCTS
PROFILNINE INJ	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
progesterone cap (PROMETRIUM equiv)	-	Select	PROGESTINS
progesterone oil inj	-	Select	PROGESTINS
PROGESTERONE SUPP	-	EXC	VAGINAL PRODUCTS
progesterone vaginal insert (ENDOMETRIN equiv)	PA	Select	VAGINAL AND RELATED PRODUCTS
PROGRAF INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
PROGRAF PACKET	-	Non-Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
PROHANCE INJ	-	EXC	DIAGNOSTIC PRODUCTS
PROLATE TAB (QL= 13 tabs/day; Step therapy requires trial of oxycodone/acetaminophen 7.5-325mg tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
PROLENSA OPHTH SOLN 0.07% (QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
PROLIA INJ	AMSP-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
PROMACTA POWDER (QL= 6 packets/day)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
PROMACTA TAB (QL= 2 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	Select	COUGH/COLD/ALLERGY
promethazine inj (PHENERGAN equiv)	-	Select	ANTIHISTAMINES
promethazine supp (PHENERGAN equiv)	-	Select	ANTIHISTAMINES
promethazine syrup	-	Select	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	Select	ANTIHISTAMINES
PROMETHAZINE VC SYRUP (QL= 30ml/day)	QL	Select	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	QL--	Select	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	Select	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	Select	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	Select	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	Select	ANTIHISTAMINES
PRONAL GEL	-	EXC	DERMATOLOGICALS
propafenone ER cap (RYTHMOL SR equiv)	-	High Cost Generics	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	Select	ANTIARRHYTHMICS

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PROPANTHELINE TAB	-	Preferred Brands	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	Select	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	Select	BETA BLOCKERS
propranolol oral soln	-	Select	BETA BLOCKERS
PROPRANOLOL SOLN	-	Select	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	Select	BETA BLOCKERS
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	Select	ANTIHYPERTENSIVES
propylene glycol ophth soln	OTC	EXC	OPHTHALMIC AGENTS
propylene glycol-glycerin ophth soln	OTC	EXC	OPHTHALMIC AGENTS
propylthiouracil tab	-	Select	THYROID AGENTS
PROQUAD INJ	-	Preventive	VACCINES
PROQUIN XR TAB	-	Non-Preferred Brands	FLUOROQUINOLONES
PROSTIN E2 SUPP	-	Non-Preferred Brands	OXYTOCICS
PROSTIN VR INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.
PROTEIN CAP	OTC	EXC	NUTRIENTS
protein oral liquid	OTC	EXC	NUTRIENTS
protein oral pack	OTC	EXC	NUTRIENTS
protein oral powder	OTC	EXC	NUTRIENTS
PROTHELIAL PASTE	-	Non-Preferred Brands	MOUTH/THROAT/DENTAL AGENTS
PROTONIX EC TAB (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
protriptyline tab (VIVACTIL equiv)	-	Select	ANTIDEPRESSANTS
PROVAYBLUE INJ	-	EXC	ANTIDOTES AND SPECIFIC ANTAGONISTS
PROVENTIL AERO HFA (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol HFA inhaler)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROVENTIL HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROVIGIL TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
PROXIVOL GEL	-	EXC	DERMATOLOGICALS
PROZAC WEEKLY CAP	-	Preferred Brands	ANTIDEPRESSANTS
PROZENA PAD	-	Non-Preferred Brands	DERMATOLOGICALS
prucalopride succinate tab (MOTEGRITY equiv) (QL= 1 tab/day)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
pseudoephedrine ER tab 120mg (QL= 2 tabs/day)	QL	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days)	QL	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 30mg (QL= 8 tabs/day)	QL	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 60mg (QL= 4 tabs/day)	QL	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine w/ dm-gg liquid	OTC	EXC	COUGH/COLD/ALLERGY

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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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pseudoephedrine/brompheniramine/DM syrup (DALLERGY DM equiv)	-	EXC	COUGH/COLD/ALLERGY
pseudoephedrine-dexchlorpheniramine-dm liquid (ABATUSS DMX equiv)	OTC	EXC	COUGH/COLD/ALLERGY
pseudoephedrine-guaifenesin tab er 12hr	OTC	EXC	COUGH/COLD/ALLERGY
pseudoephedrine-ibuprofen cap	OTC	EXC	COUGH/COLD/ALLERGY
pseudoephedrine-naproxen sodium tab er 12hr	OTC	EXC	COUGH/COLD/ALLERGY
psyllium cap	OTC	EXC	LAXATIVES
psyllium powder	OTC	EXC	LAXATIVES
psyllium powder packet	OTC	EXC	LAXATIVES
psyllium w/ calcium capsule	OTC	EXC	LAXATIVES
PTS PANELS TEST CHOL+GLU	-	EXC	DIAGNOSTIC PRODUCTS
PULMICORT FLEXHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMICORT INH SUSP 0.25MG/2ML, 0.5MG/2ML (QL= 120 units/30 days)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMICORT INH SUSP 1MG/2ML (QL= 60 units/30 days)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN (QL= 30 ampules/30 days)	AMSP-QL-RDX	Preferred Specialty	RESPIRATORY AGENTS - MISC.
PUMP SUPPLIES	-	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
PURE AND GENTLE DROPS	-	EXC	OPHTHALMIC AGENTS
PURIXAN SUSP 2000MG/100ML	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PYLARIFY INJ	-	EXC	DIAGNOSTIC PRODUCTS
PYLERA CAP (QL= 120 tabs/10 days)	QL	Non-Preferred Brands	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
pyrazinamide tab	-	Select	ANTIMYCOBACTERIAL AGENTS
PYRIDOSTIGMI ER TAB	-	EXC	ANTIDOTES AND SPECIFIC ANTAGONISTS
pyridostigmine CR tab (MESTINON equiv)	-	Select	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	Select	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PYRIDOSTIGMINE TAB 30MG	-	Non-Preferred Brands	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridstigmine soln (MESTINON equiv)	-	High Cost Generics	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty	ANTIMALARIALS
pyrithione zinc shampoo	OTC	EXC	DERMATOLOGICALS
PYRUKYND THERAPY PACK (QL= 7 tabs/7 days; Only available through Biologics by McKesson 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
PYZCHIVA INJ (QL= 0.5mL/84 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS

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PYZCHIVA INJ 45MG/0.5ML (QL= 0.5mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
PYZCHIVA INJ 45MG/0.5ML (QL= 1 inj/84 days)	LMSP-PA-QL-AMSP	Non-Preferred Specialty	DERMATOLOGICALS
PYZCHIVA INJ 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
PYZCHIVA INJ 90MG/ML (QL= 1mL/84 days)	AMSP-PA-QL-LMSP	Non-Preferred Specialty	DERMATOLOGICALS
PYZCHIVA IV INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.
QALSODY SOLN	-	EXC	NEUROMUSCULAR AGENTS
QBRELIS SOLN	-	Non-Preferred Brands	ANTIHYPERTENSIVES
QBREXZA PAD (QL= 1 pad/day)	PA-QL	Non-Preferred Brands	DERMATOLOGICALS
QDOLO SOLN (QL= 80ml/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
QELBREE ER CAP 100MG (QL= 30 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
QELBREE ER CAP 150MG (QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
QELBREE ER CAP 200MG (QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
QFITLIA INJ (QL= 0.2ml/56 days; Only available through Soleo Health 844-747-3030)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
QFITLIA INJ (QL= 0.5ml/56 days; Only available through Soleo Health 844-747-3030)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
QINLOCK TAB (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QIVIGY INJ	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
QMIIZ ODT TAB (Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
QNASL NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
QSYMIA CAP	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
QTERN TAB	-	Non-Preferred Brands	ANTIDIABETICS

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Drug Name	Special Code	Tier	Category
QUACK GRASS INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
QUALAQUIN CAP	-	Non-Preferred Brands	ANTIMALARIALS
QUAZEPAM TAB (QL= 1 tab/day; Step Therapy requires trial of 2: estazolam, temazepam, and triazolam)	QL-ST	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
QUDEXY XR CAP 100MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
QUDEXY XR CAP 150MG (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
QUDEXY XR CAP 200MG (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
QUDEXY XR CAP 25MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
QUDEXY XR CAP 50MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
QUERCETIN CAP	-	EXC	VITAMINS
QUERCETIN-ZINC CHEW TAB	OTC	EXC	VITAMINS
quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUETIAPINE TAB 150MG (QL= 1 tab/day; Step therapy requires trial of quetiapine 25, 50, 100, 200, 300, or 400mg IR tabs)	QL-ST	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUIDROXZAR GEL	-	EXC	DERMATOLOGICALS
QUILLICHEW ER TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
QUILLIVANT XR SUSP (QL= 360ml/30 days)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	Select	ANTIHYPERTENSIVES
QUINAPRIL/HCTZ TAB	-	Non-Preferred Brands	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	Select	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	High Cost Generics	ANTIARRHYTHMICS
quinidine sulfate tab (QL= 8 tabs/day)	QL	Select	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB 200MG (QL= 8 tabs/day)	QL	Preferred Brands	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB 300MG (QL= 5 tabs/day)	QL	Preferred Brands	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	Select	ANTIMALARIALS

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QUIOFIC SOLN (ST req trial of 2: folic acid tabs, folic acid caps)	ST	Non-Preferred Brands	HEMATOPOIETIC AGENTS
QUITAR GEL	-	EXC	DERMATOLOGICALS
QULIPTA TAB (QL= 30 tabs/30 days)	PA-QL	Non-Preferred Brands	MIGRAINE PRODUCTS
QUTENZA KIT	-	EXC	DERMATOLOGICALS
QUVIVIQ TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate)	QL-ST	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
QVAR REDIHALER (QL= 21.2gm/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
RA COLD GEL THERAPY	-	EXC	DERMATOLOGICALS
RABAVERT INJ	-	Preventive	VACCINES
rabeprazole EC tab (ACIPHEX equiv) (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
RADICAVA INJ	-	EXC	NEUROMUSCULAR AGENTS
RADICAVA ORS SUSP (QL= 70ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	NEUROMUSCULAR AGENTS
RAGWITEK SL TAB (QL= 30 tabs/30 days)	QL	Preferred Brands	BIOLOGICALS MISC
RALDESY SOLN (QL= 40ml/day; Req trial of 2: cital- tab/sol, escita- tab/sol, fluox- tab/cap/sol, mirta- tab/ODT, sertr- tab/con)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
raloxifene tab (EVISTA equiv) (QL= 1 tab/day)	QL	Preventive	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, or zolpidem ER tab)	QL-ST	High Cost Generics	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ramipril cap (ALTACE equiv)	-	Select	ANTIHYPERTENSIVES
RANEXA TAB (QL= 120 tabs/30 days)	QL	Non-Preferred Brands	ANTIANGINAL AGENTS
RANITIDINE TAB (Step Therapy requires trial of cimetidine tab AND nizatidine cap)	ST	Non-Preferred Brands	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days)	QL	Select	ANTIANGINAL AGENTS
RAPIBLYK INJ	-	EXC	BETA BLOCKERS
rasagiline tab (AZILECT equiv) (QL= 1 tab/day)	QL	Select	ANTIPARKINSON AGENTS
RASPBRRY KETONES CAP	-	EXC	ALTERNATIVE MEDICINES
RASUVO INJ 10MG (QL= 0.8ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 12.5MG (QL= 1ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 15MG (QL= 1.2ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY

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RASUVO INJ 17.5MG (QL= 1.4ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 22.5MG (QL= 1.8ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 25MG (QL= 2ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 27.5MG (QL= 2.2ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 30MG (QL= 2.4ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 7.5MG (QL= 0.6ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RAVICTI LIQUID (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP (QL= 2 caps/day)	PA-QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYASAL CREAM	-	EXC	DERMATOLOGICALS
RAYASORE KIT	-	EXC	DERMATOLOGICALS
RAYOS TAB	PA	Non-Preferred Brands	CORTICOSTEROIDS
RAZADYNE TAB (QL= 60 tabs/30 days)	QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBETOL SOLN	AMSP	Preferred Specialty	ANTIVIRALS
REBIF INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine)	AMSP-QL-ST	Preferred 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	Preferred 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	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBINYN INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
REBYOTA SUSP FECAL	-	EXC	GASTROINTESTINAL AGENTS - MISC.
RECOMBINATE INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.

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RECORLEV TAB (QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECOTHROM SOLN	-	EXC	HEMOSTATICS
RECTIV OINT (Diagnosis Restricted – Anal Fissure (K60.2))	RDX	Non-Preferred Brands	ANORECTAL AND RELATED PRODUCTS
RED ALDER INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
RED CEDAR INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
RED MAPLE INJ	-	EXC	DIAGNOSTIC PRODUCTS
RED OAK INJ	-	EXC	DIAGNOSTIC PRODUCTS
RED YEAST RICE CAP	OTC	EXC	ALTERNATIVE MEDICINES
REDEMPLO PFS INJ (QL= 0.5mL/90 days; Only available through Vanscoy Rare Pharmacy 855-826-7269)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
regadenoson iv inj (LEXISCAN equiv)	-	EXC	DIAGNOSTIC PRODUCTS
REGEN-COVID INJ	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
REGRANEX GEL (QL= 30gm/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
RELAFEN DS TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, buprofen, or nabumetone)	QL-ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month)	QL	Preferred Brands	ANTIVIRALS
RELEUKO INJ (QL= 15 syringes/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
RELEUKO INJ (QL= 15 vials/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
RELEVIA TAB 27-1MG	-	EXC	MULTIVITAMINS
RELEXXII ER TAB 18MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
RELEXXII ER TAB 27MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
RELEXXII ER TAB 36MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
RELEXXII ER TAB 54MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
RELISTOR INJ (QL= 0.4ml/day)	AMSP-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.

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RELISTOR INJ (QL= 0.6ml/day)	AMSP-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT (QL= 0.6ml/day)	AMSP-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB (QL= 3 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
RELIZORB	-	EXC	MEDICAL DEVICES AND SUPPLIES
RELPAX TAB (QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
RELTONE CAP (Step therapy requires trial of ursodiol tab)	ST	Select	GASTROINTESTINAL AGENTS - MISC.
RELYVRIO PAK (QL= 56 packs/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty	NEUROMUSCULAR AGENTS
REMODULIN INJ 10MG/ML (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 1MG/ML (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 2.5MG/ML (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 5MG/ML (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
REMODULIN SOLN 8MG/20ML (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
REMPLIR TAB	-	EXC	MINERALS & ELECTROLYTES
RENACIDIN SOLN	-	EXC	GENITOURINARY AGENTS - MISCELLANEOUS
RENAGEL TAB	-	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
RENAGEL TAB 800MG	-	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	EXC	MULTIVITAMINS
RENOVA CREAM	-	EXC	DERMATOLOGICALS
RENSOTI CREAM	-	EXC	DERMATOLOGICALS
RENVELA TAB	-	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
REPAGLINIDE TAB	-	Preferred Brands	ANTIDIABETICS
repaglinide tab (PRANDIN equiv)	-	Select	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	Preferred Brands	ANTIHYPERLIPIDEMICS

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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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REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	Preferred Brands	ANTIHYPERLIPIDEMICS
REQUIP XL TAB (QL= 1 tab/day; Step Therapy requires trial of ropinirole)	QL-ST	Non-Preferred Brands	ANTIPARKINSON AGENTS
RESCRIPTOR TAB	-	Preferred Brands	ANTIVIRALS
RESTASIS MULTI-DOSE (QL= 5.5ml/30 days)	QL	Non-Preferred Brands	OPHTHALMIC AGENTS
RESTASIS OPHTH EMULSION (QL= 60 vials/30 days)	QL	Non-Preferred Brands	OPHTHALMIC AGENTS
RESTASIS OPHTH EMULSION 0.05% (QL= 60 vials/30 days)	QL	Non-Preferred Brands	OPHTHALMIC AGENTS
RETACRIT INJ (QL= 12 vials/30 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
RETACRIT INJ (QL= 4 vials/30 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
RETEVMO CAP 40MG (QL= 3 caps/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO CAP 80MG (QL= 2 caps/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO TAB (QL= 60 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO TAB 40MG (QL= 90 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETHYMIC IMPLANT	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
RETIN-A CREAM (QL= 360g/30 days)	QL	Preferred Brands	DERMATOLOGICALS
RETIN-A MICRO GEL 0.04%, 0.1% (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
RETIN-A MICRO GEL 0.08%, 0.06% (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
RETIN-A MICRO GEL, RETIN-A MICRO GEL PUMP (QL= 300g/30 days; ST re trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	High Cost Generics	DERMATOLOGICALS
RETROVIR CAP (QL= 6 caps/day)	QL	Non-Preferred Brands	ANTIVIRALS
RETROVIR SYRUP (QL= 1920ml/30 days)	QL	Non-Preferred Brands	ANTIVIRALS

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Drug Name	Special Code	Tier	Category
RETROVIR TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
REVATIO SUSP (QL= 224ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
REVATIO TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
REVLIMID CAP (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
REVUFORJ TAB (QL= 60 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REXASIL KIT	-	EXC	DERMATOLOGICALS
REXULTI TAB (QL= 1 tab/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ CAP 150 MG (QL= 2 caps/day)	QL	Non-Preferred Brands	ANTIVIRALS
REYATAZ CAP 200MG (QL= 2 caps/day)	QL	Non-Preferred Brands	ANTIVIRALS
REYATAZ CAP 300MG (QL= 1 cap/day)	QL	Non-Preferred Brands	ANTIVIRALS
REYATAZ POWDER PACK (QL= 5 packets/day)	QL	Preferred Brands	ANTIVIRALS
REYVOW TAB 100MG (QL= 4 tabs/30 days; Trial of 2: naratriptan, rizatriptan, rizatriptan ODT, sumatriptan, or eletriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
REYVOW TAB 50MG (QL= 8 tabs/30 days; Trial of 2: naratriptan, rizatriptan, rizatriptan ODT, sumatriptan, or eletriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
REZDIFFRA TAB (QL= 30 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
REZENOPY SPRAY 10MG/0.11ML	-	Preferred Brands	ANTIDOTES AND SPECIFIC ANTAGONISTS
REZIPRES INJ	-	EXC	VASOPRESSORS
REZLIDHIA CAP (QL= 60 caps/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REZUROCK TAB (QL= 30 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
REZVOGLAR INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
REZYST CHEW TAB	-	Select	ANTIDIARRHEALS

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Drug Name	Special Code	Tier	Category
REZZAYO IV SOLN	-	EXC	ANTIFUNGALS
RHAPSIDO TAB (QL= 60 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
RHEUMATREX TAB	-	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RHINOCORT AQUA NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RHOPRESSA OPHTH SOLN (QL= 2.5ml/30 days; Step therapy requires trial of 2 prostaglandins (latan-, bimat-, travo-, taflu-prost) AND timolol)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
RHUBARB CHEW TAB	OTC	EXC	ALTERNATIVE MEDICINES
rhubarb tab	OTC	EXC	ALTERNATIVE MEDICINES
RIAX FOAM	-	EXC	DERMATOLOGICALS
RIBAPAK TAB (Step Therapy requires trial of ribavirin)	AMSP-ST	Preferred Specialty	ANTIVIRALS
RIBAVIRIN CAP	AMSP	Generic Specialty	ANTIVIRALS
ribavirin cap (REBETOL equiv)	AMSP	Generic Specialty	ANTIVIRALS
RIBAVIRIN INH	-	EXC	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	EXC	ANTIVIRALS
RIBAVIRIN TAB	AMSP	Generic Specialty	ANTIVIRALS
riboflavin tab	-	EXC	VITAMINS
RICE INJ	-	EXC	DIAGNOSTIC PRODUCTS
rifabutin cap (MYCOBUTIN equiv)	-	Select	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	Non-Preferred Brands	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	Select	ANTIMYCOBACTERIAL AGENTS
RIFATER TAB	-	Non-Preferred Brands	ANTIMYCOBACTERIAL AGENTS
rilpivirine hcl tab (EDURANT equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
riluzole tab (RILUTEK equiv)	AMSP	Generic Specialty	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	Select	ANTIVIRALS
RIMI SOLN	-	EXC	DERMATOLOGICALS
RINGERS IRRIGATION SOLN	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
RINVOQ ER TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
RINVOQ ER TAB 45MG (QL= 1 tab/day, 3 fills/year)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
RINVOQ ORAL SOLN (QL= 360ml/30 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier	Category
risedronate DR tab (ATELVIA equiv) (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate)	QL-ST	High Cost Generics	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 150mg (ACTONEL equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	High Cost Generics	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 30mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 35mg (ACTONEL equiv) (QL= 4 tabs/28 days)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 5mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
RISPERDAL INJ	AMSP	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL M ODT	-	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL SOLN	-	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL TAB	-	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone microspheres inj (RISPERDAL equiv)	AMSP	Generic Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERIDONE ODT	-	Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RITALIN LA CAP (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
RITALIN TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ritonavir tab (NORVIR equiv) (QL= 12 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Select	ANTIVIRALS
rivaroxaban for susp (XARELTO equiv) (QL= 10mL/day)	QL	Select	ANTICOAGULANTS
rivaroxaban tab (XARELTO equiv) (QL = 60 tabs/30 days)	QL	Select	ANTICOAGULANTS
rivastigmine cap (EXELON equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv) (QL= 1 patch/day)	QL	High Cost Generics	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RIVER BIRCH POLLEN EXTRACT INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
RIVFLOZA INJ (QL= 1 syringe/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS

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Drug Name	Special Code	Tier	Category
RIVFLOZA INJ (QL= 2 vials/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
ROAOXIA GEL	-	EXC	DERMATOLOGICALS
ROBITUSSIN LIQ SEVERE	OTC	EXC	COUGH/COLD/ALLERGY
ROBITUSSIN LOZ ELDERBER	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
ROCALTROL SOLN	-	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
ROCELIX CREAM	-	EXC	DERMATOLOGICALS
ROCKLATAN OPHTH SOLN (Step therapy requires trial of 2 prostaglandins (latan-, bimat-, travo-, taflu-prost) AND timolol)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
ROCTAVIAN INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
roflumilast tab (DALIRESP equiv) (QL= 1 tab/day)	PA-QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ROLVEDON INJ	-	EXC	HEMATOPOIETIC AGENTS
romidepsin for iv inj (ISTODAX equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROMVIMZA CAP (QL= 8 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ropinirole ER tab (REQUIP XL equiv) (QL= 1 tab/day; Step Therapy requires trial of ropinirole)	QL-ST	High Cost Generics	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	Select	ANTIPARKINSON AGENTS
ROPIVACAINE INJ	-	EXC	LOCAL ANESTHETICS-PARENTERAL
ROSADAN KIT (Step Therapy requires trial of metronidazole cream)	ST	Non-Preferred Brands	DERMATOLOGICALS
ROSULA EMULSION	-	EXC	DERMATOLOGICALS
ROSULA GEL	-	EXC	DERMATOLOGICALS
ROSUVASTATIN POW CALCIUM	-	EXC	CHEMICALS
rosuvastatin tab (CRESTOR equiv) (QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	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)	QL	Preventive	ANTIHYPERLIPIDEMICS
ROSZET TAB (QL= 1 tab/day; Step Therapy requires trial of rosuvastatin and ezetimibe)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ROSZET TAB (QL= 30 tabs/30 days; Step Therapy requires trial of rosuvastatin and ezetimibe)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ROTARIX SUSP	-	EXC	VACCINES
ROXYBOND TAB (ST req trial of 2: oxycodone, oxymorphone, hydromorphone tabs/soln, tramadol, morphine sulf tab/soln)	ST	Non-Preferred Brands	ANALGESICS - OPIOID

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ROXYBOND TAB (Step therapy requires trial of 2: oxycodone, oxymorphone, hydromorphone tab/soln, tramadol, morphine sulf tab/soln)	ST	Non-Preferred Brands	ANALGESICS - OPIOID
ROYAL JELLY CAP	-	EXC	ALTERNATIVE MEDICINES
ROZEREM TAB (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, or zolpidem ER tab)	QL-ST	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ROZLYTREK CAP 100MG (QL= 1 cap/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROZLYTREK CAP 200MG (QL= 3 caps/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROZLYTREK PAK (QL= 360 packets/30 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RSV+FLU A/B KIT +COVID	OTC	EXC	DIAGNOSTIC PRODUCTS
RUBIDIUM RB 82 CHLORIDE FOR IV SOLN	-	EXC	DIAGNOSTIC PRODUCTS
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ (QL= 16 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
rufinamide susp (BANZEL equiv) (QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	High Cost Generics	ANTICONVULSANTS
rufinamide tab (BANZEL equiv) (QL= 240 tabs/30 days; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	High Cost Generics	ANTICONVULSANTS
RUKOBIA ER TAB (QL= 60 tabs/30 days)	QL	Non-Preferred Brands	ANTIVIRALS
rutin tab	OTC	EXC	VITAMINS
RUZURGI TAB (QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	ANTIMYASTHENIC/CHOLINERGIC AGENTS
RYALTRIS SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RYBIX ODT	-	Non-Preferred Brands	ANALGESICS - OPIOID
RYBREVANT INJ FASPRO	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYBREVANT SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYDAPT CAP	AMSP-PA	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYKINDO INJ	AMSP	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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RYLAZE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYONCIL KIT	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
RYPLAZIM SOLN	-	EXC	HEMATOLOGICAL AGENTS - MISC.
RYSTIGGO INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
RYTARY CAP 23.75-95MG (QL= 750 caps/30 days; ST req trial of one: carbidopa-levodopa IR/ER/ODT, OR carbidopa-levodopa-entacapone)	QL-ST	Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
RYTARY CAP 36.25-145MG (QL= 480 caps/30 days; ST req trial of one: carbidopa-levodopa IR/ER/ODT, OR carbidopa-levodopa-entacapone)	QL-ST	Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
RYTARY CAP 48.75-195MG (QL= 360 caps/30 days; ST req trial of one: carbidopa-levodopa IR/ER/ODT, OR carbidopa-levodopa-entacapone)	QL-ST	Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
RYTARY CAP 61.25-245MG (QL= 300 caps/30 days; ST req trial of one: carbidopa-levodopa IR/ER/ODT, OR carbidopa-levodopa-entacapone)	QL-ST	Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
RYTELO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB (QL= 4 tabs/day; Step therapy req trial of carbinoxamine 4mg tab)	QL-ST	Non-Preferred Brands	ANTIHISTAMINES
RYZNEUTA INJ	-	EXC	HEMATOPOIETIC AGENTS
S. BOULARDII CAP PROBIOTIC	-	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
SABRIL POWDER PACK (QL= 6 packs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTICONVULSANTS
SABRIL TAB (QL= 6 tabs/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTICONVULSANTS
saccharomyces boulardii cap	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
sacubitril-valsartan tab (ENTRESTO equiv) (QL= 60 tabs/30 days)	QL	Select	CARDIOVASCULAR AGENTS - MISC.
S-ADENOSYLMETHIONINE CAP	-	EXC	ALTERNATIVE MEDICINES
SAFETY SYRINGE	-	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
SAFYRAL TAB	-	Non-Preferred Brands	CONTRACEPTIVES
SAGEBRUSH INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	AMSP-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SALICOR PAD	-	EXC	DERMATOLOGICALS
SALICYLIC AC LIQ	OTC	EXC	DERMATOLOGICALS
salicylic acid aerosol	-	High Cost Generics	DERMATOLOGICALS
SALICYLIC ACID ER SOLN (ST req trial of fluoruracil cream, fluorouracil soln AND imiquimod cream)	ST	Non-Preferred Brands	DERMATOLOGICALS
SALICYLIC ACID GEL W/ EMOLLIENT CREAM KIT	-	EXC	DERMATOLOGICALS
salicylic acid kit	-	EXC	DERMATOLOGICALS
salicylic acid liqd 17% and propane-dimethyl ether aerosol kit	OTC	EXC	DERMATOLOGICALS
salicylic acid liquid	OTC	EXC	DERMATOLOGICALS

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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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Drug Name	Special Code	Tier	Category
SALICYLIC ACID PAD	-	EXC	DERMATOLOGICALS
SALICYLIC ACID/SULFACETAMIDE SUSP	-	EXC	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	EXC	DERMATOLOGICALS
saline nasal aerosol soln	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
saline nasal spray	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
SALITECH LOTION	-	EXC	DERMATOLOGICALS
SALONPAS PAIN RELIEF PAD	OTC	EXC	DERMATOLOGICALS
SALSALATE TAB	-	EXC	ANALGESICS - NONNARCOTIC
salsalate tab (DISALCID equiv)	-	Select	ANALGESICS - NONNARCOTIC
SALVAX DUO PLUS KIT	-	Non-Preferred Brands	DERMATOLOGICALS
SAM-E TMG PAK	OTC	EXC	ALTERNATIVE MEDICINES
SAMSCA TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANCUSO PATCH (QL= 4 patches/28 days; Step Therapy requires trial of granisetron)	QL-ST	Non-Preferred Brands	ANTIEMETICS
SANDIMMUNE SOLN 100MG/ML	-	Non-Preferred Brands	ASSORTED CLASSES
SANDOSTATIN LAR KIT	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	Preferred Brands	DERMATOLOGICALS
SAPHNELO SOLN	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
SAPHRIS SL TAB (QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
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.
SARCLISA ESCENSA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SARNA BUG PAD BITE	OTC	EXC	DERMATOLOGICALS
SARNA ECZEMA LOTION	-	EXC	DERMATOLOGICALS
SAROCLADIUM SOL STRICTUM	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
SAVAYSA TAB (QL= 1 tab/day; Step Therapy requires trial of ELIQUIS and XARELTO)	QL-ST	Non-Preferred Brands	ANTICOAGULANTS
SAVELLA PAK (ST req trial of duloxetine and gabapentin)	ST	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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SAVELLA TAB (QL= 2 tabs/day; ST req trial of duloxetine and gabapentin)	QL-ST	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAW PALMETTO CAP	-	EXC	ALTERNATIVE MEDICINES
saw palmetto-zinc cap	OTC	EXC	ALTERNATIVE MEDICINES
saxagliptin hcl tab (ONGLYZA equiv) (QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	High Cost Generics	ANTIDIABETICS
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv) (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	High Cost Generics	ANTIDIABETICS
SAXENDA INJ	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
SB FLU HBP TAB	OTC	EXC	COUGH/COLD/ALLERGY
SB HEMORRHOID OINT	OTC	EXC	ANORECTAL AND RELATED PRODUCTS
scar treatment products - cream	OTC	EXC	DERMATOLOGICALS
SCEMBLIX TAB 100MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SCEMBLIX TAB 20MG (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SCEMBLIX TAB 40MG (QL= 8 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days)	QL	Select	ANTIEMETICS
SDAMLO SOLN (QL= 3 units/30 days; Step requires trial of amlodipine tablet)	QL-ST	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
SEA BAND LOZ GINGER	OTC	EXC	ALTERNATIVE MEDICINES
SEA SCALLOPS INJ	-	EXC	DIAGNOSTIC PRODUCTS
SEASONIQUE TAB (QL= 91 tabs/84 days)	QL	Non-Preferred Brands	CONTRACEPTIVES
SECONAL CAP	-	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
SECUADO PATCH (QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEGLENTIS TAB (QL= 10 tabs/day; Trial of 3: tramadol IR, celecoxib cap, oxycodone tab/cap/sol, hydromorphone tab/sol, oxymorphone tab, morphine sol)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
SEGLUROMET TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
SELARSDI INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.
SELARSDI INJ (QL= 0.5 mL/84 days)	--AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
SELARSDI INJ 45MG/0.5ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
SELARSDI INJ 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
selegiline cap (ELDEPRYL equiv)	-	Select	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv) (QL= 2 tabs/day)	QL	Select	ANTIPARKINSON AGENTS
SELENIOUS AC INJ 40MCG/ML	-	EXC	MINERALS & ELECTROLYTES
SELENIOUS AC SOLN	-	EXC	MINERALS & ELECTROLYTES
selenious acid inj (SELENIOUS ACID equiv)	-	EXC	MINERALS & ELECTROLYTES
SELENIUM SUL SHAMPOO	-	EXC	DERMATOLOGICALS
SELENIUM SULFIDE LOTION	-	Select	DERMATOLOGICALS
selenium sulfide lotion 1% (SELSUN equiv)	OTC	EXC	DERMATOLOGICALS
selenium sulfide lotion 2.5% (SELSUN equiv)	-	Select	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	Select	DERMATOLOGICALS
SELENIUM TAB	-	EXC	MINERALS & ELECTROLYTES
SELRX SHAMPOO	-	Non-Preferred Brands	DERMATOLOGICALS
SELZENTRY SOLN (QL= 31ml/day)	QL	Preferred Brands	ANTIVIRALS
SELZENTRY TAB 150MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
SELZENTRY TAB 150MG (QL= 2 tabs/day)	QL	Preferred Brands	ANTIVIRALS
SELZENTRY TAB 25MG (QL= 4 tabs/day)	QL	Preferred Brands	ANTIVIRALS
SELZENTRY TAB 300MG (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
SELZENTRY TAB 300MG (QL= 4 tabs/day)	QL	Preferred Brands	ANTIVIRALS
SELZENTRY TAB 75MG (QL= 2 tabs/day)	QL	Preferred Brands	ANTIVIRALS
SEMAGLUTIDE INJ	-	EXC	ANTIDIABETICS
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv) (QL= 60ml/30 days)	QL	Preferred Brands	ANTIDIABETICS
SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv) (QL= 60ml/30 day	QL	Preferred Brands	ANTIDIABETICS
SEMPREX-D CAP 8-60MG	-	EXC	COUGH/COLD/ALLERGY
SENNA CAP 17.2MG	OTC	EXC	LAXATIVES
SENNA LEAVES CAP	-	EXC	LAXATIVES
senna syrup	OTC	EXC	LAXATIVES
sennosides chew tab	OTC	EXC	LAXATIVES
sennosides tab	OTC	EXC	LAXATIVES
sennosides-docusate sodium cap	OTC	EXC	LAXATIVES
sennosides-docusate sodium tab 8.6-50 mg	OTC	EXC	LAXATIVES

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Drug Name	Special Code	Tier	Category
SENSIPAR TAB 30MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
SENSIPAR TAB 60MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
SENSIPAR TAB 90MG (QL= 4 tabs/day)	QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
SENSODYNE PST PRO KIDS	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
SENSORCAINE-MPF EPINEPHRINE INJ	-	EXC	LOCAL ANESTHETICS-PARENTERAL
SEPHIENCE POWDER 1000MG (QL= 180 powder packs/30 days; Only available through Optum Frontier Therapies 855-768-9727 or Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEPHIENCE POWDER 250MG (QL= 90 powder packs/30 days; Only available through Optum Frontier Therapies 855-768-9727 or Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of Striverdi)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY (QL= 200 mL/30 days; Step Therapy requires trial of 2 med potency steroids: betameth- (crm, lot), desonide oint, momet-, or triamcin-)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
SEROQUEL TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEROQUEL XR TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SERTRALINE CAP (QL= 30 caps/30 days; Step therapy requires trial of sertraline tab)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
sertraline conc (ZOLOFT equiv)	-	Value	ANTIDEPRESSANTS
sertraline hcl cap (QL= 30 caps/30 days; Step therapy requires trial of sertraline tab)	QL-ST	High Cost Generics	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	Value	ANTIDEPRESSANTS
SESAME SEED INJ	-	EXC	DIAGNOSTIC PRODUCTS
sevelamer hydrochloride tab (RENAGEL equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (RENVELA equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
SEVENFACT SOLN	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
SEYSARA TAB	-	Non-Preferred Brands	TETRACYCLINES
SEZABY INJ	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SFROWASA ENEMA (QL= 60mL/day)	QL	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
SG RAGWEED INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
shampoos	OTC	EXC	DERMATOLOGICALS
SHARK CARTIL CAP	OTC	EXC	ALTERNATIVE MEDICINES
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	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIKLOS TAB (Step Therapy requires trial of DROXIA CAP)	ST	Non-Preferred Brands	HEMATOPOIETIC AGENTS
SILALITE PAK MIS	-	EXC	DERMATOLOGICALS
SILATRIX GEL	-	EXC	MOUTH/THROAT/DENTAL AGENTS
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	AMSP-PA-QL	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	Select	CARDIOVASCULAR AGENTS - MISC.
SILENOR TAB (QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zaleplon cap, zolpidem IR/ER tab, doxepin 10mg, trazodone tab)	QL-ST	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SILIPAC KIT	-	Non-Preferred Brands	DERMATOLOGICALS
SILIQ INJ (QL= 4 inj/28 days)	LMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
silodosin cap (RAPAFLO equiv)	-	High Cost Generics	GENITOURINARY AGENTS - MISCELLANEOUS
SILVER NITRATE SOLN	-	Preferred Brands	DERMATOLOGICALS
silver nitrate soln	-	Select	DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	Select	DERMATOLOGICALS
SILVERA PAD	-	Non-Preferred Brands	DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
SIMCOR TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
simethicone cap	OTC	EXC	GASTROINTESTINAL AGENTS - MISC.
simethicone chew tab	OTC	EXC	GASTROINTESTINAL AGENTS - MISC.
simethicone susp	OTC	EXC	GASTROINTESTINAL AGENTS - MISC.
SIMLANDI 1-PEN KIT (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
SIMLANDI INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY

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SIMLANDI KIT (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
SIMLANDI KIT (adalimumab-ryvk) (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI SC INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Preferred Brands	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)	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)	PA-QL	Preventive	ANTIHYPERLIPIDEMICS
SINUVA NASAL IMPLANT	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
sirolimus soln (RAPAMUNE equiv)	-	High Cost Generics	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	High Cost Generics	ASSORTED CLASSES
SIRTURO TAB (Only available through MMS Solutions 855-691-0963)	LD	Preferred Specialty	ANTIMYCOBACTERIAL AGENTS
sitagliptin phosphate tab (JANUVIA equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of metformin)	QL-ST	High Cost Generics	ANTIDIABETICS
sitagliptin phosphate-metformin hcl tab (JANUMET equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of metformin)	QL-ST	High Cost Generics	ANTIDIABETICS
SITAGLIPTIN/METFORMIN TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIDIABETICS
SITAVIG TAB (QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir)	QL-ST	Non-Preferred Brands	ANTIVIRALS
SIVEXTRO INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
SIVEXTRO TAB (QL= 6 tabs/fill)	QL	Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
SIVORA CREAM	-	EXC	DERMATOLOGICALS
skin oils	OTC	EXC	DERMATOLOGICALS
skin protectants misc - cream	OTC	EXC	DERMATOLOGICALS
skin protectants misc - lotion	OTC	EXC	DERMATOLOGICALS
skin protectants misc - ointment	OTC	EXC	DERMATOLOGICALS
skin protectants misc - paste	OTC	EXC	DERMATOLOGICALS
skin protectants misc - stick	OTC	EXC	DERMATOLOGICALS
SKYCLARYS CAP 50MG (QL= 90 caps/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	NEUROMUSCULAR AGENTS

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SKYLA IUD	-	Preventive	CONTRACEPTIVES
SKYRIZI 180MG/1.2ML CARTRIDGE (QL= 1 cartridge/56 days)	AMSP-PA-QL	Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ (QL= 1 cartridge/56 days)	AMSP-PA-QL	Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 150MG/ML (QL= 1 syringe/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
SKYRIZI INJ 55MG/0.37ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
SKYRIZI PEN 150MG/ML (QL= 1 pen/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
SKYRIZI SOLN	-	EXC	GASTROINTESTINAL AGENTS - MISC.
SKYSONA INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SKYTROFA INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Preferred 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	Preferred 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	Preferred 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	Preferred 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	Preferred 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	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SLEEP TONIGHT LIQ MELATONIN	OTC	EXC	ALTERNATIVE MEDICINES
SLEEP+IMMUNE CHW HEALTH	-	EXC	ALTERNATIVE MEDICINES
SLOW RELEASE IRON TAB	-	EXC	HEMATOPOIETIC AGENTS
SLYND TAB	-	Preventive	CONTRACEPTIVES
SM CRANBERRY TAB	-	EXC	ALTERNATIVE MEDICINES
smz/tmp (DS) tab (BACTRIM DS equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
SOAANZ TAB (QL= 5 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab)	QL-ST	Non-Preferred Brands	DIURETICS
SOAANZ TAB 60MG (QL= 3 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab)	QL-ST	Non-Preferred Brands	DIURETICS

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Drug Name	Special Code	Tier	Category
soap and cleansers - bar	OTC	EXC	DERMATOLOGICALS
soap and cleansers - cream	OTC	EXC	DERMATOLOGICALS
soap and cleansers - foam	OTC	EXC	DERMATOLOGICALS
soap and cleansers - gel	OTC	EXC	DERMATOLOGICALS
soap and cleansers - liquid	OTC	EXC	DERMATOLOGICALS
soap and cleansers - lotion	OTC	EXC	DERMATOLOGICALS
soap and cleansers - misc	OTC	EXC	DERMATOLOGICALS
soap and cleansers - pads	OTC	EXC	DERMATOLOGICALS
SOD ACETATE INJ	-	EXC	MINERALS & ELECTROLYTES
SOD CHLORIDE INJ	-	EXC	PHARMACEUTICAL ADJUVANTS
SOD CIT-GENT INJ 4%-320	-	EXC	ANTICOAGULANTS
SOD CITRATE SOL CITR ACD	-	EXC	GENITOURINARY AGENTS - MISCELLANEOUS
SOD PHOSPHAT INJ	-	EXC	MINERALS & ELECTROLYTES
SOD SUL/SULF LIQ	-	EXC	DERMATOLOGICALS
SOD SUL/SULF SUSP	-	EXC	DERMATOLOGICALS
SODIUM ACETATE INJ	-	EXC	MINERALS & ELECTROLYTES
sodium bicarbonate powder	OTC	EXC	ANTACIDS
SODIUM BICARBONATE-CITRIC ACID EFFER TAB	-	EXC	ANTACIDS
sodium chloride external soln	OTC	EXC	DERMATOLOGICALS
sodium chloride hypertonic ophth oint	OTC	EXC	OPHTHALMIC AGENTS
sodium chloride hypertonic ophth soln	OTC	EXC	OPHTHALMIC AGENTS
sodium chloride inj	-	Select	MINERALS & ELECTROLYTES
sodium chloride-sodium bicarbonate packet	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
sodium chloride-sodium bicarbonate packet kit	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
sodium chloride-xylitol nasal spray	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
sodium citrate/citric acid soln (BICITRA equiv)	-	Select	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 F 18 IV SOLN	-	EXC	DIAGNOSTIC PRODUCTS
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 hypochlorite soln	OTC	EXC	ANTISEPTICS & DISINFECTANTS
SODIUM IODIDE I-131 SOLN	-	EXC	THYROID 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	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SODIUM OXYBATE SOLN, XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	Non-Preferred 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.

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Drug Name	Special Code	Tier	Category
sodium phosphates - enema (pediatric)	OTC	EXC	LAXATIVES
SODIUM PHOSPHATES INJ	-	EXC	MINERALS & ELECTROLYTES
sodium phosphates inj (SODIUM PHOSPHATE equiv)	-	EXC	MINERALS & ELECTROLYTES
sodium polystyrene powder (KAYEXALATE equiv)	-	High Cost Generics	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	High Cost Generics	ASSORTED CLASSES
SODIUM SULFACETAMIDE CLEANSER	-	EXC	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	Select	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	EXC	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur kit (ROSANIL KIT equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN WASH equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	EXC	DERMATOLOGICALS
sodium/potassium/magnesium soln (SUPREP equiv) (QL= 2 fills/year)	QL	Select	LAXATIVES
SOFDRA GEL (QL= 40.2 mL/30 days; Only available through Lombard Pharmacy 630-495-2333)	LD-PA-QL	Non-Preferred Brands	DERMATOLOGICALS
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
SOGROYA INJ (QL= 6ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOHONOS CAP (QL= 30 caps/30 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty	MUSCULOSKELETAL THERAPY AGENTS
SOLAICE PATCH	-	Non-Preferred Brands	DERMATOLOGICALS
solifenacin tab (VESICARE equiv) (QL= 1 tab/day)	QL	Select	URINARY ANTISPASMODICS
SOLIQUA INJ (QL= 18ml/30 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC and RYBELSUS)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
SOLODYN TAB (QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab)	QL-ST	Non-Preferred Brands	TETRACYCLINES
SOLOSEC GRANULES PACKET (QL= 2 packets/28 days; Step Therapy requires trial of clindamycin or metronidazole)	QL-ST	Non-Preferred Brands	AMEBICIDES

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Drug Name	Special Code	Tier	Category
SOLTAMAX SOLN	-	Non-Preferred Brands	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SOLU-CORTEF INJ	-	Non-Preferred Brands	CORTICOSTEROIDS
SOLU-CORTEF INJ	-	Preferred Brands	CORTICOSTEROIDS
SOMA TAB (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
SOMATULINE INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMNOTE CAP	-	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SONATA CAP (QL= 1 cap/day)	QL	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SONATA CAP 10MG (QL= 2 caps/day)	QL	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SOOLANTRA CREAM (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
sorafenib tosylate tab (NEXAVAR equiv)	AMSP-PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SORE THROAT LOZENGE	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
SORIATANE CAP (Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel 0.1-2.5%, tretinoin cream, tretinoin gel, or tretinoin gel; Only available through Walgreens 888-347-3416)	LD-ST	Non-Preferred Specialty	DERMATOLOGICALS
sotalol AF tab (BETAPACE AF equiv)	-	Select	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	Select	BETA BLOCKERS
SOTROVIMAB INJ	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
SOTYKTU TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
SOTYLIZE SOLN	-	Non-Preferred Brands	BETA BLOCKERS
SOVALDI PELLET PAK	AMSP	Non-Preferred Specialty	ANTIVIRALS
SOVALDI TAB (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS

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SOVUNA TAB 200MG (ST req trial of hydroxychloroquine (Planquenil equivalent))	ST	Non-Preferred Brands	ANTIMALARIALS
SOVUNA TAB 300MG (ST req trial of hydroxychloroquine (Planquenil equivalent))	ST	Non-Preferred Brands	ANTIMALARIALS
SOY ISOFLAVONE CAP	-	EXC	ALTERNATIVE MEDICINES
SOYBEAN INJ	-	EXC	DIAGNOSTIC PRODUCTS
SPECTRACEF TAB	-	Non-Preferred Brands	CEPHALOSPORINS
SPEVIGO INJ	-	EXC	DERMATOLOGICALS
SPEVIGO INJ (QL= 2 mL/28 days; Only available through Accredo 888-773-7376)	--LD-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
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	Preferred Brands	DERMATOLOGICALS
SPINRAZA INJ (Only available through Accredo 888-773-7376)	LD-M-PA	Non-Preferred Specialty	NEUROMUSCULAR AGENTS
SPIRIVA HANDIHALER (QL= 1 cap/day; For use with Handihaler device)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
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	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone susp (CAROSPIR equiv) (QL= 600ml/30 days; ST req trial of furosemide oral soln)	QL-ST	High Cost Generics	DIURETICS
spironolactone tab (ALDACTONE equiv)	-	Value	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	Select	DIURETICS
SPORANOX SOLN	-	Non-Preferred Brands	ANTIFUNGALS
SPRAVATO NASAL SOLN (QL= 4 kits/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIDEPRESSANTS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	Preventive	CONTRACEPTIVES
SPRITAM TAB (Step Therapy requires trial of levetiracetam or levetiracetam ER)	ST	Non-Preferred Brands	ANTICONVULSANTS

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SPRIX NASAL SPRAY (QL= 5 units/30 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	AMSP-PA-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SPS	-	Non-Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
SPYRINE CAP 250MG (ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap)	ST	Non-Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
SQUALENE LIQ	-	EXC	CHEMICALS
STAHIST AD TAB 25-60MG (QL= 4 tabs/day)	QL	Preferred Brands	COUGH/COLD/ALLERGY
STALEVO TAB 12.5-50-200MG (QL= 8 tabs/day)	QL	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
STALEVO TAB 18.75-75-200MG (QL= 8 tabs/day)	QL	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
STALEVO TAB 25-100-200MG (QL= 8 tabs/day)	QL	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
STALEVO TAB 31.25-125-200MG (QL= 8 tabs/day)	QL	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
STALEVO TAB 37.5-150-200MG (QL= 8 tabs/day)	QL	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
STALEVO TAB 50-200-200MG (QL= 6 tabs/day)	QL	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
stannous fluoride gel	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
STARJEMZA INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.
STARJEMZA INJ (QL= 0.5mL/84 days)	--LMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
STARJEMZA PFS INJ 45MG/0.5ML (QL= 0.5mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
STARJEMZA PFS INJ 90MG/ML (QL= 1 mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
STAVUDINE CAP (QL= 2 caps/day)	QL	Non-Preferred Brands	ANTIVIRALS
stavudine cap (ZERIT equiv) (QL= 2 caps/day)	QL	Select	ANTIVIRALS
STAVZOR CAP	-	Non-Preferred Brands	ANTICONVULSANTS
STEAM INHALR MIS	OTC	EXC	MEDICAL DEVICES AND SUPPLIES

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STEGLATRO TAB (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA TAB, XIGDUO XR TAB, JARDIANCE TAB, SYNJARDY TAB, or SYNJARDY XR TAB)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
STEGLUJAN TAB (Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	ST	Non-Preferred Brands	ANTIDIABETICS
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
STENDRA TAB	-	EXC	CARDIOVASCULAR AGENTS - MISC.
STEQEYMA INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.
STEQEYMA INJ 45MG/0.5ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
STEQEYMA INJ 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
STEQEYMA VIAL (QL= 0.5 mL/84 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
STERIL WATER INJ	-	EXC	PHARMACEUTICAL ADJUVANTS
STERILE DILU SOL REMODULI	-	EXC	PHARMACEUTICAL ADJUVANTS
STIMATE NASAL SOLN	-	Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIMUFEND INJ (QL= 1.2 units/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
STIOLTO INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STOBOCLO INJ (QL= 1 mL/180 days)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRATTERA CAP 10MG (QL= 2 caps/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
STRATTERA CAP 18MG (QL= 2 caps/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
STRATTERA CAP 25MG (QL= 2 caps/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
STRATTERA CAP 40MG (QL= 2 caps/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
STRATTERA CAP 60MG (QL= 1 cap/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
STRAWBERRY INJ	-	EXC	DIAGNOSTIC PRODUCTS

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STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
STREPTOCOCCINUM MIS	-	EXC	ASSORTED CLASSES
STRIANT FILM (QL= 60 films/30 days)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
STRIBILD TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SUBLOCADE INJ 100MG/0.5ML	LMSP	Preferred Specialty	ANALGESICS - OPIOID
SUBLOCADE INJ 300MG/1.5ML	LMSP	Preferred Specialty	ANALGESICS - OPIOID
SUBOXONE SL FILM 12-3MG (QL= 2 films/day)	QL	Preferred Brands	ANALGESICS - OPIOID
SUBOXONE SL FILM 2-0.5MG (QL= 4 films/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
SUBOXONE SL FILM 4-1MG (QL= 4 films/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
SUBOXONE SL FILM 8-2MG (QL= 3 films/day)	QL	Preferred Brands	ANALGESICS - OPIOID
SUBVENITE SUSP (QL= 20ml/day; Step Therapy requires trial of lamotrigine chew)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
SUCLEAR KIT	-	Non-Preferred Brands	LAXATIVES
SUCRAID SOLN (Step Therapy requires trial of Creon; Only available through Optum Frontier Therapies 855-768-9727)	LD-ST	Non-Preferred Specialty	DIGESTIVE AIDS
sucralfate susp (CARAFATE equiv)	-	Select	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
sucralfate tab (CARAFATE equiv)	-	Select	ULCER DRUGS
SUDAFD SINUS TAB 30MG (QL= 8 tabs/day)	QL	Non-Preferred Brands	NASAL AGENTS - SYSTEMIC AND TOPICAL
SUDAFED 24HR TAB 240MG	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
SUDAFED CHILD LIQUID	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
SUDAFED CHILDRENS LIQUID 15MG/5ML (QL= 2400ml/30 days)	QL	Non-Preferred Brands	NASAL AGENTS - SYSTEMIC AND TOPICAL
SUFENTANIL INJ	-	EXC	ANALGESICS - OPIOID
SUFENTANIL/KETAMINE SPRAY	-	EXC	ANALGESICS - OPIOID
SUFLAVE SOLN (QL= 2 fills/year)	QL	Preferred Brands	LAXATIVES

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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
SUGAMMADEX INJ	-	EXC	ANTIDOTES AND SPECIFIC ANTAGONISTS
SULAR ER TAB 17MG (QL= 2 tabs/day; ST req trial of 2: amlodipine, nicardipine, nifedipine, felodipine, diltiazem, verapamil tab)	QL-ST	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
SULAR ER TAB 8.5MG (QL= 2 tabs/day; ST req trial of 2: amlodipine, nicardipine, nifedipine, felodipine, diltiazem, verapamil tab)	QL-ST	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
SULFACETAMIDE SOD OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
SULFACETAMIDE SODIUM OPHTH OINT	-	Preferred Brands	OPHTHALMIC AGENTS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	Select	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	Select	OPHTHALMIC AGENTS
sulfadiazine tab (SULFADIAZINE equiv) (QL= 8 tabs/day)	QL	Select	SULFONAMIDES
SULFAMYLON CREAM	-	Preferred Brands	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
sulfur bar	OTC	EXC	DERMATOLOGICALS
SULFUR/RESOR LOTION	OTC	EXC	DERMATOLOGICALS
sulindac tab (CLINORIL equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
SUMADAN KIT, SUMAXIN KIT	-	EXC	DERMATOLOGICALS
SUMADAN XLT KIT	-	EXC	DERMATOLOGICALS
SUMANSETRON PAK	-	EXC	MIGRAINE PRODUCTS
sumatriptan inj (IMITREX equiv) (QL= 8 inj/30 days)	QL	High Cost Generics	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days)	QL	Preferred Brands	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	Select	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 4 mL/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	Select	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREXIMET equiv) (QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	High Cost Generics	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ	-	Non-Preferred Brands	MIGRAINE PRODUCTS
SUMAXIN WASH	-	EXC	DERMATOLOGICALS
sunitinib malate cap (SUTENT equiv) (QL= 28 caps/42 days)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUNLENCA INJ	-	EXC	ANTIVIRALS
SUNLENCA TAB	-	EXC	ANTIVIRALS
SUNOSI TAB 150MG (QL= 1 tab/day)	PA-QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
SUNOSI TAB 75 MG (QL= 2 tabs/day)	PA-QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS

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Drug Name	Special Code	Tier	Category
sunscreen aerosol	OTC	EXC	DERMATOLOGICALS
sunscreen cream	OTC	EXC	DERMATOLOGICALS
sunscreen liquid	OTC	EXC	DERMATOLOGICALS
sunscreen lotion	OTC	EXC	DERMATOLOGICALS
sunscreen ointment	OTC	EXC	DERMATOLOGICALS
sunscreen stick	OTC	EXC	DERMATOLOGICALS
SUPER CAL/ TAB MAG	OTC	EXC	MINERALS & ELECTROLYTES
SUPER GINSNG CAP COMPLEX	-	EXC	ALTERNATIVE MEDICINES
SUPRAX CAP	-	Non-Preferred Brands	CEPHALOSPORINS
SUPRAX CHEW TAB	-	Non-Preferred Brands	CEPHALOSPORINS
SUPRAX SUSP	-	Non-Preferred Brands	CEPHALOSPORINS
SUPREP BOWEL PREP PACK (QL= 2 fills/year)	QL	Non-Preferred Brands	LAXATIVES
SURMONTIL CAP (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred Brands	ANTIDEPRESSANTS
SUSTIVA TAB	-	Non-Preferred Brands	ANTIVIRALS
SUSVIMO IMP	-	EXC	MEDICAL DEVICES AND SUPPLIES
SUSVIMO INJ	-	EXC	OPHTHALMIC AGENTS
SUTAB TAB	-	Non-Preferred Brands	LAXATIVES
SUTENT CAP (QL= 28 caps/42 days; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SWEET CHERRY INJ	-	EXC	DIAGNOSTIC PRODUCTS
SYFOVRE INJ	-	EXC	OPHTHALMIC AGENTS
SYLATRON INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	Non-Preferred Brands	ULCER DRUGS
SYMBICORT INHALER (QL= 10.2g/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMBRAVO TAB (QL= 1 tab/day; ST req trial of meloxicam tab AND all of the following triptans: riza-, suma-, nara-, zolmi-)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
SYMBYAX CAP (QL= 1 cap/day)	QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
SYMFI (LO) TAB	-	Non-Preferred Brands	ANTIVIRALS
SYMLINPEN INJ 120 (QL= 11ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
SYMLINPEN INJ 60 (QL= 6ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
SYMPAZAN ORAL FILM	-	Non-Preferred Brands	ANTICONVULSANTS
SYMPROIC TAB (QL= 30 tabs/30 days)	PA-QL	Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	Preferred Brands	ANTIVIRALS
SYNAGIS INJ (QL= 2 inj/28 days)	LMSP-PA-QL	Preferred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SYNALAR OINT	-	Non-Preferred Brands	DERMATOLOGICALS
SYNALAR SOLN	-	Non-Preferred Brands	DERMATOLOGICALS
SYNAREL NASAL SOLN	-	Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNERA PATCH	-	Non-Preferred Brands	DERMATOLOGICALS
SYNJARDY TAB (QL= 2 tabs/day)	QL	Preferred Brands	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	Preferred Brands	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	Preferred Brands	ANTIDIABETICS
SYNOJOYNT INJ	-	EXC	MUSCULOSKELETAL THERAPY AGENTS
SYNRIBO INJ (Only available through US Bioservices 888-518-7246)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNTHROID TAB	-	Non-Preferred Brands	THYROID AGENTS
SYNVEXIA TC CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
SYRINGE LUER-LOK	OTC	Preferred Brands	MEDICAL DEVICES AND SUPPLIES

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Drug Name	Special Code	Tier	Category
TABLOID TAB (QL= 4 tabs/day)	AMSP-QL	Preferred Specialty	ANTINEOPLASTICS
TABRECTA TAB (QL= 112 tabs/28 days)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tacrolimus cap (PROGRAF equiv)	-	Select	ASSORTED CLASSES
tacrolimus cap er (ASTAGRAF equiv) (ST requires trial of tacrolimus IR capsules)	ST	Select	MISCELLANEOUS THERAPEUTIC CLASSES
tacrolimus inj (PROGRAF equiv)	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	Select	DERMATOLOGICALS
tadalafil tab (CIALIS equiv) (QL= 1 tab/day)	QL	Select	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day)	QL	Select	CARDIOVASCULAR AGENTS - MISC.
TADLIQ SUSP (QL= 10ml/day)	AMSP-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAFINLAR TAB (QL= 12 tabs/day)	LMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tafluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Select	OPHTHALMIC AGENTS
TAGRISSO TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ 150MG/ML (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
TALICIA CAP (QL= 168 caps/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole))	QL-ST	Non-Preferred Brands	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
TALTZ INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
TALTZ INJ 40MG/0.5ML (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
TALVEY INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
TALZENNA CAP (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAMIFLU CAP 30MG (QL= 40 caps/183 days)	QL	Non-Preferred Brands	ANTIVIRALS
TAMIFLU CAP 45MG (QL= 40 caps/183 days)	QL	Non-Preferred Brands	ANTIVIRALS
TAMIFLU CAP 75MG (QL= 20 caps/183 days)	QL	Non-Preferred Brands	ANTIVIRALS
TAMIFLU SUSP (QL= 360ml/183 days)	QL	Non-Preferred Brands	ANTIVIRALS
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)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
TANDEM CAP	OTC	EXC	HEMATOPOIETIC AGENTS
tapentadol hcl tab (NUCYNTA equiv) (QL= 6 tabs/day; ST req trial of 2: oxycodone, tramadol, morphine tab/soln, hydrocodone/apap, oxycodone/apap)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
TAPENTADOL SOLN (QL= 30mL/day; ST req trial of 2: oxycodone, tramadol, morphine tab/soln, hydrocodone/apap, oxycodone/apap)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
TARCEVA TAB 100MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARCEVA TAB 150MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARCEVA TAB 25MG (QL= 2 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	AMSP-PA	Non-Preferred Specialty	DERMATOLOGICALS
TARKA TAB	-	Non-Preferred Brands	ANTIHYPERTENSIVES
TARPEYO CAP (QL= 120 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	CORTICOSTEROIDS
TART CHERRY CAP	-	EXC	ALTERNATIVE MEDICINES
TART CHERRY CHW ULTRA	-	EXC	ALTERNATIVE MEDICINES
TASCENSO ODT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TASIGNA CAP	AMSP-PA-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
tasimelteon capsule (HETLIOZ equiv)	AMSP-PA	Generic Specialty	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
TASMAR TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANTIPARKINSON AGENTS
tavaborole soln (KERYDIN SOLN equiv) (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	High Cost Generics	DERMATOLOGICALS
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
TAVNEOS CAP (QL= 180 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
tazarotene cream 0.05% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	High Cost Generics	DERMATOLOGICALS
tazarotene cream 0.1% (TAZORAC equiv) (QL= 360g/30 days)	QL	Select	DERMATOLOGICALS
tazarotene gel (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream)	QL-ST	High Cost Generics	DERMATOLOGICALS
tazarotene gel 0.1% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream)	QL-ST	High Cost Generics	DERMATOLOGICALS
TAZORAC CREAM (QL= 360g/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
TAZORAC CREAM 0.05% (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
TAZORAC GEL (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
TAZORAC GEL 0.1% (QL= 100g/30 days; Step Therapy requires trial of tazarotene cream)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
TAZORAC GEL 0.1% (QL= 30g/30 days; Step Therapy requires trial of tazarotene cream)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TB SYRINGE	-	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
tea tree oil	OTC	EXC	ALTERNATIVE MEDICINES
TEARS AGAIN HYDRATE CAP	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
TECARTUS SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECELRA SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
TECENTRIQ HYBREZA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECFIDERA CAP (QL= 60 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK (QL= 60 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHNIVIE TAB (QL= 1 pack/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIVIRALS
TECNU IVY KIT COMPLETE	-	EXC	DERMATOLOGICALS
TECVAYLI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEFLARO INJ	-	EXC	CEPHALOSPORINS
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TEKTURNA HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
TEKTURNA TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB))	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	Select	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWYNSTA equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	High Cost Generics	ANTIHYPERTENSIVES
TELMISARTAN/AMLODIPINE TAB (QL= 1 tab/day; Step therapy requires trial of amlodpine-olmesartan OR amlodipine-valsartan)	ST-QL	Non-Preferred Brands	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	High Cost Generics	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab 40-12.5MG (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	High Cost Generics	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab 80-25MG (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	High Cost Generics	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	High Cost Generics	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	High Cost Generics	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temozolomide cap (TEMODAR equiv)	AMSP	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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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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Drug Name	Special Code	Tier	Category
TEMPO SMART BUTTON	-	EXC	MEDICAL DEVICES AND SUPPLIES
TENCON TAB (QL= 6 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - NONNARCOTIC
tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Select	ANTIVIRALS
TEPADINA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEPMETKO TAB (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEPYLUTE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TERAVAX CAP	-	EXC	MULTIVITAMINS
terazosin cap (HYTRIN equiv)	-	Select	ANTIHYPERTENSIVES
terbinafine hcl cream	OTC	EXC	DERMATOLOGICALS
terbinafine tab (LAMISIL equiv)	-	Select	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	Select	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	Select	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	Select	VAGINAL PRODUCTS
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	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
teriparatide inj 560mcg/2.24ml (QL= 2.24 ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
TERLIVAZ INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	Select	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 1 vial/28 days	--QL	Select	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	--QL	Select	ANDROGENS-ANABOLIC
testosterone cypionate inj 200mg/ml (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	QL	Select	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ (QL= 5 mL/28 days)	QL	Preferred Brands	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	Preferred Brands	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 150gm/30 days)	PA-QL	Select	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (QL= 300gm/30 days)	QL	Select	ANDROGENS-ANABOLIC
testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 300gm/30 days)	QL	Select	ANDROGENS-ANABOLIC
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	High Cost Generics	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	High Cost Generics	ANDROGENS-ANABOLIC

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Drug Name	Special Code	Tier	Category
TESTOSTERONE GEL 10MG/ACT (QL= 2 bottles/30 days)	PA-QL	High Cost Generics	ANDROGENS-ANABOLIC
testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days)	PA-QL	High Cost Generics	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 20.25MG/1.25GM (QL= 1 packet/day)	PA-QL	High Cost Generics	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	Preferred Brands	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 150gm/30 days)	QL	Select	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP, VOGELXO GEL PUMP (QL= 300g/30 days)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
TESTOSTERONE GEL, VOGELXO GEL (QL= 2 packets/day)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
TESTOSTERONE INJ (QL= 1 vial/28 days)	QL	Preferred Brands	ANDROGENS-ANABOLIC
TESTOSTERONE INJ (QL= 4 vials/28 days)	QL	Preferred Brands	ANDROGENS-ANABOLIC
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days)	QL	Preferred Brands	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	High Cost Generics	ANDROGENS-ANABOLIC
TETANUS/DIPHTHERIA TOXOID INJ	VAC	Preventive	TOXOIDS
TETPIDTAR SOLN	-	EXC	DERMATOLOGICALS
tetrabenazine tab (XENAZINE equiv)	AMSP-PA	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TETRACAINE INJ	-	EXC	LOCAL ANESTHETICS-PARENTERAL
TETRACAINE OINTMENT	-	EXC	DERMATOLOGICALS
TETRACAINE OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
tetracycline cap	-	Select	TETRACYCLINES
TETRACYCLINE TAB (QL= 4 tabs/day; ST req trial of tetracycline caps followed by minocycline IR OR doxycycline monohydrate)	QL-ST	Non-Preferred Brands	TETRACYCLINES
tetrahydrozoline-peg-zinc sulfate ophth soln	OTC	EXC	OPHTHALMIC AGENTS
TEVIMBRA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEXACORT SOLN	-	Non-Preferred Brands	DERMATOLOGICALS
TEZRULY SOLN (QL= 20ml/day; ST req trial of terazosin capsules)	QL-ST	Non-Preferred Brands	ANTIHYPERTENSIVES
TEZSPIRE INJ (QL= 1 pen/30 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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Drug Name	Special Code	Tier	Category
TEZSPIRE SOLN (QL= 1 syringe/30 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THALITONE TAB (QL= 1 tab/day; Step therapy requires trial of chlorthalidone 25mg or chlorthalidone 50mg)	QL-ST	Non-Preferred Brands	DIURETICS
THALOMID CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-QL	Preferred Specialty	ASSORTED CLASSES
THAM INJ	-	EXC	MINERALS & ELECTROLYTES
theanine cap	OTC	EXC	NUTRIENTS
THEANINE CHEW TAB	-	EXC	NUTRIENTS
THEANINE-5 HTP-LEMON BALM CHEW TAB	-	EXC	ALTERNATIVE MEDICINES
theophylline CR tab (QUIBRON-T equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOPHYLLINE TAB ER (QL= 1 tab/day)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THERACRAN CAP MAX	-	EXC	ALTERNATIVE MEDICINES
THERAFLU FLU PAK DAY/NIGH	OTC	EXC	COUGH/COLD/ALLERGY
THERAFLU FLU PAK NIGHTTME	-	EXC	COUGH/COLD/ALLERGY
THERAFLU FLU TAB DAY/NIGH	OTC	EXC	COUGH/COLD/ALLERGY
THERAFLU PAK SEV COLD	OTC	EXC	COUGH/COLD/ALLERGY
THERAFLU SEV CHW	OTC	EXC	COUGH/COLD/ALLERGY
THERAFLU SEV MIS COLD REL	OTC	EXC	COUGH/COLD/ALLERGY
THERAFLU SEV PAK COLD RLF	-	EXC	COUGH/COLD/ALLERGY
THERAFLU-D PAK SVR CLD	OTC	EXC	COUGH/COLD/ALLERGY
THIAMINE HCL SOLN NACL	-	EXC	VITAMINS
thiamine mononitrate tab (B1 equiv)	-	EXC	VITAMINS
THICK AND EASY POW	OTC	EXC	PHARMACEUTICAL ADJUVANTS
THICKENUP POWDER	OTC	EXC	PHARMACEUTICAL ADJUVANTS
THIOLA EC TAB (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
THIOLA TAB (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine hcl tab (QL= 8 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiotepa inj soln (TEPADINA equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
thiothixene cap (NAVANE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
throat lozenges - lozenges	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
THROMBIN-JMI SOLN	-	EXC	HEMOSTATICS
THYQUIDITY SOLN (Step Therapy requires trial of levothyroxine)	ST	Non-Preferred Brands	THYROID AGENTS

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Drug Name	Special Code	Tier	Category
THYROLAR TAB	-	Non-Preferred Brands	THYROID AGENTS
TIAGABINE TAB 12MG (QL= 4 tabs/day)	QL	Select	ANTICONVULSANTS
tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select	ANTICONVULSANTS
TIAGABINE TAB 16MG (QL= 3 tabs/day)	QL	Select	ANTICONVULSANTS
tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day)	QL	Select	ANTICONVULSANTS
tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select	ANTICONVULSANTS
tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select	ANTICONVULSANTS
TIBSOVO TAB (QL= 2 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ticagrelor tab (BRILINTA equiv) (QL= 2 tabs/day)	QL	Select	HEMATOLOGICAL AGENTS - MISC.
TICANASE PAK	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
TICOVAC INJ	-	EXC	VACCINES
TIGER BALM PAD	OTC	EXC	DERMATOLOGICALS
TIGLUTIK SUSP (Only available through AnovoRx 844-288-5007)	LD-PA	Preferred Specialty	NEUROMUSCULAR AGENTS
TIMOLOL MAL TAB	-	Select	BETA BLOCKERS
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2ml/day)	QL	High Cost Generics	OPHTHALMIC AGENTS
timolol maleate ophth gel (TIMOPTIC-XE equiv) (Step Therapy requires trial of timolol maleate ophth soln; Members age 5 years and younger do not require ST)	ST	High Cost Generics	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.25% (TIMOPTIC equiv)	-	Value	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv) (Step Therapy requires trial of timolol maleate ophth soln)	ST	High Cost Generics	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (TIMOPTIC equiv)	ST--	Value	OPHTHALMIC AGENTS
timolol maleate preservative free ophth soln (TIMOPTIC equiv) (QL= 2ml/day)	QL	High Cost Generics	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	Select	BETA BLOCKERS
timolol ophth soln (BETIMOL equiv) (QL= 10ml/30 days)	QL	High Cost Generics	OPHTHALMIC AGENTS
timolol ophth soln (BETIMOL equiv) (QL= 15ml/30 days)	QL	High Cost Generics	OPHTHALMIC AGENTS
timolol ophth soln (BETIMOL equiv) (QL= 5ml/30 days)	QL	High Cost Generics	OPHTHALMIC AGENTS
TIMOLOL/BRIMON/DORZOL/BIMATOPROST OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
TIMOLOL/BRIMONIDINE/DORZOLAMIDE OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
TIMOLOL/DORZOLAMIDE/BIMATOPROST OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
TIMOPTIC OCUDOSE OPHTH SOLN (QL= 2ml/day)	QL	Non-Preferred Brands	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
TIMOPTIC OCUDOSE OPHTH SOLN 0.5% (QL= 2ml/day)	QL	Non-Preferred Brands	OPHTHALMIC AGENTS
TIMOPTIC OPHTH SOLN 0.25%	-	Non-Preferred Brands	OPHTHALMIC AGENTS
TIMOPTIC OPHTH SOLN 0.5%	-	Non-Preferred Brands	OPHTHALMIC AGENTS
TIMOPTIC-XE OPHTH GEL (Step Therapy requires trial of timolol maleate oph soln)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
TINACTIN AERSOL	OTC	EXC	DERMATOLOGICALS
tinidazole tab (TINDAMAX equiv)	-	Select	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	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
tirofiban hcl in nacl (AGGRASTAT equiv)	-	EXC	HEMATOLOGICAL AGENTS - MISC.
TIROSINT CAP	-	Non-Preferred Brands	THYROID AGENTS
TIROSINT-SOL (Step therapy requires trial of levothyroxine)	ST	Non-Preferred Brands	THYROID AGENTS
TIVDAK INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TIVICAY PD TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands	ANTIVIRALS
TIVICAY TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
TNKASE INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
TOBI PODHALER	AMSP-PA	Non-Preferred Specialty	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	Preferred Brands	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
TOBRAMYCIN INJ	-	EXC	AMINOGLYCOSIDES
tobramycin neb soln (BETHKIS equiv)	AMSP-PA	Generic Specialty	AMINOGLYCOSIDES

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tobramycin neb soln (TOBI equiv)	AMSP-PA	Generic Specialty	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	Select	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	Select	OPHTHALMIC AGENTS
TOBRAMYCIN/VANCOMYCIN DROPS	-	EXC	OPHTHALMIC AGENTS
TOBREX OPHTH OINT	-	Non-Preferred Brands	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
TOFIDENCE INJ	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
tolazamide tab (TOLINASE equiv)	-	Select	ANTIDIABETICS
TOLBUTAMIDE TAB	-	Preferred Brands	ANTIDIABETICS
tolcapone tab (TASMAR equiv) (QL= 3 caps/day)	QL	High Cost Generics	ANTIPARKINSON AGENTS
TOLECTIN DS CAP, TOLMETIN CAP (ST req trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
tolmetin cap (TOLECTIN DS equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB (Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB, TOLECTIN TAB (ST requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
tolnaftate aerosol	OTC	EXC	DERMATOLOGICALS
tolnaftate soln (TINACTIN equiv)	-	EXC	DERMATOLOGICALS
TOLSURA CAP (QL= 4 caps/day; Step Therapy requires trial of itraconazole)	QL-ST	Non-Preferred Brands	ANTIFUNGALS
tolterodine SR cap (DETROL LA equiv) (QL= 1 cap/day)	QL	Select	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	Select	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.
TOMATO INJ	-	EXC	DIAGNOSTIC PRODUCTS
TONMYA SUB (QL= 60 tab/30 days; ST req trial of cyclobenzaprine 5mg/10mg AND trial of 3: duloxe, venlafax, gabapn, pregab, amitrip)	QL-ST	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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TOPICORT GEL (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
TOPICORT SPRAY 0.25% (Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	ST	Non-Preferred Brands	DERMATOLOGICALS
topiramate cap er 200mg (TROKENDI equiv) (QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR))	QL-ST	High Cost Generics	ANTICONVULSANTS
topiramate ER cap (QUDEXY equiv) (QL = 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	High Cost Generics	ANTICONVULSANTS
topiramate er cap (TROKENDI XR equiv) (QL= 1 cap/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR))	QL-ST	High Cost Generics	ANTICONVULSANTS
topiramate oral soln (EPRONTIA equiv) (QL= 480mL/30 days; Step therapy requires trial of topiramate sprinkle caps)	QL-ST	High Cost Generics	ANTICONVULSANTS
topiramate sprinkle cap (TOPAMAX equiv)	-	Select	ANTICONVULSANTS
topiramate sprinkle cap 50mg (QL= 8 caps/day; Step therapy requires trial of topiramate 15mg/25mg sprinkle cap)	QL-ST	High Cost Generics	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	Select	ANTICONVULSANTS
toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen)	ST	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torsemide tab (DEMADEX equiv)	-	Select	DIURETICS
TOSYMRA SOLN (QL= 6 sprays/30 days; Trial of 2: nara, riza tab/ODT, zolm tab, suma tab, elet tab FOLLOWED BY 1: suma nasal, zolm nasal)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
TOUJEO MAX SOLOSTAR INJ (QL= 18ml/30 days)	QL	Preferred Brands	ANTIDIABETICS
TOUJEO SOLOSTAR INJ (QL= 18ml/30 days)	QL	Preferred Brands	ANTIDIABETICS
TOVIAZ TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	URINARY ANTISPASMODICS
TRACLEER TAB (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TRACLEER TAB 62.5MG, 125MG (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIDIABETICS
TRAMADOL ER CAP (QL= 1 cap/day; Step Therapy requires trial of tramadol tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
tramadol ER tab (RYZOLT equiv)	-	High Cost Generics	ANALGESICS - OPIOID
tramadol ER tab 100mg (ULTRAM ER equiv)	-	Select	ANALGESICS - OPIOID
tramadol ER tab 200mg (ULTRAM ER equiv)	-	Select	ANALGESICS - OPIOID

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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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tramadol ER tab 300mg (ULTRAM ER equiv)	-	Select	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB 100MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB 200MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB 300MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
TRAMADOL HCL TAB (QL= 30 tabs/30 days)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
tramadol hcl tab 100mg (QL= 4 tabs/day)	QL	Select	ANALGESICS - OPIOID
TRAMADOL HCL TAB 75MG (QL= 30 tabs/30 days; Step Therapy requires trial of tramadol 50mg tab or tramadol 100mg tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	Select	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	Select	ANALGESICS - OPIOID
TRAMETINIB POWDER	-	EXC	CHEMICALS
trandolapril tab (MAVIK equiv)	-	Select	ANTIHYPERTENSIVES
trandolapril/verapamil ER tab (TARKA equiv)	-	Select	ANTIHYPERTENSIVES
TRANDOLAPRIL/VERAPAMIL ER TAB 2-180MG, 4-240MG	-	Non-Preferred Brands	ANTIHYPERTENSIVES
TRANDOLAPRIL/VERAPAMIL ER TAB 2-240MG	-	Non-Preferred Brands	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days)	QL	Select	HEMOSTATICS
tranexamic acid-sodium chloride iv soln (TRANEXAMIC equiv)	-	EXC	HEMOSTATICS
TRANEXAMIC INJ ACID	-	EXC	HEMOSTATICS
TRANQUILITY KIT ASSORTED	OTC	EXC	MEDICAL DEVICES AND SUPPLIES
TRANSDERM-SCOP PATCH (QL= 10 patches/30 days)	QL	Non-Preferred Brands	ANTIEMETICS
tranylcypromine tab (PARNATE equiv)	-	Select	ANTIDEPRESSANTS
TRAUMEEL INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
TRAVATAN Z DROPS (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Select	OPHTHALMIC AGENTS
trazodone tab 50mg, 100mg, 150mg (DESYREL equiv)	-	Select	ANTIDEPRESSANTS
TREANDA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRECATOR TAB	-	Non-Preferred Brands	ANTIMYCOBACTERIAL AGENTS
TREE MIX 9	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
TREGZI INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES

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TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TREMFYA INDUCTION INJ 200MG/ML (QL= 12 mL/year)	AMSP-PA-QL	Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
TREMFYA INJ (QL= 1ml/56 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
TREMFYA INJ (QL= 2ml/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
TREMFYA INJ 200MG/2ML (QL= 2mL/28 days)	AMSP-PA-QL	Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
TREMFYA IV INJ	-	EXC	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	Preferred Brands	ANTIDIABETICS
TRESIBA INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Preferred Brands	ANTIDIABETICS
TRESNI SUPP	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
tretinoin cap (VESANOID equiv)	AMSP	Generic Specialty	ANTINEOPLASTICS
tretinoin cream (RETIN-A CREAM equiv) (QL= 360g/30 days)	QL	Select	DERMATOLOGICALS
tretinoin gel (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	High Cost Generics	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (QL= 360g/30 days)	QL-ST	Select	DERMATOLOGICALS
TRETIN-X CREAM (QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
TRETIN-X KIT	-	EXC	DERMATOLOGICALS
TREXIMET TAB (QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
TREXIMET TAB (QL= 9 tabs/30 days; Trial of 2: naratriptan, rizatriptan, rizatriptan ODT, sumatriptan, or eletriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP (QL= caps/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
triamcinolone acetonide inj susp (KENALOG-10 equiv)	-	EXC	CORTICOSTEROIDS
triamcinolone acetonide nasal aerosol suspension	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone acetonide oint (TRIANEX equiv)	-	Select	DERMATOLOGICALS
triamcinolone acetonide oint 0.025% (TRIANEX equiv)	-	Select	DERMATOLOGICALS

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triamcinolone acetonide oint 0.1% (TRIANEX equiv)	-	Select	DERMATOLOGICALS
triamcinolone acetonide oint 0.5% (TRIANEX equiv)	-	Select	DERMATOLOGICALS
triamcinolone cream	-	Select	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	Select	DERMATOLOGICALS
TRIAMCINOLONE SPRAY (QL= 450gm/30 days; Req trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- crm/lot/oint)	QL-ST	High Cost Generics	DERMATOLOGICALS
triamcinolone spray (KENALOG equiv) (QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- crm/lot/oint)	QL-ST	High Cost Generics	DERMATOLOGICALS
triamterene cap (DYRENIUM equiv) (Step Therapy requires trial of amiloride or spironolactone)	ST	High Cost Generics	DIURETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	Select	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	Select	DIURETICS
TRIAMVEX KIT	-	EXC	DERMATOLOGICALS
TRIANEX OINT	-	Non-Preferred Brands	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
TRIBENZOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
trientine cap 250mg (SYPRINE equiv) (ST req trial of generic penicillamine tab)	ST	Select	MISCELLANEOUS THERAPEUTIC CLASSES
TRIENTINE CAP 500MG (ST req trial of generic penicillamine tab and then trial of gen trientine 250mg cap)	ST	High Cost Generics	MISCELLANEOUS THERAPEUTIC CLASSES
TRIFENA PATCH	-	EXC	DERMATOLOGICALS
TRIFERIC AVNU INJ	-	EXC	HEMATOPOIETIC AGENTS
trifluoperazine tab (STELAZINE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
TRIGELS-F CAP FORTE	OTC	EXC	HEMATOPOIETIC AGENTS
TRIGLIDE TAB	-	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
trihexyphenidyl elixir (ARTANE equiv)	-	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	Select	ANTIPARKINSON AGENTS
TRIJARDY XR TAB 10-5-1000MG (QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
TRIJARDY XR TAB 12.5-2.5-1000MG (QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
TRIJARDY XR TAB 25-5-1000MG (QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Preferred Brands	ANTIDIABETICS

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TRIJARDY XR TAB 5-2.5-1000MG (QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
TRIKAFTA THERAPY PACK (QL= 56 packets/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
tri-legest tab (ESTROSTEP FE equiv)	-	Preventive	CONTRACEPTIVES
TRILIPIX CAP	-	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
TRI-LUMA CREAM	-	EXC	DERMATOLOGICALS
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)	-	Select	ANTIEMETICS
TRIMETHOPRIM TAB	-	Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
trimethoprim tab (PROLOPRIM equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Select	ANTIDEPRESSANTS
TRINTELLIX TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
TRIONEX PACK	-	EXC	DERMATOLOGICALS
TRIPLE FLEX TAB	OTC	EXC	ALTERNATIVE MEDICINES
TRIPONEL SOLN	-	EXC	COUGH/COLD/ALLERGY
triprolidine hcl liquid	OTC	EXC	ANTIHISTAMINES
triprolidine hcl tab	OTC	EXC	ANTIHISTAMINES
triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day)	QL	Select	COUGH/COLD/ALLERGY
TRIPROLIDINE-DEXTROMETHORPHAN LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
TRIPTODUR SUS 22.5MG	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
trispec pse liquid (QL= 1200ml/30 days)	OTC-QL	Select	COUGH/COLD/ALLERGY
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	Preventive	CONTRACEPTIVES
TRIUMEQ PD TAB (QL= 6 tabs/day)	QL	Preferred Brands	ANTIVIRALS
TRIUMEQ TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
TRI-VITAMIN FLUORIDE DROPS	OTC	EXC	MULTIVITAMINS
tri-vitamin with fluoride drops	-	EXC	MULTIVITAMINS
TRIVIX KIT	-	EXC	DERMATOLOGICALS
TRIZIVIR TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS

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TROKENDI XR CAP (QL= 1 cap/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR))	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
TROKENDI XR CAP 200MG (QL= 2 caps/day; ST requires trial of topiramate IF followed by topiramate ER sprinkle* (generic Qudexy XR))	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
tromethamine iv soln (THAM equiv)	-	EXC	MINERALS & ELECTROLYTES
tropicamide ophth soln (MYDRIACYL equiv)	-	Select	OPHTHALMIC AGENTS
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
trospium chloride SR cap (SANCTURA XR equiv) (QL= 1 cap/day; Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR, trospium IR/ER, solifenacin)	QL-ST	High Cost Generics	URINARY ANTISPASMODICS
trospium tab (SANCTURA equiv)	-	Select	URINARY ANTISPASMODICS
TRUBREXA PAD	-	EXC	DERMATOLOGICALS
TRUDHESA NASAL SPRAY (QL= 8ml/28 days; Step therapy requires trial of 2: dihydroergotamine mesylate, sumatriptan tab, rizatriptan, naratriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
TRUE VIT B1 TAB	-	EXC	VITAMINS
TRUE VIT B6 TAB	-	EXC	VITAMINS
TRULANCE TAB (QL= 30 tabs/30 days)	QL	Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred Brands	ANTIDIABETICS
TRUMENBA INJ	VAC	Preventive	VACCINES
TRUQAP TAB (QL= 64 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUQAP THERAPY PACK (QL= 64 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSELTIQ PACK 100MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSELTIQ PACK 175MG (QL= 63 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSELTIQ PACK 50MG, 125MG (QL= 42 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUVADA TAB (QL= 30 tabs/30 days)	QL	Non-Preferred Brands	ANTIVIRALS
TRYNGOLZA INJ (QL= 0.8ml/30 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
TRYPTYR SOLN (QL= 60 single dose vials/30 days; ST requires trial of cyclosporine ophth soln)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS

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TRYVIO TAB (QL= 30 tabs/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIHYPERTENSIVES
TUDORZA PRESSAIR INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA RESPIMAT or tiotropium bromide cap inhaler)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TUKYSA TAB (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
turmeric (curcuma longa) cap	OTC	EXC	ALTERNATIVE MEDICINES
TURMERIC EXT CAP STRENGTH	-	EXC	ALTERNATIVE MEDICINES
TURMERIC-GINGER CHEW TAB	-	EXC	ALTERNATIVE MEDICINES
TURMERIC-GINGER-BLACK PEPPER CHEW TAB	OTC	EXC	ALTERNATIVE MEDICINES
TUSNEL C SYRUP	-	EXC	COUGH/COLD/ALLERGY
TUSNEL SYRUP	-	EXC	COUGH/COLD/ALLERGY
TUSSICAPS (QL= 20 caps/fill, 2 fills/30 days)	QL	Non-Preferred Brands	COUGH/COLD/ALLERGY
tussigon tab (HYCODAN equiv)	-	Select	COUGH/COLD/ALLERGY
tussin cf liquid (QL= 1200ml/30 days)	QL	Select	COUGH/COLD/ALLERGY
TUSSIN COUGH LIQUID DM	-	EXC	COUGH/COLD/ALLERGY
TUXARIN ER TAB (QL= 20 tabs/fill, 2 fills/30 days)	QL	Non-Preferred Brands	COUGH/COLD/ALLERGY
TUZISTRA XR SUSP (QL= 120ml/fill, 2 fills/30 days)	QL	Non-Preferred Brands	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	Preventive	VACCINES
TWIRLA PATCH	-	Preventive	CONTRACEPTIVES
TWYNEO CREAM	OTC	EXC	DERMATOLOGICALS
TWYNSTA TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
TYBLUME TAB	-	Preventive	CONTRACEPTIVES
TYBOST TAB	-	Preferred Brands	ANTIVIRALS
TYENNE INJ	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
TYENNE INJ (QL= 1.8ml/28 days)	--AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
TYKERB TAB	AMSP-PA	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYLENOL COLD FLU SEVERE PAK	OTC	EXC	COUGH/COLD/ALLERGY

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TYMLOS INJ (QL= 1.56 units/30 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYPHOID VI MULTI-DOSE	-	Preventive	VACCINES
TYPHOID VI PREFILLED SYRINGE	VAC	Preventive	VACCINES
TYRUKO CON	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TYRVAYA SOLN (QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	QL-ST	Preferred Brands	OPHTHALMIC AGENTS
TYVASO DPI POWDER 16-32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER 48-80MCG (QL = 224 cartridges/28 days)	PA-QL	Preferred 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	Preferred 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	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TYZAVAN INJ	-	Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
TYZEKA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ANTIVIRALS
TZIELD INJ	-	EXC	ANTIDIABETICS
ubiquinol liposomal liquid (CYTO-Q MAX equiv)	OTC	EXC	ALTERNATIVE MEDICINES
UBRELVY TAB (QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptan ODT, sumatriptan tab)	QL-ST	Preferred Brands	MIGRAINE PRODUCTS
UCERIS RECTAL FOAM (QL= 100.2g/30 days)	QL	Non-Preferred Brands	ANORECTAL AND RELATED PRODUCTS
UDENYCA INJ (QL = 2 injectors/28 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS

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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
UDENYCA INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
ULESFIA LOTION	OTC	EXC	DERMATOLOGICALS
ULORIC TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	GOUT AGENTS
ULTRA PRENATAL VITAMIN CAP	-	EXC	MULTIVITAMINS
ULTRASOUND GEL BLUE	-	EXC	DIAGNOSTIC PRODUCTS
ULTRAVATE LOTION (QL= 200mL/30 days; ST req trial of 2 high potency steroids: betamethasone, clobetasol, halobet- crm/oint, or fluocinonide)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
UMECLIDINIUM ELLIPTA INHALER 62.5MCG/INH (QL= 30 units/30 days)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
UMECLIDINIUM/VILANTEROL INHALER 62.5-25MCG/ACT (QL= 60 grams/3(days)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
UMECTA EMULSION	-	Non-Preferred Brands	DERMATOLOGICALS
umecta mouss aer (HYDRO 40 equiv)	-	High Cost Generics	DERMATOLOGICALS
UMECTA PD EMULSION	-	Non-Preferred Brands	DERMATOLOGICALS
UMECTA SUSP	-	EXC	DERMATOLOGICALS
UNDECYLENIC ACID CREAM	-	EXC	DERMATOLOGICALS
undecylenic acid soln (GORDOCHOM equiv)	-	EXC	DERMATOLOGICALS
undecylenic acid-aluminum chlorohydrate aerosol powder	OTC	EXC	DERMATOLOGICALS
UNISOM SIMPL CHW SLUMBERS	-	EXC	ALTERNATIVE MEDICINES
UNLOXCYT SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
UPNEEQ SOLN (QL= 30 droppers/30 days)	PA-QL	Non-Preferred Brands	OPHTHALMIC AGENTS
UPTRAVI INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN GEL	-	EXC	DERMATOLOGICALS
urea cream	-	EXC	DERMATOLOGICALS
UREA EMULSION	-	EXC	DERMATOLOGICALS
UREA FOAM	-	EXC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	EXC	DERMATOLOGICALS
urea lotion	OTC	EXC	DERMATOLOGICALS
UREA LOTION 40%	-	EXC	DERMATOLOGICALS
UREA NAIL KIT	-	Non-Preferred Brands	DERMATOLOGICALS

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urea soln	-	EXC	DERMATOLOGICALS
UREA SUSP	-	EXC	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	EXC	DERMATOLOGICALS
UREA/SALICYLIC CREAM	-	EXC	DERMATOLOGICALS
UREA-LACTIC ACID CREAM	OTC	EXC	DERMATOLOGICALS
UREAPRO POWDER	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
URELLE TAB	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
URSODIOL CAP (Step therapy requires trial of ursodiol tab)	ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
ursodiol cap (ACTIGALL equiv)	ST--	Select	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
URSOLIGN CAP 150MG (QL= 3 caps/day; ST req trial of ursodiol tablet AND ursodiol 300mg capsule)	QL-ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
USTEKIN-AEKN INJ 45/0.5ML (QL= 0.5mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
USTEKIN-AEKN INJ 90MG/ML (QL= 1.0mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
USTEKINUMAB INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.
USTEKINUMAB INJ 45MG/0.5ML (QL= 0.5 mL/84 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
USTEKINUMAB INJ 90MG/ML (QL= 1 mL/84 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
USTEKINUMAB-AEKN 45MG/0.5ML (QL= 0.5mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
USTEKINUMAB-AEKN 90MG/ML (QL= 1.0mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
ustell cap	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
UTA CAP	-	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
UTA cap	-	Select	ANTI-INFECTIVE AGENTS - MISC.
UZEDY INJ	AMSP	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VABRINTY INJ 22.5MG	LMSP-PA	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VABRINTY INJ 30MG	LMSP-PA	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VABRINTY INJ 45MG	LMSP-PA	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
VABRINTY INJ 7.5MG	LMSP-PA	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VABYSMO INJ	-	EXC	OPHTHALMIC AGENTS
VAFSEO TAB	-	EXC	HEMATOPOIETIC AGENTS
vaginal lubricant - gel	OTC	EXC	VAGINAL AND RELATED PRODUCTS
vaginal moisturizer - gel	OTC	EXC	VAGINAL AND RELATED PRODUCTS
vaginal moisturizer - lotion	OTC	EXC	VAGINAL AND RELATED PRODUCTS
VAGISIL CREAM	-	EXC	VAGINAL AND RELATED PRODUCTS
valacyclovir tab (VALTREX equiv)	-	Select	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	DERMATOLOGICALS
valerian (valeriana officinalis) cap	OTC	EXC	ALTERNATIVE MEDICINES
VALERIAN CAP	OTC	EXC	ALTERNATIVE MEDICINES
valganciclovir soln (VALCYTE equiv)	-	Select	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	Select	ANTIVIRALS
valproic acid cap (DEPAKENE equiv)	-	Select	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	Select	ANTICONVULSANTS
valsartan oral soln (QL= 2400mL/30 days)	QL	Select	ANTIHYPERTENSIVES
valsartan tab (DIOVAN equiv)	-	Select	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	Select	ANTIHYPERTENSIVES
VALTOCO NASAL SPRAY (QL= 5 doses/fill, 4 fills/month)	QL	Preferred Brands	ANTICONVULSANTS
VALTYA 1/50 TAB	-	Preventive	CONTRACEPTIVES
VANACOF 2 SOL 12.5-1MG	-	EXC	COUGH/COLD/ALLERGY
VANACOF CP LIQ	-	EXC	COUGH/COLD/ALLERGY
VANACOF LIQUID	-	EXC	COUGH/COLD/ALLERGY
VANCOCIN CAP 125MG (QL= 56 caps/30 days)	QL	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
VANCOCIN CAP 250MG (QL= 112 caps/30 days)	QL	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days)	QL	Select	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days)	QL	Select	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl for iv soln (VANCOMYCIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl for oral soln 25mg/ml (FIRVANQ equiv) (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution)	QL-ST	High Cost Generics	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl for oral soln 50mg/ml (FIRVANQ equiv) (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution)	QL-ST	High Cost Generics	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN INJ	-	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN INJ	-	Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN INJ	-	Select	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
VANCOMYCIN SOLN	-	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
VANFLYTA TAB (QL= 60 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VANIQA CREAM	-	EXC	DERMATOLOGICALS
VANISH LIQ	-	EXC	MOUTH/THROAT/DENTAL AGENTS
VANOS CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
VANRAFIA TAB (QL= 30 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
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.
VARIVAX INJ	VAC	Preventive	VACCINES
VARUBI TAB (QL= 2 tabs/day; Step Therapy requires trial of ondansetron)	QL-ST	Preferred Brands	ANTIEMETICS
VASCEPA CAP 0.5GM (QL= 2 caps/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
VASCEPA CAP 1GM (QL= 4 caps/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
VASOPRE/NACL INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VASOPRESSIN INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
vasopressin iv soln (VASOSTRICT equiv)	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VASOPRESSIN SOLN	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VASOPRESSIN-NACL INJ SOLN PREF SYRINGE	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VASOSTRICT INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VASOSTRICT SOLN	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VAXCHORA SUSP	VAC	Preventive	VACCINES
VAXELIS INJ	VAC	Preventive	TOXOIDS
VAXNEUVANCE INJ	VAC	Preventive	VACCINES
v-c forte cap (V-C FORTE equiv)	OTC	EXC	MULTIVITAMINS
VECAMYL TAB	AMSP-PA	Non-Preferred Specialty	ANTIHYPERTENSIVES

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Drug Name	Special Code	Tier	Category
VECTIBIX INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VEGZELMA IV SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELCADE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELIVET PAK	-	Preventive	CONTRACEPTIVES
velivet tab (CYCLESSA equiv)	-	Preventive	CONTRACEPTIVES
VELPHORO CHEW TAB (QL= 6 tabs/day; Step Therapy requires trial of sevelamer followed by lanthanum)	QL-ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
VELSIPITY TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER (QL= 1 packet/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma)	QL-ST	Non-Preferred Brands	ASSORTED CLASSES
VELTASSA POWDER 1GM (QL= 4 packets/day; ST req trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma)	QL-ST	Non-Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
VEMLIDY TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Onco360 877-662-6633)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB (Only available through Onco360 877-662-6633)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	Select	ANTIDEPRESSANTS
venlafaxine ER tab	-	High Cost Generics	ANTIDEPRESSANTS
VENLAFAXINE ER TAB	-	Preferred Brands	ANTIDEPRESSANTS
VENLAFAXINE TAB (QL= 2 tabs/day; Step therapy requires trial of venlafaxine ER HCL cap/tab)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	QL-ST	Select	ANTIDEPRESSANTS
VENNGEL ONE KIT	OTC	EXC	DERMATOLOGICALS
VENOFER INJ	-	EXC	HEMATOPOIETIC AGENTS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
VENTIVA DROP 0.7%	-	EXC	OPHTHALMIC AGENTS
VENTIVA PLUS DROP	-	EXC	OPHTHALMIC AGENTS
VEOPOZ INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
VEOZAH TAB (QL= 30 tabs/30 days; ST requires trial of 2: parox, escital, venlafax, desven AND trial of 1: gabapen, pregab, clonidine)	QL-ST	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
VERAPAMIL CAP ER (QL= 1 cap/day; Step requires trial of verapamil ER tablets (generic Calan) AND diltiazem ER capsules)	QL-ST	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP (QL= 1 cap/day; Step requires trial of verapamil ER tablets (generic Calan) AND diltiazem ER capsules)	QL-ST	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
verapamil inj	-	EXC	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN equiv) (Step Therapy requires trial of verapamil ER tab (generic Calan))	ST	High Cost Generics	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	Non-Preferred Brands	DERMATOLOGICALS
VEREGEN OINT	-	Non-Preferred Brands	DERMATOLOGICALS
VERELAN CAP	-	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
VERKAZIA EMULSION 0.1% OPHTH (QL= 4 vials/day, 6 fills/year; ST requires trial of 1: fluorometholone ophth, dexamethasone ophth, prednisolone ophth or loteprednol ophth)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
VERQUVO TAB (QL= 30 tabs/30 days)	QL	Non-Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
VERSACLOZ SUSP	-	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VERSAPENN AL GEL ANHYDROU	-	EXC	PHARMACEUTICAL ADJUVANTS
VERSATILE ANHYDROUS CREAM	-	EXC	PHARMACEUTICAL ADJUVANTS
VERZENIO TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE LS SUSP (QL= 2 bottles/30 days; Step Therapy requires trial of oxybutynin IR/ER and solifenacin tabs)	QL-ST	Non-Preferred Brands	URINARY ANTISPASMODICS
VESICARE TAB (QL= 1 tab/day; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	QL-ST	Non-Preferred Brands	URINARY ANTISPASMODICS
VEVYE DROP 0.1% (QL= 6ml/30 days; ST req trial of cyclosporine ophthalmic emulsion)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
V-GO INJ KIT (QL= 1 kit/day)	QL	Non-Preferred Brands	MEDICAL DEVICES AND SUPPLIES
VIBERZI TAB	-	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
VIBRAMYCIN CAP (QL= 2 caps/day)	QL	Non-Preferred Brands	TETRACYCLINES
VIBRAMYCIN SYRUP	-	Non-Preferred Brands	TETRACYCLINES
VIBRANT	-	EXC	LAXATIVES
vibrant starter kit	-	EXC	LAXATIVES
VICKS DAYQIL CAP /NYQIL-D	OTC	EXC	COUGH/COLD/ALLERGY
VICTOZA INJ (QL= 9ml/30 days; ST requires trial of all of the following: Ozempic, Trulicity, Rybelsus; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands	ANTIDIABETICS
VIDEX SOLN (QL= 600ml/30 days)	QL	Preferred Brands	ANTIVIRALS
VIEKIRA PAK TAB (QL= 4 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
VIEKIRA XR TAB (QL= 3 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	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
VIGAFYDE SOLN (QL= 750ml/30 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	ANTICONVULSANTS
VIGAMOX OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
VIIBRYD STARTER KIT (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred Brands	ANTIDEPRESSANTS
VIIBRYD TAB (QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
VIJOICE GRANULES PACKET (QL= 1 packet/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
VIJOICE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox)	QL-ST	High Cost Generics	ANTIDEPRESSANTS
VIMKUNYA INJ	-	EXC	VACCINES

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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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Drug Name	Special Code	Tier	Category
VIMOVO TAB	-	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT INJ	-	EXC	ANTICONVULSANTS
VIMPAT SOLN (QL= 1200ml/30 days)	QL	Non-Preferred Brands	ANTICONVULSANTS
VIMPAT TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
VINCRISTINE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
vincristine sulfate iv soln (VINCRISTINE equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIOKACE TAB (Step Therapy requires trial of Creon)	ST	Non-Preferred Brands	DIGESTIVE AIDS
viorele tab, kariva tab (MIRCETTE equiv)	-	Preventive	CONTRACEPTIVES
VIRACEPT TAB	-	Preferred Brands	ANTIVIRALS
VIRAMUNE SUSP (QL= 1200ml/30 days)	QL	Non-Preferred Brands	ANTIVIRALS
VIRAMUNE TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
VIRAMUNE XR TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIVIRALS
VIREAD POWDER (No deductible, coinsurance or other UM edits when used for PEP / PrEP)	RDX	Preferred Brands	ANTIVIRALS
VIREAD TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIVIRALS
VIREAD TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands	ANTIVIRALS
VISINE DRY EYE SOLN	OTC	EXC	OPHTHALMIC AGENTS
VISINE TOTAL SOLN COMFORT	OTC	EXC	OPHTHALMIC AGENTS
VISIPAQUE INJ	-	EXC	DIAGNOSTIC PRODUCTS
VISTASEAL KIT	-	EXC	HEMOSTATICS
VISTOGARD PAK (Only available through Biologics 800-850-4306)	LD	Preferred Specialty	ANTIDOTES
VITAFOL STRIPS	-	Non-Preferred Brands	MULTIVITAMINS
VITAMIN A GARMENT SPRAY	-	EXC	DERMATOLOGICALS
VITAMIN A LIQUID	-	EXC	VITAMINS
VITAMIN A OIL	-	EXC	CHEMICALS
VITAMIN B-1 CAP	OTC	EXC	VITAMINS
VITAMIN B1 LIQUID	-	EXC	VITAMINS

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Drug Name	Special Code	Tier	Category
VITAMIN B12 LIQ	-	EXC	HEMATOPOIETIC AGENTS
VITAMIN B-12 TAB 1500 TR	-	EXC	HEMATOPOIETIC AGENTS
VITAMIN B2 LIQUID	-	EXC	VITAMINS
VITAMIN B-2 TAB	OTC	EXC	VITAMINS
VITAMIN B3 LIQUID	-	EXC	VITAMINS
VITAMIN B5 LIQUID	-	EXC	VITAMINS
VITAMIN B6 LIQUID	-	EXC	VITAMINS
VITAMIN B-6 TAB	-	EXC	VITAMINS
VITAMIN C TR TAB	OTC	EXC	VITAMINS
VITAMIN C VAGINAL TAB	-	EXC	VAGINAL AND RELATED PRODUCTS
vitamin d and k cap	OTC	EXC	MULTIVITAMINS
VITAMIN D AND K DROPS	OTC	EXC	MULTIVITAMINS
vitamin d and k tab	OTC	EXC	MULTIVITAMINS
vitamin D cap (RX strength only)	-	Select	VITAMINS
VITAMIN D3 CAP	-	EXC	VITAMINS
VITAMIN D-CALCIUM BETA HYDROXY BETA METHYLBUTYRATE	OTC	EXC	ALTERNATIVE MEDICINES
VITAMIN E CAP	OTC	EXC	VITAMINS
VITAMIN E DROPS	-	EXC	VITAMINS
VITAMIN E LIQUID	-	EXC	VITAMINS
vitamins w/ lipotropics tab	OTC	EXC	MULTIVITAMINS
VITA-PAC CAP	OTC	EXC	MULTIVITAMINS
VITEX FRUIT CAP	-	EXC	ALTERNATIVE MEDICINES
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI CAP 25MG (QL= 8 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 888-773-7376)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRECYL IRON TAB	-	EXC	MULTIVITAMINS
VITRECYL TAB	-	EXC	MULTIVITAMINS
VIVELLE-DOT PATCH (QL= 8 patches/28 days)	QL	Non-Preferred Brands	ESTROGENS
VIVITROL INJ	AMSP	Preferred Specialty	ANTIDOTES
VIVJOA CAP (QL= 18 capsules/84 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIFUNGALS
VIVLODEX CAP (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP	-	Preventive	VACCINES
VIZIMPRO TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIZZ OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
VOCABRIA TAB	-	EXC	ANTIVIRALS
VONJO CAP (QL= 120 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOPAC 5 CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
VOQUEZNA DUAL PAK (QL= 1 pack/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole))	QL-ST	Non-Preferred Brands	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
VOQUEZNA TAB	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
VOQUEZNA TRIP PAK (QL= 1 pack/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole))	QL-ST	Non-Preferred Brands	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
VORANIGO TAB (QL= 30 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VORANIGO TAB 10MG (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VORICONAZOLE INJ	-	EXC	ANTIFUNGALS
voriconazole susp (VFEND equiv)	-	Select	ANTIFUNGALS
voriconazole tab (VFEND equiv)	-	Select	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANTIVIRALS
VOTRIENT TAB (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOTRIENT TAB (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOWST CAP (QL= 12 caps/30 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
VOXZOGO INJ (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
VOYDEYA TAB (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
VOYDEYA TAB THERAPY PACK (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
VOYXACT INJ (QL= 2 mL/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
VP-PNV-DHA CAP	-	Select	MULTIVITAMINS

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Drug Name	Special Code	Tier	Category
VRAYLAR CAP (QL= 1 cap/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK (QL= 2 packs/plan year; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VSL #3 CAP	-	Non-Preferred Brands	ANTIDIARRHEALS
VTAMA CREAM (QL= 60 grams/30 days)	PA-QL	Non-Preferred Brands	DERMATOLOGICALS
VTOL SOLN	-	Select	ANALGESICS - NONNARCOTIC
VUEWAY INJ	-	EXC	DIAGNOSTIC PRODUCTS
VUITY OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
VUITY OPHTH SOLN 1.25%	-	EXC	OPHTHALMIC AGENTS
VUMERITY CAP (QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine)	AMSP-QL-ST	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYAFUSER MIS PUMP	-	EXC	MEDICAL DEVICES AND SUPPLIES
VYBRIQUE ORAL FILM	-	EXC	CARDIOVASCULAR AGENTS - MISC.
VYJUVEK GEL (QL= 10ml/28 days; Only available through Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
VYKAT XR TAB 150MG (QL= 90 tabs/30 days)	PA-QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
VYKAT XR TAB 25MG (QL= 120 tabs/30 days)	PA-QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
VYKAT XR TAB 75MG (QL= 210 tabs/30 days)	PA-QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
VYKOURA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VYLEESI INJ (QL= 2.4 ml/28 days)	PA-QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYLOY INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VYNDAMAX CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
VYSCOXA SUSP (QL= 840 mL/21 days; ST req trial of celecoxib cap [can be opened/sprinkled], ibuprofen susp, and naproxen susp)	QL-ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
VYTORIN TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS

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Drug Name	Special Code	Tier	Category
VYVANSE CAP (QL= 1 cap/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
VYVANSE CHEW TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
VYVGART HYTRULO INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
VYVGART HYTRULO INJ (QL= 20mL/28 days; Only available through Walgreens 888-347-3416)	--LD-PA-QL	Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
VYVGART INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
VYZULTA SOLN (QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
WAINUA INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
WAINUA INJ (QL= 0.8ml/28 days; Only available through Orsini Pharmacy 800-410-8575)	--LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
WAL-SLEEP Z TAB	OTC	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
WAL-TUSSIN CF LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
warfarin tab (COUMADIN equiv)	-	Select	ANTICOAGULANTS
WAYRILZ TAB (QL= 60 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
WEED MIX 7B INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
WEGOVY HD INJ 7.2MG/0.75ML	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
WEGOVY INJ (QL= 2 mL/28 days; Excluded for weight loss)	PA-QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
WEGOVY INJ 1.7MG (QL= 3 ml/28 days; Excluded for weight loss)	PA-QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
WEGOVY INJ 2.4MG (QL= 3 ml/28 days; Excluded for weight loss)	PA-QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
WEGOVY TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
WELCHOL PACK	-	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
WELCHOL TAB	-	Non-Preferred Brands	ANTIHYPERLIPIDEMICS

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WELIREG TAB (QL= 90 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WESTERN JUNIPER INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
WEZLANA INJ (QL = 0.5ml/84 days; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
WEZLANA IV INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.
WEZLANA SYRINGE 45MG/0.5ML (QL = 0.5ml/84 days; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
WEZLANA SYRINGE 90MG/ML (QL = 1ml/84 days; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
wheat dextrin oral powder	OTC	EXC	LAXATIVES
wheat dextrin-calcium chew tab	OTC	EXC	LAXATIVES
WHITE ALDER INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
WHITE ASH INJ	-	EXC	DIAGNOSTIC PRODUCTS
WHITE BIRCH INJ	-	EXC	DIAGNOSTIC PRODUCTS
WHITE POTATO INJ	-	EXC	DIAGNOSTIC PRODUCTS
WHOLE GRAIN BARLEY INJ	-	EXC	DIAGNOSTIC PRODUCTS
WHOLE WHEAT INJ	-	EXC	DIAGNOSTIC PRODUCTS
WIDAPLIK TAB (QL= 2 tabs/day; ST req trial of 1: olmesartan-amlodipine-HCTZ)	QL-ST	Non-Preferred Brands	ANTIHYPERTENSIVES
WILATE INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
WINLEVI CREAM (QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
WINREVAIR INJ (QL= 1 kit/21 days; Only available through Accredo 800-803-2523 or Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
witch hazel (hamamelis virginiana) liqd	OTC	EXC	DERMATOLOGICALS
wound cleansers - liquid	OTC	EXC	DERMATOLOGICALS
wound cleansers - solution	OTC	EXC	DERMATOLOGICALS
wound dressings - gel	OTC	EXC	DERMATOLOGICALS
wound dressings - misc	OTC	EXC	DERMATOLOGICALS
wound dressings - pads	OTC	EXC	DERMATOLOGICALS
wound dressings - powder	OTC	EXC	DERMATOLOGICALS
WPR PLUS	-	Non-Preferred Brands	DERMATOLOGICALS
WSTRN RAGWD INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
WYNZORA CREAM (QL= 400 gm/30 days; Step Therapy requires trial 2 high potent steroids (betameth- oint/crm/lot, clobet-, halobet-, fluocin-), and calcipotri-)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS

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WYOST INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XACDURO INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
XACIATO GEL (QL= 25 grams/30 days; Trial of 2: metronidazole gel, clindamycin vaginal cream AND trial of 1: metronid tab or clinda cap)	QL-ST	Non-Preferred Brands	VAGINAL AND RELATED PRODUCTS
XADAGO TAB (QL= 30 tabs/30 days; Step therapy requires trial of of carbidopa/levodopa)	AMSP-QL-ST	Non-Preferred Brands	ANTIPARKINSON AGENTS
XALATAN OPHTH SOLN (Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
XALKORI CAP (QL= 2 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XALKORI SPRINKLE CAP (QL= 6 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XAQUIL XR TAB	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
XARELTO STARTER PACK 15MG/20MG (QL= 1 pack/30 days)	QL	Preferred Brands	ANTICOAGULANTS
XARELTO SUSP (QL= 10mL/day)	QL	Preferred Brands	ANTICOAGULANTS
XARELTO TAB (QL= 60 tabs/30 days)	QL	Preferred Brands	ANTICOAGULANTS
XARELTO TAB 10MG (QL= 30 tabs/30 days)	QL	Preferred Brands	ANTICOAGULANTS
XARELTO TAB 15MG (QL= 60 tabs/30 days)	QL	Preferred Brands	ANTICOAGULANTS
XARELTO TAB 20MG (QL= 30 tabs/30 days)	QL	Preferred Brands	ANTICOAGULANTS
XARTEMIS XR TAB (QL= 12 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
XCOPRI PAK 100-150MG (QL= 1 pack/28 days; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
XCOPRI PAK 150-200MG (QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
XCOPRI PAK 50-200MG (QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
XCOPRI TAB 100MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
XCOPRI TAB 150MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS

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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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Drug Name	Special Code	Tier	Category
XCOPRI TAB 200MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
XCOPRI TAB 25MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
XCOPRI TAB 50MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
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	Preferred Specialty	OPHTHALMIC AGENTS
XELJANZ ORAL SOLN (QL= 10mL/day)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ TAB (QL= 2 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
XELODA TAB	AMSP	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XELPROS OPHTH EMULSION (Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
XELSTRYM PAD (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
XEMBIFY INJ	LMSP-PA	Non-Preferred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
XENAZINE TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XENICAL CAP	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
XENLETA TAB (QL= 10 tabs/fill, 1 fill/month)	AMSP-PA-QL	Non-Preferred Specialty	ANTI-INFECTIVE AGENTS - MISC.
XENON XE 129 HYPERPOLARIZED INHALATION GAS	-	EXC	DIAGNOSTIC PRODUCTS

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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
XENPOZYME INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XEPI CREAM (QL= 30gm/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
XERESE CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
XERMELO TAB (QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Biologics 800-850-4306)	LD-PA-QL-ST	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
XGEVA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XHANCE NASAL EXHALER	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
XICLO PAD	-	EXC	DERMATOLOGICALS
XICLOFEN OINT	-	EXC	DERMATOLOGICALS
XIFAXAN TAB 200MG (QL= 9 tabs/fill, 2 fills/month)	PA-QL	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 2 tabs/day)	PA-QL	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
XIFYRM INJ	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
XIGDUO XR TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIDIABETICS
XIGDUO XR TAB 2.5-1000MG (QL= 2 tabs/day)	QL	Preferred Brands	ANTIDIABETICS
XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIDIABETICS
XIGDUO XR TAB 5-500MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIDIABETICS
XIIDRA OPHTH SOLN (QL= 60ml/30days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
XILOGEL POWDER	-	EXC	CHEMICALS
XIPERE INJ	-	EXC	OPHTHALMIC AGENTS
XODOL TAB 10MG-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
XODOL TAB 5MG-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
XODOL TAB 7.5MG-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
XOFLUZA TAB (QL= 2 tabs/120 days)	QL	Non-Preferred Brands	ANTIVIRALS

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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
XOFLUZA TAB THERAPY PACK 40MG (QL= 2 tabs/120 days)	QL	Non-Preferred Brands	ANTIVIRALS
XOFLUZA TAB THERAPY PACK 80MG (QL= 2 tabs/120 days)	QL	Non-Preferred Brands	ANTIVIRALS
XOLAIR INJ (QL= 1 syringe/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ (QL= 1 vial/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 150MG/ML (QL= 1ml/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 75MG/0.5ML (QL= 0.5ml/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLEGEL	-	Non-Preferred Brands	DERMATOLOGICALS
XOLEGEL COREPAK KIT	-	Non-Preferred Brands	DERMATOLOGICALS
XOLREMDI CAP (QL= 60 caps/20 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
XOSPATA TAB (QL= 3 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XPHOZAH TAB (QL= 60 tablets/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
XPOVIO PAK 10MG (QL= 16 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XPOVIO PAK 80MG (QL= 4 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XPOVIO TAB (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XROMI SOLN (ST req trial of Droxia capsule)	ST	Non-Preferred Brands	HEMATOPOIETIC AGENTS
XRYLIX PAK	-	EXC	DERMATOLOGICALS
XTAMPZA ER CAP 13.5MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID

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Drug Name	Special Code	Tier	Category
XTAMPZA ER CAP 18MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
XTAMPZA ER CAP 27MG (QL= 4 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
XTAMPZA ER CAP 36MG (QL= 8 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
XTAMPZA ER CAP 9MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
XTANDI CAP (QL= 4 caps/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 40MG (QL= 4 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 80MG (QL= 2 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTRENBO SOLN	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XULTOPHY INJ (QL= 15ml/30 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC and RYBELSUS)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
XURIDEN POWDER (Only available through Onco360 877-662-6633)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
XYLITOL GEL	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
XYLITOL GUM	-	EXC	MOUTH/THROAT/DENTAL AGENTS
XYMODINE CAP	OTC	EXC	MINERALS & ELECTROLYTES
XYNTHA INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
XYOSTED INJ (QL= 4ml/28 days)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
XYWAV SOLN (Only available through Xyrem Central Pharmacy 314-587-4050)	LD-PA	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZAL 24HR SOL	OTC	EXC	ANTIHISTAMINES
XYZAL SOLN	OTC	EXC	ANTIHISTAMINES
YAGERS LIQ LINIMENT	OTC	EXC	DERMATOLOGICALS
YARTEMLEA INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
YAZ TAB	-	Non-Preferred Brands	CONTRACEPTIVES
YESAFILI INJ	-	EXC	OPHTHALMIC AGENTS
YESINTEK INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.

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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
YESINTEK INJ (QL= 1 vial/84 days)	--AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
YESINTEK INJ 45MG/0.5ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
YESINTEK INJ 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
YF-VAX INJ	-	Preventive	VACCINES
YIMMUGO INJ	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
YONI FIT MIS KIT	-	EXC	MEDICAL DEVICES AND SUPPLIES
YONSA TAB (QL= 4 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YORVIPATH INJ 168 MCG/0.56ML (QL= 1.12ml/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
YORVIPATH INJ 294 MCG/0.98ML (QL= 1.96ml/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
YORVIPATH INJ 420 MCG/1.4ML (QL= 2.80ml/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
YOSPRALA TAB	--OTC	EXC	HEMATOLOGICAL AGENTS - MISC.
YUFLYMA 2SYR KIT 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
YUFLYMA KIT 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
YUFLYMA KIT 80MG/0.8ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
YUPELRI SOLN (QL= 90ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA RESPIMAT or tiotropium bromide cap inhaler)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
YUSIMRY INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
YUTREPIA CAP (QL= 5 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
YUVEZZI SOLN	-	EXC	OPHTHALMIC AGENTS
zafemy patch (XULANE equiv)	-	Preventive	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv) (QL= 2 caps/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS

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Drug Name	Special Code	Tier	Category
ZANAFLEX CAP (QL= 4 caps/day; ST req trial of tizanadine tabs (2,4,6mg) and 2 of: cyclobenzaprine, methocarbamol, orphenadrine)	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
ZARXIO INJ (QL= 15 syringes/30 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
ZARXIO INJ 480/0.8 (QL= 15 syringes/30 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
ZAVESCA CAP (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
ZAVZPRET SPRAY (QL= 6 sprays/30 days; ST req trial of 2 oral triptan (sumatriptan, naratriptan, rizatriptan) followed by sumatriptan nasal)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
ZECUITY PAD (QL= 4 pads/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
ZEGERID CAP	-	EXC	ULCER DRUGS
ZEGERID POWDER PACK	-	EXC	ULCER DRUGS
ZEJULA CAP (QL= 30 caps/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEJULA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	Non-Preferred Brands	ANTIPARKINSON AGENTS
ZELBORAF TAB (QL= 8 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELSUVMI GEL (QL= 31g/30 days)	PA-QL	Non-Preferred Brands	DERMATOLOGICALS
ZEMAIRA INJ	-	EXC	RESPIRATORY AGENTS - MISC.
ZENIFIBER AG PAD	-	EXC	DERMATOLOGICALS
ZENPEP CAP 10000 UNIT	-	Preferred Brands	DIGESTIVE AIDS
ZENPEP CAP 15000 UNIT	-	Preferred Brands	DIGESTIVE AIDS
ZENPEP CAP 20000 UNIT	-	Preferred Brands	DIGESTIVE AIDS
ZENPEP CAP 25000 UNIT	-	Preferred Brands	DIGESTIVE AIDS
ZENPEP CAP 3000 UNIT	-	Preferred Brands	DIGESTIVE AIDS
ZENPEP CAP 40000 UNIT	-	Preferred Brands	DIGESTIVE AIDS
ZENPEP CAP 5000 UNIT	-	Preferred Brands	DIGESTIVE AIDS

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Drug Name	Special Code	Tier	Category
ZENPEP CAP 60000 UNIT	-	Preferred Brands	DIGESTIVE AIDS
ZEPATIER TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
ZEPBOUND INJ (QL= 2.4mL/28 days; Excluded for Weight Loss)	PA-QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ZEPBOUND INJ (QL= 2mL/28 days; Excluded for Weight Loss)	PA-QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ZEPBOUND VIAL INJ	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ZEPHREX-D TAB	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
zephrex-d tab 30mg (QL= 240 tabs/30 days)	QL	High Cost Generics	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZEPOSIA CAP (QL=30 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZEPOSIA STARTER PACK (QL= 37 caps/37 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZERIGO HEALTH KIT	OTC	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
ZERIT CAP (QL= 2 caps/day)	QL	Non-Preferred Brands	ANTIVIRALS
ZERVIATE OPHTH SOLN (QL= 30 single use containers/30 days)	QL	Preferred Brands	OPHTHALMIC AGENTS
ZESTAMA LIQ	OTC	EXC	DERMATOLOGICALS
ZETIA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ZETONNA NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZEVASKYN MIS	-	EXC	DERMATOLOGICALS
ZEVTERA INJ	-	EXC	CEPHALOSPORINS
ZIAGEN SOLN (QL= 960ml/30 days)	QL	Non-Preferred Brands	ANTIVIRALS
ZIAGEN TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
ZIANA GEL (QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
zidovudine cap (RETROVIR equiv) (QL= 6 caps/day)	QL	Select	ANTIVIRALS
zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days)	QL	Select	ANTIVIRALS
zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
ZIEXTENZO INJ (QL= 1.2 units/28 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS

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Drug Name	Special Code	Tier	Category
ZIIHERA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZILACTIN BABY GEL	-	EXC	MOUTH/THROAT/DENTAL AGENTS
ZILBRYSQ INJ 16.6MG/0.416ML (QL= 11.65ml/28 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ZILBRYSQ INJ 23MG/0.574ML (QL= 16.07ml/28 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ZILBRYSQ INJ 32.4MG/0.81ML (QL= 22.68ml/28 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
zileuton ER tab (ZYFLO CR equiv) (QL= 2 tabs/day)	QL	High Cost Generics	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZILXI FOAM (QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
ZIMHI SOLN (QL= 2 syringes/fill, 2 fills/30 days; Step therapy requires trial of 2: naloxone nasal spray, naloxone inj)	QL-ST	Non-Preferred Brands	ANTIDOTES AND SPECIFIC ANTAGONISTS
zinc cap	OTC	EXC	MINERALS & ELECTROLYTES
ZINC CHLORID INJ	-	EXC	MINERALS & ELECTROLYTES
zinc chloride inj	-	EXC	MINERALS & ELECTROLYTES
ZINC CITRATE CHEW TAB	-	EXC	MINERALS & ELECTROLYTES
ZINC GLUCON TAB	OTC	EXC	MINERALS & ELECTROLYTES
ZINC HIGH AB CHEW TAB	-	EXC	MINERALS & ELECTROLYTES
ZINC OXIDE 40% AND DIMETHICONE 1% OINTMENT THERAPY PACK	-	EXC	DERMATOLOGICALS
zinc oxide cream	OTC	EXC	DERMATOLOGICALS
zinc oxide oint	-	EXC	DERMATOLOGICALS
zinc oxide paste	OTC	EXC	DERMATOLOGICALS
zinc sulfate inj	-	EXC	MINERALS & ELECTROLYTES
ZINCTRAL PASTE	OTC	EXC	DERMATOLOGICALS
ZINC-VITAMIN C-VITAMIN A LOZENGE	-	EXC	MINERALS & ELECTROLYTES
ZINGO INJ	-	EXC	LOCAL ANESTHETICS-PARENTERAL
ZIOPTAN OPHTH SOLN (QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv) (QL= 2 caps/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIPSOR CAP (QL= 4 caps/day)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
ZIRGAN OPHTH GEL	-	Preferred Brands	OPHTHALMIC AGENTS
ZITHRANOL SHAMPOO	-	Non-Preferred Brands	DERMATOLOGICALS
ZITHROMAX POWDER PACK	-	Preferred Brands	MACROLIDES

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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
ZITUVIMET XR TAB (QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
ZITUVIO TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
ZOCOR TAB 5MG, 10MG, 20MG, 40MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ZOCOR TAB 80MG (QL= 1 tab/day)	PA-QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ZOFRAN SOLN (QL= 50ml/fill, 1 fill/15 days)	QL	Non-Preferred Brands	ANTIEMETICS
ZOHYDRO ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
ZOKINVY CAP	AMSP-PA	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
ZOLINZA CAP	LMSP-PA-SF	Preferred Specialty	ANTINEOPLASTICS
zolmitriptan nasal spray (ZOMIG equiv) (QL= 6 sprays/30 days; Trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab, elet tab FOLLOWED BY suma nasal)	QL-ST	High Cost Generics	MIGRAINE PRODUCTS
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	High Cost Generics	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/30 days; Trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab, elet tab FOLLOWED BY suma nasal)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
ZOLPIDEM CAP (QL= 1 cap/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, or zolpidem ER tab)	QL-ST	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem er tab 6.25mg (AMBIEN equiv) (QL= 2 tabs/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	Select	HYPNOTICS
zolpidem tab 5mg (AMBIEN equiv) (QL= 2 tabs/day)	QL	Select	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv) (QL= 1 tab/day)	QL	High Cost Generics	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIMIST SPRAY (Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, or zolpidem ER tab)	ST	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

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Drug Name	Special Code	Tier	Category
ZOLYMBUS OPHTH GEL (QL= 1 carton/30 days; ST requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
ZOMACTON INJ	AMSP-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days; Trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab, elet tab FOLLOWED BY suma nasal)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
ZOMIG TAB (QL= 9 tabs/30 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
ZOMIG ZMT (QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
ZONISADE SUSP (QL= 900ml/30 days)	QL	Non-Preferred Brands	ANTICONVULSANTS
zonisamide cap (ZONEGRAN equiv)	-	Select	ANTICONVULSANTS
ZONTIVITY TAB (Step Therapy requires trial of clopidogrel)	ST	Non-Preferred Brands	HEMATOLOGICAL AGENTS - MISC.
ZORTRESS TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
ZORVOLEX CAP (QL= 3 caps/day)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
ZORYVE CREAM (QL= 60 grams/30 days; Step therapy requires trial of calcipotriene cream/oint/soln AND topical tacrolimus oint)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
ZORYVE CREAM 0.05% (QL= 60 grams/30 days; ST req trial of tacrolimus oint)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
ZORYVE CREAM 0.15% (QL= 60g/30 days; ST req trial of tacrolimus oint)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
ZORYVE FOAM 0.3% (QL= 60g/30 days; Step Therapy requires trial of 1 topical steroid (e.g. clobetasol) and 1 topical calcineurin inhibitor (e.g. tacro))	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
ZOVIRAX OINT	-	Non-Preferred Brands	DERMATOLOGICALS
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	ANTICONVULSANTS
ZUBSOLV SL TAB	-	Non-Preferred Brands	ANALGESICS - OPIOID
ZUNVEYL TAB (QL= 2 tabs/day; ST req trial of generic galantamine tab/cap)	QL-ST	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
ZUPLENZ SL FILM (Step Therapy requires trial of ondansetron)	ST	Non-Preferred Brands	ANTIEMETICS
ZURAMPIC TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands	GOUT AGENTS
ZURNAI INJ	-	Preferred Brands	ANTIDOTES AND SPECIFIC ANTAGONISTS
ZURZUVAE CAP 20MG (QL= 28 caps/14 days, 1 fill/365 days)	PA-QL	Non-Preferred Brands	ANTIDEPRESSANTS
ZURZUVAE CAP 25MG (QL= 28 caps/14 days, 1 fill/365 days)	PA-QL	Non-Preferred Brands	ANTIDEPRESSANTS
ZURZUVAE CAP 30MG (QL= 14 caps/14 days, 1 fill/365 days)	PA-QL	Non-Preferred Brands	ANTIDEPRESSANTS
ZUSDURI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZYBIC SUSP 7.5MG/5ML (QL= 10ml/day; Step requires trial of naproxen suspension ibuprofen suspension AND generic meloxicam tablets)	QL-ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
ZYCLARA CREAM 2.5% (QL= 7.5gm/28 days; Step Therapy requires trial of imiquimod cream)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
ZYCUBO INJ (QL= 30 vials/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	MINERALS & ELECTROLYTES
ZYDELIG TAB (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO CR TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYFLO TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 3 caps/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP (QL= 10mL/fill; ST req trial of Tobramycin-Dexamethasone ophth susp AND Neomycin-Polymyxin-Dexamethasone ophth susp)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
ZYLET OPHTH SUSP	QL-ST	Preferred Brands	OPHTHALMIC AGENTS
ZYLOTROL-L KIT	-	EXC	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
ZYMAXID OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
ZYMFENTRA INJ (QL= 2 pens/28 days)	AMSP-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
ZYNLONTA SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYNTEGLO INJ	-	EXC	HEMATOPOIETIC AGENTS
ZYNYZ INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYPITAMAG TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ZYPREXA RELPREVV INJ	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYPREXA TAB	-	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYPREXA ZYDIS TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYRTEC CHILD CHEW ALLERGY	-	EXC	ANTIHISTAMINES
ZYRTEC-D TAB 5-120MG	-	EXC	COUGH/COLD/ALLERGY
ZYTAZE CAP	-	Non-Preferred Brands	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ZYTIGA TAB 250MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYTIGA TAB 500MG (QL= 2 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine tab (EVEKEO equiv) (QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine)	QL-ST	High Cost Generics
amphetamine tab extended release disintegrating (ADZENYS equiv) (QL= 1 tab/day; ST requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (gen Concerta or 27/36/54 nonOSM))	QL-ST	High Cost Generics
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	High Cost Generics
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	High Cost Generics
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	High Cost Generics
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	High Cost Generics
dextroamphetamine ER cap 10mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	High Cost Generics
dextroamphetamine ER cap 15mg (QL= 4 caps/day)	QL	High Cost Generics
dextroamphetamine ER cap 5mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	High Cost Generics
dextroamphetamine soln (PROCENTRA equiv) (QL= 1800ml/30 days)	QL	High Cost Generics
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	High Cost Generics
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate)	QL-ST	High Cost Generics
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	High Cost Generics
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	High Cost Generics
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate)	QL-ST	High Cost Generics
lisdexamfetamine dimesylate cap (VYVANSE equiv) (QL= 1 cap/day)	QL	High Cost Generics
lisdexamfetamine dimesylate chew tab (VYVANSE equiv) (QL= 1 tab/day)	QL	High Cost Generics
methamphetamine hcl tab (METHAMPHETAMINE equiv) (QL= 5 tabs/day; ST req trial of dextro-amphet tab, dexmethylph HC tab, methylphen tab/soln, and dextroamph tab)	QL-ST	High Cost Generics
ADDERALL TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
ADDERALL XR CAP	-	Non-Preferred Brands
ADDERALL XR CAP 10MG (QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap)	QL-ST	Non-Preferred Brands
ADDERALL XR CAP 15MG (QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap)	QL-ST	Non-Preferred Brands

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ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
ADDERALL XR CAP 20MG (QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap)	QL-ST	Non-Preferred Brands
ADDERALL XR CAP 30MG (QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap)	QL-ST	Non-Preferred Brands
ADDERALL XR CAP 5MG (QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap)	QL-ST	Non-Preferred Brands
ADZENYS ER SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Preferred Brands
ADZENYS XR ODT (QL= 1 tab/day; ST requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (gen Concerta or 27/36/54 nonOSM))	QL-ST	Non-Preferred Brands
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP (QL= 240ml/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
ARYNTA SOLN (QL= 7mL/day; ST requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (gen Concerta or 27/36/54 nonOSM))	QL-ST	Non-Preferred Brands
DESOXYN TAB (QL= 5 tabs/day; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine)	QL-ST	Non-Preferred Brands
DEXEDRINE CAP 10MG (QL= 120 caps/30 days)	QL	Non-Preferred Brands
DEXEDRINE CAP 15MG (QL= 4 caps/day)	QL	Non-Preferred Brands
DEXEDRINE CAP 5MG (QL= 2 caps/day)	QL	Non-Preferred Brands
DYANAVEL XR CHEW 10MG (QL= 2 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
DYANAVEL XR CHEW 15MG (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
DYANAVEL XR CHEW 20MG (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
DYANAVEL XR CHEW 5MG (QL= 4 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
EVEKEO ODT (QL= 60 tabs/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Preferred Brands
EVEKEO TAB	-	Non-Preferred Brands

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ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
MYDAYIS CAP 12.5MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Non-Preferred Brands
MYDAYIS CAP 25MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Non-Preferred Brands
MYDAYIS CAP 37.5MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Non-Preferred Brands
MYDAYIS CAP 50MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Non-Preferred Brands
VYVANSE CAP (QL= 1 cap/day)	QL	Non-Preferred Brands
VYVANSE CHEW TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
XELSTRYM PAD (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	Select
amphetamine/dextroamphetamine tab 10mg (ADDERALL equiv) (QL= 180 tabs/30 days)	QL	Select
amphetamine/dextroamphetamine tab 12.5mg (ADDERALL equiv) (QL= 150 tabs/30 days)	QL	Select
amphetamine/dextroamphetamine tab 15mg (ADDERALL equiv) (QL= 120 tabs/30 days)	QL	Select
amphetamine/dextroamphetamine tab 20mg (ADDERALL equiv) (QL= 90 tabs/30 days)	QL	Select
amphetamine/dextroamphetamine tab 30mg (ADDERALL equiv) (QL= 60 tabs/30 days)	QL	Select
amphetamine/dextroamphetamine tab 5mg (ADDERALL equiv) (QL= 360 tabs/30 days)	QL	Select
amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 240 tabs/30 days)	QL	Select
dextroamphetamine 5mg tab (QL= 180 tabs/30 days)	QL	Select
dextroamphetamine tab 10mg (QL= 6 tabs/day)	QL	Select
ANALEPTICS		
caffeine tab	OTC	EXC
CAFCIT INJ	-	Non-Preferred Brands
caffeine citrate soln (CAFCIT equiv)	-	Select
ANOREXIANTS NON-AMPHETAMINE		
benzphetamine tab	-	EXC
DIETHYLPROPION ER TAB	-	EXC
diethylpropion tab	-	EXC
PHENDIMETRAZINE ER TAB	-	EXC
phendimetrazine tab (BONTRIL PDM equiv)	-	EXC
phentermine hcl-topiramate cap (QSYMIA equiv)	-	EXC
PLENITY CAP	-	EXC
QSYMIA CAP	-	EXC
ANTI-OBESITY AGENTS		
FOUNDAYO TAB	-	EXC
liraglutide (weight mngmt) soln pen-inj (SAXENDA equiv)	-	EXC

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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
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
SAXENDA INJ	-	EXC
WEGOVY HD INJ 7.2MG/0.75ML	-	EXC
XENICAL CAP	-	EXC
ZEPBOUND VIAL INJ	-	EXC
WEGOVY INJ (QL= 2 mL/28 days; Excluded for weight loss)	PA-QL	Non-Preferred Brands
WEGOVY INJ 1.7MG (QL= 3 ml/28 days; Excluded for weight loss)	PA-QL	Non-Preferred Brands
WEGOVY INJ 2.4MG (QL= 3 ml/28 days; Excluded for weight loss)	PA-QL	Non-Preferred Brands
WEGOVY TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands
ZEPBOUND INJ (QL= 2.4mL/28 days; Excluded for Weight Loss)	PA-QL	Non-Preferred Brands
ZEPBOUND INJ (QL= 2mL/28 days; Excluded for Weight Loss)	PA-QL	Non-Preferred Brands
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
ATONCY SOLN, ATOMOXETINE HCL SOLN (QL= 25mL/day; ST req trial of 2: atomoxetine AND one of the following: clonidine ER or guanfacine ER)	QL-ST	Non-Preferred Brands
INTUNIV TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
INTUNIV TAB 1MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
INTUNIV TAB 2MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
KAPVAY TAB (QL= 4 tabs/day)	PA-QL	Non-Preferred Brands
ONYDA XR SUSP (QL= 4ml/day; ST req trial of ALL: clonidine ER tab, guanfacine ER tab, and atomoxetine cap)	QL-ST	Non-Preferred Brands
QELBREE ER CAP 100MG (QL= 30 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine)	QL-ST	Non-Preferred Brands
QELBREE ER CAP 150MG (QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine)	QL-ST	Non-Preferred Brands
QELBREE ER CAP 200MG (QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine)	QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
STRATTERA CAP 10MG (QL= 2 caps/day)	QL	Non-Preferred Brands
STRATTERA CAP 18MG (QL= 2 caps/day)	QL	Non-Preferred Brands
STRATTERA CAP 25MG (QL= 2 caps/day)	QL	Non-Preferred Brands
STRATTERA CAP 40MG (QL= 2 caps/day)	QL	Non-Preferred Brands
STRATTERA CAP 60MG (QL= 1 cap/day)	QL	Non-Preferred Brands
atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select
atomoxetine cap 10mg (STRATTERA equiv) (QL= 120 caps/30 days)	QL	Select
atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select
atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select
atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select
atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select
atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select
clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day)	QL	Select
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	QL	Select
guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Select
guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Select
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 150MG (QL= 1 tab/day)	PA-QL	Non-Preferred Brands
SUNOSI TAB 75 MG (QL= 2 tabs/day)	PA-QL	Non-Preferred Brands
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
STIMULANTS - MISC.		
methylphenidate er tab 72mg (RELEXXII equiv)	-	EXC
methylphenidate 10mg ER caps (METHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	High Cost Generics
methylphenidate 20mg ER caps (METHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	High Cost Generics
methylphenidate 30mg ER caps (METHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	High Cost Generics
methylphenidate CD cap (METADATE CD equiv) (QL= 1 cap/day)	QL	High Cost Generics
methylphenidate chew tab (METHYLIN equiv) (QL= 3 tabs/day)	QL	High Cost Generics

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
methylphenidate ER cap (RITALIN LA equiv) (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	High Cost Generics
methylphenidate er cap 10mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	High Cost Generics
methylphenidate er cap 15mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	High Cost Generics
methylphenidate er cap 20mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	High Cost Generics
methylphenidate er cap 30mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	High Cost Generics
methylphenidate er cap 40mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	High Cost Generics
methylphenidate er cap 50mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	High Cost Generics
methylphenidate er cap 60mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	High Cost Generics
methylphenidate ER tab 72mg (QL= 1 tab/day; Step Therapy requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (generic Concerta))	QL-ST	High Cost Generics
methylphenidate td patch (DAYTRANA equiv) (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	High Cost Generics
ADHANSIA XR CAP 25MG (QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
ADHANSIA XR CAP 35MG (QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
ADHANSIA XR, JORNAY PM (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
APTENSIO XR CAP 10MG (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
APTENSIO XR CAP 15MG (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
APTENSIO XR CAP 20MG (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
APTENSIO XR CAP 30MG (QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
APTENSIO XR CAP 40MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
APTENSIO XR CAP 50MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
APTENSIO XR CAP 60MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
AZSTARYS CAP (QL= 30 caps/30 days)	QL	Non-Preferred Brands
CONCERTA TAB 18MG (QL= 1 tab/day)	QL	Non-Preferred Brands
CONCERTA TAB 27MG (QL= 1 tab/day)	QL	Non-Preferred Brands
CONCERTA TAB 36MG (QL= 1 tabs/day)	QL	Non-Preferred Brands
CONCERTA TAB 54MG (QL= 1 tab/day)	QL	Non-Preferred Brands
COTEMPLA XR TAB, METHYLPHENIDATE ER TAB (QL= 1 tab/day; ST req trial of 2: dextroamphetamine-amphet ER, methylphenidate ER (OSM), dexmethylphenidate HCl ER)	QL-ST	Non-Preferred Brands
COTEMPLA XR TAB, METHYLPHENIDATE ER TAB 25.9MG (QL= 2 tabs/day; ST req trial of 2: dextroamphetamine-amphet ER, methylphenidate ER (OSM), dexmethylphenidate HCl ER)	QL-ST	Non-Preferred Brands
DAYTRANA PATCH (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
FOCALIN TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
FOCALIN XR CAP (QL= 1 cap/day)	QL	Non-Preferred Brands
METHYLPHENIDATE ER TAB (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
METHYLPHENIDATE ER TAB 27MG (QL= 1 tab/day)	QL	Non-Preferred Brands
METHYLPHENIDATE ER TAB 36MG (QL= 1 tab/day)	QL	Non-Preferred Brands
METHYLPHENIDATE ER TAB 45MG/RELEXXII TAB 45MG (QL= 1 tab/day)	QL	Non-Preferred Brands
METHYLPHENIDATE ER TAB 54MG (QL= 1 tab/day)	QL	Non-Preferred Brands
METHYLPHENIDATE ER TAB 63MG/RELEXXII TAB 63MG (QL= 1 tab/day)	QL	Non-Preferred Brands
NUVIGIL TAB 150MG (QL= 1 tab/day)	QL	Non-Preferred Brands

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
NUVIGIL TAB 200G (QL= 1 tab/day)	QL	Non-Preferred Brands
NUVIGIL TAB 250MG (QL= 1 tab/day)	QL	Non-Preferred Brands
NUVIGIL TAB 50MG (QL= 3 tabs/day)	QL	Non-Preferred Brands
PROVIGIL TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
QUILLICHEW ER TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
QUILLIVANT XR SUSP (QL= 360ml/30 days)	QL	Non-Preferred Brands
RELEXXII ER TAB 18MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
RELEXXII ER TAB 27MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
RELEXXII ER TAB 36MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
RELEXXII ER TAB 54MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
RITALIN LA CAP (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
RITALIN TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands
armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select
armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select
armodafinil tab 250mg (NUVIGIL equiv) (QL= 60 tabs/30 days)	QL	Select
armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day)	QL	Select
dexmethylphenidate ER 10mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Select
dexmethylphenidate ER 15mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Select
dexmethylphenidate ER 20mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Select
dexmethylphenidate ER 5mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Select
dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day)	QL	Select
dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 60 tabs/30 days)	QL	Select
dexmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 240 tabs/30 days)	QL	Select
dexmethylphenidate tab 5mg (FOCALIN equiv) (QL= 120 tabs/30 days)	QL	Select
methylphenidate ER 18mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Select
methylphenidate ER 27mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Select

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
methylphenidate ER 36mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Select
methylphenidate ER tab (QL= 1 tab/day)	QL	Select
methylphenidate ER tab 10mg (QL= 3 tabs/day)	QL	Select
methylphenidate ER tab 20mg (QL= 3 tabs/day)	QL	Select
METHYLPHENIDATE HCL TAB ER 24HR 18MG (QL= 60 tabs/30 days)	QL	Select
METHYLPHENIDATE HCL TAB ER 24HR 27MG (QL= 60 tabs/30 days)	QL	Select
METHYLPHENIDATE HCL TAB ER 24HR 36MG (QL= 60 tabs/30 days)	QL	Select
methylphenidate soln (METHYLIN equiv)	-	Select
methylphenidate tab 10mg (RITALIN equiv) (QL= 180 tabs/30 days)	QL	Select
methylphenidate tab 20mg (RITALIN equiv) (QL= 90 tabs/30 days)	QL	Select
methylphenidate tab 5mg (RITALIN equiv) (QL= 360 tabs/30 days)	QL	Select
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	Value
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
ACACIA INJ	-	EXC
ALTERNARIA ALTERNATA INJ	-	EXC
AMERICAN ELM INJ	-	EXC
AMERICAN SYCAMORE INJ	-	EXC
ASPEN POLLEN EXTRACT INJ	-	EXC
AUREOBASIDIU SOL PULLULAN	-	EXC
BIPOL SOROKI INJ	-	EXC
BLACK WALNUT INJ	-	EXC
BLACK WILLOW INJ	-	EXC
BLACK/SWEET BIRCH POLLEN INJ	-	EXC
BOX ELDER INJ	-	EXC
CARELESSWEED INJ	-	EXC
CLADO SPHAER INJ	-	EXC
COCKROACH INJ	-	EXC
CORN SMUT INJ	-	EXC
EASTERN COTTONWOOD INJ	-	EXC
ENGLISH PLAN INJ	-	EXC
EPICOCCUM NI INJ	-	EXC
GRASS POLLEN INJ	-	EXC
GREEN ASH POLLEN EXTRACT INJ	-	EXC
GUINEA PIG INJ	-	EXC
MOUNTAIN CEDAR INJ	-	EXC
MUCOR PLUMBE SOL	-	EXC
NETTLE INJ	-	EXC
OREGON ASH POLLEN EXTRACT INJ	-	EXC
PECAN POLLEN INJ	-	EXC
QUACK GRASS INJ	-	EXC
RED ALDER INJ	-	EXC
RED CEDAR INJ	-	EXC
RED MAPLE INJ	-	EXC
RED OAK INJ	-	EXC
RIVER BIRCH POLLEN EXTRACT INJ	-	EXC

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DrugName	Special Code	Tier
ALLERGENIC EXTRACTS/BIOLOGICALS MISC Cont.		
SAGEBRUSH INJ	-	EXC
SAROCLADIUM SOL STRICTUM	-	EXC
SG RAGWEED INJ	-	EXC
TREE MIX 9	-	EXC
WEED MIX 7B INJ	-	EXC
WESTERN JUNIPER INJ	-	EXC
WHITE ALDER INJ	-	EXC
WHITE ASH INJ	-	EXC
WHITE BIRCH INJ	-	EXC
WSTRN RAGWD INJ	-	EXC
PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
ODACTRA SL TAB (QL= 30 tabs/30 days)	QL	Preferred Brands
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - A'S		
ALFA-MAX CAP	OTC	EXC
ALPHA LIPOIC CAP	OTC	EXC
ALPHA LIPOIC LIQUID	-	EXC
ALPHA LIPOIC TAB	--OTC	EXC
alpha-lipoic acid (thioctic acid) cap	OTC	EXC
APPLE CIDER CHEW	OTC	EXC
apple cider vinegar tab	OTC	EXC
ashwagandha (withana somnfera) cap	OTC	EXC
ASHWAGANDHA (WITHANA SOMNFERA) CHEW TAB	-	EXC
ASHWAGANDHA CAP 35	OTC	EXC
ASHWAGANDHA TAB	-	EXC
ALTERNATIVE MEDICINE - B'S		
berberine chloride cap	OTC	EXC
bilberry (vaccinium myrtillus) cap	-	EXC
BITTER MELON TAB	-	EXC
black cohosh cap	--OTC	EXC
BLACK COHOSH TAB	OTC	EXC
BLACK ELDERBERRY (SAMBUCUS NIGRA) CAP	-	EXC
BLACK ELDERBERRY SYRUP	-	EXC
BLACK WALNUT CAP	OTC	EXC
BOSWELLIA TAB	-	EXC
ALTERNATIVE MEDICINE - C'S		
AZO CRANBERY CHW	OTC	EXC
CALCIUM D-CAP GLUCARAT	OTC	EXC
calcium glycerophosphate tab	OTC	EXC
CHAMOMILE CAP	OTC	EXC
chia oil (salvia hispanica) cap	OTC	EXC

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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
ALTERNATIVE MEDICINES Cont.		
CO Q-10 CAP	OTC	EXC
coenzyme q chew	OTC	EXC
CRANBERRY CAP	OTC	EXC
CRANBERRY TAB	OTC	EXC
CRANBERRY TAB DISINTEGRATING	-	EXC
LIQ-10 DS LIQ	OTC	EXC
PANDOZ OIL	OTC	EXC
SM CRANBERRY TAB	-	EXC
VITEX FRUIT CAP	-	EXC
ALTERNATIVE MEDICINE - D'S		
AZO D-MANNOS CHW	-	EXC
DANDELION (TARAXACUM OFFICINALE) CAP	-	EXC
DIHYRDROBERBERINE CAP	OTC	EXC
d-mannose cap	OTC	EXC
d-mannose oral powder	OTC	EXC
DONG QUAI CAP	-	EXC
ALTERNATIVE MEDICINE - E'S		
echinacea cap	OTC	EXC
ECHINACEA TAB	OTC	EXC
ERGOTHIONEINE CAP	OTC	EXC
ALTERNATIVE MEDICINE - F'S		
fenugreek (trigonella foenum-graecum) cap	-	EXC
FORSKOHLII CAP	OTC	EXC
ALTERNATIVE MEDICINE - G'S		
AZO MENOPAUS CHW DAYTIME	-	EXC
COFFEE BEAN CAP	-	EXC
CVS GARLIC TAB	OTC	EXC
garlic cap	OTC	EXC
garlic tab	OTC	EXC
GINGER ROOT CAP	OTC	EXC
GINKGO BILOB CAP	OTC	EXC
ginkgo biloba cap	OTC	EXC
glucan cap	OTC	EXC
glucosamine sulfate cap	OTC	EXC
GLUCOSAMINE TAB	OTC	EXC
GOLDENSEAL CAP	-	EXC
GRAPE SEED CAP	-	EXC
grape seed tab	OTC	EXC
GREEN TEA CAP	-	EXC
IMMUNOTIX CAP	OTC	EXC
ONCOPLEX ES CAP	-	EXC
SEA BAND LOZ GINGER	OTC	EXC
ALTERNATIVE MEDICINE - H'S		
5-hydroxytryptophan tab	OTC	EXC
5-HYDROXYTRYPTOPHAN TAB DISINTEGRATING	-	EXC
BRONCHIAL SYP SOOTHE	-	EXC

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DrugName	Special Code	Tier
ALTERNATIVE MEDICINES Cont.		
HAWTHORN TAB	OTC	EXC
HOODIA CAP	-	EXC
HORSE CHESTNUT CAP	-	EXC
ALTERNATIVE MEDICINE - K'S		
krill oil cap	OTC	EXC
ALTERNATIVE MEDICINE - L'S		
LACTOFERRIN CAP	-	EXC
lavender (lavandula angustifolia) oil capsule	OTC	EXC
ALTERNATIVE MEDICINE - M'S		
CVS MSM CAP	OTC	EXC
MACA ROOT CAP	-	EXC
melatonin cap	OTC	EXC
melatonin chew tab	OTC	EXC
melatonin liquid	OTC	EXC
MELATONIN TAB	-	EXC
MELATONIN TAB DISINTEGRATING	-	EXC
melatonin tab er	OTC	EXC
milk thistle (silybum marianum) cap	OTC	EXC
MILK THISTLE CAP	OTC	EXC
MSM TAB	OTC	EXC
ALTERNATIVE MEDICINE - N'S		
NATTOKINASE CAP	-	EXC
ALTERNATIVE MEDICINE - P'S		
PEPPERMINT OIL CAP	-	EXC
polaprezinc - chew tab	OTC	EXC
prasterone (dhea) tab	OTC	EXC
ALTERNATIVE MEDICINE - R'S		
RASPBRRY KETONES CAP	-	EXC
RED YEAST RICE CAP	OTC	EXC
RHUBARB CHEW TAB	OTC	EXC
rhubarb tab	OTC	EXC
ROYAL JELLY CAP	-	EXC
ALTERNATIVE MEDICINE - S'S		
HYDROLYZED SILK TAB	-	EXC
S-ADENOSYLMETHIONINE CAP	-	EXC
SAW PALMETTO CAP	-	EXC
SHARK CARTIL CAP	OTC	EXC
SOY ISOFLAVONE CAP	-	EXC
ALTERNATIVE MEDICINE - T'S		
TART CHERRY CAP	-	EXC
TART CHERRY CHW ULTRA	-	EXC
tea tree oil	OTC	EXC
turmeric (curcuma longa) cap	OTC	EXC
TURMERIC EXT CAP STRENGTH	-	EXC
ALTERNATIVE MEDICINE - U		

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ALTERNATIVE MEDICINES Cont.		
ubiquinol liposomal liquid (CYTO-Q MAX equiv)	OTC	EXC
ALTERNATIVE MEDICINE - V'S		
valerian (valeriana officinalis) cap	OTC	EXC
VALERIAN CAP	OTC	EXC
ALTERNATIVE MEDICINE COMBINATIONS		
5-HTP/B6 AND C TAB	OTC	EXC
acetylcarnitine-alpha lipoic acid cap	OTC	EXC
ACTIFRUIT CHEW	-	EXC
ALAMAX CR TAB	-	EXC
ALPHA LIPOIC ACID-BIOTIN-BERBERINE CAP	-	EXC
APPLE CIDER VINEGAR CAP	OTC	EXC
APPLE CIDER VINEGAR-GINGER CHEW TAB	OTC	EXC
AZO MENOPAUS CHW NIGHTTIM	-	EXC
BIOTIN-KERAT CAP ALPHA	-	EXC
black pepper-turmeric cap	OTC	EXC
boswellia-glucosamine-vitamin d tab	OTC	EXC
CENTRUM MORN CHW SICKNESS	OTC	EXC
CHOLINE-SILICON LIQUID	-	EXC
chromium-cinnamon cap	OTC	EXC
CINNAMON-CHROMIUM-BIOTIN TAB	-	EXC
COCONUT OIL	-	EXC
collagen-boron-hyaluronic acid	OTC	EXC
COLLAGEN-VITAMIN C TAB	OTC	EXC
collagen-vitamin c-biotin cap	OTC	EXC
COQ10/BLACK PEPPER CAP	-	EXC
COQMAX OMEGA CAP	OTC	EXC
cranberry-vit c-probiotic-calcium tab	OTC	EXC
cranberry-vitamin c cap	OTC	EXC
cranberry-vitamin c-probiotic tab	OTC	EXC
CRANRX CHW	-	EXC
CVS CINNAMON CAP COMPLEX	-	EXC
CYSTEX URINA CAP VAGINAL	OTC	EXC
DAILY MENOPA TAB VIT D	-	EXC
DESTRESS CHW GUMMIES	OTC	EXC
ECHINACEA-VITAMIN C CHEW TAB	OTC	EXC
ELDER/VIT C CAP ZINC	-	EXC
elderberry-vitamin c-zinc chew tab	--OTC	EXC
ESTROVEN COM TAB ASHWAGAN	-	EXC
GINGER-ASHWAGANDHA LOZENGE	-	EXC
GINGER-CHASTEBERRY-VALERIAN CAP	-	EXC
GLUCORAPHANIN-MYOSINASE-ASCORBIC ACID CAP	OTC	EXC
GLUCOS/CHOND LIQ MAX-STR	OTC	EXC
GLUCOSAMINE/CHONDROITIN CAP	OTC	EXC
GLUCOSAMINE/MSM CAP	-	EXC
GLUCOSAMINE-CHONDROITIN-HYALURONIC ACID-MSM LIQUID	-	EXC
GLUCOSAMINE-CHONDROITIN-MSM CAP	OTC	EXC

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ALTERNATIVE MEDICINES Cont.		
glucosamine-chondroitin-msm tab	OTC	EXC
glucosamine-chondroitin-msm-boron-d3-hyaluronic acid tab	OTC	EXC
glucosamine-chondroitin-msm-boswellia-vit d tab	OTC	EXC
glucosamine-chondroitin-msm-vitamin d tab	OTC	EXC
GLUCOSAMINE-MSM-HYALURONIC ACID CAP	-	EXC
HEALTHY SLEE TAB 5HTP/LTH	OTC	EXC
HYALURONIC CAP	-	EXC
JOINT COMFRT CAP	OTC	EXC
LIFES DHA CAP	OTC	EXC
LUTEIN CHEW TAB	OTC	EXC
lutein-zeaxanthin cap	OTC	EXC
MEGARED ADV CAP 4 IN 1	OTC	EXC
MELATONIN TR TAB /VIT-B6	OTC	EXC
MELATONIN-5-HTP-PYRIDOXINE ER TAB	-	EXC
MELATONIN-ASHWAGANDHA-THEANINE-LEMON BALM CAP	-	EXC
MELATONIN-ELDERBERRY-VIT C-VIT D3-ZINC CAP	-	EXC
MELATONIN-LEMON BALM ORALLY DISINTEGRATING TAB	-	EXC
melatonin-lemon balm tab	OTC	EXC
MELATONIN-THEANINE CHEW TAB	OTC	EXC
MELATONIN-THEANINE TABLET DISINTEGRATING	-	EXC
MELATONIN-THEANINE-5 HTP-LEMON B CHEW TAB	-	EXC
MELATONIN-TURMERIC-BLACK PEPPER CAP	-	EXC
MYLK CAP	-	EXC
MYROSINASE-ASCORBIC ACID CAP	OTC	EXC
OMEGA 3 FATTY ACIDS-LUTEIN-ZEAXANTHIN CAP	-	EXC
omega 3-omega 6-omega 9 fatty acids cap	OTC	EXC
omega 3-omega 6-omega 9 fatty acids cap delayed release	OTC	EXC
OMEGA-3 FATTY ACIDS-HEMP EXTRACT CAP DR	-	EXC
OREGANO OIL CAP	-	EXC
SAM-E TMG PAK	OTC	EXC
saw palmetto-zinc cap	OTC	EXC
SLEEP TONIGHT LIQ MELATONIN	OTC	EXC
SLEEP+IMMUNE CHW HEALTH	-	EXC
SUPER GINSNG CAP COMPLEX	-	EXC
TART CHERRY CAP	-	EXC
THEANINE-5 HTP-LEMON BALM CHEW TAB	-	EXC
THERACRAN CAP MAX	-	EXC
TRIPLE FLEX TAB	OTC	EXC
TURMERIC-GINGER CHEW TAB	-	EXC
TURMERIC-GINGER-BLACK PEPPER CHEW TAB	OTC	EXC
UNISOM SIMPL CHW SLUMBERS	-	EXC
VITAMIN D-CALCIUM BETA HYDROXY BETA METHYLBUTYRATE	OTC	EXC
AMEBICIDES		
AMEBICIDES		
SOLOSEC GRANULES PACKET (QL= 2 packets/28 days; Step Therapy requires trial of clindamycin or metronidazole)	QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
gentamicin sulfate inj (GENTAMICIN equiv)	-	EXC
GENTAMICIN/NACL INJ	-	EXC
TOBRAMYCIN INJ	-	EXC
tobramycin neb soln (BETHKIS equiv)	AMSP-PA	Generic Specialty
tobramycin neb soln (TOBI equiv)	AMSP-PA	Generic Specialty
HUMATIN CAP	-	Non-Preferred Brands
ARIKAYCE SUSP (QL= 252ml/30days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Non-Preferred Specialty
KITABIS PAK NEB SOLN (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
TOBI PODHALER	AMSP-PA	Non-Preferred Specialty
neomycin tab	-	Select
paromomycin cap (HUMATIN equiv)	-	Select
ANALGESICS - ANTI-INFLAMMATORY		
ANALGESICS - ANTI-INFLAMMATORY COMBINATIONS		
LEFLUNICLO PAK	OTC	EXC
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB 4MG	-	EXC
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
OLUMIANT TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty
XELJANZ ORAL SOLN (QL= 10mL/day)	AMSP-PA-QL	Non-Preferred Specialty
XELJANZ TAB (QL= 2 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty
XELJANZ XR TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty
RINVOQ ER TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty
RINVOQ ER TAB 45MG (QL= 1 tab/day, 3 fills/year)	AMSP-PA-QL	Preferred Specialty

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
RINVOQ ORAL SOLN (QL= 360ml/30 days)	AMSP-PA-QL	Preferred Specialty
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP INJ 10MG (QL= 1.6ml/28 days)	QL	Non-Preferred Brands
OTREXUP INJ 12.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Preferred Brands
OTREXUP INJ 15MG (QL= 1.6ml/28 days)	QL	Non-Preferred Brands
OTREXUP INJ 17.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Preferred Brands
OTREXUP INJ 22.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Preferred Brands
OTREXUP INJ, RASUVO INJ 20MG (QL= 1.6ml/28 days)	QL	Non-Preferred Brands
OTREXUP INJ, RASUVO INJ 25MG (QL= 1.6ml/28 days)	QL	Non-Preferred Brands
RASUVO INJ 10MG (QL= 0.8ml/28 days)	QL	Non-Preferred Brands
RASUVO INJ 12.5MG (QL= 1ml/28 days)	QL	Non-Preferred Brands
RASUVO INJ 15MG (QL= 1.2ml/28 days)	QL	Non-Preferred Brands
RASUVO INJ 17.5MG (QL= 1.4ml/28 days)	QL	Non-Preferred Brands
RASUVO INJ 22.5MG (QL= 1.8ml/28 days)	QL	Non-Preferred Brands
RASUVO INJ 25MG (QL= 2ml/28 days)	QL	Non-Preferred Brands
RASUVO INJ 27.5MG (QL= 2.2ml/28 days)	QL	Non-Preferred Brands
RASUVO INJ 30MG (QL= 2.4ml/28 days)	QL	Non-Preferred Brands
RASUVO INJ 7.5MG (QL= 0.6ml/28 days)	QL	Non-Preferred Brands

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
RHEUMATREX TAB	-	Non-Preferred Brands
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ABRILADA INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMU-ADBM KIT (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMU-ADBM KIT (QL= 4 inj/28 days, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMU-ADBM KIT (QL= 6 inj/28 days, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMU-ADBM KIT 40/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMU-FKJP KIT 20/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMUMAB KIT ADBM (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMUMAB-AATY KIT (QL= 2 inj/28 days)	PA-QL	Non-Preferred Specialty
ADALIMUMAB-AATY KIT 20MG/0.2ML (QL= 2 inj/28 days)	PA-QL	Non-Preferred Specialty
ADALIMUMAB-AATY KIT 80MG/0.8ML (QL= 1 kit/365 days)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMUMAB-ADBM KIT (QL= 1 pack/fill, 1 fill/year; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
ADALIMUMAB-BWWD AUTO-INJECTOR 40MG/0.4ML (QL= 0.8mL/28 days)	LMSP-PA-QL	Non-Preferred Specialty
ADALIMUMAB-BWWD PREFILLED SYRINGE 40MG/0.4ML (QL= 0.8mL/28 days)	LMSP-PA-QL	Non-Preferred Specialty
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMUMAB-FKJP PFS KIT (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML (QL= 2 inj/28 days)	LMSP-PA-QL	Non-Preferred Specialty

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 40MG/0.4ML (QL= 2 inj/28 days)	LMSP-PA-QL	Non-Preferred Specialty
ADALIMUMAB-RYVK INJ (QL = 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
ADALIMUMAB-RYVK INJ (QL= 2 syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
ADALIMUMAB-RYVK INJ 40MG/0.4ML (QL= 2 inj/28 days)	PA-QL	Non-Preferred Specialty
ADALIMUMAB-RYVK INJ 80MG/0.8ML (QL= 2 inj/28 days)	PA-QL	Non-Preferred Specialty
AMJEVITA AUTO-INJECTOR (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
AMJEVITA INJ 10MG/0.2ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
AMJEVITA INJ 20MG/0.2ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
AMJEVITA INJ 40MG/0.4ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
AMJEVITA INJ 80MG/0.8ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
AMJEVITA SYRINGE 20MG/0.4ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
AMJEVITA SYRINGE 40MG/0.8ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
CYLTEZO AUTO-INJECTOR (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
CYLTEZO INJ 10MG/0.2ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
CYLTEZO INJ 20MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
CYLTEZO INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
CYLTEZO INJ CROHNS (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
CYLTEZO INJ PSORIASIS (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty
CYLTEZO KIT (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
CYLTEZO KIT CROHNS (QL= 6 inj/28 days, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty
CYLTEZO PSORIASIS KIT (QL= 4 inj/28 days, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty
HULIO INJ 40MG/0.8ML (QL= 2 pens/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HULIO KIT 20MG/0.4ML (QL= 2 pens/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HUMIRA 10MG/0.1ML (CORDAVIS) (QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty
HUMIRA 20MG/0.2ML (CORDAVIS) (QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty
HUMIRA 40MG/0.4ML (CORDAVIS) (QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty
HUMIRA 80MG/0.8ML (CORDAVIS) (QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HUMIRA INJ 80MG (QL = 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Non-Preferred Specialty
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Non-Preferred Specialty
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Non-Preferred Specialty

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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
ANALGESICS - ANTI-INFLAMMATORY Cont.		
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Non-Preferred Specialty
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HYRIMOZ INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HYRIMOZ INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HYRIMOZ INJ 80MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HYRIMOZ INJ CROHNS (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty
HYRIMOZ INJ PLAQUE PSORIASIS (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty
HYRIMOZ PFS INJ 10MG/0.1ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HYRIMOZ PFS INJ 20MG/0.2ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HYRIMOZ-PED INJ CROHNS (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty
HYRIMOZ-PED INJ CROHNS 80MG/0.8ML (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty
IDACIO INJ 40MG/0.8ML (QL= 2 pens/28 days)	AMSP-PA-QL	Non-Preferred Specialty
SIMLANDI 1-PEN KIT (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
SIMLANDI INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
SIMLANDI KIT (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
SIMLANDI KIT (adalimumab-ryvk) (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
SIMPONI SC INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
YUFLYMA 2SYR KIT 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
YUFLYMA KIT 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
YUFLYMA KIT 80MG/0.8ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
YUSIMRY INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMU-ADAZ INJ 80/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
ADALIMUMAB-ADAZ INJ 10MG/0.1ML (QL= 0.2ml/28 days)	AMSP-PA-QL	Preferred Specialty
ADALIMUMAB-ADAZ INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
HADLIMA INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
HADLIMA PUSH INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
GOLD COMPOUNDS		
AURANOFIN CAP, RIDAURA CAP (QL= 3 tabs/day)	AMSP-QL	Non-Preferred Specialty
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ (QL= 4 vials/21 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ	-	EXC
INTERLEUKIN-6 RECEPTOR INHIBITORS		
AVTOZMA INJ	-	EXC
TOFIDENCE INJ	-	EXC
TYENNE INJ	-	EXC
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
ACTEMRA SC INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
AVTOZMA INJ (QL= 1.8mL/28 days)	LMSP-PA-QL	Non-Preferred Specialty
KEVZARA INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
TYENNE INJ (QL= 1.8ml/28 days)	AMSP-PA-QL	Preferred Specialty
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ADVIL JR ST TAB 100MG	OTC	EXC
COMBOGESIC INJ	-	EXC
COMBOGESIC TAB	-	EXC
DUEXIS TAB	-	EXC
ibuprofen cap	OTC	EXC
ibuprofen chew tab	OTC	EXC
ibuprofen susp	OTC	EXC
ibuprofen tab	OTC	EXC
ibuprofen-acetaminophen tab	OTC	EXC
ibuprofen-famotidine tab (DUEXIS equiv)	-	EXC
INDOMETHACIN INJ	-	EXC
INFLAMMACIN MIS	-	EXC
NAPROTIN KIT	-	EXC
naproxen sodium cap	OTC	EXC
naproxen sodium tab	OTC	EXC
TRESNI SUPP	-	EXC
XIFYRM INJ	-	EXC
diclofenac potassium cap (ZIPSOR equiv) (QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets)	QL-ST	High Cost Generics
diclofenac potassium tab 25mg (QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets)	QL-ST	High Cost Generics
fenoprofen calcium cap (NALFON equiv) (QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	QL-ST	High Cost Generics
indomethacin suppository (INDOCIN equiv) (QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxen, diclofenac, meloxicam, etc))	QL-ST	High Cost Generics
indomethacin susp (INDOCIN equiv) (QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp)	QL-ST	High Cost Generics
mefenamic acid cap (PONSTEL equiv)	-	High Cost Generics
meloxicam (VIVLODEX equiv) (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	High Cost Generics
naproxen sodium CR tab (NAPRELAN CR equiv) (Step therapy requires trial of generic naproxen IR AND one of the following: diclofenac tab, etodolac tab, indomethacin cap)	ST	High Cost Generics
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	High Cost Generics

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
COXANTO CAP (QL= 180 caps/30 days; ST req trial of generic oxaprozin 600mg AND 2 addl NSAID (e.g., diclofenac, etodolac, sulindac))	QL-ST	Non-Preferred Brands
FENOPROFEN CAP, NAFLON CAP (QL= 8 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	QL-ST	Non-Preferred Brands
FENOPROFEN TAB (ST req trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	Non-Preferred Brands
FENOPRON CAP (QL= 1 cap/day; ST req trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	QL-ST	Non-Preferred Brands
FLURBIPROFEN TAB (QL= 90 tabs/30 days; ST req trial of 2: indomethacin, celecoxib, naproxen, diclofenac, meloxicam, piroxicam, diclofenac)	QL-ST	Non-Preferred Brands
IBUPROFEN TAB 300MG (QL= 1 tab/day; ST req trial of ibup (200, 400, 600, 800) AND 2: diclof EC/XR, etodolac IR/ER, melox tab, celecoxib)	QL-ST	Non-Preferred Brands
INDOCIN SUSP (QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp)	QL-ST	Non-Preferred Brands
INDOMETHACIN CAP, TIVORBEX CAP (Step Therapy requires trial of 2 nonsteroidal anti-inflammatory agents (NSAIDs))	ST	Non-Preferred Brands
INDOMETHACIN SUPP	-	Non-Preferred Brands
KETOPROFEN CAP (ST req trial of 4 NSAIDs (e.g., celecx, diclofn EC/XR, IBU, indometh, meloxic tab, naproxen tab))	ST	Non-Preferred Brands
KETOPROFEN ER CAP	-	Non-Preferred Brands
LODINE TAB	-	Non-Preferred Brands
MELOXICAM COMFORT KIT	-	Non-Preferred Brands
MELOXICAM SUSP	-	Non-Preferred Brands
MELOXICAM SUSP (QL= 10ml/day; Step therapy requires trial of naproxen susp AND ibuprofen susp)	--QL-ST	Non-Preferred Brands
NAFLON CAP (QL= 8 tabs/day; ST req trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	QL-ST	Non-Preferred Brands
NAPRELAN CR TAB (Step therapy requires trial of generic naproxen IR AND one of the following: diclofenac tab, etodolac tab, indomethacin cap)	ST	Non-Preferred Brands

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
NAPROXEN SOD ER TAB (ST req trial of naproxen IR and one of the following: diclofenac tab, etodolac tab, indomethacin cap)	ST	Non-Preferred Brands
ORUDIS CAP (ST req trial of 4 NSAIDs (e.g., celecx, diclofn EC/XR, IBU, indometh, meloxic tab, naproxen tab))	ST	Non-Preferred Brands
QMIIZ ODT TAB (Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	ST	Non-Preferred Brands
RELAFEN DS TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, buprofen, or nabumetone)	QL-ST	Non-Preferred Brands
SPRIX NASAL SPRAY (QL= 5 units/30 days)	QL	Non-Preferred Brands
TOLECTIN DS CAP, TOLMETIN CAP (ST req trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	Non-Preferred Brands
TOLMETIN TAB (Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	Non-Preferred Brands
TOLMETIN TAB, TOLECTIN TAB (ST requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	Non-Preferred Brands
VIMOVO TAB	-	Non-Preferred Brands
VIVLODEX CAP (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	Non-Preferred Brands
VYSCOXA SUSP (QL= 840 mL/21 days; ST req trial of celecoxib cap [can be opened/sprinkled], ibuprofen susp, and naproxen susp)	QL-ST	Non-Preferred Brands
ZIPSOR CAP (QL= 4 caps/day)	QL	Non-Preferred Brands
ZORVOLEX CAP (QL= 3 caps/day)	QL	Non-Preferred Brands
ZYBIC SUSP 7.5MG/5ML (QL= 10ml/day; Step requires trial of naproxen suspension ibuprofen suspension AND generic meloxicam tablets)	QL-ST	Non-Preferred Brands
KETOROLAC INJ	-	Preferred Brands
MECLOFENAMATE CAP	-	Preferred Brands
NAPROXEN SUSP	-	Preferred Brands
celecoxib cap (CELEBREX equiv)	-	Select
diclofenac potassium tab (CATAFLAM equiv) (QL= 4 tabs/day)	QL	Select
diclofenac sodium EC tab (VOLTAREN equiv)	-	Select

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	Select
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	Select
etodolac cap (LODINE equiv)	-	Select
etodolac ER tab (LODINE XL equiv)	-	Select
etodolac tab	-	Select
FLURBIPROFEN TAB	-	Select
flurbiprofen tab (ANSAID equiv)	-	Select
ibuprofen tab	-	Select
indomethacin cap (INDOCIN equiv)	-	Select
indomethacin CR cap (INDOCIN SR equiv)	-	Select
ketorolac inj	-	Select
ketorolac tab (TORADOL equiv)	-	Select
meloxicam tab (MOBIC equiv)	-	Select
nabumetone tab (RELAFEN equiv)	-	Select
naproxen EC tab (NAPROSYN EC equiv)	-	Select
naproxen susp (NAPROSYN equiv)	-	Select
naproxen tab (NAPROSYN equiv)	-	Select
oxaprozin tab (DAYPRO equiv)	-	Select
piroxicam cap (FELDENE equiv)	-	Select
sulindac tab (CLINORIL equiv)	-	Select
tolmetin cap (TOLECTIN DS equiv)	-	Select
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	AMSP-PA-QL	Preferred Specialty
OTEZLA TAB (QL= 2 tabs/day)	AMSP-PA-QL	Preferred Specialty
OTEZLA XR TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	Select
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ (QL= 8 inj/28 days)	AMSP-PA-QL	Preferred Specialty
ENBREL INJ 25MG (QL= 8 inj/28 days)	AMSP-PA-QL	Preferred Specialty

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
ENBREL INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Preferred Specialty
ENBREL MINI INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Preferred Specialty
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Preferred Specialty
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
acetaminophen-caffeine tab	OTC	EXC
acetaminophen-caffeine-pyrilamine tab	OTC	EXC
acetaminophen-pamabrom-pyrilamine tab	OTC	EXC
ANACIN TAB	-	EXC
aspirin-acetaminophen-caffeine tab	OTC	EXC
aspirin-caffeine powder packet	OTC	EXC
aspirin-caffeine tab	OTC	EXC
BC FAST PAIN POW RLF MAX	OTC	EXC
butalbital/acetaminophen cap	-	High Cost Generics
ALLZITAL TAB (QL= 12 tabs/day)	QL	Non-Preferred Brands
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	Non-Preferred Brands
ESGIC TAB	-	Non-Preferred Brands
FIORICET CAP	-	Non-Preferred Brands
FIORINAL CAP	-	Non-Preferred Brands
TENCON TAB (QL= 6 tabs/day)	QL	Non-Preferred Brands
butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day)	QL	Select
butalbital/acetaminophen/caffeine soln	-	Select
VTOL SOLN	-	Select
ANALGESICS - SODIUM CHANNEL PAIN SIGNAL INHIBITORS		
JOURNAVX TAB (QL= 30 tablets/14 days; limit 1 fill/6 months; ST req 1 NSAID (ibu 600, meloxicam tab, celecoxib, etc) AND 1 gabapentinoid (gabapentin, pregabalin))	QL-ST	Non-Preferred Brands
ANALGESICS OTHER		
acetaminophen cap	OTC	EXC
acetaminophen chew tab	OTC	EXC
acetaminophen powd pack	OTC	EXC
ACETAMINOPHEN SUPP	-	EXC
acetaminophen susp	OTC	EXC

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ANALGESICS - NONNARCOTIC Cont.		
acetaminophen tab	OTC	EXC
acetaminophen tab er	OTC	EXC
CLONIDINE INJ	-	EXC
LOTREXONE CAP, NALTREX CAP	-	EXC
SALICYLATES		
ALKA-SELTZER TAB	-	EXC
aspirin buffered (ca carb-mg carb-mg ox) tab	OTC	EXC
aspirin effer tab	OTC	EXC
aspirin tab	-	EXC
aspirin tab 325mg	OTC	EXC
aspirin tab delayed release	OTC	EXC
magnesium salicylate tetrahydrate tab	OTC	EXC
SALSALATE TAB	-	EXC
DOLOBID TAB (QL= 6 tabs/day; ST req trial of 3: diflunisal 500mg tab, diclofenac, etodolac, flurbiprofen, nabumetone)	QL-ST	Non-Preferred Brands
DOLOBID TAB 375MG (QL= 4 tabs/day; ST req trial of 3: diflunisal 500mg tab, diclofenac, etodolac, flurbiprofen, nabumetone)	QL-ST	Non-Preferred Brands
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
diflunisal tab (DOLOBID equiv)	-	Select
salsalate tab (DISALCID equiv)	-	Select
ANALGESICS - OPIOID		
OPIOID AGONISTS		
DILAUDID INJ	-	EXC
DURAMORPH INJ	-	EXC
FENTANYL CIT INJ	-	EXC
fentanyl citrate inj	-	EXC
fentanyl citrate pf soln prefilled syringe (FENTANYL equiv)	-	EXC
FENTANYL CITRATE-NACL IV SOLN	-	EXC
HYDROMO/NACL INJ	-	EXC
HYDROMORPHON INJ	-	EXC
hydromorphone hcl inj (DILAUDID equiv)	-	EXC
HYDROMORPHONE HCL-NACL INJ SOLN PREF SYR	-	EXC
MEPERIDINE INJ	-	EXC
methadone hcl inj 10mg/ml	-	EXC
METHADONE HCL-SODIUM CHLORIDE SOLN PREF SYR	-	EXC
METHADONE INJ	-	EXC
METHADONE INJ 10MG/ML	-	EXC
MORPHINE SUL INJ	-	EXC
morphine sulfate iv soln 4mg/ml	-	EXC
morphine sulfate soln (MORPHINE equiv)	-	EXC

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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				

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.		
MORPHINE SULFATE-NACL INJ SOLN PREF SYR	-	EXC
SUFENTANIL INJ	-	EXC
CODEINE SULFATE TAB	-	High Cost Generics
fentanyl patch (DURAGESIC equiv) (QL=15 patches/30 days)	QL	High Cost Generics
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	High Cost Generics
hydromorphone ER tab 12mg (EXALGO equiv) (QL= 1 tab/day)	QL	High Cost Generics
hydromorphone ER tab 16mg (EXALGO equiv) (QL= 1 tab/day)	QL	High Cost Generics
hydromorphone ER tab 32mg (EXALGO equiv) (QL= 2 tabs/day)	QL	High Cost Generics
hydromorphone ER tab 8mg (EXALGO equiv) (QL= 1 tab/day)	QL	High Cost Generics
levorphanol tab (LEVORPHANOL equiv) (QL= 6 tabs/day; ST req trial of 2 short acting opioids(eg hydrocodone, hydromorphone, oxycodone))	QL-ST	High Cost Generics
MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics
morphine sulfate ER cap 10mg (KADIAN equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics
morphine sulfate ER cap 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics
morphine sulfate ER cap 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics
morphine sulfate ER cap 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics
morphine sulfate ER cap 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics
oxycodone conc (ROXICODONE equiv)	-	High Cost Generics
oxymorphone ER tab 30mg (OPANA ER equiv) (QL= 4 tabs/day)	QL	High Cost Generics
oxymorphone ER tab 40mg (OPANA ER equiv) (QL= 4 tabs/day)	QL	High Cost Generics
tapentadol hcl tab (NUCYNTA equiv) (QL= 6 tabs/day; ST req trial of 2: oxycodone, tramadol, morphine tab/soln, hydrocodone/apap, oxycodone/apap)	QL-ST	High Cost Generics
tramadol ER tab (RYZOLT equiv)	-	High Cost Generics
ARYMO ER TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands
CODEINE SULFATE SOLN	-	Non-Preferred Brands

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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
ANALGESICS - OPIOID Cont.		
CODEINE SULFATE TAB	-	Non-Preferred Brands
DEMEROL TAB (QL= 6 tabs/day)	QL	Non-Preferred Brands
DILAUDID LIQUID	-	Non-Preferred Brands
DOLOPHINE TAB 10MG (QL= 4 tabs/day)	QL	Non-Preferred Brands
DOLOPHINE TAB 5MG (QL= 8 tabs/day)	QL	Non-Preferred Brands
DURAGESIC PATCH (QL=15 patches/30 days)	QL	Non-Preferred Brands
EXALGO TAB 12MG (QL= 1 tab/day)	QL	Non-Preferred Brands
EXALGO TAB 16MG (QL= 1 tab/day)	QL	Non-Preferred Brands
EXALGO TAB 32MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
EXALGO TAB 8MG (QL= 1 tab/day)	QL	Non-Preferred Brands
FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	Non-Preferred Brands
HYDROCODONE ER TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
HYSINGLA ER TAB (QL= 1 tab/day; Step Therapy requires trial of morphine sulfate ER)	QL-ST	Non-Preferred Brands
KADIAN CAP 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
KADIAN CAP 10MG (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
KADIAN CAP 200MG (QL= 1 cap/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
KADIAN CAP 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
KADIAN CAP 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
KADIAN CAP 40mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
KADIAN CAP 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
KADIAN CAP 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
KADIAN CAP 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
METHADONE SOLN	-	Non-Preferred Brands
METHADOSE CONC (QL= 4 ml/day)	QL	Non-Preferred Brands
MORPHABOND TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	Non-Preferred Brands
MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
MORPHINE SULFATE ORAL SOLN 100MG/5ML	-	Non-Preferred Brands
MORPHINE SULFATE ORAL SOLN 10MG/5ML	-	Non-Preferred Brands
MORPHINE SULFATE SOLN 20MG/5ML	-	Non-Preferred Brands
MORPHINE SULFATE TAB	-	Non-Preferred Brands
MS CONTIN TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands
NUCYNTA ER TAB (QL= 2 tabs/day; ST req trial of 2: morphine sulfate ER tab AND tramadol ERT)	QL-ST	Non-Preferred Brands
NUCYNTA TAB (QL= 6 tabs/day; ST req trial of 2: oxycodone, tramadol, morphine tab/soln, hydrocodone/apap, oxycodone/apap)	QL-ST	Non-Preferred Brands

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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
OXYCONTIN CR TAB (QL= 2 tabs/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
OXYCONTIN ER TAB (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
OXYCONTIN TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
OXYCONTIN TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
OXYCONTIN TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
QDOLO SOLN (QL= 80ml/day)	QL	Non-Preferred Brands
ROXYBOND TAB (ST req trial of 2: oxycodone, oxymorphone, hydromorphone tabs/soln, tramadol, morphine sulf tab/soln)	ST	Non-Preferred Brands
ROXYBOND TAB (Step therapy requires trial of 2: oxycodone, oxymorphone, hydromorphone tab/soln, tramadol, morphine sulf tab/soln)	ST	Non-Preferred Brands
RYBIX ODT	-	Non-Preferred Brands
TAPENTADOL SOLN (QL= 30mL/day; ST req trial of 2: oxycodone, tramadol, morphine tab/soln, hydrocodone/apap, oxycodone/apap)	QL-ST	Non-Preferred Brands
TRAMADOL ER CAP (QL= 1 cap/day; Step Therapy requires trial of tramadol tab)	QL-ST	Non-Preferred Brands
TRAMADOL HCL ER TAB 100MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Preferred Brands
TRAMADOL HCL ER TAB 200MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Preferred Brands
TRAMADOL HCL ER TAB 300MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Preferred Brands
TRAMADOL HCL TAB (QL= 30 tabs/30 days)	QL	Non-Preferred Brands
TRAMADOL HCL TAB 75MG (QL= 30 tabs/30 days; Step Therapy requires trial of tramadol 50mg tab or tramadol 100mg tab)	QL-ST	Non-Preferred Brands
XTAMPZA ER CAP 13.5MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
XTAMPZA ER CAP 18MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
XTAMPZA ER CAP 27MG (QL= 4 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
XTAMPZA ER CAP 36MG (QL= 8 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
XTAMPZA ER CAP 9MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
ZOHYDRO ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
DISKETS TAB (QL= 1 tab/day)	QL	Preferred Brands
MORPHINE SULFATE SUPP	-	Preferred Brands
OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYCONTIN ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYCONTIN ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYCONTIN ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day)	QL	Preferred Brands
OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day)	QL	Preferred Brands
OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day)	QL	Preferred Brands
OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day)	QL	Preferred Brands
OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day)	QL	Preferred Brands
OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day)	QL	Preferred Brands

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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
ANALGESICS - OPIOID Cont.		
OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day)	QL	Preferred Brands
codeine sulfate tab	-	Select
hydromorphone liquid (DILAUDID equiv)	-	Select
HYDROMORPHONE SUPP	-	Select
hydromorphone tab (DILAUDID equiv)	-	Select
meperidine tab (DEMEROL equiv) (QL= 6 tabs/day)	QL	Select
methadone sol 10mg/5ml (QL= 20ml/day)	QL	Select
methadone soln (QL= 4 ml/day)	QL	Select
methadone soln 5mg/5ml (QL= 40ml/day)	QL	Select
methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day)	QL	Select
methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day)	QL	Select
methadose tab (QL= 1 tab/day)	QL	Select
morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Select
morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Select
morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day)	QL	Select
morphine sulfate oral soln 100mg/5ml (MORPHINE equiv)	-	Select
morphine sulfate oral soln 10mg/5ml (MORPHINE equiv)	-	Select
morphine sulfate oral soln 20mg/5ml (MORPHINE equiv)	-	Select
morphine sulfate tab	-	Select
oxycodone cap (OXYIR equiv)	-	Select
oxycodone soln (ROXICODONE equiv)	-	Select
oxycodone tab (ROXICODONE equiv)	-	Select
oxymorphone tab (OPANA equiv)	-	Select
tramadol ER tab 100mg (ULTRAM ER equiv)	-	Select
tramadol ER tab 200mg (ULTRAM ER equiv)	-	Select
tramadol ER tab 300mg (ULTRAM ER equiv)	-	Select
tramadol hcl tab 100mg (QL= 4 tabs/day)	QL	Select
tramadol tab (ULTRAM equiv)	-	Select
OPIOID COMBINATIONS		
FENTA/ROPIVA INJ	-	EXC
FENTANYL CITRATE-BUPIVACAINE EPIDURAL INJ	-	EXC
FENTANYL CIT-ROPIV-NACL SOL PREF SYR	-	EXC
FENTANYL/BUPIVACAINE/NACL INJ	-	EXC
FENTANYL/ROPIVAC/NACL INJ	-	EXC
SUFENTANIL/KETAMINE SPRAY	-	EXC
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB (QL= 10 tabs/day)	QL	High Cost Generics
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	High Cost Generics
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	High Cost Generics
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	High Cost Generics
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	High Cost Generics

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
APADAZ TAB (QL= 12 tabs/day)	PA-QL	Non-Preferred Brands
FIORINAL/CODEINE CAP	-	Non-Preferred Brands
HYDROCODONE/ACETAMINOPHEN SOLN 10-325 MG/15ML (QL= 90ml/90 days for members age 20 or younger; QL= 210ml/90 days for members age 21 or older)	QL	Non-Preferred Brands
LORTAB ELIXIR	-	Non-Preferred Brands
NORCO 10-325mg (QL= 12 tabs/day)	QL	Non-Preferred Brands
NORCO 5-325mg (QL= 12 tabs/day)	QL	Non-Preferred Brands
NORCO TAB 7.5MG-325MG (QL= 12 tabs/day)	QL	Non-Preferred Brands
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	Non-Preferred Brands
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG (QL=12 tabs/day)	QL	Non-Preferred Brands
PERCOCET TAB 10-325MG (QL= 12 tabs/day)	QL	Non-Preferred Brands
PERCOCET TAB 2.5-325mg (QL= 12 tabs/day)	QL	Non-Preferred Brands
PERCOCET TAB 5-325MG (QL= 12 tabs/day)	QL	Non-Preferred Brands
PERCOCET TAB 7.5-325MG (QL= 12 tabs/day)	QL	Non-Preferred Brands
PRIMLEV TAB 10-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands
PRIMLEV TAB 5-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands
PROLATE TAB (QL= 13 tabs/day; Step therapy requires trial of oxycodone/acetaminophen 7.5-325mg tab)	QL-ST	Non-Preferred Brands
SEGLENTIS TAB (QL= 10 tabs/day; Trial of 3: tramadol IR, celecoxib cap, oxycodone tab/cap/sol, hydromorphone tab/sol, oxymorphone tab, morphine sol)	QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP (QL= 10 caps/day)	QL	Non-Preferred Brands
XARTEMIS XR TAB (QL= 12 tabs/day)	QL	Non-Preferred Brands
XODOL TAB 10MG-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands
XODOL TAB 5MG-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands
XODOL TAB 7.5MG-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	Select
APAP/CODEINE SOLN (QL= 90ml/day)	QL	Select
aspirin/codeine tab	-	Select
butalbital/acetaminophen/caffeine/codeine cap (FIORICET/CODEINE equiv) (QL= 6 caps/day)	QL	Select
hydrocodone/acetaminophen cap (LORCET equiv)	-	Select
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 180ml/day)	QL	Select
hydrocodone/acetaminophen tab 10-325mg (QL= 12 tabs/day)	QL	Select
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 12 tabs/day)	QL	Select
hydrocodone/acetaminophen tab 5-325mg (QL= 12 tabs/day)	QL	Select
hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 12 tabs/day)	QL	Select
HYDROCODONE/IBUPROFEN TAB (QL= 5 tabs/day)	QL	Select
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	QL--	Select
oxycodone/acetaminophen cap (TYLOX equiv)	-	Select
oxycodone/acetaminophen tab 10-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select
oxycodone/acetaminophen tab 2.5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select
oxycodone/acetaminophen tab 5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select
oxycodone/acetaminophen tab 7.5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select
OXYCODONE/ASPIRIN TAB	-	Select
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	Select
pentazocine/acetaminophen tab (TALACEN equiv)	-	Select
tramadol/acetaminophen tab (ULTRACET equiv)	-	Select
OPIOID PARTIAL AGONISTS		
nalbuphine inj	-	EXC
BELBUCA FILM (Step therapy requires trial of buprenorphine patch)	ST	Non-Preferred Brands
BUNAVAIL FILM	-	Non-Preferred Brands
BUTRANS PATCH	-	Non-Preferred Brands

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
PENTAZOCINE/NALOXONE TAB (QL= 12 tabs/day)	QL	Non-Preferred Brands
SUBOXONE SL FILM 2-0.5MG (QL= 4 films/day)	QL	Non-Preferred Brands
SUBOXONE SL FILM 4-1MG (QL= 4 films/day)	QL	Non-Preferred Brands
ZUBSOLV SL TAB	-	Non-Preferred Brands
SUBOXONE SL FILM 12-3MG (QL= 2 films/day)	QL	Preferred Brands
SUBOXONE SL FILM 8-2MG (QL= 3 films/day)	QL	Preferred Brands
BRIXADI SOLN	LMSP	Preferred Specialty
SUBLOCADE INJ 100MG/0.5ML	LMSP	Preferred Specialty
SUBLOCADE INJ 300MG/1.5ML	LMSP	Preferred Specialty
buprenorphine hcl buccal film (BELBUCA equiv)	-	Select
buprenorphine patch (BUTRANS equiv)	-	Select
buprenorphine SL tab (SUBUTEX equiv)	-	Select
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	Select
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	Select
butorphanol nasal spray (QL= 5ml/30 days)	QL	Select
pentazocine/naloxone tab (TALWIN NX equiv)	-	Select
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab (OXANDRIN equiv)	-	EXC
ANADROL TAB	-	Non-Preferred Brands
ANDROGENS		
ANDRELA INJ 1.25MG/0.05ML	-	EXC
ANDRELA INJ 10MG/0.4ML	-	EXC
ANDRELA INJ 12.5MG/0.05ML	-	EXC
ANDRELA INJ 12.5MG/0.25ML	-	EXC
ANDRELA INJ 15MG/0.3ML	-	EXC
ANDRELA INJ 2.5MG/0.1ML	-	EXC
ANDRELA INJ 20MG/0.4ML	-	EXC
ANDRELA INJ 5MG/0.2ML	-	EXC
ANDRELA INJ 7.5MG/0.3ML	-	EXC
ANDRENYX INJ 50MG/0.2ML	-	EXC
ANDRENYX INJ 100MG/0.4ML	-	EXC
ANDRENYX INJ 150MG/0.6ML	-	EXC
ANDRENYX INJ 200MG/0.8ML	-	EXC

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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
ANDROGENS-ANABOLIC Cont.		
ANDRENYX INJ 25MG/0.1ML	-	EXC
ANDRENYX INJ 75MG/0.3ML	-	EXC
methyltestosterone cap (QL= 150 tablets/30 days)	PA-QL	High Cost Generics
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	High Cost Generics
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	High Cost Generics
TESTOSTERONE GEL 10MG/ACT (QL= 2 bottles/30 days)	PA-QL	High Cost Generics
testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days)	PA-QL	High Cost Generics
TESTOSTERONE GEL 20.25MG/1.25GM (QL= 1 packet/day)	PA-QL	High Cost Generics
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	High Cost Generics
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	Non-Preferred Brands
ANDROGEL 1% 25MG (QL= 150gm/30 days)	PA-QL	Non-Preferred Brands
ANDROGEL 1% 50MG, TESTIM GEL 1% (QL= 300gm/30 days)	QL	Non-Preferred Brands
ANDROGEL 1% 50MG/5GM (QL= 300gm/30 days)	PA-QL	Non-Preferred Brands
ANDROGEL 1.62% 1.25GM (QL= 2 packets/day)	PA-QL	Non-Preferred Brands
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	Non-Preferred Brands
ANDROGEL PUMP 1.62% (QL= 150gm/30 days)	PA-QL	Non-Preferred Brands
DEPO-TESTOSTERONE INJ (QL= 1 vial/28 days)	QL	Non-Preferred Brands
DEPO-TESTOSTERONE INJ (QL= 4 vials/28 days)	QL	Non-Preferred Brands
FORTESTA GEL 2% (QL= 2 bottles/30 days)	PA-QL	Non-Preferred Brands
JATENZO CAP 158MG (QL= 4 caps/day)	PA-QL	Non-Preferred Brands
JATENZO CAP 198MG (QL= 4 caps/day)	PA-QL	Non-Preferred Brands

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DrugName	Special Code	Tier
ANDROGENS-ANABOLIC Cont.		
JATENZO CAP 237MG (QL= 2 caps/day)	PA-QL	Non-Preferred Brands
KYZATREX CAP (QL= 4 tabs/day)	PA-QL	Non-Preferred Brands
KYZATREX CAP, TLANDO CAP (QL= 4 tabs/day)	PA-QL	Non-Preferred Brands
METHITEST TAB (QL= 150 tablets/30 days)	PA-QL	Non-Preferred Brands
NATESTO GEL (QL= 3 bottles/30 days)	PA-QL	Non-Preferred Brands
NATESTO NASAL GEL (QL= 3 bottles/30 days)	PA-QL	Non-Preferred Brands
STRIANT FILM (QL= 60 films/30 days)	PA-QL	Non-Preferred Brands
TESTOSTERONE GEL PUMP, VOGELXO GEL PUMP (QL= 300g/30 days)	PA-QL	Non-Preferred Brands
TESTOSTERONE GEL, VOGELXO GEL (QL= 2 packets/day)	PA-QL	Non-Preferred Brands
XYOSTED INJ (QL= 4ml/28 days)	PA-QL	Non-Preferred Brands
TESTOSTERONE ENANTHATE INJ (QL= 5 mL/28 days)	QL	Preferred Brands
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	Preferred Brands
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	Preferred Brands
TESTOSTERONE INJ (QL= 1 vial/28 days)	QL	Preferred Brands
TESTOSTERONE INJ (QL= 4 vials/28 days)	QL	Preferred Brands
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days)	QL	Preferred Brands
danazol cap (DANOCRINE equiv) (QL= 4 caps/day)	QL	Select
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	Select
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 1 vial/28 days)	--QL	Select
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	--QL	Select
testosterone cypionate inj 200mg/ml (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	QL	Select
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 150gm/30 days)	QL	Select
testosterone gel 1% 50mg (QL= 300gm/30 days)	QL	Select
testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 300gm/30 days)	QL	Select
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 150gm/30 days)	QL	Select

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DrugName	Special Code	Tier
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
CORTIFOAM	-	Non-Preferred Brands
hydrocortisone enema (CORTENEMA equiv)	-	Select
RECTAL COMBINATIONS		
LIDO-HYDRO GEL	-	EXC
ANALPRAM ADVANCED KIT	-	Non-Preferred Brands
ANALPRAM-E KIT	-	Non-Preferred Brands
PROCTOFOAM HC FOAM	-	Preferred Brands
lidocaine/hydrocortisone kit (ANALPRAM equiv)	-	Select
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	Select
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide rectal foam (UCERIS equiv) (QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema)	QL-ST	High Cost Generics
UCERIS RECTAL FOAM (QL= 100.2g/30 days)	QL	Non-Preferred Brands
RECTAL COMBINATIONS		
ANA-LEX KIT	-	EXC
ANALPRAM HC CREAM	-	EXC
HEMORR/FISS OINT	OTC	EXC
HEMORRHOID OINT	OTC	EXC
HEMORRHOIDAL SUPP	--OTC	EXC
HYDROCORTISONE/PRAMOXINE SUPP	-	EXC
LIDOCAINE/HC CREAM	-	EXC
LIDOCAINE-PHENYLEPHRINE HCL AEROSOL	-	EXC
lidocain-pe-glycerin-petrolatum perianal crm	OTC	EXC
phenylephrine-mineral oil-petrolatum oint	OTC	EXC
phenylephrine-witch hazel perianal gel	OTC	EXC
pramox-pe-glycerin-petrolatum perianal cream	OTC	EXC
SB HEMORRHOID OINT	OTC	EXC
ANALPRAM-HC CREAM 1-1% (ST req trial of: LIDOCAINE-HYDROCORTISONE ACETATE perianal/RECTAL CREAM)	ST	Non-Preferred Brands
RECTAL LOCAL ANESTHETICS		
dibucaine perianal ointment	OTC	EXC
lidocaine anorectal cream	OTC	EXC
PROCTOFOAM NS	OTC	EXC
RECTAL PRODUCTS - MISC.		

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DrugName	Special Code	Tier
ANORECTAL AND RELATED PRODUCTS Cont.		
BARRIGEL INJ	-	EXC
PHENYLEPHRINE HCL SUPPOSITORIES	OTC	EXC
RECTAL STEROIDS		
ANUCORT-HC SUP	-	EXC
HYDROCORTISONE CREAM	-	EXC
PREP H CREAM	-	EXC
VASODILATING AGENTS		
RECTIV OINT (Diagnosis Restricted – Anal Fissure (K60.2))	RDX	Non-Preferred Brands
nitroglycerin oint (RECTIV equiv) (Diagnosis Restricted – Anal Fissure (K60.2))	RDX	Select
ANTACIDS		
ANTACID COMBINATIONS		
ACID GONE SUSP	-	EXC
alum and mag hydroxide-simethicone chew tab	OTC	EXC
alum and mag hydroxide-simethicone susp	OTC	EXC
aluminum hydroxide-magnesium carbonate chew tab	OTC	EXC
aluminum hydroxide-magnesium carbonate susp	OTC	EXC
ANT/ANTI-GAS CHW	OTC	EXC
ANTACID EXTR CHW	OTC	EXC
calcium carbonate-mag hydroxide chew tab (ROLAIDS equiv)	OTC	EXC
calcium carbonate-simethicone chew tab	OTC	EXC
CALCIUM/MAGNESIUM CARBONATES TAB	OTC	EXC
FOAM ANTACID CHEW	-	EXC
SODIUM BICARBONATE-CITRIC ACID EFFER TAB	-	EXC
ANTACIDS - BICARBONATE		
sodium bicarbonate powder	OTC	EXC
ANTACIDS - CALCIUM SALTS		
ANTACID MELT LOZ	OTC	EXC
CALCIUM CARB SUSP	OTC	EXC
calcium carbonate (antacid) chew tab	OTC	EXC
CALCIUM CARBONATE DISINTEGRATING TAB	-	EXC
ANTACIDS - MAGNESIUM SALTS		
MAG TAB	-	EXC
MAGNESIUM CARBONATE SUSP	-	EXC
ANTACIDS - SODIUM CITRATE		
EMETROL CHEW TAB	-	EXC
ANTHELMINTICS		
ANTHELMINTICS		
BILTRICIDE TAB	-	Non-Preferred Brands
EGATEN TAB	-	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTHELMINTICS Cont.		
EMVERM TAB	-	Non-Preferred Brands
IVERMECTIN TAB	-	Non-Preferred Brands
BENZNIDAZOLE TAB	-	Preferred Brands
ivermectin tab (STROMECTOL equiv)	-	Select
praziquantel tab (BILTRICIDE equiv)	-	Select
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
RANEXA TAB (QL= 120 tabs/30 days)	QL	Non-Preferred Brands
ASPRUZYO SPRINKLE GRANULES (QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab)	QL-ST	Preferred Brands
ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days)	QL	Select
NITRATES		
isosorbide dinitrate tab 40mg (ISORDIL equiv) (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER)	ST	High Cost Generics
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	High Cost Generics
GONITRO POWDER	-	Non-Preferred Brands
ISORDIL TITRADOSE TAB 40MG (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER)	ST	Non-Preferred Brands
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	Non-Preferred Brands
NITROMIST SPRAY	-	Non-Preferred Brands
isosorbide dinitrate tab 5mg (ISORDIL equiv)	-	Select
isosorbide mononitrate ER tab (IMDUR equiv)	-	Select
isosorbide mononitrate tab (MONOKET equiv)	-	Select
NITROGLYCERIN ER CAP	-	Select
nitroglycerin oint	-	Select
nitroglycerin patch (NITRO-DUR equiv)	-	Select
nitroglycerin SL tab (NITROSTAT equiv)	-	Select
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
droperidol inj (INAPSINE equiv)	-	EXC
meprobamate tab (MILTOWN equiv)	-	High Cost Generics

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DrugName	Special Code	Tier
ANTIANXIETY AGENTS Cont.		
BUCAPSOL CAP (QL= 2 caps/day; Step req trial of buspirone tabs, hydroxyzine, and doxepin (10, 25, 50, 75, 100, or 150mg))	QL-ST	Non-Preferred Brands
BUSPIRONE TAB 12.5MG (QL= 2 tabs/day; ST req 3: buspirone (5, 7.5, 10, 15, 30), hydroxyzine, AND doxepin (10, 25, 50, 75, 100, 150))	QL-ST	Non-Preferred Brands
BUSPIRONE TAB 2.5MG (QL= 2 tabs/day; ST req 3: buspirone (5, 7.5, 10, 15, 30), hydroxyzine, AND doxepin (10, 25, 50, 75, 100, 150))	QL-ST	Non-Preferred Brands
buspirone tab (BUSPAR equiv)	-	Select
hydroxyzine pamoate cap (VISTARIL equiv)	-	Select
hydroxyzine syrup (ATARAX equiv)	-	Select
hydroxyzine tab (ATARAX equiv)	-	Select
BENZODIAZEPINES		
alprazolam ODT (NIRAVAM equiv)	-	High Cost Generics
oxazepam cap (SERAX equiv) (Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab)	ST	High Cost Generics
ALPRAZOLAM INTENSOL CONC	-	Non-Preferred Brands
LOREEV XR CAP (QL= 1 cap/day; Step therapy requires trial of lorazepam tab)	QL-ST	Non-Preferred Brands
LOREEV XR CAP 3MG (QL= 3 cap/day; Step therapy requires trial of lorazepam tab)	QL-ST	Non-Preferred Brands
alprazolam ER tab (XANAX XR equiv)	-	Select
alprazolam tab (XANAX equiv)	-	Select
chlordiazepoxide cap (LIBRIUM equiv)	-	Select
clorazepate tab (TRANXENE-T equiv)	-	Select
diazepam conc (VALIUM equiv)	-	Select
diazepam oral soln 5mg/5ml (QL= 360ml/30 days)	QL	Select
diazepam tab (VALIUM equiv)	-	Select
lorazepam conc (ATIVAN equiv)	-	Select
lorazepam tab (ATIVAN equiv)	-	Select
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
PROCAINAMIDE INJ	-	EXC
quinidine gluconate CR tab	-	High Cost Generics
NORPACE CR CAP	-	Preferred Brands
QUINIDINE SULFATE TAB 200MG (QL= 8 tabs/day)	QL	Preferred Brands
QUINIDINE SULFATE TAB 300MG (QL= 5 tabs/day)	QL	Preferred Brands
disopyramide cap (NORPACE equiv)	-	Select
quinidine sulfate tab (QL= 8 tabs/day)	QL	Select

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DrugName	Special Code	Tier
ANTIARRHYTHMICS Cont.		
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap	-	Select
ANTIARRHYTHMICS TYPE I-C		
propafenone ER cap (RYTHMOL SR equiv)	-	High Cost Generics
flecainide tab (TAMBOCOR equiv)	-	Select
propafenone tab (RYTHMOL equiv)	-	Select
ANTIARRHYTHMICS TYPE III		
amiodarone hcl inj	-	EXC
MULTAQ TAB	-	Non-Preferred Brands
amiodarone tab (CORDARONE equiv)	-	Select
dofetilide cap (TIKOSYN equiv)	-	Select
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
EXDENSUR INJ	-	EXC
CINQAIR INJ (QL= 4 vials/28 days; Only available through Walgreens 888-347-3416)	LD-M-PA-QL	Non-Preferred Specialty
FASENRA INJ (QL= 1 syringe/56 days)	AMSP-PA-QL	Non-Preferred Specialty
FASENRA INJ 10MG/0.5ML (QL= 1 syringe/56 days)	AMSP-PA-QL	Non-Preferred Specialty
FASENRA PEN INJ (QL= 1 pen/56 days)	AMSP-PA-QL	Non-Preferred Specialty
NUCALA INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty
TEZSPIRE INJ (QL= 1 pen/30 days)	AMSP-PA-QL	Preferred Specialty
TEZSPIRE SOLN (QL= 1 syringe/30 days)	AMSP-PA-QL	Preferred Specialty
XOLAIR INJ (QL= 1 syringe/28 days)	AMSP-PA-QL	Preferred Specialty
XOLAIR INJ (QL= 1 vial/28 days)	AMSP-PA-QL	Preferred Specialty
XOLAIR INJ 150MG/ML (QL= 1ml/28 days)	AMSP-PA-QL	Preferred Specialty
XOLAIR INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Preferred Specialty
XOLAIR INJ 75MG/0.5ML (QL= 0.5ml/28 days)	AMSP-PA-QL	Preferred Specialty
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	Select
BRONCHODILATORS - ANTICHOLINERGICS		

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
SPIRIVA HANDIHALER (QL= 1 cap/day; For use with Handihaler device)	QL	Non-Preferred Brands
TUDORZA PRESSAIR INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA RESPIMAT or tiotropium bromide cap inhaler)	QL-ST	Non-Preferred Brands
UMECLIDINIUM ELLIPTA INHALER 62.5MCG/INH (QL= 30 units/30 days)	QL	Non-Preferred Brands
YUPELRI SOLN (QL= 90ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA RESPIMAT c tiotropium bromide cap inhaler)	QL-ST	Non-Preferred Brands
ATROVENT HFA AERO (QL= 25.8g/30 days)	QL	Preferred Brands
INCRUSE ELLIPTA INHALER (QL= 30 units/30 days)	QL	Preferred Brands
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	Preferred Brands
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days)	QL	Preferred Brands
ipratropium bromide hfa inhaler aerosol (ATROVENT equiv) (QL= 25.8g/30 days)	QL	Select
ipratropium neb soln (ATROVENT equiv)	-	Select
tiotropium bromide cap inhaler (SPIRIVA equiv) (QL= 1 cap/day; For use with Handihaler device)	QL	Select
LEUKOTRIENE MODULATORS		
zileuton ER tab (ZYFLO CR equiv) (QL= 2 tabs/day)	QL	High Cost Generics
ZYFLO CR TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
ZYFLO TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands
montelukast chew tab (SINGULAIR equiv)	-	Select
montelukast granule pack (SINGULAIR equiv)	-	Select
montelukast tab (SINGULAIR equiv)	-	Select
zafirlukast tab (ACCOLATE equiv)	-	Select
PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS		
OHTUVAYRE SUSP (QL= 150 mL/30 days; Only available through AcariaHealth 800-511-5144 or Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	Non-Preferred Specialty
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands
roflumilast tab (DALIRESP equiv) (QL= 1 tab/day)	PA-QL	Select
STEROID INHALANTS		
ALVESCO INHALER (QL= 12.2gm/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR)	QL-ST	Non-Preferred Brands

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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
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
ARMONAIR DIGITAL INHALER 113MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR)	QL-ST	Non-Preferred Brands
ARMONAIR DIGITAL INHALER 232MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR)	QL-ST	Non-Preferred Brands
ARMONAIR DIGITAL INHALER 55MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR)	QL-ST	Non-Preferred Brands
FLUTICASONE DISKUS INHALER (QL= 2 inhalers/30 days)	QL	Non-Preferred Brands
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100 MCG/ACT (QL= 1 inhaler/30 days)	QL	Non-Preferred Brands
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200 MCG/ACT (QL= 1 inhaler/30 days)	QL	Non-Preferred Brands
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50 MCG/ACT (QL= 1 inhaler/30 days)	QL	Non-Preferred Brands
FLUTICASONE HFA INHALER 110MCG (QL= 2 inhalers/30 days)	QL	Non-Preferred Brands
FLUTICASONE HFA INHALER 220MCG (QL= 2 inhalers/30 days)	QL	Non-Preferred Brands
PULMICORT FLEXHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR)	QL-ST	Non-Preferred Brands
PULMICORT INH SUSP 0.25MG/2ML, 0.5MG/2ML (QL= 120 units/30 days)	QL	Non-Preferred Brands
PULMICORT INH SUSP 1MG/2ML (QL= 60 units/30 days)	QL	Non-Preferred Brands
fluticasone propionate hfa inhal aero (QL= 2 inhalers/30 days)	QL	Select
ARNUITY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Value
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	QL	Value
ASMANEX INHALER (QL= 1 inhaler/30 days)	QL	Value
budesonide inh susp (PULMICORT equiv) (QL= 120 units/30 days)	QL	Value
QVAR REDIHALER (QL= 21.2gm/30 days)	QL	Value
SYMPATHOMIMETICS		
ASTHMANEFRIN NEB SOLN	-	EXC
ephedrine hcl tab	OTC	EXC
ephedrine sulfate tab	OTC	EXC
arformoterol tartrate neb soln (BROVANA equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	High Cost Generics
BREYNA INHALER (BREYNA equiv) (QL= 10.3g/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela)	QL-ST	High Cost Generics

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ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
budesonide/formoterol inhaler (SYMBICORT equiv) (QL= 10.2g/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela)	QL-ST	High Cost Generics
formoterol fumarate neb soln (PERFOROMIST equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	High Cost Generics
ADVAIR DISKUS INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela)	QL-ST	Non-Preferred Brands
ADVAIR HFA INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol diskus or wixela)	QL-ST	Non-Preferred Brands
AIRDUO POWDER INHALER W/SENSOR (QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela)	QL-ST	Non-Preferred Brands
AIRDUO RESPICLICK (QL= 1 inhaler/30 days, Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela)	QL-ST	Non-Preferred Brands
AIRSUPRA AER 90-80MCG (QL= 2 inh/30 days; Step Therapy requires trial of albuterol AND two of: Arnuity, Asmanex, Qvar)	QL-ST	Non-Preferred Brands
ALBUTEROL AER HFA 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	Non-Preferred Brands
ARCAPTA NEOHALER (Step Therapy requires trial of STRIVERDI RESPIMAT, ANORO ELLIPTA or STIOLTO INHALER)	ST	Non-Preferred Brands
BEVESPI AEROSPHERE INHALER (QL= 10.7gm/30 days; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER)	QL-ST	Non-Preferred Brands
BROVANA NEB SOLN (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	Non-Preferred Brands
DUAKLIR INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of ANORO ELLIPTA INHALER or STIOLTO INHALE	QL-ST	Non-Preferred Brands
FLUTICASONE/VILANTEROL INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA ar fluticasone/salmeterol or wixela)	QL-ST	Non-Preferred Brands
FLUTICASONE-SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Non-Preferred Brands
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Preferred Brands
PERFOROMIST NEB SOLN (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln	QL-ST	Non-Preferred Brands
PROAIR HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Preferred Brands
PROAIR RESPICLICK INHALER (Step Therapy requires trial of VENTOLIN HFA INHALER and albuterol hfa inhaler)	ST	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
PROVENTIL AERO HFA (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol HFA inhaler)	QL-ST	Non-Preferred Brands
PROVENTIL HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Preferred Brands
SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of Striverdi)	QL-ST	Non-Preferred Brands
SYMBICORT INHALER (QL= 10.2g/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela)	QL-ST	Non-Preferred Brands
UMECLIDINIUM/VILANTEROL INHALER 62.5-25MCG/ACT (QL= 60 grams/30 days)	QL	Non-Preferred Brands
ANORO ELLIPTA INHALER (QL= 60 gm/30 days)	QL	Preferred Brands
BREO ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands
BREZTRI AEROSPHERE INHALER (QL= 10.7g/30 days)	QL	Preferred Brands
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30 days)	QL	Preferred Brands
DULERA INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands
LEVALBUTEROL TARTRATE	-	Preferred Brands
STIOLTO INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands
TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands
albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days)	QL	Select
albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	Select
albuterol neb soln	-	Select
ALBUTEROL NEBULIZER SOLN	-	Select
albuterol sulfate inhal aero 108mcg/act (QL= 36g/30 days)	QL	Select
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	Select
albuterol sulfate syrup	-	Select
albuterol sulfate tab	-	Select
albuterol/ipratropium neb soln (DUONEB equiv)	-	Select
FLUTICASONE/SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Select
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days)	QL	Select
levalbuterol neb soln (XOPENEX equiv)	-	Select
terbutaline sulfate tab (BRETHINE equiv)	-	Select
XANTHINES		
AMINOPHYLLINE INJ	-	EXC

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
ELIXOPHYLLIN ELIXIR	-	Preferred Brands
THEOPHYLLINE TAB ER (QL= 1 tab/day)	QL	Preferred Brands
theophylline CR tab (QUIBRON-T equiv)	-	Select
theophylline ER tab (UNIPHYL equiv)	-	Select
theophylline soln	-	Select
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	Select
DIRECT FACTOR XA INHIBITORS		
BEVYXXA CAP (QL= 43 caps/42 days)	PA-QL	Non-Preferred Brands
SAVAYSA TAB (QL= 1 tab/day; Step Therapy requires trial of ELIQUIS and XARELTO)	QL-ST	Non-Preferred Brands
ELIQUIS SPRINKLE CAP (QL= 70 caps/30 days)	QL	Preferred Brands
ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days)	QL	Preferred Brands
ELIQUIS TAB 2.5MG (QL= 60 tabs/30 days)	QL	Preferred Brands
ELIQUIS TAB 5MG (QL= 74 tabs/30 days)	QL	Preferred Brands
ELIQUIS TAB FOR ORAL SUSP (QL= 560 tabs/30 days)	QL	Preferred Brands
XARELTO STARTER PACK 15MG/20MG (QL= 1 pack/30 days)	QL	Preferred Brands
XARELTO SUSP (QL= 10mL/day)	QL	Preferred Brands
XARELTO TAB (QL= 60 tabs/30 days)	QL	Preferred Brands
XARELTO TAB 10MG (QL= 30 tabs/30 days)	QL	Preferred Brands
XARELTO TAB 15MG (QL= 60 tabs/30 days)	QL	Preferred Brands
XARELTO TAB 20MG (QL= 30 tabs/30 days)	QL	Preferred Brands
rivaroxaban for susp (XARELTO equiv) (QL= 10mL/day)	QL	Select
rivaroxaban tab (XARELTO equiv) (QL = 60 tabs/30 days)	QL	Select
HEPARINS AND HEPARINOID-LIKE AGENTS		
ENOXILUV KIT INJ	OTC	EXC
HEPARIN LOCK INJ	-	EXC
HEPARIN SODIUM/NACL INJ	-	EXC
FRAGMIN INJ	-	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTICOAGULANTS Cont.		
FRAGMIN INJ 10000 (QL= 10ml/30 days)	QL	Non-Preferred Brands
FRAGMIN INJ 12500 (QL= 5ml/30 days)	QL	Non-Preferred Brands
FRAGMIN INJ 15000 (QL= 6ml/30 days)	QL	Non-Preferred Brands
FRAGMIN INJ 18000 (QL= 7.2ml/30 days)	QL	Non-Preferred Brands
FRAGMIN INJ 2500 (QL= 2ml/30 days)	QL	Non-Preferred Brands
FRAGMIN INJ 5000 (QL= 2ml/30 days)	QL	Non-Preferred Brands
FRAGMIN INJ 7500 (QL= 3ml/30 days)	QL	Non-Preferred Brands
FRAGMIN INJ 95000 (QL= 7.6ml/30 days)	QL	Non-Preferred Brands
LOVENOX INJ	-	Non-Preferred Brands
LOVENOX INJ 300MG	-	Non-Preferred Brands
ARIXTRA INJ 10MG/0.8ML	-	Non-Preferred Specialty
ARIXTRA INJ 2.5MG/0.5ML	-	Non-Preferred Specialty
ARIXTRA INJ 5MG/0.4ML	-	Non-Preferred Specialty
ARIXTRA INJ 7.5MG/0.6ML	-	Non-Preferred Specialty
enoxaparin inj (LOVENOX equiv)	-	Select
enoxaparin inj 300mg (LOVENOX equiv)	-	Select
fondaparinux inj 10mg/0.8ml (ARIXTRA equiv)	-	Select
fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv)	-	Select
fondaparinux inj 5mg/0.4ml (ARIXTRA equiv)	-	Select
fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv)	-	Select
heparin porcine inj	-	Select
IN VITRO/LOCK ANTICOAGULANTS		
DEFENCATH SOLN	-	EXC

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DrugName	Special Code	Tier
ANTICOAGULANTS Cont.		
SOD CIT-GENT INJ 4%-320	-	EXC
THROMBIN INHIBITORS		
ARGATROBAN INJ	-	EXC
argatroban iv soln	-	EXC
BIVALIRUDIN INJ	-	EXC
BIVALIRUDIN SOLN RTU	-	EXC
PRADAXA CAP 75MG, 150MG (QL= 2 caps/day, Step therapy requires trial of Eliquis and Xarelto)	QL-ST	Non-Preferred Brands
PRADAXA PELLET PACK (QL= 2 packets/day)	QL	Non-Preferred Brands
dabigatran etexilate mesylate cap (PRADAXA equiv) (QL= 2 caps/day)	QL	Select
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
perampanel susp (FYCOMPA equiv) (Step Therapy requires a trial of 2: levetiracetam soln, lamotrigine ODT/chew, valproic acid soln, topiramate sprinkle)	ST	High Cost Generics
perampanel tab (FYCOMPA equiv) (QL= 4 tabs/day; ST req trial of 2: levetiracetam, lamotrigine, valproic acid, divalproex, topiramate)	QL-ST	High Cost Generics
FYCOMPA SUSP (Step Therapy requires a trial of 2: levetiracetam soln, lamotrigine ODT/chew, valproic acid soln, topiramate sprinkle)	ST	Non-Preferred Brands
FYCOMPA TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands
FYCOMPA TAB (QL= 4 tabs/day; ST req trial of 2: levetiracetam, lamotrigine, valproic acid, divalproex, topiramate)	QL-ST	Non-Preferred Brands
ANTICONVULSANTS - BENZODIAZEPINES		
DIASTAT ACDL GEL (QL= 4 doses/fill)	QL	Non-Preferred Brands
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 4 doses/fill)	QL	Non-Preferred Brands
LIBERVANT FILM (QL= 4 doses/fill, 5 fills/month; Step requires trial of diazepam rectal gel)	QL-ST	Non-Preferred Brands
MIDAZOLAM INJ (QL= 4 doses/fill, 5 fills/month; ST req trial of 2: diazepam rectal gel, Nayzilam, and Valtoco)	QL-ST	Non-Preferred Brands
ONFI SUSP (QL= 480ml/30 days)	QL	Non-Preferred Brands
ONFI TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
SYMPAZAN ORAL FILM	-	Non-Preferred Brands

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ANTICONVULSANTS Cont.		
NAYZILAM SPRAY (QL= 4 units/fill, 5 fills/month)	QL	Preferred Brands
VALTOCO NASAL SPRAY (QL= 5 doses/fill, 4 fills/month)	QL	Preferred Brands
clobazam susp (ONFI equiv) (QL= 480ml/30 days)	QL	Select
clobazam tab (ONFI equiv)	-	Select
clonazepam ODT (KLONOPIN equiv)	-	Select
clonazepam tab (KLONOPIN equiv)	-	Select
diazepam rectal gel (QL= 4 doses/fill)	QL	Value
ANTICONVULSANTS - MISC.		
brivaracetam iv soln 50mg/5ml (BRIVIACT equiv)	-	EXC
BRIVIACT INJ 50MG/5ML	-	EXC
lacosamide iv inj (VIMPAT equiv)	-	EXC
VIMPAT INJ	-	EXC
gabapentin cap 200mg (NEURONTIN equiv) (ST req trial of 2: gabapentin 100mg cap, gabapentin tabs, pregabalin caps)	ST	High Cost Generics
lamotrigine odt (LAMICTAL equiv) (QL= 2 tabs/day; Step Therapy requires trial of lamotrigine chew)	QL-ST	High Cost Generics
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	High Cost Generics
oxcarbazepine er tab 150mg (OXTELLAR equiv) (QL= 1 tab/day)	QL	High Cost Generics
oxcarbazepine er tab 300mg (OXTELLAR equiv) (QL= 1 tab/day)	QL	High Cost Generics
oxcarbazepine er tab 600mg (OXTELLAR equiv) (QL= 4 tabs/day)	QL	High Cost Generics
rufinamide susp (BANZEL equiv) (QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	High Cost Generics
rufinamide tab (BANZEL equiv) (QL= 240 tabs/30 days; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	High Cost Generics
topiramate cap er 200mg (TROKENDI equiv) (QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR))	QL-ST	High Cost Generics
topiramate ER cap (QUDEXY equiv) (QL = 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	High Cost Generics
topiramate er cap (TROKENDI XR equiv) (QL= 1 cap/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR))	QL-ST	High Cost Generics
topiramate oral soln (EPRONTIA equiv) (QL= 480mL/30 days; Step therapy requires trial of topiramate sprinkle caps)	QL-ST	High Cost Generics
topiramate sprinkle cap 50mg (QL= 8 caps/day; Step therapy requires trial of topiramate 15mg/25mg sprinkle cap)	QL-ST	High Cost Generics
APTIOM TAB (QL= 60 tabs/30 days)	QL	Non-Preferred Brands
BANZEL SUSP (QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	Non-Preferred Brands
BANZEL TAB (QL= 8 tabs/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
BRIVIACT SOLN 10MG/ML (QL= 600mL/30 days)	QL	Non-Preferred Brands
BRIVIACT TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
CARBAMAZEPINE CHEW TAB 200MG (Step therapy requires trial of carbamazepine 100mg chew tab)	ST	Non-Preferred Brands
ELEPSIA XR TAB 1000MG (QL= 90 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab)	QL-ST	Non-Preferred Brands
ELEPSIA XR TAB 1500MG (QL= 60 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab)	QL-ST	Non-Preferred Brands
EPRONTIA SOLN (QL= 480mL/30 days; Step therapy requires trial of topiramate sprinkle caps)	QL-ST	Non-Preferred Brands
GABARONE TAB (QL= 3 tabs/day; Step therapy requires trial of gabapentin capsules AND pregabalin capsules)	QL-ST	Non-Preferred Brands
LAMICTAL ODT (QL= 2 tabs/day)	QL	Non-Preferred Brands
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	Non-Preferred Brands
LAMICTAL XR TAB 100MG (QL= 3 tabs/day)	QL	Non-Preferred Brands
LAMICTAL XR TAB 200MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
LAMICTAL XR TAB 250MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
LAMICTAL XR TAB 25MG (QL= 6 tabs/day)	QL	Non-Preferred Brands
LAMICTAL XR TAB 300MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
LAMICTAL XR TAB 50MG (QL= 6 tabs/day)	QL	Non-Preferred Brands
LYRICA CAP (Step Therapy required trial of gabapentin and pregabalin)	ST	Non-Preferred Brands
LYRICA SOLN (QL= 30ml/day; Step Therapy required trial of gabapentin and pregabalin)	QL-ST	Non-Preferred Brands

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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
ANTICONVULSANTS Cont.		
MOTPOLY XR CAP 100MG (QL= 1 cap/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap)	QL-ST	Non-Preferred Brands
MOTPOLY XR CAP 150MG (QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap)	QL-ST	Non-Preferred Brands
MOTPOLY XR CAP 200MG (QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap)	QL-ST	Non-Preferred Brands
OXTELLAR XR TAB 150MG (QL= 1 tab/day)	QL	Non-Preferred Brands
OXTELLAR XR TAB 300MG (QL= 1 tab/day)	QL	Non-Preferred Brands
OXTELLAR XR TAB 600MG (QL= 4 tabs/day)	QL	Non-Preferred Brands
QUDEXY XR CAP 100MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Preferred Brands
QUDEXY XR CAP 150MG (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Preferred Brands
QUDEXY XR CAP 200MG (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Preferred Brands
QUDEXY XR CAP 25MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Preferred Brands
QUDEXY XR CAP 50MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Preferred Brands
SPRITAM TAB (Step Therapy requires trial of levetiracetam or levetiracetam ER)	ST	Non-Preferred Brands
SUBVENITE SUSP (QL= 20ml/day; Step Therapy requires trial of lamotrigine chew)	QL-ST	Non-Preferred Brands
TROKENDI XR CAP (QL= 1 cap/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR))	QL-ST	Non-Preferred Brands
TROKENDI XR CAP 200MG (QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR))	QL-ST	Non-Preferred Brands
VIMPAT SOLN (QL= 1200ml/30 days)	QL	Non-Preferred Brands
VIMPAT TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands

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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
ANTICONVULSANTS Cont.		
ZONISADE SUSP (QL= 900ml/30 days)	QL	Non-Preferred Brands
DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	Non-Preferred Specialty
DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	Non-Preferred Specialty
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Preferred Specialty
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	Preferred Specialty
brivaracetam oral soln 10mg/ml (BRIVIACT INJ equiv) (QL= 600mL/30 days)	QL	Select
brivaracetam tab (BRIVIACT equiv) (QL= 2 tabs/day)	QL	Select
carbamazepine chew tab (TEGRETOL equiv)	-	Select
carbamazepine ER cap (CARBATROL equiv)	-	Select
carbamazepine ER tab (TEGRETOL XR equiv)	-	Select
carbamazepine susp (TEGRETOL equiv)	-	Select
carbamazepine tab (TEGRETOL equiv)	-	Select
eslicarbazepine acetate tab (APTIOM equiv) (QL= 60 tabs/30 days)	QL	Select
gabapentin cap (NEURONTIN equiv)	-	Select
gabapentin tab (NEURONTIN equiv)	-	Select
lacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30 days)	QL	Select
lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day)	QL	Select
lamotrigine chew tab (LAMICTAL equiv)	-	Select
lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day)	QL	Select
lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select
lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select
lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Select
lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select
lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Select
lamotrigine tab (LAMICTAL equiv)	-	Select
levetiracetam ER tab (KEPPRA XR equiv)	-	Select
levetiracetam soln (KEPPRA equiv)	-	Select
levetiracetam tab (KEPPRA equiv)	-	Select
oxcarbazepine susp (TRILEPTAL equiv)	-	Select
oxcarbazepine tab (TRILEPTAL equiv)	-	Select
pregabalin cap (LYRICA equiv)	-	Select
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	Select
PRIMIDONE TAB (QL= 4 tabs/day)	QL	Select
primidone tab (MYSOLINE equiv)	QL--	Select
topiramate sprinkle cap (TOPAMAX equiv)	-	Select
topiramate tab (TOPAMAX equiv)	-	Select

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
zonisamide cap (ZONEGRAN equiv)	-	Select
CARBAMATES		
FELBATOL SUSP (QL= 30ml/day)	QL	Non-Preferred Brands
FELBATOL TAB 400MG (QL= 9 tabs/day)	QL	Non-Preferred Brands
FELBATOL TAB 600MG (QL= 6 tabs/day)	QL	Non-Preferred Brands
XCOPRI PAK 100-150MG (QL= 1 pack/28 days; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Preferred Brands
XCOPRI PAK 150-200MG (QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Preferred Brands
XCOPRI PAK 50-200MG (QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Preferred Brands
XCOPRI TAB 100MG (QL= 1 tab/day)	QL	Non-Preferred Brands
XCOPRI TAB 150MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
XCOPRI TAB 200MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
XCOPRI TAB 25MG (QL= 1 tab/day)	QL	Non-Preferred Brands
XCOPRI TAB 50MG (QL= 1 tab/day)	QL	Non-Preferred Brands
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Preferred Brands
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Preferred Brands
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Preferred Brands
felbamate susp (FELBATOL equiv) (QL= 30ml/day)	QL	Select
felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day)	QL	Select
felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day)	QL	Select
GABA MODULATORS		
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Generic Specialty

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
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
GABITRIL TAB 12MG (QL= 4 tabs/day)	QL	Non-Preferred Brands
GABITRIL TAB 16MG (QL= 3 tabs/day)	QL	Non-Preferred Brands
GABITRIL TAB 2mg (QL= 4 tabs/day)	QL	Non-Preferred Brands
GABITRIL TAB 4MG (QL= 4 tabs/day)	QL	Non-Preferred Brands
SABRIL POWDER PACK (QL= 6 packs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
SABRIL TAB (QL= 6 tabs/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
VIGAFYDE SOLN (QL= 750ml/30 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
TIAGABINE TAB 12MG (QL= 4 tabs/day)	QL	Select
tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select
TIAGABINE TAB 16MG (QL= 3 tabs/day)	QL	Select
tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day)	QL	Select
tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select
tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select
HYDANTOINS		
PHENYTOIN INJ	-	EXC
phenytoin sodium inj	-	EXC
PEGANONE TAB	-	Non-Preferred Brands
DILANTIN CAP 30MG	-	Preferred Brands
phenytoin cap (DILANTIN equiv)	-	Select
phenytoin chew tab (DILANTIN equiv)	-	Select
phenytoin susp (DILANTIN equiv)	-	Select
SUCCINIMIDES		
methsuximide cap (CELONTIN equiv) (QL= 4 caps/day; ST requires trial of ethosuximide tab/soln)	QL-ST	High Cost Generics
CELONTIN CAP (QL= 4 caps/day; ST requires trial of ethosuximide tab/soln)	QL-ST	Non-Preferred Brands
ethosuximide cap (ZARONTIN equiv)	-	Select
ethosuximide soln (ZARONTIN equiv)	-	Select

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
VALPROIC ACID		
STAVZOR CAP	-	Non-Preferred Brands
divalproex ER tab (DEPAKOTE ER equiv)	-	Select
divalproex sodium DR tab (DEPAKOTE equiv)	-	Select
divalproex sprinkle cap (DEPAKOTE equiv)	-	Select
valproic acid cap (DEPAKENE equiv)	-	Select
valproic acid syrup (DEPAKENE equiv)	-	Select
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	Select
mirtazapine tab (REMERON equiv)	-	Select
ANTIDEPRESSANT COMBINATIONS		
AUVELITY TAB (QL= 60 tabs/30 days; ST req trial of 4 (citalopram, escitalopram, fluoxetine cap/tab, fluvoxamine, paroxetine IR/ER, sertraline, desvenlafaxine ER, venlafaxine IR/ER, bupropion, mirtazapine) followed by vilazodone)	QL-ST	Non-Preferred Brands
ANTIDEPRESSANTS - MISC.		
APLENZIN TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands
BUPROPION XL TAB 450MG (QL= 1 tab/day; ST req 2: SSRI (eg. fluoxetine, sertraline), SNRI (eg. venlafaxine), bupropion XL tab (150, 300mg))	QL-ST	Non-Preferred Brands
bupropion ER tab (WELLBUTRIN equiv)	-	Select
bupropion tab (WELLBUTRIN equiv)	-	Select
bupropion XL tab (WELLBUTRIN XL equiv)	-	Select
MAPROTILINE TAB	-	Select
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAP 20MG (QL= 28 caps/14 days, 1 fill/365 days)	PA-QL	Non-Preferred Brands
ZURZUVAE CAP 25MG (QL= 28 caps/14 days, 1 fill/365 days)	PA-QL	Non-Preferred Brands
ZURZUVAE CAP 30MG (QL= 14 caps/14 days, 1 fill/365 days)	PA-QL	Non-Preferred Brands
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM PATCH	-	Non-Preferred Brands
MARPLAN TAB (ST req trial of 2: SSRI (eg. citalopram, fluoxetine, sertraline), SNRI (eg. venlafaxine, desven.))	ST	Non-Preferred Brands
MARPLAN TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
NARDIL TAB 15MG (QL= 4 tabs/day)	QL	Non-Preferred Brands
PHENELZINE SULFATE TAB (QL= 4 tabs/day)	QL	Select
phenelzine tab (NARDIL equiv)	-	Select
tranylcypromine tab (PARNATE equiv)	-	Select
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO NASAL SOLN (QL= 4 kits/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide cap (QL= 1 cap/day; ST requires trial of citalopram tab)	QL-ST	High Cost Generics
fluoxetine tab 60mg	-	High Cost Generics
FLUOXETINE TAB 60MG (Step Therapy requires trial of fluoxetine cap, fluoxetine tab or fluoxetine weekly cap)	--ST	High Cost Generics
fluvoxamine ER cap (LUVOX CR equiv) (QL= 2 caps/day)	QL	High Cost Generics
paroxetine ER tab (PAXIL CR equiv)	-	High Cost Generics
PAROXETINE SUSP (QL= 900 mL/30 days; ST req trial of 2: SSRI (eg. paroxetine tab, fluoxetine, sertraline), SNRI (eg. venlafaxine))	QL-ST	High Cost Generics
sertraline hcl cap (QL= 30 caps/30 days; Step therapy requires trial of sertraline tab)	QL-ST	High Cost Generics
CITALOPRAM CAP (QL= 1 cap/day; ST requires trial of citalopram tab)	QL-ST	Non-Preferred Brands
ESCITALOPRAM CAP (QL= 1 cap/day; ST req trial of escitalopram tabs AND one SSRI (eg. fluoxetine, sertraline) or SNRI (eg. venlafaxine, desven.))	QL-ST	Non-Preferred Brands
PAXIL ORAL SUSP (QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands
PEXEVA TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands
SERTRALINE CAP (QL= 30 caps/30 days; Step therapy requires trial of sertraline tab)	QL-ST	Non-Preferred Brands
PROZAC WEEKLY CAP	-	Preferred Brands
citalopram soln (CELEXA equiv)	-	Select
escitalopram soln (LEXAPRO equiv)	-	Select
fluoxetine cap 90mg (QL= 4 caps/28 days)	QL	Select
fluvoxamine tab (LUVOX equiv)	-	Select
paroxetine tab (PAXIL equiv)	-	Select
citalopram tab (CELEXA equiv)	-	Value
escitalopram tab (LEXAPRO equiv)	-	Value
fluoxetine cap (PROZAC equiv)	-	Value

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ANTIDEPRESSANTS Cont.		
fluoxetine soln (PROZAC equiv)	-	Value
fluoxetine tab 10mg, 20mg (PROZAC equiv)	-	Value
sertraline conc (ZOLOFT equiv)	-	Value
sertraline tab (ZOLOFT equiv)	-	Value
SEROTONIN MODULATORS		
vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox)	QL-ST	High Cost Generics
EXXUA TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands
RALDESY SOLN (QL= 40ml/day; Req trial of 2: cital- tab/sol, escita- tab/sol, fluox- tab/cap/sol, mirta- tab/ODT, sertr- tab/con)	QL-ST	Non-Preferred Brands
TRINTELLIX TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands
VIIBRYD STARTER KIT (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred Brands
VIIBRYD TAB (QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox)	QL-ST	Non-Preferred Brands
NEFAZODONE TAB	-	Select
nefazodone tab 50mg, 250mg	-	Select
trazodone tab 50mg, 100mg, 150mg (DESYREL equiv)	-	Select
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
duloxetine cap 40mg (IRENKA equiv) (QL= 2 caps/day)	QL	High Cost Generics
venlafaxine ER tab	-	High Cost Generics
CYMBALTA CAP 20MG (QL= 6 caps/day)	QL	Non-Preferred Brands
CYMBALTA CAP 30MG (QL= 4 caps/day)	QL	Non-Preferred Brands
CYMBALTA CAP 60MG (QL= 2 caps/day)	QL	Non-Preferred Brands
DESVENLAFAXINE ER TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands
DRIZALMA DR CAP	-	Non-Preferred Brands
DULOXETINE DR CAP 120MG (QL= 1 cap/day; ST req trial of duloxetine (20,30,60mg) AND 3 antidepressants (e.g. fluox, sertr, venlafax, buprop))	QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
DULOXETINE DR CAP 80MG (QL= 1 cap/day; ST req trial of duloxetine (20,30,60mg) AND 3 antidepressants (e.g. fluox, sertr, venlafax, buprop))	QL-ST	Non-Preferred Brands
DULOXETINE DR CAP 90MG (QL= 1 cap/day; ST req trial of duloxetine (20,30,60mg) AND 3 antidepressants (e.g. fluox, sertr, venlafax, buprop))	QL-ST	Non-Preferred Brands
FETZIMA CAP (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands
FETZIMA TITRATION PACK (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands
PRISTIQ TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands
VENLAFAXINE TAB (QL= 2 tabs/day; Step therapy requires trial of venlafaxine ER HCL cap/tab)	QL-ST	Non-Preferred Brands
VENLAFAXINE ER TAB	-	Preferred Brands
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day)	QL	Select
duloxetine EC cap 20mg (QL= 6 caps/day)	QL	Select
duloxetine EC cap 30mg (QL= 4 caps/day)	QL	Select
duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day)	QL	Select
venlafaxine ER cap (EFFEXOR XR equiv)	-	Select
venlafaxine tab (EFFEXOR equiv)	-	Select
TRICYCLIC AGENTS		
imipramine pamoate cap (TOFRANIL PM equiv)	-	High Cost Generics
SURMONTIL CAP (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred Brands
amoxapine tab (QL= 4 tabs/day)	QL	Select
clomipramine cap (ANAFRANIL equiv)	-	Select
desipramine tab (NORPRAMIN equiv)	-	Select
doxepin cap (SINEQUAN equiv) (QL= 2 tabs/day)	QL	Select
doxepin conc (SINEQUAN equiv)	-	Select
DOXEPIN HCL CONC	-	Select
imipramine tab (TOFRANIL equiv)	-	Select
nortriptyline cap (PAMELOR equiv)	-	Select
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	Select
protriptyline tab (VIVACTIL equiv)	-	Select
trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Select
amitriptyline tab (ELAVIL equiv)	-	Value
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
MIGLITOL TAB	-	High Cost Generics

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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
ANTIDIABETICS Cont.		
miglitol tab (MIGLITOL equiv)	-	High Cost Generics
acarbose tab (PRECOSE equiv)	-	Select
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN INJ 120 (QL= 11ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart)	QL-ST	Non-Preferred Brands
SYMLINPEN INJ 60 (QL= 6ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart)	QL-ST	Non-Preferred Brands
ANTIDIABETIC - CELLULAR THERAPY		
LANTIDRA INJ	-	EXC
ANTIDIABETIC COMBINATIONS		
pioglitazone/glimepiride tab (DUETACT equiv) (Step Therapy requires trial of metformin or metformin ER)	ST	High Cost Generics
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv) (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	High Cost Generics
sitagliptin phosphate-metformin hcl tab (JANUMET equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of metformin)	QL-ST	High Cost Generics
ACTOPLUS MET TAB	-	Non-Preferred Brands
ACTOPLUS MET XR TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands
ALOGLIPTIN/METFORMIN TAB (QL= 2 tabs/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto)	QL-ST	Non-Preferred Brands
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands
ALOGLIPTIN/PIOGLITAZONE TAB (QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands
DUETACT TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands
INVOKAMET TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred Brands
INVOKAMET XR TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred Brands
JANUMET TAB (QL= 60 tabs/30 days; Step Therapy requires trial of metformin AND Tradjenta or Jentadueto)	QL-ST	Non-Preferred Brands

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ANTIDIABETICS Cont.		
JANUMET XR TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands
KOMBIGLYZE XR TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands
PRANDIMET TAB	-	Non-Preferred Brands
QTERN TAB	-	Non-Preferred Brands
SEGLUROMET TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, c SYNJARDY XR)	QL-ST	Non-Preferred Brands
SITAGLIPTIN/METFORMIN TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
SOLIQUA INJ (QL= 18ml/30 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC and RYBELSUS)	QL-ST	Non-Preferred Brands
STEGLUJAN TAB (Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	ST	Non-Preferred Brands
TRIJARDY XR TAB 10-5-1000MG (QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Preferred Brands
TRIJARDY XR TAB 12.5-2.5-1000MG (QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Preferred Brands
TRIJARDY XR TAB 25-5-1000MG (QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Preferred Brands
TRIJARDY XR TAB 5-2.5-1000MG (QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Preferred Brands
XIGDUO XR TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
XIGDUO XR TAB 5-500MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
XULTOPHY INJ (QL= 15ml/30 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC and RYBELSUS)	QL-ST	Non-Preferred Brands
ZITUVIMET XR TAB (QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands

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ANTIDIABETICS Cont.		
GLYXAMBI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Preferred Brands
JENTADUETO TAB (QL= 2 tabs/day)	QL	Preferred Brands
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	Preferred Brands
REPAGLINIDE TAB	-	Preferred Brands
SYNJARDY TAB (QL= 2 tabs/day)	QL	Preferred Brands
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	Preferred Brands
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	Preferred Brands
XIGDUO XR TAB 2.5-1000MG (QL= 2 tabs/day)	QL	Preferred Brands
dapagliflozin-metformin er tab 10-1000mg (XIGDUO XR equiv) (QL= 2 tabs/day)	QL	Select
dapagliflozin-metformin er tab 10-500mg (XIGDUO XR equiv) (QL= 1 tab/day)	QL	Select
dapagliflozin-metformin er tab 5-1000mg (XIGDUO XR equiv) (QL= 2 tabs/day)	QL	Select
dapagliflozin-metformin er tab 5-500mg (XIGDUO XR equiv) (QL= 2 tabs/day)	QL	Select
glipizide/metformin tab (METAGLIP equiv)	-	Select
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	Select
glyburide/metformin tab (GLUCOVANCE equiv)	-	Value
ANTIDIABETIC-ANTIBODIES		
TZIELD INJ	-	EXC
BIGUANIDES		
metformin ER osmotic tab (FORTAMET equiv)	-	High Cost Generics
metformin ER osmotic tab (GLUMETZA equiv) (Step Therapy requires trial of metformin or metformin ER)	--ST	High Cost Generics
metformin hcl tab 625mg (QL= 4 tabs/day; ST req trial of metformin IR (generic Glucophage) 500mg, 850mg, or 1000mg tab AND metformin ER)	QL-ST	High Cost Generics
metformin hcl tab 750mg (QL= 4 tabs/day; ST req trial of metformin IR (generic Glucophage) 500mg, 850mg, or 1000mg tab AND metformin ER)	QL-ST	High Cost Generics
metformin soln (RIOMET equiv)	-	High Cost Generics
FORTAMET TAB	-	Non-Preferred Brands
GLUMETZA TAB 1000MG (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands
GLUMETZA TAB 500MG (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands
METFORMIN TAB (QL= 3 tabs/day; ST requires trial of metformin 500mg, 850mg, or 1000mg tab AND metformin ER)	QL-ST	Non-Preferred Brands
metformin ER tab (GLUCOPHAGE XR equiv)	-	Value
metformin tab (GLUCOPHAGE equiv)	-	Value

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ANTIDIABETICS Cont.

DrugName	Special Code	Tier
DIABETIC OTHER		
glucose chew tab	OTC	EXC
GLUCOSE LIQUID	OTC	EXC
glucose-vitamin c chew tab	OTC	EXC
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)	AMSP-PA-QL	Generic Specialty
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	Non-Preferred Brands
KORLYM TAB (QL= 4 tabs/day; Only available through Curant Health 1-866-437-8040)	LD-PA-QL	Non-Preferred Specialty
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/month)	QL	Preferred Brands
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	Preferred Brands
GVOKE INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferred Brands
GVOKE INJ KIT (QL= 2 vials/fill, 2 fills/30 days)	QL	Preferred Brands
GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferred Brands
diazoxide susp (PROGLYCEM equiv)	-	Select
glucagon (rdna) for inj kit (QL= 2 inj/fill, 2 fills/month)	QL	Select
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
saxagliptin hcl tab (ONGLYZA equiv) (QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	High Cost Generics
sitagliptin phosphate tab (JANUVIA equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of metformin)	QL-ST	High Cost Generics
ALOGLIPTIN TAB (QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto)	QL-ST	Non-Preferred Brands
ALOGLIPTIN TAB, NESINA TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands
BRYNOVIN SOLN (QL= 1 bottle/30 days; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands
JANUVIA TAB (QL= 30 tabs/30 days; Step Therapy requires trial of metformin AND Tradjenta or Jentadueto)	QL-ST	Non-Preferred Brands
ONGLYZA TAB (QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands
ZITUVIO TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands
TRADJENTA TAB (QL= 1 tab/day)	QL	Preferred Brands
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
CYCLOSET TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands
INCRETIN MIMETIC AGENTS		
SEMAGLUTIDE INJ	-	EXC
VICTOZA INJ (QL= 9ml/30 days; ST requires trial of all of the following: Ozempic, Trulicity, Rybelsus; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands
MOUNJARO INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred Brands
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred Brands
TRULICITY INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred Brands
liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Select
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
ADLYXIN INJ (QL= 6ml/28 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC, RYBELSUS and MOUNJARO; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands
ADLYXIN INJ (Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC, RYBELSUS and MOUNJARO; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC, RYBELSUS and MOUNJARO; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands
BYDUREON INJ (QL= 4 inj/28 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC, RYBELSUS and MOUNJARO; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands
BYDUREON PEN INJ (QL= 4 inj/28 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC, RYBELSUS and MOUNJARO; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands
BYETTA INJ (QL= 1 pen/30 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC, RYBELSUS and MOUNJARO; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred Brands
OZEMPIC TAB, RYBELSUS TAB (QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred Brands
INSULIN		
ADMELOG INJ, HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) (QL= 60 units/30 days; Step Therapy requires trial NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands
AFREZZA INH POWDER (QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands
AFREZZA INH POWDER (QL= 360 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands

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ANTIDIABETICS Cont.		
AFREZZA INH POWDER (QL= 630 inhalations/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands
APIDRA INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands
APIDRA SOLOSTAR INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands
BASAGLAR INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred Brands
BASAGLAR KWIKPEN (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred Brands
BASAGLAR TEMPO PEN INJ 100UNIT/ML (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred Brands
HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands
HUMALOG KWIKPEN INJ (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands
HUMALOG KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands
HUMALOG MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands
HUMALOG PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands
HUMALOG TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART or FIASP)	QL-ST	Non-Preferred Brands
HUMULIN MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands
HUMULIN MIX PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands
HUMULIN N INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands
HUMULIN N PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
HUMULIN R INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands
INSULIN GLARGINE INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-30(	QL-ST	Non-Preferred Brands
INSULIN GLARGINE-YFGN PEN (CIVICA) 100UNIT/ML (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred Brands
LANTUS INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred Brands
LANTUS SOLOSTAR INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred Brands
LYUMJEV INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands
LYUMJEV KWIKPEN (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands
LYUMJEV KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred Brands
LYUMJEV TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, FIASP)	QL-ST	Non-Preferred Brands
REZVOGLAR INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred Brands
DEGLUDEC FLEXTOUCH INJ 100 UNIT (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulir Glargine U-300)	QL-ST	Preferred Brands
DEGLUDEC FLEXTOUCH INJ 200 UNIT (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulir Glargine U-300)	QL-ST	Preferred Brands
DEGLUDEC INJ 100 UNIT (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Preferred Brands
FIASP FLEXTOUCH INJ (QL= 60 units/30 days)	QL	Preferred Brands
FIASP INJ (QL= 60 units/30 days)	QL	Preferred Brands
FIASP PENFILL INJ (QL= 60 units/30 days)	QL	Preferred Brands
FIASP PUMP CARTRIDGE (QL= 60 units/30 days)	QL	Preferred Brands
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (1 UNIT DIAL) (QL= 18ml/30 days)	QL	Preferred Brands
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (2 UNIT DIAL) (QL= 18ml/30 days)	QL	Preferred Brands
INSULIN GLARGINE-YFGN (SINGLE PEN) (QL= 60ml/30 days)	QL	Preferred Brands
LEVEMIR FLEXTOUCH INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Preferred Brands

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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
LEVEMIR INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Preferred Brands
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv) (QL= 60ml/30 days)	QL	Preferred Brands
SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv) (QL= 60ml/30 days)	QL	Preferred Brands
TOUJEO MAX SOLOSTAR INJ (QL= 18ml/30 days)	QL	Preferred Brands
TOUJEO SOLOSTAR INJ (QL= 18ml/30 days)	QL	Preferred Brands
TRESIBA FLEXTOUCH INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Preferred Brands
TRESIBA INJ (QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Preferred Brands
HUMULIN R INJ U-500 (QL= 40ml/30 days)	QL	Select
HUMULIN R U-500 KWIKPEN INJ (QL= 24ml/30 days)	QL	Select
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select
INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select
INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select
INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select
INSULIN LISP INJ 100/ML (QL= 60 units/30 days)	QL	Select
NOVOLIN 70/30 FLEXPEN INJ (QL= 60 units/30 days)	OTC-QL	Select
NOVOLIN 70/30 INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN N FLEXPEN INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN N INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN N RELION INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN R INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN R INJ 100 UNIT (QL= 60ml/30 days)	OTC-QL	Select
NOVOLIN RELION INJ 70/30 (QL= 60 units/30 days)	QL	Select
NOVOLIN VIAL (QL= 60 units/30 days)	QL	Select
NOVOLOG FLEXPEN INJ (QL= 60 units/30 days)	QL	Select
NOVOLOG INJ (QL= 60 units/30 days)	QL	Select
NOVOLOG INJ FLEX REL (QL= 60ml/30 days)	QL	Select
NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days)	QL	Select
NOVOLOG MIX INJ (QL= 60 units/30 days)	QL	Select
NOVOLOG PENFILL INJ (QL= 60 units/30 days)	QL	Select
INSULIN SENSITIZING AGENTS		
AVANDIA TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands
pioglitazone tab (ACTOS equiv)	-	Select
MEGLITINIDE ANALOGUES		
nateglinide tab (STARLIX equiv)	-	Select
repaglinide tab (PRANDIN equiv)	-	Select
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		

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ANTIDIABETICS Cont.		
BEXAGLIFLOZN TAB (QL= 30 tabs/30 days; ST req trial of 2: farxiga tab, xigduo xr tab, Jardiance tab, synjardy tab, or synjardy xr tab)	QL-ST	Non-Preferred Brands
FARXIGA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
INVOKANA TAB (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred Brands
STEGLATRO TAB (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA TAB, XIGDUO XR TAB, JARDIANCE TAB, SYNJARDY TAB, or SYNJARDY XR TAB)	QL-ST	Non-Preferred Brands
JARDIANCE TAB (QL= 1 tab/day)	QL	Preferred Brands
dapagliflozin tab (FARXIGA equiv) (QL= 1 tab/day)	QL	Select
SULFONYLUREAS		
GLIMEPIRIDE TAB (QL= 1 tab/day; ST req trial of glimepiride 1mg tab or 2mg tab)	QL-ST	Non-Preferred Brands
GLIPIZIDE TAB (QL= 30 tabs/30 days; Step req trial of 3 of: glipizide IR tabs (5mg, 10mg), glipizide ER, glimepiride, glyburide)	QL-ST	Non-Preferred Brands
TOLBUTAMIDE TAB	-	Preferred Brands
GLYBURID MCR TAB	-	Select
tolazamide tab (TOLINASE equiv)	-	Select
glimepiride tab (AMARYL equiv)	-	Value
glipizide ER tab (GLUCOTROL XL equiv)	-	Value
glipizide tab (GLUCOTROL equiv)	-	Value
glyburide tab (MICRONASE equiv)	-	Value
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
BIONARA CAP ULTRA, MICROVARA CAP, PROBENTRA CAP	-	EXC
BISMUTH SUBSALICYLATE CAP	-	EXC
bismuth subsalicylate chew tab	OTC	EXC
bismuth subsalicylate susp	OTC	EXC
bismuth subsalicylate tab	OTC	EXC
colloidal oatmeal packet	OTC	EXC
FLORASYNC CAP	-	EXC
lactobacillus - packet	OTC	EXC
lactobacillus cap	OTC	EXC
lactobacillus reuteri chew tab	OTC	EXC
lactobacillus rhamnosus (gg) liquid	OTC	EXC
lactobacillus rhamnosus (gg) packet	OTC	EXC
MICROVERA TAB	-	EXC
PAXOTIN CAP	-	EXC
probiotic product - cap	OTC	EXC
probiotic product - cap dr	OTC	EXC

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DrugName	Special Code	Tier
ANTIDIARRHEAL/PROBIOTIC AGENTS Cont.		
probiotic product - liquid	OTC	EXC
probiotic product - packet	OTC	EXC
probiotic product - powder	OTC	EXC
probiotic product - tab	OTC	EXC
probiotic product - tab dr	OTC	EXC
S. BOULARDII CAP PROBIOTIC	-	EXC
saccharomyces boulardii cap	OTC	EXC
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
bacillus coagulans-inulin chew tab	OTC	EXC
BENEFIBER PAK ADVANCED	OTC	EXC
BENEFIBER PAK DUAL ACT	OTC	EXC
BIOTRELLE CAP	-	EXC
FLORASTOR CHEW	OTC	EXC
FRUCTOOLIGOSACCHARIDES (FOS)-INULIN POWDER	OTC	EXC
GLYCTERA CAP	-	EXC
lactobacillus acidophilus-pectin tab	OTC	EXC
lactobacillus-inulin cap	OTC	EXC
lactobacillus-inulin chew tab	OTC	EXC
loperamide-simethicone tab	OTC	EXC
ANTIPERISTALTIC AGENTS		
ANTI-DIARRHEA LIQ	-	EXC
loperamide hcl soln	OTC	EXC
loperamide hcl tab	OTC	EXC
OPIUM TIN	-	EXC
DIPHENOXYLATE/ATROPINE LIQUID	-	Preferred Brands
ANTIDIARRHEALS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TAB	-	Non-Preferred Brands
ANTIDIARRHEAL AGENTS - MISC.		
FLORACTIS CAP	-	EXC
VSL #3 CAP	-	Non-Preferred Brands
REZYST CHEW TAB	-	Select
ANTIPERISTALTIC AGENTS		
loperamide hcl cap	OTC	EXC
MOTOFEN TAB	-	Non-Preferred Brands
PAREGORIC TINCTURE	-	Non-Preferred Brands
diphenoxylate/atropine tab (LOMOTIL equiv)	-	Select
ANTIDOTES		

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ANTIDOTES Cont.

DrugName	Special Code	Tier
ANTIDOTES		
methylene blue inj	-	EXC
VISTOGARD PAK (Only available through Biologics 800-850-4306)	LD	Preferred Specialty
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	Non-Preferred Brands
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Preferred Specialty
OPIOID ANTAGONISTS		
EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY)	ST	Non-Preferred Brands
VIVITROL INJ	AMSP	Preferred Specialty
naltrexone tab (REVIA equiv)	-	Select

ANTIDOTES AND SPECIFIC ANTAGONISTS

DrugName	Special Code	Tier
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
deferiprone tab 1000mg (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Generic Specialty
FERRIPROX 2 DAY TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Preferred Specialty
FERRIPROX TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Preferred Specialty
FERRIPROX TAB 500MG (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Preferred Specialty
JADENU SPRINKLE	AMSP-PA	Non-Preferred Specialty
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTICHOLIUM INJ	-	EXC
METHYLENE BLUE INJ	-	EXC
PROVAYBLUE INJ	-	EXC
SUGAMMADEX INJ	-	EXC

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DrugName	Special Code	Tier
ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.		
CETYLEV TAB	-	Non-Preferred Brands
CHOLINESTERASE INHIBITORS		
PYRIDOSTIGMI ER TAB	-	EXC
OPIOID ANTAGONISTS		
EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY)	ST	Non-Preferred Brands
ZIMHI SOLN (QL= 2 syringes/fill, 2 fills/30 days; Step therapy requires trial of 2: naloxone nasal spray, naloxone inj)	QL-ST	Non-Preferred Brands
OPVEE NASAL SPRAY	-	Preferred Brands
REZENOPY SPRAY 10MG/0.11ML	-	Preferred Brands
ZURNAI INJ	-	Preferred Brands
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
NARCAN HCL SPRAY (OTC)	OTC	Select
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
PALONOSETRON INJ	-	EXC
ANZEMET TAB (QL= 1 tab/30 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Preferred Brands
GRANISOL ORAL SOLN 2MG/10ML (QL= 60ml/30 days; ST req: ondansetron soln, ondansetron tab, ondansetron ODT (4 mg, 8 mg), AND granisetron tab)	QL-ST	Non-Preferred Brands
KYTRIL TAB (QL= 8 tabs/30 days)	QL	Non-Preferred Brands
ONDANSETRON TAB 24MG (QL= 1 tab/day; Trial of ondansetron ODT (4mg, 8mg) AND trial of 1: ondansetron tab, ondansetron soln)	QL-ST	Non-Preferred Brands
ONDANSETRON TAB ODT 16MG (QL= 1 tab/day; Trial of ondansetron ODT (4mg, 8mg) AND trial of 1: ondansetron tab, ondansetron soln)	QL-ST	Non-Preferred Brands
SANCUSO PATCH (QL= 4 patches/28 days; Step Therapy requires trial of granisetron)	QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTIEMETICS Cont.		
ZOFRAN SOLN (QL= 50ml/fill, 1 fill/15 days)	QL	Non-Preferred Brands
ZUPLENZ SL FILM (Step Therapy requires trial of ondansetron)	ST	Non-Preferred Brands
granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days)	QL	Select
ondansetron inj (ZOFRAN equiv) (QL= 24ml/fill, 1 fill/15 days)	QL	Select
ondansetron ODT (ZOFRAN equiv)	-	Select
ondansetron soln (ZOFRAN equiv) (QL= 50ml/fill, 1 fill/15 days)	QL	Select
ondansetron tab (ZOFRAN equiv)	-	Select
ANTIEMETICS - ANTICHOLINERGIC		
ANTIVERT TAB, MECLIZINE TAB	OTC	EXC
dimenhydrinate tab	OTC	EXC
meclizine chew tab (BONINE equiv)	OTC	EXC
meclizine tab (ANTIVERT equiv)	OTC	EXC
MECLIZINE CHEW TAB 25MG (QL= 4 tabs/day)	QL	Non-Preferred Brands
TRANSDERM-SCOP PATCH (QL= 10 patches/30 days)	QL	Non-Preferred Brands
meclizine hcl tab 50mg (ANTIVERT equiv)	OTC	Select
meclizine tab 12.5mg (ANTIVERT equiv)	-	Select
meclizine tab 25mg (ANTIVERT equiv)	-	Select
scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days)	QL	Select
trimethobenzamide cap (TIGAN equiv)	-	Select
ANTIEMETICS - MISCELLANEOUS		
fructose-dextrose-phosphoric acid oral soln	OTC	EXC
AKYNZEO CAP (QL= 1 cap/28 days; Step Therapy requires trial of aprepitant, granisetron, or ondansetron)	QL-ST	Non-Preferred Brands
CESAMET CAP (Step Therapy requires trial of ondansetron)	ST	Non-Preferred Brands
DICLEGIS TAB (QL= 120 tabs/30 days)	QL	Non-Preferred Brands
DRONABINOL SOLN, SYNDROS SOLN (QL= 60mL/30 days; ST req: dronabinol cap)	QL-ST	Non-Preferred Brands
MARINOL CAP (QL= 2 caps/day)	QL	Non-Preferred Brands
doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days)	QL	Select
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	QL	Select
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
APONVIE INJ	-	EXC
FOCINVEZ INJ	-	EXC

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ANTIEMETICS Cont.		
EMEND CAP 125MG (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Preferred Brands
EMEND CAP 40MG (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Preferred Brands
EMEND CAP 80MG (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Preferred Brands
EMEND PAK (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron)	QL-ST	Non-Preferred Brands
EMEND SUSP (QL= 3 doses/fill, 2 fills/month)	QL	Non-Preferred Brands
NEREUS CAP (QL= 8 caps/30 days)	PA-QL	Non-Preferred Brands
VARUBI TAB (QL= 2 tabs/day; Step Therapy requires trial of ondansetron)	QL-ST	Preferred Brands
aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Select
aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Select
aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Select
aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month)	QL	Select
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
CASPOFUNGIN INJ	-	EXC
MICAFUNGIN INJ NACL	-	EXC
REZZAYO IV SOLN	-	EXC
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
BREXAFEMME TAB (QL= 4 tabs/1 day)	PA-QL	Non-Preferred Brands
ANTIFUNGALS		
AMBISOME INJ	-	EXC
amphotericin b liposome iv for susp (AMBISOME equiv)	-	EXC
griseofulvin micro tab (GRIFULVIN V equiv)	-	High Cost Generics
griseofulvin tab (GRIS-PEG equiv)	-	High Cost Generics
FULVICIN P/G TAB (QL= 1 tab/day; ST req trial of itraconazole, fluconazole, terbinafine, and griseofulvin oral suspension)	QL-ST	Non-Preferred Brands
FULVICIN P/G TAB, GRISEOFULVIN ULTRA MICRO TAB (QL= 1 tab/day; ST req trial of itraconazole, fluconazole, terbinafine, and griseofulvin oral susp)	QL-ST	Non-Preferred Brands
flucytosine cap (ANCOBON equiv)	-	Select
griseofulvin susp (GRIFULVIN equiv)	-	Select
nystatin powder	-	Select

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ANTIFUNGALS Cont.		
nystatin tab	-	Select
terbinafine tab (LAMISIL equiv)	-	Select
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA INJ	-	EXC
NOXAFIL INJ	-	EXC
posaconazole iv soln (NOXAFIL equiv)	-	EXC
VORICONAZOLE INJ	-	EXC
itraconazole soln (SPORANOX equiv)	-	High Cost Generics
posaconazole DR tab (NOXAFIL equiv) (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND)	QL-ST	High Cost Generics
posaconazole susp (NOXAFIL equiv) (Step therapy requires trial of fluconazole, itraconazole or voriconazole)	ST	High Cost Generics
CRESEMBA CAP 186MG (QL= 72 caps/30 days; Step therapy requires trial of voriconazole and posaconazole)	QL-ST	Non-Preferred Brands
CRESEMBA CAP 74.5MG (QL= 180 caps/30 days; Step therapy requires trial of two: voriconazole and posaconazole)	QL-ST	Non-Preferred Brands
NOXAFIL PAK (QL= 31 packets/30 days; Step Therapy requires trial of 1: fluconazole tab, fluconazole susp, itraconazole cap, itraconazole soln, voriconazole susp, or voriconazole tab)	QL-ST	Non-Preferred Brands
NOXAFIL SUSP (Step therapy requires trial of fluconazole, itraconazole or voriconazole)	ST	Non-Preferred Brands
NOXAFIL TAB (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND)	QL-ST	Non-Preferred Brands
SPORANOX SOLN	-	Non-Preferred Brands
TOLSURA CAP (QL= 4 caps/day; Step Therapy requires trial of itraconazole)	QL-ST	Non-Preferred Brands
VIVJOA CAP (QL= 18 capsules/84 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
fluconazole susp (DIFLUCAN equiv)	-	Select
fluconazole tab (DIFLUCAN equiv)	-	Select
itraconazole cap (SPORANOX equiv)	-	Select
ketoconazole tab (NIZORAL equiv)	-	Select
voriconazole susp (VFEND equiv)	-	Select
voriconazole tab (VFEND equiv)	-	Select
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
chlorpheniramine maleate tab er	OTC	EXC
DIMETAPP LIQ	OTC	EXC
PEDIACLEAR PD LIQUID	OTC	EXC
triprolidine hcl liquid	OTC	EXC

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ANTIHISTAMINES Cont.		
triprolidine hcl tab	OTC	EXC
CORPHENA ORAL SOLN, RYCLORA ORAL SOLN	-	Non-Preferred Brands
MICLARA LIQUID	-	Non-Preferred Brands
ANTIHISTAMINES - ETHANOLAMINES		
ALLERGY RELIEF CHEW	OTC	EXC
clemastine fumarate syrup (CLEMASTINE equiv)	OTC	EXC
CLEMASTINE SYRUP	-	EXC
CLEMASTINE TAB	-	EXC
CLEMASTINE TAB, CLEMASZ TAB	OTC	EXC
DIMETAPP CHL LIQ	OTC	EXC
diphenhydramine cap 50mg (BENADRYL equiv)	OTC	EXC
DIPHENHYDRAMINE ELIXIR	-	EXC
diphenhydramine hcl cap	OTC	EXC
diphenhydramine hcl chew tab	OTC	EXC
diphenhydramine hcl liquid	OTC	EXC
diphenhydramine hcl tab	OTC	EXC
carbinoxamine maleate tab 6mg (QL= 120 tabs/30 days; Step therapy requires trial of carbinoxamine 4mg tab)	QL-ST	High Cost Generics
CARBZAH SOLN (QL= 40ml/day)	QL	Non-Preferred Brands
KARBINAL ER SUSP (QL= 960ml/30 days)	QL	Non-Preferred Brands
RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB (QL= 4 tabs/day; Step therapy req trial of carbinoxamine 4mg tab)	QL-ST	Non-Preferred Brands
carbinoxamine tab (PALGIC equiv) (QL= 240 tabs/30 days)	QL	Select
diphenhydramine inj	-	Select
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl cap	OTC	EXC
cetirizine hcl chew tab	OTC	EXC
cetirizine hcl oral soln	OTC	EXC
cetirizine hcl orally disintegrating tab	OTC	EXC
cetirizine hcl tab	OTC	EXC
CLARINEX SYRUP	-	EXC
CLARINEX TAB	-	EXC
CLARITIN CAP	OTC	EXC
CLARITIN CHEW TAB	-	EXC
DESLORATADINE ODT	-	EXC
DESLORATADINE SOLN	OTC	EXC
desloratadine tab (CLARINEX equiv)	-	EXC
fexofenadine hcl susp	OTC	EXC
fexofenadine hcl tab	OTC	EXC

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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
ANTIHISTAMINES Cont.		
levocetirizine dihydrochloride tab	OTC	EXC
levocetirizine soln (XYZAL equiv)	OTC	EXC
loratadine cap	OTC	EXC
loratadine chew tab	OTC	EXC
loratadine oral soln	OTC	EXC
loratadine orally disintegrating tab	OTC	EXC
loratadine tab	OTC	EXC
XYZAL 24HR SOL	OTC	EXC
XYZAL SOLN	OTC	EXC
ZYRTEC CHILD CHEW ALLERGY	-	EXC
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine inj (PHENERGAN equiv)	-	Select
promethazine supp (PHENERGAN equiv)	-	Select
promethazine syrup	-	Select
promethazine tab (PHENERGAN equiv)	-	Select
PROMETHEGAN SUPP	-	Select
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	Select
cyproheptadine tab	-	Select
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands
ANTIHYPERLIPIDEMICS - COMBINATIONS		
EZETIMIBE/ATORVASTATIN TAB (QL= 1 tab/day; Step therapy requires trial of atorvastatin and ezetimibe)	QL-ST	Non-Preferred Brands
NEXLIZET TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands
ROSZET TAB (QL= 1 tab/day; Step Therapy requires trial of rosuvastatin and ezetimibe)	QL-ST	Non-Preferred Brands
ROSZET TAB (QL= 30 tabs/30 days; Step Therapy requires trial of rosuvastatin and ezetimibe)	QL-ST	Non-Preferred Brands
VYTORIN TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day)	QL	Select
ANTIHYPERLIPIDEMICS - MISC.		
LOVAZA CAP (QL= 4 caps/day)	QL	Non-Preferred Brands
VASCEPA CAP 0.5GM (QL= 2 caps/day)	QL	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
VASCEPA CAP 1GM (QL= 4 caps/day)	QL	Non-Preferred Brands
KYNAMRO INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
icosapent ethyl cap 0.5gm (VASCEPA equiv) (QL= 2 caps/day)	QL	Select
icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day)	QL	Select
omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day)	QL	Select
BILE ACID SEQUESTRANTS		
colesevelam pack (WELCHOL equiv) (Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol)	ST	High Cost Generics
WELCHOL PACK	-	Non-Preferred Brands
WELCHOL TAB	-	Non-Preferred Brands
cholestyramine lite powder (QUESTRAN LITE equiv)	-	Select
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	Select
cholestyramine powder (QUESTRAN equiv)	-	Select
cholestyramine powder pack (QUESTRAN equiv)	-	Select
colesevelam tab (WELCHOL equiv)	-	Select
colestipol granule (COLESTID equiv)	-	Select
colestipol powder packet (COLESTID equiv)	-	Select
colestipol tab (COLESTID equiv)	-	Select
FIBRIC ACID DERIVATIVES		
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	High Cost Generics
ANTARA CAP (QL= 2 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130))	QL-ST	Non-Preferred Brands
ANTARA CAP 30MG, FENOFIBRATE MICRONIZED CAP 30MG (QL= 2 caps/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg)	QL-ST	Non-Preferred Brands
ANTARA CAP 90MG, FENOFIBRATE MICRONIZED CAP 90MG (QL= 1 cap/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg)	QL-ST	Non-Preferred Brands
FENOFIBRATE CAP (QL= 3 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130))	QL-ST	Non-Preferred Brands
FENOFIBRATE MICRO CAP 90MG (QL= 2 caps/day; ST req trial of 2: fenofibrate tab (Tricor) or fenofibrate cap (Lofibra))	QL-ST	Non-Preferred Brands
FENOFIBRIC TAB 105MG (QL= 1 tab/day; ST req trial of fenofibrate tab (Tricor) AND fenofibrate cap (Lofibra))	QL-ST	Non-Preferred Brands
FENOFIBRIC TAB 35MG (QL= 2 tabs/day; ST req trial of fenofibrate tab (Tricor) AND fenofibrate cap (Lofibra))	QL-ST	Non-Preferred Brands

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ANTIHYPERLIPIDEMICS Cont.		
FENOFIBRIC TAB, FIBRICOR TAB	-	Non-Preferred Brands
TRIGLIDE TAB	-	Non-Preferred Brands
TRILIPIX CAP	-	Non-Preferred Brands
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	Preferred Brands
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	Select
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	Select
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	Select
fenofibric acid DR cap (TRILIPIX equiv)	-	Select
gemfibrozil tab (LOPID equiv)	-	Select
HMG COA REDUCTASE INHIBITORS		
fluvastatin cap (LESCOL equiv) (QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL-ST	High Cost Generics
fluvastatin ER tab (LESCOL XL equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL-ST	High Cost Generics
pitavastatin calcium tab (LIVALO equiv) (QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs)	QL-ST	High Cost Generics
ADVICOR TAB 1000-20MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
ADVICOR TAB 500-20MG, 1000-40MG (QL= 1 tab/day)	QL	Non-Preferred Brands
ADVICOR TAB 750-20MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
ALTOPREV TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
ATORVALIQ SUSP (QL = 600ml/30 days; Step therapy requires trial of 2: atorvastatin tab, rosuvastatin tab or simvastatin tab)	QL-ST	Non-Preferred Brands
CRESTOR TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin tab or rosuvastatin tab)	QL-ST	Non-Preferred Brands
EZALLOR SPRINKLE CAP (QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, rosuvastatin, or simvastatin)	QL-ST	Non-Preferred Brands
FLOLIPID SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Non-Preferred Brands
LESCOL XL TAB (QL= 1 tab/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab.)	QL-ST	Non-Preferred Brands

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
LIPITOR TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
LIVALO TAB (QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs)	QL-ST	Non-Preferred Brands
SIMCOR TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
ZOCOR TAB 5MG, 10MG, 20MG, 40MG (QL= 1 tab/day)	QL	Non-Preferred Brands
ZOCOR TAB 80MG (QL= 1 tab/day)	PA-QL	Non-Preferred Brands
ZYPITAMAG TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	Non-Preferred Brands
SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Preferred Brands
atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	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)	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)	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)	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)	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)	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)	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)	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)	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)	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)	PA-QL	Preventive
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ZETIA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
ezetimibe tab (ZETIA equiv) (QL= 1 tab/day)	QL	Select
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty

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DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
NICOTINIC ACID DERIVATIVES		
NIACOR TAB	-	Non-Preferred Brands
NIASPAN ER TAB	-	Non-Preferred Brands
niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day)	QL	Select
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO SOLN	-	EXC
LEROCHOL SOLN (QL= 1.2mL/28 days)	PA-QL	Non-Preferred Brands
PRALUENT INJ (QL= 2 inj/28 days)	PA-QL	Non-Preferred Brands
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	Preferred Brands
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	Preferred Brands
ANTIHYPERTENSIVES		
ACE INHIBITORS		
enalaprilat inj	-	EXC
captopril tab (CAPOTEN equiv) (Step Therapy requires trial of 2 angiotensin-converting enzyme (ACE) inhibitors)	ST	High Cost Generics
enalapril maleate oral soln (EPANED equiv) (QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab)	QL-ST	High Cost Generics
EPANED SOLN (QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab)	QL-ST	Non-Preferred Brands
PERINDOPRIL TAB	-	Non-Preferred Brands
QBRELIS SOLN	-	Non-Preferred Brands
benazepril tab (LOTENSIN equiv)	-	Select
fosinopril tab (MONOPRIL equiv)	-	Select
moexipril tab (UNIVASC equiv)	-	Select
perindopril tab (ACEON equiv)	-	Select
quinapril tab (ACCUPRIL equiv)	-	Select
ramipril cap (ALTACE equiv)	-	Select
trandolapril tab (MAVIK equiv)	-	Select
enalapril tab (VASOTEC equiv)	-	Value
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	Value
AGENTS FOR PHEOCHROMOCYTOMA		
phentolamine mesylate for inj (PHENTOLAMINE equiv)	-	EXC
metyrosine cap (DEMSER equiv) (QL= 448 caps/28 days)	PA-QL	High Cost Generics

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ANTIHYPERTENSIVES Cont.		
phenoxybenzamine cap (DIBENZYLINE equiv)	-	High Cost Generics
DEMSER CAP (QL= 448 caps/28 days)	PA-QL	Non-Preferred Brands
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
azilsartan medoxomil tab (EDARBI equiv) (ST requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	High Cost Generics
ATACAND TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands
EDARBI TAB (ST requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands
MICARDIS TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands
ARBLI SUSP (QL= 10 mL/day)	QL	Preferred Brands
candesartan tab (ATACAND equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Select
irbesartan tab (AVAPRO equiv)	-	Select
olmesartan tab (BENICAR equiv)	-	Select
telmisartan tab (MICARDIS equiv)	-	Select
valsartan oral soln (QL= 2400mL/30 days)	QL	Select
valsartan tab (DIOVAN equiv)	-	Select
losartan tab (COZAAR equiv)	-	Value
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine patch (CATAPRES-TTS equiv)	-	High Cost Generics
methyldopa tab (ALDOMET equiv) (QL= 6 tabs/day; ST req trial of hydralazine tab, labetalol tab, nifedipine cap/SR tab)	QL-ST	High Cost Generics
CATAPRES-TTS PATCH	-	Non-Preferred Brands
CLONIDINE TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands
JAVADIN SOLN (QL= 3600 mL/30 days; ST req trial of clonidine tab AND trial of 2 ACEi/ARBs)	QL-ST	Non-Preferred Brands
NEXICLON XR TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands
TEZRULY SOLN (QL= 20ml/day; ST req trial of terazosin capsules)	QL-ST	Non-Preferred Brands
METHYLDOPA TAB	-	Preferred Brands
clonidine tab (CATAPRES equiv)	-	Select

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ANTIHYPERTENSIVES Cont.		
doxazosin tab (CARDURA equiv)	-	Select
guanfacine IR tab (TENEX equiv)	-	Select
prazosin cap (MINIPRESS equiv)	-	Select
terazosin cap (HYTRIN equiv)	-	Select
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) (QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ)	QL-ST	High Cost Generics
telmisartan/amlodipine tab (TWYNSTA equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	High Cost Generics
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	High Cost Generics
telmisartan/hydrochlorothiazide tab 40-12.5MG (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	High Cost Generics
telmisartan/hydrochlorothiazide tab 80-25MG (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	High Cost Generics
ATACAND HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands
AZOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands
BENICAR HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, olmesartan, or valsartan)	ST	Non-Preferred Brands
BYVALSON TAB	-	Non-Preferred Brands
DUTOPROL TAB (QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers)	QL-ST	Non-Preferred Brands
EDARBYCLOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands
EXFORGE HCT TAB (QL= 1 tab/day; Step therapy requires trial of 2: valsartan/HCTZ tab and amlodipine tab)	QL-ST	Non-Preferred Brands
MICARDIS HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands
PRESTALIA TAB (Step Therapy requires trial of 2: amlodipine, angiotensin-converting enzyme (ACE) inhibitor)	ST	Non-Preferred Brands
QUINAPRIL/HCTZ TAB	-	Non-Preferred Brands
TARKA TAB	-	Non-Preferred Brands
TEKTURNA HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
TELMISARTAN/AMLODIPINE TAB (QL= 1 tab/day; Step therapy requires trial of amlodpine-olmesartan OR amlodipine-valsartan)	QL-ST	Non-Preferred Brands
TRANDOLAPRIL/VERAPAMIL ER TAB 2-180MG, 4-240MG	-	Non-Preferred Brands
TRANDOLAPRIL/VERAPAMIL ER TAB 2-240MG	-	Non-Preferred Brands
TRIBENZOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands
TWYNSTA TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands
WIDAPLIK TAB (QL= 2 tabs/day; ST req trial of 1: olmesartan-amlodipine-HCTZ)	QL-ST	Non-Preferred Brands
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug)	ST	Preferred Brands
amlodipine/benazepril cap (LOTREL equiv)	-	Select
amlodipine/olmesartan tab (AZOR TAB equiv)	-	Select
amlodipine/valsartan tab (EXFORGE equiv)	-	Select
atenolol/chlorthalidone tab (TENORETIC equiv)	-	Select
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	Select
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Select
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	Select
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	Select
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	Select
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	Select
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	Select
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) (QL= 30 tabs/30 days)	QL	Select
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	Select
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	Select
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	Select
trandolapril/verapamil ER tab (TARKA equiv)	-	Select
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	Select
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	Value
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	Value
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	Value
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	Value
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB	AMSP-PA	Non-Preferred Specialty
DIRECT RENIN INHIBITORS		
aliskiren tab (TEKTURNA equiv) (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB))	ST	High Cost Generics

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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
ANTIHYPERTENSIVES Cont.		
TEKTURNA TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB))	ST	Non-Preferred Brands
ENDOTHELIN RECEPTOR ANTAGONISTS		
TRYVIO TAB (QL= 30 tabs/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv)	-	Select
VASODILATORS		
NIPRIDE RTU INJ	-	EXC
nitroprusside sodium in nacl 0.9% iv soln (NIPRIDE RTU equiv)	-	EXC
hydralazine tab (APRESOLINE equiv)	-	Select
minoxidil tab (LONITEN equiv)	-	Select
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
BACITRACIN INJ	-	EXC
FIRST METRONIDAZOLE SUSP	-	EXC
metronidazole cap (FLAGYL equiv)	-	High Cost Generics
pentamidine neb soln (NEBUPENT equiv)	-	High Cost Generics
AEMCOLO TAB (QL= 12 tabs/fill, 2 fills/month)	QL	Non-Preferred Brands
METRONIDAZOLE TAB (ST requires trial of generic metronidazole 250 mg AND 500 mg tab)	ST	Non-Preferred Brands
XIFAXAN TAB 200MG (QL= 9 tabs/fill, 2 fills/month)	PA-QL	Non-Preferred Brands
XIFAXAN TAB 550MG (QL= 2 tabs/day)	PA-QL	Non-Preferred Brands
LIKMEZ SUSP (QL= 210ml/14 days)	QL	Preferred Brands
PRIMSOL SOLN	-	Preferred Brands
TRIMETHOPRIM TAB	-	Preferred Brands
IMPAVIDO CAP (QL= 3 caps/day)	AMSP-QL	Preferred Specialty
metronidazole tab (FLAGYL equiv)	-	Select
tinidazole tab (TINDAMAX equiv)	-	Select
trimethoprim tab (PROLOPRIM equiv)	-	Select
ANTI-INFECTIVE MISC. - COMBINATIONS		
MB CAPS CAP	-	EXC
ME/NAPHOS/MB TAB HYO	-	EXC

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ANTI-INFECTIVE AGENTS - MISC. Cont.		
methenamine-sodium salicylate tab	-	EXC
URELLE TAB	-	EXC
ustell cap	-	EXC
XACDURO INJ	-	EXC
UTA CAP	-	Non-Preferred Brands
HYOPHEN TAB	-	Preferred Brands
smz/tmp (DS) tab (BACTRIM DS equiv)	-	Select
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	Select
UTA cap	-	Select
ANTIPROTOZOAL AGENTS		
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days; ST req trial of metronidazole AND tinidazole)	QL-ST	High Cost Generics
ALINIA TAB (QL= 6 tabs/fill, 2 fills/month)	QL	Non-Preferred Brands
LAMPIT TAB 120MG (QL= 225 tabs/30 days)	QL	Preferred Brands
LAMPIT TAB 30MG (QL= 360 tabs/30 days)	QL	Preferred Brands
atovaquone susp (MEPRON equiv)	-	Select
CARBAPENEMS		
MEROPENEM INJ 2GM	-	EXC
meropenem iv for soln 2gm	-	EXC
CYCLIC LIPOPEPTIDES		
DAPTOMY/NACL INJ	-	EXC
DAPTOMYCIN INJ	-	EXC
GLYCOPEPTIDES		
dalbavancin hcl for iv soln (DALVANCE equiv)	-	EXC
DALVANCE INJ	-	EXC
vancomycin hcl for oral soln 25mg/ml (FIRVANQ equiv) (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution)	QL-ST	High Cost Generics
vancomycin hcl for oral soln 50mg/ml (FIRVANQ equiv) (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution)	QL-ST	High Cost Generics
FIRVANQ SOLN 25MG/ML (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution)	QL-ST	Non-Preferred Brands
FIRVANQ SOLN 50MG/ML (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution)	QL-ST	Non-Preferred Brands
VANCOCIN CAP 125MG (QL= 56 caps/30 days)	QL	Non-Preferred Brands
VANCOCIN CAP 250MG (QL= 112 caps/30 days)	QL	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
VANCOMYCIN INJ	-	Non-Preferred Brands
VANCOMYCIN SOLN	-	Non-Preferred Brands
TYZAVAN INJ	-	Preferred Brands
VANCOMYCIN INJ	-	Preferred Brands
vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days)	QL	Select
vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days)	QL	Select
vancomycin hcl for iv soln (VANCOMYCIN equiv)	-	Select
VANCOMYCIN INJ	-	Select
LEPROSTATICS		
dapsone tab	-	Select
LINCOSAMIDES		
CLEOCIN PHOS INJ	-	EXC
CLEOCIN PHOSPHATE INJ	-	EXC
clindamycin cap (CLEOCIN equiv)	-	Select
clindamycin soln (CLEOCIN equiv)	-	Select
MONOBACTAMS		
EMBLAVEO INJ	-	EXC
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
OXAZOLIDINONES		
SIVEXTRO INJ	-	EXC
SIVEXTRO TAB (QL= 6 tabs/fill)	QL	Preferred Brands
linezolid susp	-	Select
linezolid tab (ZYVOX equiv)	-	Select
PENEMS		
ORLYNVAH TAB (QL= 10 tabs/fill, 6 fills/year; ST req trial of 2: nitrofurantoin, sulfa-trimeth, cephalexin, ciprofloxacin, amox-clav)	QL-ST	Non-Preferred Brands
PLEUROMUTILINS		
XENLETA TAB (QL= 10 tabs/fill, 1 fill/month)	AMSP-PA-QL	Non-Preferred Specialty
POLYMYXINS		
colistimethate inj (COLY-MYCIN M equiv)	-	Select
URINARY ANTI-INFECTIVES		
METHENAM MAN TAB	-	EXC
METHENAMINE ORAL SOLN	-	EXC
fosfomycin tromethamine powder pack (MONUROL equiv)	-	High Cost Generics

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DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
BLUJEPA TAB (QL= 20 tabs/5 days, no roll up, 6 fills/year; Step therapy req trial of 2: nitrofurantoin, trimethoprim-sulfamethoxazole, cephalexin)	QL-ST	Non-Preferred Brands
MONUROL GRANULE PACK	-	Non-Preferred Brands
NITROFURANTOIN SUSP (Step therapy requires trial of Nitrofurantoin Susp 25 MG/5ML)	ST	Non-Preferred Brands
methenamine hippurate tab (HIPREX equiv)	-	Select
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	Select
nitrofurantoin monohydrate cap (MACROBID equiv)	-	Select
nitrofurantoin susp (FURADANTIN equiv)	-	Select
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
COARTEM TAB	-	Non-Preferred Brands
atovaquone/proguanil tab (MALARONE equiv)	-	Select
ANTIMALARIALS		
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty
mefloquine tab (LARIAM equiv)	-	High Cost Generics
primaquine tab (PRIMAQUINE equiv)	-	High Cost Generics
ARAKODA TAB	-	Non-Preferred Brands
QUALAQUIN CAP	-	Non-Preferred Brands
SOVUNA TAB 200MG (ST req trial of hydroxychloroquine (Planquenil equivalent))	ST	Non-Preferred Brands
SOVUNA TAB 300MG (ST req trial of hydroxychloroquine (Planquenil equivalent))	ST	Non-Preferred Brands
DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
KRINTAFEL TAB (QL= 2 tabs/365 days)	QL	Preferred Brands
CHLOROQUINE TAB	-	Select
chloroquine tab (ARALEN equiv)	-	Select
HYDROXYCHLOROQUINE TAB	-	Select
hydroxychloroquine tab (PLAQUENIL equiv)	-	Select
quinine sulfate cap (QUALAQUIN equiv)	-	Select
ANTIMYASTHENIC/CHOLINERGIC AGENTS		

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DrugName	Special Code	Tier
ANTIMYASTHENIC/CHOLINERGIC AGENTS Cont.		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
NEOSTIGMINE METHYLSULFATE INJ	-	EXC
neostigmine methylsulfate soln pref syringe	-	EXC
pyridstigmine soln (MESTINON equiv)	-	High Cost Generics
PYRIDOSTIGMINE TAB 30MG	-	Non-Preferred Brands
FIRDAPSE TAB (QL= 8 tabs/day; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty
RUZURGI TAB (QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
GUANIDINE TAB	-	Select
pyridostigmine CR tab (MESTINON equiv)	-	Select
pyridostigmine tab (MESTINON equiv)	-	Select
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE CAP	-	Non-Preferred Brands
RIFATER TAB	-	Non-Preferred Brands
ANTIMYCOBACTERIAL AGENTS		
CYCLOSERINE CAP	-	Non-Preferred Brands
PASER GRANULE	-	Non-Preferred Brands
PRIFTIN TAB	-	Non-Preferred Brands
TRECATOR TAB	-	Non-Preferred Brands
PRETOMANID TAB (QL= 1 tab/day)	AMSP-QL	Non-Preferred Specialty
SIRTURO TAB (Only available through MMS Solutions 855-691-0963)	LD	Preferred Specialty
ethambutol tab (MYAMBUTOL equiv)	-	Select
isoniazid tab	-	Select
pyrazinamide tab	-	Select
rifabutin cap (MYCOBUTIN equiv)	-	Select
rifampin cap (RIFADIN equiv)	-	Select
ANTINEOPLASTICS		

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DrugName	Special Code	Tier
ANTINEOPLASTICS Cont.		
ALKYLATING AGENTS		
LEUKERAN TAB	-	Non-Preferred Brands
HEXALEN CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
MYLERAN TAB	AMSP	Preferred Specialty
ANTIMETABOLITES		
TABLOID TAB (QL= 4 tabs/day)	AMSP-QL	Preferred Specialty
mercaptopurine tab (PURINETHOL equiv)	-	Select
methotrexate tab (TREXALL equiv)	-	Select
ANTINEOPLASTIC ENZYME INHIBITORS		
ZOLINZA CAP	LMSP-PA-SF	Preferred Specialty
ANTINEOPLASTICS MISC.		
ALFERON-N INJ	-	EXC
tretinoin cap (VESANOID equiv)	AMSP	Generic Specialty
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
INTRON-A INJ	AMSP	Preferred Specialty
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
hydroxyurea cap (HYDREA equiv)	-	Select
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	Select
MITOTIC INHIBITORS		
etoposide cap (VEPESID equiv)	-	Select
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	AMSP-PA	Preferred Specialty
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
bendamustine hcl for iv soln (TREANDA equiv)	-	EXC
CARMUSTINE INJ	-	EXC
CISPLATIN INJ	-	EXC
CYCLOPHOSPHAMIDE INJ	-	EXC
cyclophosphamide iv soln	-	EXC
EVDI INJ	-	EXC
GRAFAPEX INJ	-	EXC
HEPZATO INJ	-	EXC
IFOSFAMIDE INJ	-	EXC
IVRA INJ	-	EXC

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
KYXATA INJ	-	EXC
PEPAXTO INJ	-	EXC
TEPADINA INJ	-	EXC
TEPYLUTE INJ	-	EXC
thiotepa inj soln (TEPADINA equiv)	-	EXC
TREANDA INJ	-	EXC
cyclophosphamide cap	-	Generic Specialty
lomustine cap (GLEOSTINE equiv)	AMSP	Generic Specialty
MELPHALAN TAB	AMSP	Generic Specialty
temozolomide cap (TEMODAR equiv)	AMSP	Generic Specialty
CYCLOPHOSPHAMIDE TAB	-	Non-Preferred Brands
ALKERAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
GLEOSTINE CAP	AMSP	Non-Preferred Specialty
ANTIMETABOLITES		
ALIMTA INJ	-	EXC
ARRANON INJ	-	EXC
CYTARABINE INJ	-	EXC
FAVLYXA INJ	-	EXC
FLOXURIDINE INJ	-	EXC
FLUDARABINE INJ	-	EXC
FOLOTYN INJ	-	EXC
GEMCITABINE INJ	-	EXC
INLEXZO IMP	-	EXC
METHOTREXATE INJ	-	EXC
METHOTREXATE IV SOLN 1000MG/40ML	-	EXC
nelarabine iv soln (ARRANON equiv)	-	EXC
PEMETREXED DIPOTASSIUM INJ	-	EXC
pemetrexed disodium for iv soln (ALIMTA equiv)	-	EXC
PEMETREXED INJ	-	EXC
PEMETREXED SOLN	-	EXC
PEMFEXY INJ	-	EXC
PEMFEXY SOL	-	EXC
pralatrexate iv inj (FOLOTYN equiv)	-	EXC
capecitabine tab (XELODA equiv)	AMSP	Generic Specialty
JYLAMVO SOLN, XATMEP SOLN (QL= 60ml/30 days)	QL	Non-Preferred Brands

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ONUREG TAB (QL= 14 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty
XELODA TAB	AMSP	Non-Preferred Specialty
mercaptopurine susp 2000mg/100ml (PURIXAN equiv)	-	Select
METHOTREXATE INJ	-	Select
PURIXAN SUSP 2000MG/100ML	-	Select
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
ALYMSYS IV SOLN	-	EXC
JOBEVNE INJ	-	EXC
VEGZELMA IV SOLN	-	EXC
FRUZAQLA CAP 1MG (QL= 84 caps/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
FRUZAQLA CAP 5MG (QL= 21 caps/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
INLYTA TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Preferred Specialty
INLYTA TAB 5MG (QL= 4 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Preferred Specialty
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty
ANTINEOPLASTIC - ANTIBODIES		
ARZERRA CON	-	EXC
BIZENGRI INJ 750 DOSE	-	EXC
BLENREP INJ	-	EXC
CAMPATH INJ	-	EXC
COLUMVI INJ	-	EXC
DECNUPAZ INJ	-	EXC
ELAHERE INJ	-	EXC
ELREXFIO INJ	-	EXC
EMRELIS INJ	-	EXC
EPKINLY INJ	-	EXC
IMDELLTRA INJ	-	EXC
IMJUDO INJ	-	EXC
JEMPERLI SOLN	-	EXC
KEYTRUDA SOLN 50MG	-	EXC
KIMMTRAK SOLN	-	EXC
LOQTORZI INJ	-	EXC
LUNSUMIO INJ	-	EXC
LYNOZYFIC INJ	-	EXC
OPDIVO INJ	-	EXC
RYBREVANT SOLN	-	EXC
SARCLISA ESCENSA INJ	-	EXC
TALVEY INJ	-	EXC

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
TECVAYLI INJ	-	EXC
TEVIMBRA INJ	-	EXC
TIVDAK INJ	-	EXC
UNLOXCYT SOLN	-	EXC
VECTIBIX INJ	-	EXC
VYLOY INJ	-	EXC
ZYNLONTA SOLN	-	EXC
ZYNYZ INJ	-	EXC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERCESSI INJ	-	EXC
MARGENZA INJ	-	EXC
ZIIHERA INJ	-	EXC
HERNEXEOS TAB (QL= 60 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
TUKYSA TAB (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Onco360 877-662-6633)	LD-PA	Preferred Specialty
VENCLEXTA TAB (Only available through Onco360 877-662-6633)	LD-PA	Preferred Specialty
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
ABECMA INJ	-	EXC
AMTAGVI INJ	-	EXC
AUCATZYL INJ	-	EXC
CARVYKTI INJ	-	EXC
TECARTUS SUSP	-	EXC
TECELRA SUSP	-	EXC
ANTINEOPLASTIC - EGFR INHIBITORS		
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
gefitinib tab (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty
EXKIVITY CAP (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
IRESSA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty
LAZCLUZE TAB 240MG (QL= 30 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty

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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.		
LAZCLUZE TAB 80MG (QL= 60 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty
TARCEVA TAB 100MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
TARCEVA TAB 150MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
TARCEVA TAB 25MG (QL= 2 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
VIZIMPRO TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TAGRISSO TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty
ANTINEOPLASTIC - GENE THERAPY AGENTS		
ADSTILADRIN SUSP	-	EXC
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TAB 100MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
DAURISMO TAB 25MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
ERIVEDGE CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Preferred Specialty
ODOMZO CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Preferred Specialty
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
CAMCEVI INJ	-	EXC
FIRMAGON INJ	-	EXC
FULVESTRANT INJ	-	EXC
fulvestrant inj soln pref syringe	-	EXC
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
EULEXIN CAP (QL= 6 caps/day)	QL	Non-Preferred Brands
FLUTAMIDE CAP (QL= 6 caps/day)	QL	Non-Preferred Brands

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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.		
SOLTAMAX SOLN	-	Non-Preferred Brands
AKEEGA TAB (QL= 60 tablets/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty
FARESTON TAB (Only available through Walgreens 888-347-3416; Step Therapy requires trial of tamoxifen)	LD-ST	Non-Preferred Specialty
INLURIYO TAB (QL= 56 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
NILANDRON TAB (QL= 150mg/day after the first 30 days)	AMSP-PA-QL	Non-Preferred Specialty
ORGOVYX TAB (QL= 30 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
ORSERDU TAB 86MG (QL= 3 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
VABRINTY INJ 22.5MG	LMSP-PA	Non-Preferred Specialty
VABRINTY INJ 30MG	LMSP-PA	Non-Preferred Specialty
VABRINTY INJ 45MG	LMSP-PA	Non-Preferred Specialty
VABRINTY INJ 7.5MG	LMSP-PA	Non-Preferred Specialty
XTANDI CAP (QL= 4 caps/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
XTANDI TAB 40MG (QL= 4 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
XTANDI TAB 80MG (QL= 2 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
YONSA TAB (QL= 4 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
ZYTIGA TAB 250MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty

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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
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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ZYTIGA TAB 500MG (QL= 2 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
ELIGARD INJ	AMSP-PA	Preferred Specialty
ELIGARD INJ (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Preferred Specialty
ELIGARD INJ, VABRINTY INJ	AMSP-PA	Preferred Specialty
ERLEADA TAB (QL= 4 tabs/day)	AMSP-PA-QL	Preferred Specialty
ERLEADA TAB 240MG (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty
HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days)	AMSP-PA-QL	Preferred Specialty
LEUPROLIDE INJ (3 MONTH) (QL= 1 kit/90 days)	AMSP-PA-QL	Preferred Specialty
LUPRON DEPOT INJ (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Preferred Specialty
LUPRON DEPOT INJ (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Preferred Specialty
LUTRATE DEPO INJ (QL= 1 kit/90 days)	AMSP-PA-QL	Preferred Specialty
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
NILUTAMIDE TAB (QL= 2 tabs/day)	AMSP-QL	Preferred Specialty
NUBEQA TAB (QL= 4 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Preferred Specialty
anastrozole tab (ARIMIDEX equiv)	-	Preventive
exemestane tab (AROMASIN equiv)	-	Preventive
letrozole tab (FEMARA equiv)	-	Preventive
tamoxifen tab (NOLVADEX equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	-	Preventive
bicalutamide tab (CASODEX equiv)	-	Select
flutamide cap (EULEXIN equiv)	-	Select
megestrol susp (MEGACE equiv)	-	Select
megestrol tab (MEGACE equiv)	-	Select
toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen)	ST	Select
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB (QL= 90 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
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

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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
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
POMALYST CAP (QL= 21 caps/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
ANTINEOPLASTIC - MENIN INHIBITORS		
KOMZIFTI CAP (QL= 90 caps/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
REVUFORJ TAB (QL= 60 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
ANTINEOPLASTIC - PROTEASE ACTIVATORS		
MODEYSO CAP (QL= 4 caps/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 10MG (QL= 16 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
XPOVIO PAK 80MG (QL= 4 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
XPOVIO TAB (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
ANTINEOPLASTIC ANTIBIOTICS		
daunorubicin hcl iv soln	-	EXC
DAUNORUBICIN INJ	-	EXC
DOXIL INJ	-	EXC
doxorubicin hcl inj (ADRIAMYCIN equiv)	-	EXC
DOXORUBICIN INJ	-	EXC
ELLENCE INJ	-	EXC
idarubicin inj	-	EXC
ZUSDURI INJ	-	EXC
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO SOLN	-	EXC
KEYTRUDA INJ QLEX	-	EXC
OPDIVO INJ QVANTIG	-	EXC
OPDUALAG SOLN	-	EXC
RYBREVANT INJ FASPRO	-	EXC
TECENTRIQ HYBREZA INJ	-	EXC
AVMAPKI FAKZYNJA CO-PACK (QL= 66 tablets/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty

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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
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
INQOVI TAB (QL= 5 tabs/28 days; Only available through Optum 877-445-6874 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
KISQALI PAK (QL= 91 tabs/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Preferred Specialty
LONSURF TAB (Only available through Onco360 877-662-6633)	LD-PA	Preferred Specialty
ANTINEOPLASTIC ENZYME INHIBITORS		
BORTEZOMIB INJ	-	EXC
bortezomib inj (VELCADE equiv)	-	EXC
BORUZU INJ	-	EXC
FYARRO INJ	-	EXC
ISTODAX OVR INJ	-	EXC
romidepsin for iv inj (ISTODAX equiv)	-	EXC
RYTELO INJ	-	EXC
VELCADE INJ	-	EXC
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
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
AFINITOR DISPERZ TAB (QL= 1 tab/day; Step therapy requires trial of everolimus tab for oral susp)	AMSP-PA-QL-SF-ST	Non-Preferred Specialty
AFINITOR TAB (QL= 1 tab/day; Step therapy requires trial of everolimus tab)	AMSP-PA-QL-SF-ST	Non-Preferred Specialty
ALUNBRIG PAK (QL= 1 pack/365 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
AUGTYRO CAP (QL= 240 caps/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
AUGTYRO CAP 160MG (QL= 2 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
BALVERSA TAB 3MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
BALVERSA TAB 4MG (QL= 2 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
BALVERSA TAB 5MG (QL= 1 tab/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
BOSULIF TAB (Only available through Onco360 877-662-6633)	LD-PA-SF	Non-Preferred Specialty
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
BRUKINSA CAP (QL= 4 caps/day)	LMSP-PA-QL-SF	Non-Preferred Specialty
BRUKINSA TAB (QL= 60 tabs/30 days)	LMSP-PA-QL-SF	Non-Preferred Specialty
CAVHANZA TAB (QL= 4 tabs/day)	PA-QL	Non-Preferred Specialty
COPIKTRA CAP (QL= 2 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty
DANZITEN TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
ENSACOVE CAP 100MG (QL= 60 caps/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
ENSACOVE CAP 25MG (QL= 90 caps/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
FOTIVDA CAP (QL= 21 caps/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
GAVRETO CAP (QL= 120 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty
GLEEVEC TAB 100 MG (QL= 3 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty
GLEEVEC TAB 400MG (QL= 2 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty
GOMEKLI CAP (QL= 42 caps/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
GOMEKLI TAB (QL= 84 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
HYRNUO TAB (QL= 120 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
IBRANCE CAP (QL= 21 caps/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
IBRANCE TAB (QL= 21 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
IBTROZI CAP (QL= 90 capsules/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
IDHIFA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
IMKELDI SOLUTION (QL= 140ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty
INREBIC CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL-SF	Non-Preferred Specialty
ITOVEBI TAB (QL= 28 tabs/28 days)	LMSP-PA-QL-SF	Non-Preferred Specialty
JAYPIRCA TAB 100MG (QL= 60 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty
JAYPIRCA TAB 50MG (QL= 30 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty
KOSELUGO CAP (QL= 12 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
KOSELUGO CAP (QL= 120 caps/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
KOSELUGO CAP 5MG (QL= 20 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
KRAZATI TAB (QL= 180 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
LORBRENA TAB 100MG (QL= 1 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
LORBRENA TAB 25MG (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
LUMAKRAS TAB (QL= 2 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
LUMAKRAS TAB (QL= 240 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
LUMAKRAS TAB 320MG (QL= 90 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
LYTGOBI TAB (12MG DAILY DOSE) (QL= 84 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
LYTGOBI TAB (16MG DAILY DOSE) (QL= 112 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
LYTGOBI TAB (20MG DAILY DOSE) (QL= 140 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
MEKTOVI TAB (QL= 6 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
NERLYNX TAB (QL= 6 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
NEXAVAR TAB (Only available through Walgreens 888-347-3416)	LD-PA-SF	Non-Preferred Specialty
NILOTINB TAR CAP (QL= 4 caps/day)	LMSP-PA-QL	Non-Preferred Specialty
NILOTINIB D-TAR CAP (QL= 4 caps/day)	LMSP-PA-QL	Non-Preferred Specialty
OGSIVEO TAB (QL= 168 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
OGSIVEO TAB 100MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
OGSIVEO TAB 150MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
OJEMDA SUSP (QL= 96 mL/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
OJEMDA TAB (QL= 24 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty

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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
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
OJJAARA TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
PEMAZYRE TAB (QL= 14 tabs/21 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
PHYRAGO TAB (Only available through Lumicera 855-847-3553)	LD-PA-SF	Non-Preferred Specialty
PIQRAY TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	Non-Preferred Specialty
QINLOCK TAB (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
RETEVMO CAP 40MG (QL= 3 caps/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
RETEVMO CAP 80MG (QL= 2 caps/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
RETEVMO TAB (QL= 60 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty
RETEVMO TAB 40MG (QL= 90 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty
REZLIDHIA CAP (QL= 60 caps/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
ROMVIMZA CAP (QL= 8 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
ROZLYTREK CAP 100MG (QL= 1 cap/day)	AMSP-PA-QL	Non-Preferred Specialty
ROZLYTREK CAP 200MG (QL= 3 caps/day)	AMSP-PA-QL	Non-Preferred Specialty
ROZLYTREK PAK (QL= 360 packets/30 days)	AMSP-PA-QL	Non-Preferred Specialty
RYDAPT CAP	AMSP-PA	Non-Preferred Specialty
SCEMBLIX TAB 100MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
SCEMBLIX TAB 20MG (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
SCEMBLIX TAB 40MG (QL= 8 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
SPRYCEL TAB	AMSP-PA-SF	Non-Preferred Specialty
SUTENT CAP (QL= 28 caps/42 days; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
TABRECTA TAB (QL= 112 tabs/28 days)	AMSP-PA-QL-SF	Non-Preferred Specialty
TALZENNA CAP (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
TASIGNA CAP	AMSP-PA-SF	Non-Preferred Specialty
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
TEPMETKO TAB (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
TIBSOVO TAB (QL= 2 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
TRUQAP TAB (QL= 64 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty
TRUQAP THERAPY PACK (QL= 64 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty
TRUSELTIQ PACK 100MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Preferred Specialty
TRUSELTIQ PACK 175MG (QL= 63 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Preferred Specialty
TRUSELTIQ PACK 50MG, 125MG (QL= 42 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Preferred Specialty
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
TYKERB TAB	AMSP-PA	Non-Preferred Specialty
VANFLYTA TAB (QL= 60 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL-SF	Non-Preferred Specialty
VITRAKVI CAP 25MG (QL= 8 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL-SF	Non-Preferred Specialty
VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 888-773-7376)	LD-PA-QL-SF	Non-Preferred Specialty
VONJO CAP (QL= 120 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
VORANIGO TAB (QL= 30 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
VORANIGO TAB 10MG (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
VOTRIENT TAB (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty
XOSPATA TAB (QL= 3 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
ALECENSA CAP (QL= 8 caps/day)	AMSP-PA-QL	Preferred Specialty
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Preferred Specialty
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Preferred Specialty
BOSULIF CAP (QL= 5 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Preferred Specialty
CABOMETYX TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
CALQUENCE CAP (QL= 2 caps/day)	AMSP-PA-QL-SF	Preferred Specialty
CALQUENCE TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty
CAPRELSA TAB 100MG (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Preferred Specialty
CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Preferred Specialty
COMETRIQ KIT (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty
COTELLIC TAB (QL= 3 tabs/day)	AMSP-PA-QL	Preferred Specialty
ICLUSIG TAB (Only available through AcariaHealth 800-511-5144)	LD-PA-SF	Preferred Specialty
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Preferred Specialty
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Preferred Specialty

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
IMBRUVICA SUSP (QL= 2 bottles/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Preferred Specialty
IMBRUVICA TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Preferred Specialty
JAKAFI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
JAKAFI XR TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
KISQALI TAB (QL= 63 tabs/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Preferred Specialty
LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty
MEKINIST SOLN (QL= 40ml/day)	LMSP-PA-QL	Preferred Specialty
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	AMSP-PA-QL	Preferred Specialty
MEKINIST TAB 2MG (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty
NINLARO CAP	AMSP-PA	Preferred Specialty
PAZOPANIB TAB 400MG (QL= 60 tabs/30 days)	AMSP-PA-QL-SF	Preferred Specialty
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty
sorafenib tosylate tab (NEXAVAR equiv)	AMSP-PA-SF	Preferred Specialty
STIVARGA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
TAFINLAR CAP (QL= 4 caps/day)	AMSP-PA-QL	Preferred Specialty
TAFINLAR TAB (QL= 12 tabs/day)	LMSP-PA-QL	Preferred Specialty
VERZENIO TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty
VOTRIENT TAB (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Preferred Specialty
XALKORI CAP (QL= 2 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Preferred Specialty
XALKORI SPRINKLE CAP (QL= 6 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Preferred Specialty
ZEJULA CAP (QL= 30 caps/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty
ZEJULA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty
ZELBORAF TAB (QL= 8 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty
ZYDELIG TAB (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty
ZYKADIA CAP (QL= 3 caps/day)	AMSP-PA-QL-SF	Preferred Specialty

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ZYKADIA TAB (QL= 3 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty
ANTINEOPLASTIC ENZYMES		
RYLAZE INJ	-	EXC
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
PLUVICTO INJ	-	EXC
ANTINEOPLASTICS MISC.		
ANKTIVA SOLN	-	EXC
LYMPHIR INJ	-	EXC
bexarotene cap (TARGRETIN equiv)	AMSP-PA-SF	Generic Specialty
BESREMI INJ (QL= 2 inj/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
BESREMI PEN INJ (QL= 1mL/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
SYLATRON INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
SYNRIBO INJ (Only available through US Bioservices 888-518-7246)	LD-PA	Preferred Specialty
CHEMOTHERAPY ADJUNCTS		
KEPIVANCE INJ	-	EXC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
LEVOLEUCOVORIN INJ	-	EXC
VYKOURA INJ	-	EXC
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
LEUCOVOR CA TAB 5MG	-	EXC
LEVOLEUCOVORIN SOLN	-	EXC
PEDMARK INJ	-	EXC
IWILFIN TAB (QL= 240 tablets/30 days; Only available through Curant Health 1-866-437-8040)	LD-PA-QL	Non-Preferred Specialty
MESNEX TAB	AMSP	Non-Preferred Specialty
mesna tab (MESNEX equiv)	AMSP	Preferred Specialty
MITOTIC INHIBITORS		
ABRAXANE INJ	-	EXC
AVOPEF INJ	-	EXC
BEIZRAY INJ	-	EXC
docetaxel inj	-	EXC
DOCIVYX INJ	-	EXC
eribulin mesylate inj (HALAVEN equiv)	-	EXC
HALAVEN INJ	-	EXC
paclitaxel protein-bound particles for iv susp (ABRAXANE equiv)	-	EXC

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
VINCRISTINE INJ	-	EXC
vincristine sulfate iv soln (VINCRISTINE equiv)	-	EXC
ETOPOSIDE CAP	-	Preferred Brands
TOPOISOMERASE I INHIBITORS		
DATROWAY INJ	-	EXC
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	Select
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	Select
trihexyphenidyl tab (ARTANE equiv)	-	Select
ANTIPARKINSON COMT INHIBITORS		
tolcapone tab (TASMAR equiv) (QL= 3 caps/day)	QL	High Cost Generics
TASMAR TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands
entacapone tab (COMTAN equiv)	-	Select
ANTIPARKINSON DOPAMINERGICS		
pramipexole ER tab (MIRAPEX ER equiv) (QL= 1 tab/day)	QL	High Cost Generics
ropinirole ER tab (REQUIP XL equiv) (QL= 1 tab/day; Step Therapy requires trial of ropinirole)	QL-ST	High Cost Generics
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	Non-Preferred Brands
GOCOVRI CAP (Step Therapy requires trial of amantadine)	ST	Non-Preferred Brands
MIRAPEX ER TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
NEUPRO PATCH (QL= 1 patch/day)	QL	Non-Preferred Brands
REQUIP XL TAB (QL= 1 tab/day; Step Therapy requires trial of ropinirole)	QL-ST	Non-Preferred Brands
amantadine cap (SYMMETREL equiv)	-	Select
amantadine syrup (SYMMETREL equiv)	-	Select
amantadine tab	-	Select
bromocriptine cap (PARLODEL equiv)	-	Select
bromocriptine tab (PARLODEL equiv)	-	Select
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	Select
carbidopa/levodopa ODT (PARCOPA equiv)	-	Select
carbidopa/levodopa tab (SINEMET equiv)	-	Select
pramipexole tab (MIRAPEX equiv)	-	Select

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ANTIPARKINSON AGENTS Cont.		
ropinirole tab (REQUIP equiv)	-	Select
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
XADAGO TAB (QL= 30 tabs/30 days; Step therapy requires trial of of carbidopa/levodopa)	AMSP-QL-ST	Non-Preferred Brands
ZELAPAR ODT	-	Non-Preferred Brands
rasagiline tab (AZILECT equiv) (QL= 1 tab/day)	QL	Select
selegiline cap (ELDEPRYL equiv)	-	Select
selegiline tab (ELDEPRYL equiv) (QL= 2 tabs/day)	QL	Select
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUVANTS		
NOURIANZ TAB (QL= 1 tab/day; ST: Trial of 2: dopamine agonist(ropinir-, pramip-), COMT inhib(entacapone), MAOB inhib(rasag-, seleg-))	LMSP-QL-ST	Non-Preferred Specialty
ANTIPARKINSON ANTICHOLINERGICS		
trihexyphenidyl elixir (ARTANE equiv)	-	Select
ANTIPARKINSON COMT INHIBITORS		
ONGENTYS CAP (Step Therapy requires trial of 2: entacapone, pramipexole, rasagiline, ropinirole, or selegiline)	ST	Non-Preferred Brands
ANTIPARKINSON DOPAMINERGICS		
apomorphine inj (APOKYN equiv) (QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767)	LD-QL	Generic Specialty
DHIVY TAB (QL= 8 tabs/day; Step therapy requires trial of carbidopa-levodopa tab/ODT or carbidopa-levodopa ER tab)	QL-ST	Non-Preferred Brands
OSMOLEX ER TAB (QL= 1 tab/day; Step Therapy requires trial of amantadine)	QL-ST	Non-Preferred Brands
OSMOLEX ER TAB (Step Therapy requires trial of amantadine)	QL-ST	Non-Preferred Brands
STALEVO TAB 12.5-50-200MG (QL= 8 tabs/day)	QL	Non-Preferred Brands
STALEVO TAB 18.75-75-200MG (QL= 8 tabs/day)	QL	Non-Preferred Brands
STALEVO TAB 25-100-200MG (QL= 8 tabs/day)	QL	Non-Preferred Brands
STALEVO TAB 31.25-125-200MG (QL= 8 tabs/day)	QL	Non-Preferred Brands

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ANTIPARKINSON AND RELATED THERAPY AGENTS Cont.		
STALEVO TAB 37.5-150-200MG (QL= 8 tabs/day)	QL	Non-Preferred Brands
STALEVO TAB 50-200-200MG (QL= 6 tabs/day)	QL	Non-Preferred Brands
APOKYN INJ (QL= 54ml/30 days; Only available through Accredo 800-803-2523)	LD-QL	Non-Preferred Specialty
INBRIJA INH POWDER (QL= 4 units/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
KYNMOBI FILM (QL= 150 films/30 days)	AMSP-QL	Non-Preferred Specialty
KYNMOBI TITRATION KIT	AMSP-PA	Non-Preferred Specialty
ONAPGO INJ 98MG/20ML (QL= 20ml/day; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	Non-Preferred Specialty
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	Preferred Brands
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	Preferred Brands
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	Preferred Brands
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	Preferred Brands
RYTARY CAP 23.75-95MG (QL= 750 caps/30 days; ST req trial of one: carbidopa-levodopa IR/ER/ODT, OR carbidopa-levodopa-entacapone)	QL-ST	Preferred Brands
RYTARY CAP 36.25-145MG (QL= 480 caps/30 days; ST req trial of one: carbidopa-levodopa IR/ER/ODT, OR carbidopa-levodopa-entacapone)	QL-ST	Preferred Brands
RYTARY CAP 48.75-195MG (QL= 360 caps/30 days; ST req trial of one: carbidopa-levodopa IR/ER/ODT, OR carbidopa-levodopa-entacapone)	QL-ST	Preferred Brands
RYTARY CAP 61.25-245MG (QL= 300 caps/30 days; ST req trial of one: carbidopa-levodopa IR/ER/ODT, OR carbidopa-levodopa-entacapone)	QL-ST	Preferred Brands
amantadine soln	-	Select
carbidopa-levodopa-entacapone tab 12.5-50-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select
carbidopa-levodopa-entacapone tab 18.75-75-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select
carbidopa-levodopa-entacapone tab 25-100-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select
carbidopa-levodopa-entacapone tab 31.25-125-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select
carbidopa-levodopa-entacapone tab 37.5-150-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select
carbidopa-levodopa-entacapone tab 50-200-200mg (STALEVO equiv) (QL= 6 tabs/day)	QL	Select
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
LITHIUM CARBONATE CAP	-	Non-Preferred Brands
lithium carbonate cap (ESKALITH ER equiv)	-	Select

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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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ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
lithium carbonate ER tab (LITHOBID equiv)	-	Select
lithium carbonate tab	-	Select
lithium oral solution (LITHIUM equiv)	-	Select
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAP (QL= 1 cap/day; Step therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred Brands
EQUETRO CAP	-	Non-Preferred Brands
GEODON CAP (QL= 2 caps/day)	QL	Non-Preferred Brands
LATUDA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
VRAYLAR CAP (QL= 1 cap/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred Brands
VRAYLAR PACK (QL= 2 packs/plan year; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred Brands
NUPLAZID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
NUPLAZID TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day)	QL	Select
ziprasidone cap (GEODON equiv) (QL= 2 caps/day)	QL	Select
BENZISOXAZOLES		
risperidone microspheres inj (RISPERDAL equiv)	AMSP	Generic Specialty
BYSANTI TAB (QL= 2 tabs/day; ST req trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred Brands
BYSANTI TITRATION PACK (QL= 1 pack/plan year; ST req trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred Brands
FANAPT TAB (QL= 2 tabs/day; ST req trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred Brands
FANAPT TITRATION PACK (QL= 1 pack/plan year; ST req trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred Brands
INVEGA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
RISPERDAL M ODT	-	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
RISPERDAL SOLN	-	Non-Preferred Brands
RISPERDAL TAB	-	Non-Preferred Brands
ERZOFRI INJ 117MG/0.75ML	AMSP	Non-Preferred Specialty
ERZOFRI INJ 156MG/ML	AMSP	Non-Preferred Specialty
ERZOFRI INJ 234MG/1.5ML	AMSP	Non-Preferred Specialty
ERZOFRI INJ 351MG/2.25ML	AMSP	Non-Preferred Specialty
ERZOFRI INJ 39MG/0.25ML	AMSP	Non-Preferred Specialty
ERZOFRI INJ 78MG/0.5ML	AMSP	Non-Preferred Specialty
RISPERDAL INJ	AMSP	Non-Preferred Specialty
RYKINDO INJ	AMSP	Non-Preferred Specialty
UZEDY INJ	AMSP	Non-Preferred Specialty
RISPERIDONE ODT	-	Preferred Brands
INVEGA HAFYERA INJ	AMSP	Preferred Specialty
INVEGA INJ	AMSP	Preferred Specialty
PERSERIS INJ	AMSP	Preferred Specialty
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	Select
risperidone ODT (RISPERDAL M equiv)	-	Select
risperidone soln (RISPERDAL equiv)	-	Select
risperidone tab (RISPERDAL equiv)	-	Select
BUTYROPHENONES		
haloperidol decanoate inj	AMSP	Generic Specialty
HALDOL DECANOATE INJ	-	Preferred Specialty
haloperidol lactate conc (HALDOL equiv)	-	Select

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
haloperidol tab (HALDOL equiv)	-	Select
DIBENZAPINES		
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	High Cost Generics
CLOZAPINE ODT, FAZACLO ODT (QL= 3 tabs/day)	QL	Non-Preferred Brands
CLOZARIL TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands
FAZACLO ODT 12.5MG, 25MG, 100MG (QL= 3 tabs/day)	QL	Non-Preferred Brands
QUETIAPINE TAB 150MG (QL= 1 tab/day; Step therapy requires trial of quetiapine 25, 50, 100, 200, 300, or 400mg IR tabs)	QL-ST	Non-Preferred Brands
SAPHRIS SL TAB (QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	Non-Preferred Brands
SECUADO PATCH (QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	Non-Preferred Brands
SEROQUEL TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands
SEROQUEL XR TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
VERSACLOZ SUSP	-	Non-Preferred Brands
ZYPREXA TAB	-	Non-Preferred Brands
ZYPREXA ZYDIS TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
ZYPREXA RELPREVV INJ	AMSP	Preferred Specialty
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day)	QL	Select
clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day)	QL	Select
loxapine cap (LOXITANE equiv)	-	Select
olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day)	QL	Select
olanzapine tab (ZYPREXA equiv)	-	Select
quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day)	QL	Select
quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day)	QL	Select
DIHYDROINDOLONES		
MOLINDONE TAB	-	Preferred Brands
MUSCARINIC AGENTS		

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
COBENFY CAP (QL= 60 caps/30 days; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred Brands
COBENFY CAP STARTER PACK (QL= 56 caps/28 days; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred Brands
PHENOTHIAZINES		
chlorpromazine hcl inj	-	EXC
chlorpromazine hcl conc 100mg/ml (QL= 2000mL/30 days; ST req trial of olanzapine OTD and risperidone ODT/soln)	QL-ST	High Cost Generics
chlorpromazine hcl conc 30mg/ml (QL= 600mL/30 days; ST req trial of olanzapine OTD and risperidone ODT/soln)	QL-ST	High Cost Generics
CHLORPROMAZINE CONC (QL= 800ml/30 days)	QL	Non-Preferred Brands
chlorpromazine tab (THORAZINE equiv)	-	Select
fluphenazine tab (PROLIXIN equiv)	-	Select
perphenazine tab (TRILAFON equiv)	-	Select
prochlorperazine supp (COMPAZINE equiv)	-	Select
prochlorperazine tab (COMPAZINE equiv)	-	Select
thioridazine hcl tab (QL= 8 tabs/day)	QL	Select
trifluoperazine tab (STELAZINE equiv)	-	Select
QUINOLINONE DERIVATIVES		
ABILIFY TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
OPIPZA FILM (QL= 30 films/30 days; Step Therapy requires trial of two of the following: aripiprazole ODT and aripiprazole oral soln)	QL-ST	Non-Preferred Brands
OPIPZA FILM 10MG (QL= 90 films/30 days; Step Therapy requires trial of two of the following: aripiprazole ODT and aripiprazole oral soln)	QL-ST	Non-Preferred Brands
REXULTI TAB (QL= 1 tab/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred Brands
ABILIFY MYCITE PACK (QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics)	QL-ST	Non-Preferred Specialty
ABILIFY MYCITE TAB (QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics)	QL-ST	Non-Preferred Specialty
ABILIFY ASIMTUFII INJ 720MG/2.4ML	AMSP	Preferred Specialty
ABILIFY ASIMTUFII INJ 960MG/3.2ML	AMSP	Preferred Specialty
ABILIFY MAINTENA INJ	AMSP	Preferred Specialty
ARISTADA 675MG/2.4ML INJ	AMSP	Preferred Specialty

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
ARISTADA INJ	AMSP	Preferred Specialty
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	Select
aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day)	QL	Select
aripiprazole tab (ABILIFY equiv)	-	Select
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	Select
ANTISEPTICS & DISINFECTANTS		
ANTISEPTIC COMBINATIONS		
antiseptic products misc - pads	OTC	EXC
ANTISEPTICS & DISINFECTANTS		
formaldehyde solution	OTC	EXC
hydrogen peroxide soln	OTC	EXC
phenol liquid	OTC	EXC
CHLORINE ANTISEPTICS		
ANTIBAC HAND LIQ SOAP	OTC	EXC
benzethonium chloride liquid	OTC	EXC
chlorhexidine gluconate dressing	OTC	EXC
chlorhexidine gluconate soln	OTC	EXC
sodium hypochlorite soln	OTC	EXC
IODINE ANTISEPTICS		
BETADINE SOLN	-	EXC
FIRST AID OINTMENT	-	EXC
iodine tincture	OTC	EXC
povidone-iodine pad	OTC	EXC
povidone-iodine swabs	OTC	EXC
IODOFLEX PAD	-	Non-Preferred Brands
ANTIVIRALS		
ANTIRETROVIRALS		
APRETUDE SUSP	-	EXC
CABENUVA IM SUSP	-	EXC
SUNLENCA INJ	-	EXC
SUNLENCA TAB	-	EXC
VOCABRIA TAB	-	EXC
ATRIPLA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
COMBIVIR TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
COMPLERA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
EDURANT TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
EMTRIVA CAP (QL= 1 cap/day)	QL	Non-Preferred Brands
EPIVIR SOLN (QL= 960ml/30 days)	QL	Non-Preferred Brands
EPIVIR TAB 150MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
EPIVIR TAB 300MG (QL= 1 tab/day)	QL	Non-Preferred Brands
EPZICOM TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
INTELENCE TAB 100MG (QL= 4 tabs/day)	QL	Non-Preferred Brands
INTELENCE TAB 200MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
KALETRA SOLN (QL= 480 mL/30 days)	QL-RDX	Non-Preferred Brands
KALETRA TAB 100-25MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
KALETRA TAB 200-50MG (QL= 4 tabs/day)	QL	Non-Preferred Brands
LEXIVA SUSP (QL= 1800ml/30 days)	QL	Non-Preferred Brands
LEXIVA TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands
NORVIR TAB (QL= 12 tabs/day)	QL	Non-Preferred Brands
PREZISTA TAB 600MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
PREZISTA TAB 800MG (QL= 1 tab/day)	QL	Non-Preferred Brands
RETROVIR CAP (QL= 6 caps/day)	QL	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
RETROVIR SYRUP (QL= 1920ml/30 days)	QL	Non-Preferred Brands
RETROVIR TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
REYATAZ CAP 150 MG (QL= 2 caps/day)	QL	Non-Preferred Brands
REYATAZ CAP 200MG (QL= 2 caps/day)	QL	Non-Preferred Brands
REYATAZ CAP 300MG (QL= 1 cap/day)	QL	Non-Preferred Brands
RUKOBIA ER TAB (QL= 60 tabs/30 days)	QL	Non-Preferred Brands
SELZENTRY TAB 150MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
SELZENTRY TAB 300MG (QL= 4 tabs/day)	QL	Non-Preferred Brands
STAVUDINE CAP (QL= 2 caps/day)	QL	Non-Preferred Brands
SUSTIVA TAB	-	Non-Preferred Brands
SYMFI (LO) TAB	-	Non-Preferred Brands
TRIZIVIR TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
TRUVADA TAB (QL= 30 tabs/30 days)	QL	Non-Preferred Brands
VIRAMUNE SUSP (QL= 1200ml/30 days)	QL	Non-Preferred Brands
VIRAMUNE TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
VIRAMUNE XR TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
VIREAD TAB (QL= 1 tab/day)	QL	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
ZERIT CAP (QL= 2 caps/day)	QL	Non-Preferred Brands
ZIAGEN SOLN (QL= 960ml/30 days)	QL	Non-Preferred Brands
ZIAGEN TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
APTIVUS CAP (QL= 4 caps/day)	QL	Preferred Brands
APTIVUS SOLN (QL= 380ml/30 days)	QL	Preferred Brands
BIKTARVY TAB (QL= 1 tab/day)	QL	Preferred Brands
CIMDUO TAB	-	Preferred Brands
CRIXIVAN CAP	-	Preferred Brands
DELSTRIGO TAB	-	Preferred Brands
DESCOVY TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands
DIDANOSINE DR CAP (QL= 2 caps/day)	QL	Preferred Brands
DOVATO TAB (QL= 1 tab/day)	QL	Preferred Brands
EMTRIVA SOLN (QL= 850ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands
EVOTAZ TAB (QL= 1 tab/day)	QL	Preferred Brands
FUZEON INJ	-	Preferred Brands
GENVOYA TAB (QL= 1 tab/day)	QL	Preferred Brands
INTELENCE TAB (QL= 4 tabs/day)	QL	Preferred Brands
INTELENCE TAB 25MG (QL= 4 tabs/day)	QL	Preferred Brands
INVIRASE CAP (QL= 10 caps/day)	QL	Preferred Brands
INVIRASE TAB (QL= 4 tabs/day)	QL	Preferred Brands
ISENTRESS (HD) TAB (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands
ISENTRESS CHEW TAB (QL= 6 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands
ISENTRESS POWDER PACK (QL= 2 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP	QL-RDX	Preferred Brands
JULUCA TAB (QL= 1 tab/day)	QL	Preferred Brands

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
KALETRA TAB 100-25MG (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands
KALETRA TAB 200-50MG (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands
NEVIRAPINE ER TAB (QL= 3 tabs/day)	QL	Preferred Brands
NEVIRAPINE SUSP (QL= 1200ml/30 days)	QL	Preferred Brands
NORVIR CAP (QL= 12 caps/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands
NORVIR POWDER PACK (QL= 12 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands
NORVIR SOLN (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands
ODEFSEY TAB (QL= 1 tab/day)	QL	Preferred Brands
PIFELTRO TAB	-	Preferred Brands
PREZCOBIX TAB (QL= 1 tab/day)	QL	Preferred Brands
PREZISTA SUSP (QL= 400ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands
PREZISTA TAB (QL= 1 tab/day)	QL	Preferred Brands
PREZISTA TAB 150MG (QL= 8 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands
PREZISTA TAB 600MG (QL= 2 tabs/day)	QL	Preferred Brands
PREZISTA TAB 75MG (QL= 16 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands
RESCRIPTOR TAB	-	Preferred Brands
REYATAZ POWDER PACK (QL= 5 packets/day)	QL	Preferred Brands
SELZENTRY SOLN (QL= 31ml/day)	QL	Preferred Brands
SELZENTRY TAB 150MG (QL= 2 tabs/day)	QL	Preferred Brands
SELZENTRY TAB 25MG (QL= 4 tabs/day)	QL	Preferred Brands
SELZENTRY TAB 300MG (QL= 4 tabs/day)	QL	Preferred Brands
SELZENTRY TAB 75MG (QL= 2 tabs/day)	QL	Preferred Brands
STRIBILD TAB (QL= 1 tab/day)	QL	Preferred Brands
SYMTUZA TAB	-	Preferred Brands
TIVICAY PD TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands
TIVICAY TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands

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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
ANTIVIRALS Cont.		
TRIUMEQ PD TAB (QL= 6 tabs/day)	QL	Preferred Brands
TRIUMEQ TAB (QL= 1 tab/day)	QL	Preferred Brands
TYBOST TAB	-	Preferred Brands
VIDEX SOLN (QL= 600ml/30 days)	QL	Preferred Brands
VIRACEPT TAB	-	Preferred Brands
VIREAD POWDER (No deductible, coinsurance or other UM edits when used for PEP / PrEP)	RDX	Preferred Brands
VIREAD TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Brands
EDURANT PED TAB (QL= 6 tabs/day)	AMSP-QL	Preferred Specialty
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
abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days)	QL	Select
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	QL	Select
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day)	QL	Select
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	QL	Select
atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Select
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Select
atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day)	QL	Select
darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Select
darunavir tab 800mg (PREZISTA equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Select
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	QL	Select
EFAVIRENZ CAP	-	Select
efavirenz tab (SUSTIVA equiv)	-	Select
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	Select
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	Select
EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB (QL= 1 tab/day)	QL	Select
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Select
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	Select
emtricitabine-rilpivirine-tenofovir df tab (COMPLERA equiv) (QL= 1 tab/day)	QL	Select
etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day)	QL	Select
etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day)	QL	Select
fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day)	QL	Select
lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days)	QL	Select
lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day)	QL	Select
lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day)	QL	Select
lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Select

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Select
lopinavir-ritonavir tab 100-25mg (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Select
lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Select
maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 tabs/day)	QL	Select
maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 tabs/day)	QL	Select
nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day)	QL	Select
nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day)	QL	Select
rilpivirine hcl tab (EDURANT equiv) (QL= 1 tab/day)	QL	Select
ritonavir tab (NORVIR equiv) (QL= 12 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Select
stavudine cap (ZERIT equiv) (QL= 2 caps/day)	QL	Select
tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Select
zidovudine cap (RETROVIR equiv) (QL= 6 caps/day)	QL	Select
zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days)	QL	Select
zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day)	QL	Select
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK (QL= 11 tabs/5 days)	QL	Preferred Brands
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 12 years or older)	QL	Preferred Brands
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; Covered for members age 12 years or older)	QL	Preferred Brands
PAXLOVID TAB 150-100MG (QL= 20 tabs/90 days, 1 fill/90 days; Covered for members age 12 years or older)	QL	Preferred Brands
PAXLOVID TAB 300-100 (QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 12 years or older)	QL	Preferred Brands
PAXLOVID TAB 300-100MG (QL= 30 tabs/90 days, 1 fill/90 days; Covered for members age 12 years or older)	QL	Preferred Brands
CMV AGENTS		
LIVTENCITY TAB (QL= 112 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
PREVYMIS PAK (QL= 1 packet/day)	AMSP-PA-QL	Non-Preferred Specialty
PREVYMIS TAB	AMSP-PA	Non-Preferred Specialty
valganciclovir soln (VALCYTE equiv)	-	Select
valganciclovir tab (VALCYTE equiv)	-	Select
HEPATITIS AGENTS		
adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day)	AMSP-QL	Generic Specialty
lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
RIBAVIRIN CAP	AMSP	Generic Specialty
ribavirin cap (REBETOL equiv)	AMSP	Generic Specialty
RIBAVIRIN TAB	AMSP	Generic Specialty
BARACLUDE TAB (QL= 1 tab/day)	QL	Non-Preferred Specialty
DAKLINZA TAB (Only available through Lumicera 855-847-3553)	LMSP-PA	Non-Preferred Specialty
EPCLUSA PAK (QL= 1 packet/day)	AMSP-PA-QL	Non-Preferred Specialty
EPCLUSA TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty
EPIVIR HBV TAB (QL= 1 tab/day)	AMSP-QL	Non-Preferred Specialty
HARVONI PELLET PAK (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HARVONI TAB (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HEPCLUDEX INJ (QL= 30 inj/30 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
HEPSERA TAB (QL= 1 tab/day)	AMSP-QL	Non-Preferred Specialty
MODERIBA TAB	AMSP-PA	Non-Preferred Specialty
OLYSIO CAP (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
SOVALDI PELLET PAK	AMSP	Non-Preferred Specialty
SOVALDI TAB (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty
TECHNIVIE TAB (QL= 1 pack/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
VIEKIRA PAK TAB (QL= 4 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Non-Preferred Specialty

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
VIEKIRA XR TAB (QL= 3 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Non-Preferred Specialty
ZEPATIER TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty
BARACLUDE SOLN (QL= 630ml/30 days)	AMSP-PA-QL	Preferred Specialty
EPIVIR HBV SOLN (QL= 720ml/30 days)	AMSP-QL	Preferred Specialty
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
MAVYRET PAK (QL= 5 packets/day)	AMSP-QL	Preferred Specialty
MAVYRET TAB (QL= 3 tabs/day)	AMSP-QL	Preferred Specialty
PEGASYS INJ	AMSP-PA	Preferred Specialty
PEG-INTRON INJ (Only available through Lumicera 855-847-3553)	LMSP	Preferred Specialty
REBETOL SOLN	AMSP	Preferred Specialty
RIBAPAK TAB (Step Therapy requires trial of ribavirin)	AMSP-ST	Preferred Specialty
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
TYZEKA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
VEMLIDY TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
VOSEVI TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	Select
HERPES AGENTS		
SITAVIG TAB (QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir)	QL-ST	Non-Preferred Brands
acyclovir cap (ZOVIRAX equiv)	-	Select
acyclovir susp (ZOVIRAX equiv)	-	Select
acyclovir tab (ZOVIRAX equiv)	-	Select
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select
famciclovir tab 500mg (FAMVIR equiv) (QL= 42 tabs/fill, 2 fills/month)	QL	Select
valacyclovir tab (VALTREX equiv)	-	Select
HUMAN PAPILLOMAVIRUS (HPV) AGENTS		
PAPZIMEOS INJ	-	EXC
INFLUENZA AGENTS		
TAMIFLU CAP 30MG (QL= 40 caps/183 days)	QL	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
TAMIFLU CAP 45MG (QL= 40 caps/183 days)	QL	Non-Preferred Brands
TAMIFLU CAP 75MG (QL= 20 caps/183 days)	QL	Non-Preferred Brands
TAMIFLU SUSP (QL= 360ml/183 days)	QL	Non-Preferred Brands
XOFLUZA TAB (QL= 2 tabs/120 days)	QL	Non-Preferred Brands
XOFLUZA TAB THERAPY PACK 40MG (QL= 2 tabs/120 days)	QL	Non-Preferred Brands
XOFLUZA TAB THERAPY PACK 80MG (QL= 2 tabs/120 days)	QL	Non-Preferred Brands
RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month)	QL	Preferred Brands
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Select
oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Select
oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days)	QL	Select
oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days)	QL	Select
RIMANTADINE TAB	-	Select
MISC. ANTIVIRALS		
LAGEVRIO CAP 200MG (QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older)	QL	Preferred Brands
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	Preventive
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
RIBAVIRIN INH	-	EXC
ribavirin inh soln (VIRAZOLE equiv)	-	EXC
ASSORTED CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB	-	Preferred Brands
HOMEOPATHIC PRODUCTS		
STREPTOCOCCINUM MIS	-	EXC
IMMUNOMODULATORS		
THALOMID CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-QL	Preferred Specialty
IMMUNOSUPPRESSIVE AGENTS		
cyclosporine cap (SANDIMMUNE equiv)	-	High Cost Generics
sirolimus tab (RAPAMUNE equiv)	-	High Cost Generics

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ASSORTED CLASSES Cont.		
SANDIMMUNE SOLN 100MG/ML	-	Non-Preferred Brands
ENVARSUS XR TAB (Step therapy requires trial of tacrolimus IR capsules)	ST	Preferred Brands
azathioprine tab (IMURAN equiv)	-	Select
cyclosporine modified cap (NEORAL equiv)	-	Select
cyclosporine modified soln (NEORAL equiv)	-	Select
mycophenolate DR tab (MYFORTIC equiv)	-	Select
mycophenolate mofetil cap (CELLCEPT equiv)	-	Select
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	Select
mycophenolate mofetil tab (CELLCEPT equiv)	-	Select
tacrolimus cap (PROGRAF equiv)	-	Select
MISC NATURAL PRODUCTS		
AKKERFLOW CAP	-	EXC
POTASSIUM REMOVING RESINS		
sodium polystyrene powder (KAYEXALATE equiv)	-	High Cost Generics
sodium polystyrene susp (SPS equiv)	-	High Cost Generics
VELTASSA POWDER (QL= 1 packet/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma)	QL-ST	Non-Preferred Brands
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
LABETALOL HCL IV SOLN	-	EXC
carvedilol phosphate ER cap (COREG CR equiv)	-	High Cost Generics
labetalol hcl tab 400mg (QL= 2 tabs/day; ST req 2: labetalol (100,200,300mg), atenolol, metopro-, bisopro-, nado-, proprano-, carvedilol IR)	QL-ST	High Cost Generics
labetalol tab (NORMODYNE equiv)	-	Select
carvedilol tab (COREG equiv)	-	Value
BETA BLOCKERS CARDIO-SELECTIVE		
RAPIBLYK INJ	-	EXC
BISOPROLOL FUMARATE TAB (QL= 8 tabs/day; ST req trial of bisoprolol 5/10mg tab, atenolol tab, metoprolol succ tab, AND acebutolol cap)	QL-ST	Non-Preferred Brands
BYSTOLIC TAB (QL= 1 tab/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol)	QL-ST	Non-Preferred Brands
BYSTOLIC TAB 20MG (QL= 2 tabs/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol cap)	QL-ST	Non-Preferred Brands
KAPSPARGO CAP	-	Non-Preferred Brands
LOPRESSOR SOLN (QL= 1200mL/30 days; ST req trial of 2: atenolol, bisoprol, metoprol, nadolol, propranol soln/tab, labetal, carved)	QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
METOPROLOL TARTRATE TAB (QL= 60 tabs/30 days; ST req trial of 1: carvedilol, metoprolol succ, metoprolol tart 25/37.5/50/75/100mg, bisoprolol)	QL-ST	Non-Preferred Brands
acebutolol cap (SECTRAL equiv)	-	Select
betaxolol tab (KERLONE equiv)	-	Select
bisoprolol tab (ZEBETA equiv)	-	Select
nebivolol hcl tab (BYSTOLIC equiv) (QL= 1 tab/day)	QL	Select
atenolol tab (TENORMIN equiv)	-	Value
metoprolol ER tab (TOPROL XL equiv)	-	Value
metoprolol tab (LOPRESSOR equiv)	-	Value
BETA BLOCKERS NON-SELECTIVE		
HEMANGEOL ORAL SOLN 4.28MG/ML	-	Non-Preferred Brands
HEMANGEOL SOLN 4.28MG/ML	-	Non-Preferred Brands
INDERAL XL CAP, INNOPRAN XL CAP	-	Non-Preferred Brands
SOTYLIZE SOLN	-	Non-Preferred Brands
nadolol tab (CORGARD equiv)	-	Select
pindolol tab (VISKEN equiv)	-	Select
propranolol ER cap (INDERAL LA equiv)	-	Select
propranolol oral soln	-	Select
PROPRANOLOL SOLN	-	Select
propranolol tab (INDERAL equiv)	-	Select
sotalol AF tab (BETAPACE AF equiv)	-	Select
sotalol tab (BETAPACE equiv)	-	Select
TIMOLOL MAL TAB	-	Select
timolol maleate tab (BLOCADREN equiv)	-	Select
BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SL TAB (QL= 30 tabs/30 days)	QL	Preferred Brands
ORALAIR SL TAB (QL= 30 tabs/30 days)	QL	Preferred Brands
RAGWITEK SL TAB (QL= 30 tabs/30 days)	QL	Preferred Brands
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKER COMBINATIONS		
CONSENSI TAB (QL= 30 tabs/30 days; Step Therapy requires trial of amlodipine and celecoxib)	QL-ST	Non-Preferred Brands
CALCIUM CHANNEL BLOCKERS		
DILTIAZEM INJ	-	EXC

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CALCIUM CHANNEL BLOCKERS Cont.		
nicardipine hcl iv soln	-	EXC
NICARDIPINE INJ	-	EXC
NICARDIPINE SOLN	-	EXC
verapamil inj	-	EXC
nimodipine cap (NIMOTOP equiv)	-	High Cost Generics
nisoldipine ER tab (SULAR equiv)	-	High Cost Generics
verapamil SR cap (VERELAN equiv) (Step Therapy requires trial of verapamil ER tab (generic Calan))	ST	High Cost Generics
CARDAMYST NASAL SPRAY (QL= 2 devices/28 days; 6 fills/year)	PA-QL	Non-Preferred Brands
CONJUPRI TAB, LEVAMLODIPINE TAB (QL= 1 tab/day; Step therapy requires trial of 2: nifedipine IR/ER, felodipine ER, nicardipine, isradipine, amlodipine)	QL-ST	Non-Preferred Brands
KATERZIA SUSP (Step Therapy requires trial of amlodipine)	ST	Non-Preferred Brands
NISOLDIPINE ER TAB (QL= 1 tab/day; ST req trial of 2: amlodipine, nicardipine, nifedipine, felodipine, diltiazem, verapamil tab)	QL-ST	Non-Preferred Brands
NORLIQVA ORAL SOLN (QL= 300ml/30 days)	QL	Non-Preferred Brands
NYMALIZE SOLN	-	Non-Preferred Brands
SDAMLO SOLN (QL= 3 units/30 days; Step requires trial of amlodipine tablet)	QL-ST	Non-Preferred Brands
SULAR ER TAB 17MG (QL= 2 tabs/day; ST req trial of 2: amlodipine, nicardipine, nifedipine, felodipine, diltiazem, verapamil tab)	QL-ST	Non-Preferred Brands
SULAR ER TAB 8.5MG (QL= 2 tabs/day; ST req trial of 2: amlodipine, nicardipine, nifedipine, felodipine, diltiazem, verapamil tab)	QL-ST	Non-Preferred Brands
VERAPAMIL CAP ER (QL= 1 cap/day; Step requires trial of verapamil ER tablets (generic Calan) AND diltiazem ER capsules)	QL-ST	Non-Preferred Brands
VERAPAMIL ER CAP (QL= 1 cap/day; Step requires trial of verapamil ER tablets (generic Calan) AND diltiazem ER capsules)	QL-ST	Non-Preferred Brands
VERELAN CAP	-	Non-Preferred Brands
diltiazem ER cap (CARDIZEM CD equiv)	-	Select
diltiazem ER cap (CARDIZEM SR equiv)	-	Select
diltiazem ER cap (DILACOR XR equiv)	-	Select
diltiazem ER cap (TIAZAC equiv)	-	Select
diltiazem ER tab (CARDIZEM LA equiv)	-	Select

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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
CALCIUM CHANNEL BLOCKERS Cont.		
diltiazem tab (CARDIZEM equiv)	-	Select
felodipine ER tab (PLENDIL equiv)	-	Select
isradipine cap (DYNACIRC equiv)	-	Select
nicardipine cap (CARDENE equiv)	-	Select
nifedipine cap (PROCARDIA equiv)	-	Select
nifedipine ER tab (ADALAT CC equiv)	-	Select
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	Select
verapamil tab (CALAN equiv)	-	Select
amlodipine tab (NORVASC equiv)	-	Value
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin soln (LANOXIN equiv)	-	High Cost Generics
DIGOXIN SOLN	-	Non-Preferred Brands
LANOXIN INJ 0.1MG/ML	-	Non-Preferred Brands
LANOXIN TAB 62.5MCG (QL= 1 tab/day)	QL	Non-Preferred Brands
digoxin tab (LANOXIN equiv)	-	Select
digoxin tab 62.5mcg (LANOXIN equiv) (QL= 1 tab/day)	QL	Select
INOTROPES		
DOBUTAMINE INJ	-	EXC
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS CAP (QL= 1 cap/day; Only available through AllianceRx Walgreens Prime 855-244-2555)	LD-PA-QL	Non-Preferred Specialty
MYQORZO TAB (QL= 30 tabs/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
CARDIOPLEGIC SOLUTIONS		
ADENOCAINE INJ	-	EXC
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine/atorvastatin tab (CADUET equiv) (QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin))	QL-ST	High Cost Generics
BIDIL TAB (QL= 6 tabs/day)	QL	Non-Preferred Brands
CADUET TAB (QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin))	QL-ST	Non-Preferred Brands
ENTRESTO TAB (QL= 60 tabs/30 days)	QL	Non-Preferred Brands

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
OPSYNVI TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
ENTRESTO CAP (QL= 8 caps/day)	QL	Preferred Brands
isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day)	QL	Select
sacubitril-valsartan tab (ENTRESTO equiv) (QL= 60 tabs/30 days)	QL	Select
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS		
LODOCO TAB (QL= 30 tabs/30 days)	PA-QL	Non-Preferred Brands
CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS		
INPEFA TAB (QL= 30 tabs/30 days; Step therapy requires trial of Jardiance and Farxiga)	QL-ST	Non-Preferred Brands
IMPOTENCE AGENTS		
avanafil tab (STENDRA equiv)	-	EXC
STENDRA TAB	-	EXC
VYBRIQUE ORAL FILM	-	EXC
CIALIS TAB (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	Non-Preferred Brands
tadalafil tab (CIALIS equiv) (QL= 1 tab/day)	QL	Select
PERIPHERAL VASODILATORS		
PAPAVERINE INJ	-	EXC
ISOXSUPRINE TAB (QL= 120 tabs/30 days)	QL	Preferred Brands
PROSTAGLANDIN VASODILATORS		
AURLUMYN INJ 100MCG/ML	-	EXC
PROSTIN VR INJ	-	EXC
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
ORENITRAM TAB MONTH PAK (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
REMODULIN INJ 10MG/ML (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty
REMODULIN INJ 1MG/ML (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty

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CARDIOVASCULAR AGENTS - MISC. Cont.		
REMODULIN INJ 2.5MG/ML (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty
REMODULIN INJ 5MG/ML (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty
REMODULIN SOLN 8MG/20ML (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty
YUTREPIA CAP (QL= 5 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
ORENITRAM TAB (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty
TYVASO DPI POWDER 16-32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TYVASO DPI POWDER 48-80MCG (QL = 224 cartridges/28 days)	PA-QL	Preferred Specialty
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG (QL= 224 cartridges/28 days; Only available through CVS Specialt 800-238-7828)	LD-PA-QL	Preferred Specialty
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG (QL= 224 cartridges/28 days; Only available through CVS Specialt 800-238-7828)	LD-PA-QL	Preferred Specialty
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR INJ (QL= 1 kit/21 days; Only available through Accredo 800-803-2523 or Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	Non-Preferred Specialty
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
LETAIRIS TAB (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty

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CARDIOVASCULAR AGENTS - MISC. Cont.		
TRACLEER TAB (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
TRACLEER TAB 62.5MG, 125MG (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	AMSP-PA-QL	Generic Specialty
REVATIO TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands
LIQREV SUSP (QL= 6ml/day; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty
REVATIO SUSP (QL= 224ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty
TADLIQ SUSP (QL= 10ml/day)	AMSP-PA-QL	Non-Preferred Specialty
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	Select
tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day)	QL	Select
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI INJ	-	EXC
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
SEPTAL AGENTS		
ABLYSINOL SOLN	-	EXC
dehydrated alcohol intra-arterial soln (ABLYSINOL equiv)	-	EXC
SINUS NODE INHIBITORS		
CORLANOR TAB (QL= 60 tabs/30 days)	QL	Non-Preferred Brands
CORLANOR SOLN (QL= 450ml/30 days)	QL	Preferred Brands
ivabradine hcl tab (CORLANOR equiv) (QL= 60 tabs/30 days)	QL	Select
TRANSTHYRETIN STABILIZERS		
ATTRUBY PAK (QL= 112 tabs/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
VYNDAMAX CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty

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CARDIOVASCULAR AGENTS - MISC. Cont.		
VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB (QL= 30 tabs/30 days)	QL	Non-Preferred Brands
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
CEFAZOL/DEX SOLN	-	EXC
CEFAZOLIN INJ	-	EXC
CEFAZOLIN INJ DEXTROSE	-	EXC
CEFAZOLIN SODIUM IV SOLN PREF SYRINGE	-	EXC
cephalexin cap 750mg (QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexin 500mg tab/cap)	QL-ST	High Cost Generics
CEFADROXIL TAB	-	Non-Preferred Brands
cefadroxil cap (DURICEF equiv)	-	Select
cefadroxil susp (DURICEF equiv)	-	Select
cefadroxil tab (DURICEF equiv)	-	Select
cephalexin cap (KEFLEX equiv)	-	Select
cephalexin susp (KEFLEX equiv)	-	Select
cephalexin tab	-	Select
CEPHALOSPORINS - 2ND GENERATION		
cefotetan disodium for inj (CEFOTETAN equiv)	-	EXC
CEFOTETAN INJ	-	EXC
CEFACLOR CAP	-	Non-Preferred Brands
CEFACLOR ER TAB	-	Non-Preferred Brands
CEFACLOR SUSP	-	Non-Preferred Brands
cefprozil susp (CEFZIL equiv)	-	Select
cefprozil tab (CEFZIL equiv)	-	Select
cefuroxime tab (CEFTIN equiv)	-	Select
CEPHALOSPORINS - 3RD GENERATION		
CEFTAZIDIME INJ	-	EXC
CEFTRIAXONE INJ	-	EXC
CEFDITOREN TAB	-	Non-Preferred Brands
CEFIXIME TAB (Step therapy requires trial of cefixime capsules and suspension)	ST	Non-Preferred Brands

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DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
SPECTRACEF TAB	-	Non-Preferred Brands
SUPRAX CAP	-	Non-Preferred Brands
SUPRAX CHEW TAB	-	Non-Preferred Brands
SUPRAX SUSP	-	Non-Preferred Brands
cefdinir cap (OMNICEF equiv)	-	Select
cefdinir susp (OMNICEF equiv)	-	Select
cefixime cap (SUPRAX equiv)	-	Select
cefixime susp (SUPRAX equiv)	-	Select
CEFPODOXIME PROXETIL SUSP	-	Select
cefpodoxime proxetil tab (VANTIN equiv)	-	Select
CEPHALOSPORINS - 5TH GENERATION		
ceftaroline fosamil for iv soln (TEFLARO equiv)	-	EXC
TEFLARO INJ	-	EXC
ZEVTERA INJ	-	EXC
CHEMICALS		
BULK CHEMICALS - A'S		
AMLEXANOX (BULK) POWDER	-	EXC
BULK CHEMICALS - E'S		
EFLORNITHINE POWDER	-	EXC
ENCLOMIPHENE POW CITRATE	-	EXC
ERLOTINIB HCL (BULK) POWDER	-	EXC
BULK CHEMICALS - H'S		
HYDROCORTISONE POWDER	-	EXC
HYDROCORTISONE ACETATE POWDER	-	EXC
HYDROCORTISONE POWDER	-	EXC
BULK CHEMICALS - I'S		
IMATINIB MES POW	-	EXC
BULK CHEMICALS - L'S		
LATANOPROST OIL	-	EXC
BULK CHEMICALS - M'S		
MODAFINIL POW	-	EXC
BULK CHEMICALS - P'S		
CASTOR OIL POLY 40	-	EXC
BULK CHEMICALS - R'S		
ROSUVASTATIN POW CALCIUM	-	EXC
BULK CHEMICALS - S'S		
SQUALENE LIQ	-	EXC

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DrugName	Special Code	Tier
CHEMICALS Cont.		
BULK CHEMICALS - T'S		
TRAMETINIB POWDER	-	EXC
XILOGEL POWDER	-	EXC
BULK CHEMICALS - V'S		
VITAMIN A OIL	-	EXC
LIQUIDS		
ETHY ALCOHOL SOL 70% RUB	OTC	EXC
ISOP ALCOHOL SOLN	OTC	EXC
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
BALCOLTRA TAB	-	Non-Preferred Brands
BEYAZ TAB	-	Non-Preferred Brands
FALESSA KIT	-	Non-Preferred Brands
SAFYRAL TAB	-	Non-Preferred Brands
SEASONIQUE TAB (QL= 91 tabs/84 days)	QL	Non-Preferred Brands
YAZ TAB	-	Non-Preferred Brands
amethyst tab (LYBREL equiv)	-	Preventive
ARANELLE TAB	-	Preventive
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	Preventive
AVERI TAB	-	Preventive
cryselle tab	-	Preventive
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	Preventive
enpresse tab (TRI-LEVELEN equiv)	-	Preventive
FEMLYV TAB (QL= 28 tabs/24 days)	QL	Preventive
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	Preventive
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	Preventive
junel FE tab (LOESTRIN FE equiv)	-	Preventive

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
junel tab (LOESTRIN equiv)	-	Preventive
kelnor tab (DEMULEN equiv)	-	Preventive
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	Preventive
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	Preventive
LO LOESTRIN TAB	-	Preventive
mibelas chew tab (MINASTRIN equiv)	-	Preventive
NATAZIA TAB	-	Preventive
NEXTSTELLIS TAB (QL= 28 tabs/24 days)	QL	Preventive
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv)	-	Preventive
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	Preventive
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	Preventive
nortrel tab (OVCON 35 equiv)	-	Preventive
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	Preventive
tri-legest tab (ESTROSTEP FE equiv)	-	Preventive
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	Preventive
TYBLUME TAB	-	Preventive
VALTYA 1/50 TAB	-	Preventive
VELIVET PAK	-	Preventive
velivet tab (CYCLESSA equiv)	-	Preventive
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	Preventive
viorele tab, kariva tab (MIRCETTE equiv)	-	Preventive
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
TWIRLA PATCH	-	Preventive
zafemy patch (XULANE equiv)	-	Preventive
COMBINATION CONTRACEPTIVES - VAGINAL		
NUVARING	-	Non-Preferred Brands

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CONTRACEPTIVES Cont.		
ANNOVERA RING	-	Preventive
eluryng vaginal ring (NUVARING equiv)	-	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 INJ (QL= 1 inj/84 days)	QL	Non-Preferred Brands
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)	-	Preventive
OPILL TAB	-	Preventive
SLYND TAB	-	Preventive
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
BLT-25 KIT	-	EXC
DEXAMETHASONE PHOSPHATE INJ	-	EXC
HEXATRIONE SUSP	-	EXC
KENALOG-10 INJ	-	EXC
triamcinolone acetonide inj susp (KENALOG-10 equiv)	-	EXC
budesonide ER tab (UCERIS equiv)	-	High Cost Generics

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DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
prednisolone ODT (ORAPRED equiv) (Step therapy requires trial of two of the following: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	High Cost Generics
prednisolone tab (MILLIPRED equiv) (Step therapy requires trial of 2: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	High Cost Generics
ALKINDI SPRINKLE CAP	PA	Non-Preferred Brands
DXEVO 11-DAY PAK (Step therapy requires trial of dexamethasone tab/soln)	ST	Non-Preferred Brands
FLO-PRED SUSP	-	Non-Preferred Brands
KHINDIVI SOLN (ST req trial of hydrocortisone tab AND prednisolone soln)	ST	Non-Preferred Brands
MILLIPRED DP PAK	-	Non-Preferred Brands
MILLIPRED TAB	-	Non-Preferred Brands
ORAPRED ODT TAB, PREDNISOLONE ODT TAB (Step therapy requires trial of two of the following: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	Non-Preferred Brands
ORTIKOS ER CAP	-	Non-Preferred Brands
PREDNISONE DR TAB (QL= 3 tabs/day; ST req trial of ALL: prednisone tab, methylprednisolone tab, prednisolone tab)	QL-ST	Non-Preferred Brands
RAYOS TAB	PA	Non-Preferred Brands
SOLU-CORTEF INJ	-	Non-Preferred Brands
AGAMREE SUSP (QL= 225ml/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty
EMFLAZA SUSP (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
EMFLAZA TAB (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
TARPEYO CAP (QL= 120 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
CORTISONE ACETATE TAB	-	Preferred Brands

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DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
DEXAMETHASONE CONC	-	Preferred Brands
DEXAMETHASONE SOLN	-	Preferred Brands
DEXAMETHASONE TAB 20MG (QL= 8 tabs/30 days)	QL	Preferred Brands
DEXPAK TAB (Step Therapy requires trial of dexamethasone)	ST	Preferred Brands
EOHILIA SUS 2MG/10ML (Step therapy requires trial of budesonide vials; Diagnosis Restricted – Eosinophilic esophagitis (K20.0))	RDX-ST	Preferred Brands
HEMADY TAB 20MG (QL= 8 tabs/30 days)	QL	Preferred Brands
PREDNISOLONE SOLN	-	Preferred Brands
SOLU-CORTEF INJ	-	Preferred Brands
deflazacort susp (EMFLAZA equiv) (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty
deflazacort tab (EMFLAZA equiv)	AMSP-PA	Preferred Specialty
budesonide SR cap (ENTOCORT EC equiv)	-	Select
dexamethasone elixir	-	Select
dexamethasone pak (DEXPAK equiv)	-	Select
dexamethasone tab (DEXAMETHASONE equiv)	-	Select
hydrocortisone sodium succinate pf for inj (SOLU-CORTEF equiv)	-	Select
hydrocortisone tab (CORTEF equiv)	-	Select
methylprednisolone dose pack (MEDROL equiv)	-	Select
methylprednisolone tab (MEDROL equiv)	-	Select
prednisolone soln	-	Select
prednisolone soln (PEDIAPRED equiv)	-	Select
prednisone pack	-	Select
PREDNISONE SOLN	-	Select
prednisone tab (DELTASONE equiv)	-	Select
MINERALOCORTICOIDS		
fludrocortisone tab (FLORINEF equiv)	-	Select
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
dextromethorphan hbr cap	OTC	EXC
DEXTROMETHORPHAN HBR CHEW TAB	-	EXC
dextromethorphan hbr liquid	OTC	EXC
dextromethorphan hbr lozenge	OTC	EXC
dextromethorphan polistirex extended release susp	OTC	EXC
FATHER JOHNS SYP	OTC	EXC
HYCODAN SYRUP	-	Non-Preferred Brands
BENZONATATE CAP (QL= 3 caps/day)	QL	Select
benzonatate cap (TESSALON equiv)	QL--	Select

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COUGH/COLD/ALLERGY Cont.		
hydrocodone/homatropine syrup (HYCODAN equiv)	-	Select
tussigon tab (HYCODAN equiv)	-	Select
COUGH/COLD/ALLERGY COMBINATIONS		
acetaminophen w/ dm liq	OTC	EXC
ACETAMINOPHEN W/ DM LIQUID	OTC	EXC
ALAHIST DM LIQ	OTC	EXC
ALAHIST DM LIQUID	OTC	EXC
ALKA-SELTZER PAK PLUS	-	EXC
ALLEGRA-D TAB	-	EXC
ALLERGY CONGESTION TAB	-	EXC
BENADRYL SOLN CHILD	OTC	EXC
BROMFED DM SYRUP	-	EXC
brompheniramine and phenylephrine liqd	OTC	EXC
brompheniramine-dextromethorphan liquid	OTC	EXC
cetirizine/pseudoepherine tab 5-120mg	-	EXC
chlorpheniramine-acetaminophen tab	OTC	EXC
chlorpheniramine-dm tab	OTC	EXC
chlorpheniramine-phenylephrine-asa effer tab	OTC	EXC
CLARINEX-D TAB	-	EXC
CLARINEX-D TAB 12 HOUR	-	EXC
CLARITIN-D TAB 10-240MG	-	EXC
CLARITIN-D TAB 5-120MG	-	EXC
COLD/COUGH LIQ CHLD NGT	OTC	EXC
CONEX COLD/ SOL ALLERGY	OTC	EXC
CPB WC LIQUID	-	EXC
DECON-A LIQUID	OTC	EXC
DELTUSS DMX LIQUID	OTC	EXC
dexbrompheniramine and pseudoephedrine tab	OTC	EXC
dexbrompheniramine-acetaminophen tab	OTC	EXC
dexchlorpheniramine-phenylephrine tab (RYMED equiv)	OTC	EXC
dextromethorphan-apap-chlorpheniramine tab	OTC	EXC
dextromethorphan-doxylamine-apap liquid	OTC	EXC
dextromethorphan-gg w/ apap liquid (ROBITUSSIN equiv)	OTC	EXC
dextromethorphan-guaifenesin liquid	OTC	EXC
dextromethorphan-guaifenesin liquid 20-200mg/20ml (ROBITUSSIN equiv)	-	EXC
dextromethorphan-guaifenesin syrup	OTC	EXC
dextromethorphan-guaifenesin tab er 12hr	OTC	EXC
dextromethorphan-phenylephrine-apap powd pack	OTC	EXC
dextromethorphan-phenylephrine-apap tab	OTC	EXC
dextromethorphan-pyrilamine liquid	OTC	EXC
DIMETAPP LIQUID	-	EXC
diphenhydramine-acetaminophen powder packet	OTC	EXC
diphenhydramine-phenylephrine tab	-	EXC
diphenhydramine-phenylephrine-apap liquid (DIMETAPP equiv)	-	EXC
diphenhydramine-phenylephrine-apap packet	OTC	EXC
dm-gg liqd and doxylamine-dm liqd day/night ther pack	OTC	EXC
dm-gg liqd and pe-diphenhyd-apap liqd therapy pack	OTC	EXC

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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
dm-gg soln and chlorpheniramine-dm soln day/night ther pack	OTC	EXC
DOXYLAMINE-DM CHEW TAB	-	EXC
doxylamine-dm liqd ther pack	OTC	EXC
doxylamine-dm liquid	OTC	EXC
DURATUSS AC LIQ	OTC	EXC
DURATUSS DM LIQ	OTC	EXC
ED A-HIST LIQ	OTC	EXC
fexofenadine/pseudoephedrine tab 60-120mg	-	EXC
fexofenadine-pseudoephedrine tab er 24hr	OTC	EXC
G HIST FORTE TAB	-	EXC
G-HIST PE TAB	-	EXC
GLENTUSS LIQUID	-	EXC
guaifenesin-DM oral liquid 10-100mg/5ml (ROBITUSSIN equiv)	-	EXC
HISTANAZ TAB	OTC	EXC
HYCOFENIX SOLN	-	EXC
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv)	-	EXC
loratadine/pseudoepherine tab 10-240mg	-	EXC
loratadine/pseudoepherine tab 5-120mg	-	EXC
LORTUSS DM LIQUID	-	EXC
MEDI-FIRST TAB SINUS	OTC	EXC
MUCINEX CAP DAY/NITE	-	EXC
MUCINEX CHILD PAK COUGH	-	EXC
MUCINEX COLD/FLU CAP	OTC	EXC
NEOTUSS LIQUID	OTC	EXC
pe-apap cap/doxylamine-pe-apap cap therapy pack	OTC	EXC
PECGEN PSE LIQUID	-	EXC
PEDIACARE MS LIQ COLD	-	EXC
PEDIATEX TDM SUSP	-	EXC
pe-dm-apap - pe-cpm-dm-apap tab day/night therapy pack	OTC	EXC
pe-dm-gg-apap - pe-doxylamine-dm-apap liqd ther pack	OTC	EXC
pe-dm-gg-apap cap - pe-doxyl-dm-apap cap therapy pack	OTC	EXC
pe-dm-gg-apap tab - pe-chlorphen-dm-apap tab therapy pack	OTC	EXC
phenyleph-chlorphen-dm w/apap susp	OTC	EXC
phenyleph-dm-apap - phenyleph-diphenhyd-apap packet ther pak	OTC	EXC
phenylephrine w/ dm-gg liqd	OTC	EXC
PHENYLEPHRINE W/ DM-GG TAB	OTC	EXC
phenylephrine-apap-gg tab	OTC	EXC
phenylephrine-chlorphen-dm liquid	OTC	EXC
phenylephrine-chlorphen-dm tab	OTC	EXC
phenylephrine-dexbrompheniramine-dm liquid (ALAHIST equiv)	OTC	EXC
phenylephrine-dm-gg w/ apap cap	OTC	EXC
phenylephrine-dm-gg w/ apap liq	OTC	EXC
phenylephrine-dm-gg w/ apap tab	OTC	EXC
PHENYLEPHRINE-DOXYLAMINE-DM LIQUID	-	EXC
phenylephrine-doxylamine-dm-apap liq	OTC	EXC
phenylephrine-guaifenesin liqd	OTC	EXC
phenylephrine-guaifenesin tab	OTC	EXC

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COUGH/COLD/ALLERGY Cont.		
phenylephrine-ibuprofen tab	OTC	EXC
PHENYLEPH-TRIPROLIDINE-DM LIQUID	-	EXC
POLYTUSSIN LIQ DM	OTC	EXC
pseudoephedrine w/ dm-gg liquid	OTC	EXC
pseudoephedrine/brompheniramine/DM syrup (DALLERGY DM equiv)	-	EXC
pseudoephedrine-dexchlorpheniramine-dm liquid (ABATUSS DMX equiv)	OTC	EXC
pseudoephedrine-guaifenesin tab er 12hr	OTC	EXC
pseudoephedrine-ibuprofen cap	OTC	EXC
pseudoephedrine-naproxen sodium tab er 12hr	OTC	EXC
ROBITUSSIN LIQ SEVERE	OTC	EXC
SB FLU HBP TAB	OTC	EXC
SEMPREX-D CAP 8-60MG	-	EXC
THERAFLU FLU PAK DAY/NIGH	OTC	EXC
THERAFLU FLU PAK NIGHTTME	-	EXC
THERAFLU FLU TAB DAY/NIGH	OTC	EXC
THERAFLU PAK SEV COLD	OTC	EXC
THERAFLU SEV CHW	OTC	EXC
THERAFLU SEV MIS COLD REL	OTC	EXC
THERAFLU SEV PAK COLD RLF	-	EXC
THERAFLU-D PAK SVR CLD	OTC	EXC
TRIPONEL SOLN	-	EXC
TRIPROLIDINE-DEXTROMETHORPHAN LIQUID	OTC	EXC
TUSNEL C SYRUP	-	EXC
TUSNEL SYRUP	-	EXC
TUSSIN COUGH LIQUID DM	-	EXC
TYLENOL COLD FLU SEVERE PAK	OTC	EXC
VANACOF 2 SOL 12.5-1MG	-	EXC
VANACOF CP LIQ	-	EXC
VANACOF LIQUID	-	EXC
VICKS DAYQIL CAP /NYQIL-D	OTC	EXC
WAL-TUSSIN CF LIQUID	OTC	EXC
ZYRTEC-D TAB 5-120MG	-	EXC
ACTINEL PEDIATRIC LIQUID (QL= 2400ml/30 days)	QL	Non-Preferred Brands
MUCINEX LIQUID	-	Non-Preferred Brands
OBREDON SOLN (QL= 1800ml/30 days)	QL	Non-Preferred Brands
POLY-TUSSIN DM SYRUP	-	Non-Preferred Brands
TUSSICAPS (QL= 20 caps/fill, 2 fills/30 days)	QL	Non-Preferred Brands

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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
TUXARIN ER TAB (QL= 20 tabs/fill, 2 fills/30 days)	QL	Non-Preferred Brands
TUZISTRA XR SUSP (QL= 120ml/fill, 2 fills/30 days)	QL	Non-Preferred Brands
ACTINEL LIQUID (QL= 1200ml/30 days)	QL	Preferred Brands
CAPMIST DM TAB (QL= 4 tabs/day)	QL	Preferred Brands
CODITUSSIN LIQUID DAC (QL= 1200ml/30 days)	QL	Preferred Brands
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month)	OTC-QL	Preferred Brands
LORTUSS LIQUID (QL= 1200ml/30 days)	QL	Preferred Brands
MAR-COF CG LIQUID (QL= 473ml/month)	QL	Preferred Brands
M-END DMX LIQUID (QL= 1800ml/30 days)	QL	Preferred Brands
NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days)	QL	Preferred Brands
STAHIST AD TAB 25-60MG (QL= 4 tabs/day)	QL	Preferred Brands
cold/allergy elx children (QL= 2400ml/30 days)	QL	Select
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month)	OTC-QL	Select
HYD POL/CPM SUSP (QL= 10ml/day)	QL	Select
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	Select
ibuprofen tab cold/sinus (QL= 240 tabs/30 days)	QL	Select
LORTUSS EX LIQUID (QL= 1200ml/30 days)	QL	Select
promethazine DM syrup	-	Select
PROMETHAZINE VC SYRUP (QL= 30ml/day)	QL	Select
promethazine VC syrup (PHENERGAN VC equiv)	QL--	Select
PROMETHAZINE VC/CODEINE SYRUP	-	Select
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	Select
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	Select
triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day)	QL	Select
trispec pse liquid (QL= 1200ml/30 days)	OTC-QL	Select
tussin cf liquid (QL= 1200ml/30 days)	QL	Select
EXPECTORANTS		
guaifenesin tab er	OTC	EXC
POT IODIDE SOLN	-	EXC
MUCINEX TAB	-	Non-Preferred Brands
MISC. RESPIRATORY INHALANTS		
aromatic inhalants - inhalant	OTC	EXC
aromatic inhalants - ointment	OTC	EXC
camphor inhalant liquid	OTC	EXC

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COUGH/COLD/ALLERGY Cont.		
camphor-eucalyptus-menthol - oint	OTC	EXC
HYPERSAL NEB	-	Select
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	Select
DERMATOLOGICALS		
ACNE PRODUCTS		
adapalene gel	OTC	EXC
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	EXC
ADAPALENE/BENZOYL PEROXIDE PAD	-	EXC
ADAPALENE/BENZOYL PEROXIDE/NIACINAMIDE GEL	-	EXC
adapalene-benzoyl peroxide gel 0.3-2.5% (EPIDUO equiv)	-	EXC
AVAR AEROSOL FOAM	-	EXC
AVAR GEL	-	EXC
AVAR PAD	-	EXC
BENZ PER- HC LOT	-	EXC
BENZAC AC WASH LIQUID	-	EXC
BENZACLIN GEL	-	EXC
BENZAMYCIN GEL	-	EXC
BENZAMYCIN GEL PACK	-	EXC
BENZIQ LS GEL	-	EXC
BENZOYL PEROXIDE CLOTH	-	EXC
benzoyl peroxide cream	OTC	EXC
benzoyl peroxide foam (DAYLOGIC equiv)	OTC	EXC
benzoyl peroxide gel	-	EXC
benzoyl peroxide gel 2.5%	OTC	EXC
benzoyl peroxide liq	OTC	EXC
BENZOYL PEROXIDE LOTION	--OTC	EXC
benzoyl peroxide wash kit	-	EXC
BP 10-1 EMU	-	EXC
CLARIFOAM EF FOAM	-	EXC
CLENIA PLUS SUSP	-	EXC
CLINDACIN KIT	-	EXC
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	EXC
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	--OTC	EXC
CLINDAVIX KIT	-	EXC
DEOXIATAR SOLN	-	EXC
DIADIMAXIA, DIASDIMAXIA CREAM	-	EXC
DIAOXIA, DIASOXIA CREAM	-	EXC
DIASAXIATAR CREAM	-	EXC
DIASAXIATAR GEL	-	EXC
EPIDUO FORTE GEL 0.3-2.5%	-	EXC
EPIDUO GEL 0.1-2.5%	-	EXC
EPSOLAY CREAM	-	EXC
erythromycin/benzoyl peroxide gel	-	EXC
FLUOXIA CREAM	-	EXC
INZDEAXIAVAR GEL	-	EXC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
LIQUIMAT LOT	-	EXC
LOUNZDOMDIOX PAK	-	EXC
MELZARA CREAM	-	EXC
NIACINAMIDE/SULFACETAMIDE CREAM	-	EXC
NIACINAMIDE-TRETINOIN GEL	-	EXC
NUCARARXPAK KIT	-	EXC
ONZDEAXIADEM GEL	-	EXC
ONZDEAXIAZAR GEL	-	EXC
OXIAICE LOTION	-	EXC
PLEXION CREAM	-	EXC
PLEXION LOTION	-	EXC
PLEXION SCT CREAM	-	EXC
PRASCION RA CREAM	-	EXC
RIAX FOAM	-	EXC
ROSULA EMULSION	-	EXC
ROSULA GEL	-	EXC
SALICYLIC ACID/SULFACETAMIDE SUSP	-	EXC
SOD SUL/SULF LIQ	-	EXC
SOD SUL/SULF SUSP	-	EXC
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	EXC
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	EXC
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	EXC
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	EXC
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	EXC
sodium sulfacetamide/sulfur kit (ROSANIL KIT equiv)	-	EXC
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	EXC
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	EXC
sodium sulfacetamide/sulfur wash (SUMAXIN WASH equiv)	-	EXC
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	EXC
sulfur bar	OTC	EXC
SULFUR/RESOR LOTION	OTC	EXC
SUMADAN KIT, SUMAXIN KIT	-	EXC
SUMADAN XLT KIT	-	EXC
SUMAXIN WASH	-	EXC
TRETIN-X KIT	-	EXC
TWYNEO CREAM	OTC	EXC
clindamycin foam (EVOCLIN equiv) (QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	High Cost Generics
clindamycin/tretinoin gel (ZIANA equiv) (QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin)	QL-ST	High Cost Generics
dapsone gel (ACZONE equiv) (QL= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	High Cost Generics
RETIN-A MICRO GEL, RETIN-A MICRO GEL PUMP (QL= 300g/30 days; ST req trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	High Cost Generics
tretinoin gel (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	High Cost Generics

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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
DERMATOLOGICALS Cont.		
ABSORICA CAP (Step Therapy requires trial of amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, or zenatane cap)	ST	Non-Preferred Brands
ABSORICA LD CAP (QL= 2 caps/day)	QL	Non-Preferred Brands
ACZONE GEL 5% (QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide)	QL-ST	Non-Preferred Brands
ACZONE GEL 7.5% (QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide)	QL-ST	Non-Preferred Brands
ADAPALENE SOLN (QL= 360mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream)	QL-ST	Non-Preferred Brands
AKLIEF CREAM (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands
ALTRENO LOTION (QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream)	QL-ST	Non-Preferred Brands
AMZEEQ FOAM (QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Non-Preferred Brands
ARAZLO LOTION (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands
ATRALIN GEL 0.05% (QL= 360g/30 days)	QL	Non-Preferred Brands
AZELEX CREAM (QL= 300g/30 days; ST req trial of 2: adapalene, tretinoin, clindamycin, erythromycin, azelaic acid 15% gel)	QL-ST	Non-Preferred Brands
CABTREO GEL	-	Non-Preferred Brands
CLEOCIN-T GEL (QL= 360g/30 days)	QL	Non-Preferred Brands
DIFFERIN CREAM (QL= 360g/30 days)	QL	Non-Preferred Brands
DIFFERIN GEL (QL= 360g/30 days)	QL	Non-Preferred Brands
DIFFERIN LOTION (QL= 472mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream)	QL-ST	Non-Preferred Brands
ERYGEL GEL	-	Non-Preferred Brands

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DERMATOLOGICALS Cont.		
EVOCLIN FOAM (QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Non-Preferred Brands
FABIOR AEROSOL FOAM (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands
RETIN-A MICRO GEL 0.04%, 0.1% (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands
RETIN-A MICRO GEL 0.08%, 0.06% (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands
TRETIN-X CREAM (QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream)	QL-ST	Non-Preferred Brands
WINLEVI CREAM (QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin)	QL-ST	Non-Preferred Brands
ZIANA GEL (QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin)	QL-ST	Non-Preferred Brands
ATRALIN GEL, RETIN-A GEL (QL= 360g/30 days)	QL	Preferred Brands
RETIN-A CREAM (QL= 360g/30 days)	QL	Preferred Brands
adapalene cream (DIFFERIN equiv) (QL= 360g/30 days)	QL	Select
adapalene gel 0.3% (DIFFERIN equiv) (QL= 360g/30 days)	QL	Select
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	Select
clindamycin gel (CLEOCIN GEL equiv)	-	Select
clindamycin lotion (CLEOCIN- T equiv)	-	Select
clindamycin pad (CLEOCIN-T equiv)	-	Select
clindamycin topical soln (CLEOCIN-T equiv)	-	Select
ERY PAD	-	Select
ERYTHROMYCIN GEL	-	Select
erythromycin pad	-	Select
erythromycin soln	-	Select
sodium sulfacetamide lotion (KLARON equiv)	-	Select
tretinoin cream (RETIN-A CREAM equiv) (QL= 360g/30 days)	QL	Select
tretinoin gel (RETIN-A GEL equiv) (QL= 360g/30 days)	QL	Select
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT	-	Non-Preferred Brands
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
RENOVA CREAM	-	EXC
SIVORA CREAM	-	EXC
ANALGESICS - TOPICAL		
BIOFREEZE LIQUID	-	EXC
BIOFREEZE SPRAY	OTC	EXC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
menthol cream	OTC	EXC
menthol gel	OTC	EXC
MENTHOL GEL 5.5%	-	EXC
menthol liquid	OTC	EXC
menthol powder	OTC	EXC
PRAKETAMIDE CREAM	-	EXC
RA COLD GEL THERAPY	-	EXC
ANTIBIOTICS - TOPICAL		
bacitracin-polymyxin b oint	OTC	EXC
BACTINE MAX OIN	OTC	EXC
IDARAN OINT	-	EXC
NANRAN OINT	-	EXC
neomycin-bacitracin-polymyxin oint	OTC	EXC
neomycin-polymyxin w/ pramoxine cream	OTC	EXC
ALTABAX OINT	-	Non-Preferred Brands
BACTROBAN CREAM	-	Non-Preferred Brands
CENTANY OINT	-	Non-Preferred Brands
CORTISPORIN CREAM	-	Non-Preferred Brands
CORTISPORIN OINT	-	Non-Preferred Brands
NEO-SYNALAR CREAM	-	Non-Preferred Brands
NEO-SYNALAR KIT	-	Non-Preferred Brands
XEPI CREAM (QL= 30gm/30 days)	QL	Non-Preferred Brands
gentamicin sulfate cream	-	Select
gentamicin sulfate oint	-	Select
mupirocin cream (BACTROBAN CREAM equiv)	-	Select
mupirocin oint (BACTROBAN OINT equiv)	-	Select
ANTIFUNGALS - TOPICAL		
butenafine hcl cream	OTC	EXC
clotrimazole cream	OTC	EXC
clotrimazole soln	OTC	EXC
DERMETAZOLE PAK	-	EXC
DRYELLO MIS	OTC	EXC
FUNGIZYL AC CREAM	-	EXC

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DERMATOLOGICALS Cont.		
FUNGIZYL AL LIQUID	-	EXC
gentian violet soln	OTC	EXC
HC/IODOQUIN CREAM	-	EXC
HEXIOUNYL LOTION	-	EXC
HIXDEFRIMA SOLN	-	EXC
HYDROCORT CRE IODOQUIN	-	EXC
IODOQU/HC GEL ALOE	-	EXC
miconazole nitrate aerosol	OTC	EXC
miconazole nitrate aerosol pow	OTC	EXC
miconazole nitrate ointment	OTC	EXC
miconazole nitrate soln	OTC	EXC
MYCOZYL AL SOLN	-	EXC
MYCOZYL HC GEL	-	EXC
MYCOZYL HC LIQ	-	EXC
NIZORAL A-D SHAMPOO	-	EXC
PHEDRAX SHAMPOO	-	EXC
PHEOXIA CREAM	-	EXC
RIMI SOLN	-	EXC
terbinafine hcl cream	OTC	EXC
TINACTIN AERSOL	OTC	EXC
tolnaftate aerosol	OTC	EXC
tolnaftate soln (TINACTIN equiv)	-	EXC
UNDECYLENIC ACID CREAM	-	EXC
undecylenic acid soln (GORDOCHOM equiv)	-	EXC
undecylenic acid-aluminum chlorohydrate aerosol powder	OTC	EXC
ketoconazole foam 2% (EXTINA equiv)	-	High Cost Generics
naftifine cream (NAFTIN equiv) (QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products)	QL-ST	High Cost Generics
naftifine gel (NAFTIN equiv)	-	High Cost Generics
naftifine hcl gel 2% (QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream)	QL-ST	High Cost Generics
oxiconazole nitrate cream (OXISTAT equiv)	-	High Cost Generics
tavaborole soln (KERYDIN SOLN equiv) (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	High Cost Generics
ALOQUIN GEL	-	Non-Preferred Brands
ECONAZOLE NITRATE FOAM, ECOZA FOAM	-	Non-Preferred Brands
ECOZA FOAM	-	Non-Preferred Brands
ERTACZO CREAM	-	Non-Preferred Brands

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ERTACZO CREAM (QL= 60g/30 days; ST req 2: ciclop crm/gel/susp, clotrim crm, clotrim/beta lot/crm, econ crm, keto crm, nyst crm/oint)	--QL-ST	Non-Preferred Brands
EXELDERM CREAM, SULCONAZOLE CREAM	-	Non-Preferred Brands
EXELDERM SOLN, SULCONAZOLE SOLN	-	Non-Preferred Brands
EXTINA FOAM	-	Non-Preferred Brands
JUBLIA SOLN (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Non-Preferred Brands
KERYDIN SOLN (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Non-Preferred Brands
LOPROX CREAM	-	Non-Preferred Brands
LOPROX SUSP	-	Non-Preferred Brands
LULICONAZOLE CREAM, LUZU CREAM (QL= 60gm/28 days)	QL	Non-Preferred Brands
MENTAX CREAM	-	Non-Preferred Brands
NAFTIN GEL	-	Non-Preferred Brands
NAFTIN GEL (QL= 1 tube/30 days; Step therapy requires trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream)	--QL-ST	Non-Preferred Brands
NAFTIN GEL 2% (QL= 60 grams/30 days)	QL	Non-Preferred Brands
NIZORAL SHAMPOO	-	Non-Preferred Brands
OXISTAT LOTION	-	Non-Preferred Brands
XOLEGEL	-	Non-Preferred Brands
XOLEGEL COREPAK KIT	-	Non-Preferred Brands

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DERMATOLOGICALS Cont.		
NAFTIFINE CREAM 1%	-	Preferred Brands
ciclopirox cream (LOPROX CREAM equiv)	-	Select
ciclopirox gel (LOPROX GEL equiv)	-	Select
ciclopirox nail soln (PENLAC SOLN equiv)	-	Select
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	Select
ciclopirox topical susp (LOPROX SUSP equiv)	-	Select
clotrimazole cream 1%	-	Select
clotrimazole soln 1%	-	Select
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	Select
CLOTRIMAZOLE/BETAMETHASONE LOTION	-	Select
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	Select
econazole cream (SPECTAZOLE equiv)	-	Select
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	Select
ketoconazole cream (NIZORAL CREAM equiv)	-	Select
ketoconazole shampoo	-	Select
nizoral a-d shampoo (NIZORAL equiv)	OTC	Select
nystatin cream (MYCOSTATIN CREAM equiv)	-	Select
nystatin oint	-	Select
nystatin topical powder	-	Select
nystatin/triamcinolone cream	-	Select
nystatin/triamcinolone oint	-	Select
ANTIHISTAMINES-TOPICAL		
diphenhydramine-zinc acetate cream	OTC	EXC
ANTI-INFLAMMATORY AGENTS - TOPICAL		
CAPSINAC PAK	-	EXC
DERMACINRX PAK DICLOLID	-	EXC
DICLOFENAC SOD SOLN 2%, CAPSAICIN CREAM 0.025% THER PACK	-	EXC
diclofenac sodium gel	OTC	EXC
diclofenac sodium gel kit (VENNGEL equiv)	-	EXC
DICLOFENAC SODIUM-MENTHOL-LIDOCAINE PATCH	-	EXC
DICLONA GEL	-	EXC
DICLONA+ PAD	-	EXC
TRIFENA PATCH	-	EXC
VENNGEL ONE KIT	OTC	EXC
XICLO PAD	-	EXC
XICLOFEN OINT	-	EXC
XRYLIX PAK	-	EXC
diclofenac sodium soln 2% (Step therapy requires trial of of diclofenac 1.5% soln)	ST	High Cost Generics
DICLOFENAC PATCH, FLECTOR PATCH (QL= 60 patches/30 days)	QL	Non-Preferred Brands
LICART PATCH	-	Non-Preferred Brands

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DERMATOLOGICALS Cont.		
PENNSAID SOLN 2% (Step therapy requires trial of of diclofenac 1.5% soln)	ST	Non-Preferred Brands
VOPAC 5 CREAM	-	Non-Preferred Brands
diclofenac soln 1.5% (PENNSAID equiv)	-	Select
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
LEVULAN SOLN	-	EXC
QUIDROXZAR GEL	-	EXC
QUITAR GEL	-	EXC
ROAOXIA GEL	-	EXC
bexarotene gel (TARGRETIN equiv) (QL= 60g/30 days)	AMSP-PA-QL	Generic Specialty
CARAC CREAM	-	Non-Preferred Brands
CARAC CREAM 0.5%	-	Non-Preferred Brands
FLUOROPLEX CREAM	-	Non-Preferred Brands
FLUOROURACIL CREAM 0.5%	-	Non-Preferred Brands
KEFUNOVA CREAM	-	Non-Preferred Brands
KLISYRI OINT (QL= 5 grams/5 days)	PA-QL	Non-Preferred Brands
PANRETIN GEL	-	Non-Preferred Brands
PICATO GEL (QL= 2 tubes/60 days)	QL	Non-Preferred Brands
PICATO GEL (QL= 3 tubes/60 days)	QL	Non-Preferred Brands
TARGRETIN GEL	AMSP-PA	Non-Preferred Specialty
FLUOROURACIL SOLN	-	Preferred Brands
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month)	QL	Select
fluorouracil cream (EFUDEX CREAM equiv)	-	Select
fluorouracil soln (FLUOROURACIL equiv)	-	Select

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DERMATOLOGICALS Cont.

DrugName	Special Code	Tier
ANTIPRURITICS - TOPICAL		
ARCTIC RELIEF GEL	-	EXC
camphor - menthol lotion	OTC	EXC
camphor cream	OTC	EXC
doxepin hcl cream (ST req trial of a topical corticosteroid AND topical tacrolimus)	ST	High Cost Generics
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM (ST req trial of a topical corticosteroid AND topical tacrolimus)	ST	Non-Preferred Brands
DOXEPIN HCL CREAM (ST req trial of a topical corticosteroid AND topical tacrolimus)	ST	Non-Preferred Brands
ANTIPSORIATICS		
calcipotriene cream (TRIONEX equiv)	-	EXC
CALSODORE PAK	-	EXC
COSENTYX INJ	-	EXC
DIOOXIA CREAM	-	EXC
ILUMYA INJ	-	EXC
SPEVIGO INJ	-	EXC
TRIONEX PACK	-	EXC
acitretin cap (SORIATANE equiv) (Step Therapy requires trial of calcipotriene (cream/oint/soln), tazarotene 0.1 cream, or tacro oint)	ST	High Cost Generics
tazarotene cream 0.05% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	High Cost Generics
tazarotene gel (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream)	QL-ST	High Cost Generics
tazarotene gel 0.1% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream)	QL-ST	High Cost Generics
CALCIPOTRIENE FOAM (QL= 60gm/30 days; Step therapy requires trial of calcipotriene soln)	QL-ST	Non-Preferred Brands
CALCIPOTRIENE FOAM, SORILUX FOAM (QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln)	QL-ST	Non-Preferred Brands
CALCITRIOL OINT	-	Non-Preferred Brands
METHOXSALEN CAP	-	Non-Preferred Brands
PELLIX SOLN	-	Non-Preferred Brands
TAZORAC CREAM (QL= 360g/30 days)	QL	Non-Preferred Brands
TAZORAC CREAM 0.05% (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands

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TAZORAC GEL (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands
TAZORAC GEL 0.1% (QL= 100g/30 days; Step Therapy requires trial of tazarotene cream)	QL-ST	Non-Preferred Brands
TAZORAC GEL 0.1% (QL= 30g/30 days; Step Therapy requires trial of tazarotene cream)	QL-ST	Non-Preferred Brands
VTAMA CREAM (QL= 60 grams/30 days)	PA-QL	Non-Preferred Brands
ZITHRANOL SHAMPOO	-	Non-Preferred Brands
BIMZELX INJ (QL= 2ml/56 days)	AMSP-PA-QL	Non-Preferred Specialty
IMULDOSA SYRINGE 45MG/0.5ML (QL= 0.5 mL/84 days)	AMSP-PA-QL	Non-Preferred Specialty
IMULDOSA SYRINGE 90MG/ML (QL= 1 mL/84 days)	AMSP-PA-QL	Non-Preferred Specialty
OTULFI INJ (QL= 1mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty
OTULFI SYRINGE 45MG/0.5ML (QL= 1 inj/84 days)	AMSP-PA-QL	Non-Preferred Specialty
OTULFI SYRINGE 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Non-Preferred Specialty
PYZCHIVA INJ (QL= 0.5mL/84 days)	AMSP-PA-QL	Non-Preferred Specialty
PYZCHIVA INJ 45MG/0.5ML (QL= 0.5mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty
PYZCHIVA INJ 45MG/0.5ML (QL= 1 inj/84 days)	LMSP-PA-QL-AMSP	Non-Preferred Specialty
PYZCHIVA INJ 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Non-Preferred Specialty
PYZCHIVA INJ 90MG/ML (QL= 1mL/84 days)	AMSP-PA-QL-LMSP	Non-Preferred Specialty
SILIQ INJ (QL= 4 inj/28 days)	LMSP-PA-QL	Non-Preferred Specialty

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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
DERMATOLOGICALS Cont.		
SORIATANE CAP (Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel 0.1-2.5%, tretinoin cream, tretinoin gel, or tretinoin gel; Only available through Walgreens 888-347-3416)	LD-ST	Non-Preferred Specialty
SOTYKTU TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty
SPEVIGO INJ (QL= 2 mL/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
STARJEMZA INJ (QL= 0.5mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty
STARJEMZA PFS INJ 45MG/0.5ML (QL= 0.5mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty
STARJEMZA PFS INJ 90MG/ML (QL= 1 mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Non-Preferred Specialty
STEQEYMA VIAL (QL= 0.5 mL/84 days)	AMSP-PA-QL	Non-Preferred Specialty
TALTZ INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
TALTZ INJ 40MG/0.5ML (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
USTEKIN-AEKN INJ 45/0.5ML (QL= 0.5mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty
USTEKIN-AEKN INJ 90MG/ML (QL= 1.0mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty
USTEKINUMAB INJ 45MG/0.5ML (QL= 0.5 mL/84 days)	AMSP-PA-QL	Non-Preferred Specialty
USTEKINUMAB INJ 90MG/ML (QL= 1 mL/84 days)	AMSP-PA-QL	Non-Preferred Specialty
USTEKINUMAB-AEKN 45MG/0.5ML (QL= 0.5mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty
USTEKINUMAB-AEKN 90MG/ML (QL= 1.0mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
WEZLANA INJ (QL = 0.5ml/84 days; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty
WEZLANA SYRINGE 45MG/0.5ML (QL = 0.5ml/84 days; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty
WEZLANA SYRINGE 90MG/ML (QL = 1ml/84 days; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty
COSENTYX INJ (2-PACK) (QL= 2 inj/56 days)	AMSP-PA-QL	Preferred Specialty
COSENTYX INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Preferred Specialty
SELARSDI INJ (QL= 0.5 mL/84 days)	AMSP-PA-QL	Preferred Specialty
SELARSDI INJ 45MG/0.5ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty
SELARSDI INJ 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty
SKYRIZI INJ 150MG/ML (QL= 1 syringe/84 days)	AMSP-PA-QL	Preferred Specialty
SKYRIZI INJ 55MG/0.37ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty
SKYRIZI PEN 150MG/ML (QL= 1 pen/84 days)	AMSP-PA-QL	Preferred Specialty
STEQEYMA INJ 45MG/0.5ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty
STEQEYMA INJ 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty
TREMFYA INJ (QL= 1ml/56 days)	AMSP-PA-QL	Preferred Specialty
TREMFYA INJ (QL= 2ml/28 days)	AMSP-PA-QL	Preferred Specialty
YESINTEK INJ (QL= 1 vial/84 days)	AMSP-PA-QL	Preferred Specialty
YESINTEK INJ 45MG/0.5ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty
YESINTEK INJ 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty
calcipotriene cream (DOVONEX CREAM equiv)	-	Select
calcipotriene oint	-	Select
calcipotriene soln (DOVONEX SOLN equiv)	-	Select
CALCIPOTRIENE SOLN 0.005%	-	Select
methoxsalen cap (OXSORALEN ULTRA equiv)	-	Select
tazarotene cream 0.1% (TAZORAC equiv) (QL= 360g/30 days)	QL	Select
ANTISEBORRHEIC PRODUCTS		
antiseborrheic products misc - liquid	OTC	EXC
DERMAZINC BAR SOAP	-	EXC
ESKATA SOLN	-	EXC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
MICURADERM EMU	-	EXC
OVACE PLUS CREAM	-	EXC
OVACE PLUS GEL WASH	-	EXC
OVACE PLUS LIQ WASH	-	EXC
OVACE PLUS LOTION	-	EXC
OVACE PLUS SHAMPOO	-	EXC
OVACE PLUS FOAM	-	EXC
pyrithione zinc shampoo	OTC	EXC
SELENIUM SUL SHAMPOO	-	EXC
selenium sulfide lotion 1% (SELSUN equiv)	OTC	EXC
SODIUM SULFACETAMIDE CLEANSER	-	EXC
sodium sulfacetamide shampoo (OVACE equiv)	-	EXC
sodium sulfacetamide wash (OVACE WASH equiv)	-	EXC
SELRX SHAMPOO	-	Non-Preferred Brands
SELENIUM SULFIDE LOTION	-	Select
selenium sulfide lotion 2.5% (SELSUN equiv)	-	Select
selenium sulfide shampoo (SELSEB equiv)	-	Select
ANTIVIRALS - TOPICAL		
docosanol cream	OTC	EXC
acyclovir cream (ZOVIRAX equiv)	-	High Cost Generics
penciclovir cream (DENAVIR equiv) (QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB)	QL-ST	High Cost Generics
DENAVIR CREAM (QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB)	QL-ST	Non-Preferred Brands
XERESE CREAM	-	Non-Preferred Brands
ZELSUVMI GEL (QL= 31g/30 days)	PA-QL	Non-Preferred Brands
ZOVIRAX OINT	-	Non-Preferred Brands
acyclovir oint (ZOVIRAX OINT equiv)	-	Select
BATH PRODUCTS		
bath products - gel	OTC	EXC
bath products - liquid	OTC	EXC
BURN PRODUCTS		
RAYASORE KIT	-	EXC
MAFENIDE ACETATE SOLN PACK	-	Non-Preferred Brands
SULFAMYLON CREAM	-	Preferred Brands

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DERMATOLOGICALS Cont.		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	Select
CAUTERIZING AGENTS		
GRAFCO SILVER NITRATE APPLICATOR	-	EXC
SILVER NITRATE SOLN	-	Preferred Brands
silver nitrate soln	-	Select
CORTICOSTEROIDS - TOPICAL		
ALA-SCALP LOTION	-	EXC
DERMAVYX KIT	-	EXC
FLUOPAR KIT	-	EXC
FLUOVIX PAK	-	EXC
HC PRAMOXINE CREAM 1-2.5%	-	EXC
HYDROCAINE CREAM	-	EXC
HYDROCORTISONE CREAM 1%	-	EXC
hydrocortisone liquid	OTC	EXC
hydrocortisone lotion	-	EXC
HYDROCORTISONE LOTION 2.5%	-	EXC
hydrocortisone oint	-	EXC
HYDROCORTISONE PAK	OTC	EXC
HYDROCORTISONE STICK	OTC	EXC
HYDROXYM CREAM	-	EXC
HYDROXYM GEL	-	EXC
LIDOCAINE-HYDROCORTISONE ACETATE CREAM	-	EXC
LIDOTRAL-HC LOTION	-	EXC
SILALITE PAK MIS	-	EXC
TRIAMVEX KIT	-	EXC
TRIVIX KIT	-	EXC
amcinonide oint (Step therapy requires trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol))	ST	High Cost Generics
betamethasone augmented gel (QL= 200 gm/30 days; ST req trial of 2 high potency steroids: betameth- (oint, crm, lot), clobet-, halobet-, or fluocin-)	QL-ST	High Cost Generics
betamethasone valerate foam (LUXIQ FOAM equiv) (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betameth- (oint, crm, lot), clobet-, halobet-, or fluocin-)	QL-ST	High Cost Generics
calcipotriene/betamethasone oint (TACLONEX equiv) (QL= 400 gm/30 days; Step Therapy requires trial 2 high potent steroids (betameth- oint/crm/lot, clobet-, halobet-, fluocin-), and calcipotri-)	QL-ST	High Cost Generics
calcipotriene-betamethasone dipropionate susp (CALCIPOTRIENE/ BETAMETHASONE SUSP equiv) (QL= 400 gm/30 days; Step Therapy requires trial 2 high potent steroids (betameth- oint/crm/lot, clobet-, halobet-, fluocin-), and calcipotri-)	QL-ST	High Cost Generics
clobetasol E foam (OLUX E equiv) (QL= 200 gm/30 days; Step Therapy requires trial of 2 high pot steroids: betameth-, clobet- (crm, lot, gel, oint, etc.), halobet-, or fluocin-)	QL-ST	High Cost Generics
clobetasol propionate emollient cream (TEMOVATE E equiv) (QL= 200 gm/30 days; Step Therapy requires trial of 2 high pot steroids: betameth-, clobet- (crm, lot, gel, oint, etc.), halobet-, or fluocin-)	QL-ST	High Cost Generics
CLOCORTOLONE CREAM (QL= 454g/30 days; ST req trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone)	QL-ST	High Cost Generics
clocortolone pivalate cream (CLOCORTOLONE equiv) (QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone)	QL-ST	High Cost Generics
desonate gel	-	High Cost Generics

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DERMATOLOGICALS Cont.		
desoximetasone cream 0.05% (TOPICORT equiv) (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	High Cost Generics
desoximetasone gel (TOPICORT equiv) (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	High Cost Generics
desoximetasone oint 0.05% (TOPICORT equiv) (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	High Cost Generics
desoximetasone spray 0.25% (TOPICORT equiv) (Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	ST	High Cost Generics
diflorasone oint (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	High Cost Generics
fluocinolone acetonide cream 0.01% (FLUOCINOLONE ACETONIDE equiv) (QL= 454 gm/30 days)	QL	High Cost Generics
fluocinolone acetonide cream 0.025% (SYNALAR equiv) (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	High Cost Generics
fluocinonide gel (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betameth-, clobet-, halobet-, or fluocin- (crm, oint, soln))	QL-ST	High Cost Generics
flurandrenolide cream (CORDRAN equiv)	-	High Cost Generics
flurandrenolide oint (CORDRAN equiv)	-	High Cost Generics
fluticasone propionate lotion (CUTIVATE equiv)	-	High Cost Generics
halcinonide cream (HALOG equiv) (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	High Cost Generics
halcinonide soln (QL= 360 mL/30 days; ST req trial of 2: amcinonide, clobetasol, desoximet, diflorasone, fluocinol, halobet, halcinonide)	QL-ST	High Cost Generics
halobetasol propionate foam (QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobet- crm/oint, or fluocinonide)	QL-ST	High Cost Generics
hydrocortisone lotion (LOCOID equiv)	-	High Cost Generics
TRIAMCINOLONE SPRAY (QL= 450gm/30 days; Req trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- crm/lot/oint)	QL-ST	High Cost Generics
triamcinolone spray (KENALOG equiv) (QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- crm/lot/oint)	QL-ST	High Cost Generics
ACIOXIA GEL (QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- (crm, lot, oint))	QL-ST	Non-Preferred Brands
AMCINONIDE CREAM 0.1% (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred Brands
AMCINONIDE OINTMENT (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred Brands
APEXICON E CREAM (PSORCON E equiv)	-	Non-Preferred Brands
BETAMETHASONE AUGMENTED GEL (QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betameth- (oint, crm, lot), clobet-, halobet-, or fluocin-)	QL-ST	Non-Preferred Brands

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DERMATOLOGICALS Cont.		
CALCIPOTRIENE/ BETAMETHASONE SUSP (QL= 400 gm/30 days; Step Therapy requires trial 2 high potent steroids (betameth- oint/crm/lot, clobet-, halobet-, fluocin-), and calcipotri-)	QL-ST	Non-Preferred Brands
CAPEX SHAMPOO	-	Non-Preferred Brands
CLOBETASOL PROPIONATE CREAM, IMPOYZ CREAM (QL= 200gm/30 days; Trial of 2 high pot steroids: betameth-, clobe (crm, lot, gel, oint, etc.), halobet-, or fluocin-)	QL-ST	Non-Preferred Brands
CLOBEX LOTION (QL= 200 mL/30 days)	QL	Non-Preferred Brands
CLOBEX SHAMPOO (QL= 200 mL/30 days)	QL	Non-Preferred Brands
CLOBEX SPRAY (QL= 200 mL/30 days)	QL	Non-Preferred Brands
CLOCORTOLONE CREAM (QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone)	QL-ST	Non-Preferred Brands
CORDRAN OINTMENT	-	Non-Preferred Brands
CORDRAN TAPE (QL= 1 box/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred Brands
DERMACINRX KIT (QL= 1 kit/30 days)	QL	Non-Preferred Brands
DESONATE GEL	-	Non-Preferred Brands
DESONIDE GEL (QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone)	QL-ST	Non-Preferred Brands
DESOWEN CREAM	-	Non-Preferred Brands
DESOWEN CREAM KIT	-	Non-Preferred Brands
DESOWEN LOTION	-	Non-Preferred Brands
DESOWEN LOTION KIT	-	Non-Preferred Brands
DESOWEN OINT KIT	-	Non-Preferred Brands

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DERMATOLOGICALS Cont.		
DESOXIMETASONE CREAM 0.05% (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred Brands
DESOXIMETASONE GEL (QL= 454g/30 days; ST req trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred Brands
DESOXIMETASONE OINT 0.05% (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred Brands
DIFLORASONE CREAM (QL= 450g/30 days; Trial 2 high potency creams: betameth diprop/val, fluocinonide, mometasone, triamcin, amcinonide)	QL-ST	Non-Preferred Brands
DIFLORASONE CREAM, PSORCON CREAM (Step Therapy requires trial of 2 high potency creams: betameth diprop/val, fluocinonide, mometasone, triamcin, amcinonide)	ST	Non-Preferred Brands
DIPROLENE OINT (QL= 200 gm/30 days)	QL	Non-Preferred Brands
DUOBRII LOTION (QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids (betameth-, clobet-, halobet-, or fluocin-), and tazorotene)	QL-ST	Non-Preferred Brands
ENSTILAR FOAM (QL= 400 gm/30 days; Step Therapy requires trial 2 med potent steroids (betameth- crm/lot, desonide oint, momet-, triamcin-), and calcipotri-)	QL-ST	Non-Preferred Brands
EPIFOAM AEROSOL	-	Non-Preferred Brands
FLUOCINOLONE ACETONIDE CREAM 0.025% (QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone)	QL-ST	Non-Preferred Brands
FLURANDRENOLIDE CREAM (QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone)	QL-ST	Non-Preferred Brands
FLURANDRENOLIDE LOTION (QL= 454 mL/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone)	QL-ST	Non-Preferred Brands
FLUTICASONE LOTION (QL= 454 mL/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone)	QL-ST	Non-Preferred Brands
HALCINONIDE SOLN (QL= 360 mL/30 days; ST req trial of 2: amcinonide, clobetasol, desoximet, diflorasone, fluocinol, halobet, halcinonide)	QL-ST	Non-Preferred Brands
HALOBETASOL AER (QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobet- crm/oint, or fluocinonide)	QL-ST	Non-Preferred Brands
HALOBETASOL AER (QL= 200gm/30 days; ST req trial of 2 high potency steroids:betamethasone, clobetasol, halobet-crm/oint or fluocinonide)	QL-ST	Non-Preferred Brands
HALOBETASOL LOTION 0.01% (QL= 200 mL/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobet- crm/oint, or fluocinonide)	QL-ST	Non-Preferred Brands

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DERMATOLOGICALS Cont.		
HALOBETASOL LOTION 0.05% (QL= 200 mL/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobet- crm/oint, or fluocinonide)	QL-ST	Non-Preferred Brands
HALOG CREAM (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred Brands
HALOG OINT (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred Brands
HALOG SOLN	-	Non-Preferred Brands
IMPEKLO LOTION	-	Non-Preferred Brands
IMPOYZ CREAM (QL= 200 gm/30 days; Step Therapy requires trial of 2 high pot steroids: betameth-, clobet- (crm, lot, gel, oint, etc.), halobet-, or fluocin-)	QL-ST	Non-Preferred Brands
KENALOG SPRAY (QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- crm/lot/oint)	QL-ST	Non-Preferred Brands
MICORT HC CREAM (QL= 360g/30 day; ST req trial of 1: hydrocortisone 0.5%,1% cream/ 0.5%,1%, 2.5% ointment/ 1%, 2.5% lotion)	QL-ST	Non-Preferred Brands
NOVACORT GEL	-	Non-Preferred Brands
OLUX FOAM (QL= 200 gm/30 days)	QL	Non-Preferred Brands
PANDEL CREAM	-	Non-Preferred Brands
PRAMOSONE LOTION	-	Non-Preferred Brands
SERNIVO SPRAY (QL= 200 mL/30 days; Step Therapy requires trial of 2 med potency steroids: betameth- (crm, lot), desonide oint, momet-, or triamcin-)	QL-ST	Non-Preferred Brands
SYNALAR OINT	-	Non-Preferred Brands
SYNALAR SOLN	-	Non-Preferred Brands
TEXACORT SOLN	-	Non-Preferred Brands
TOPICORT GEL (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
TOPICORT SPRAY 0.25% (Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	ST	Non-Preferred Brands
TRIANEX OINT	-	Non-Preferred Brands
ULTRAVATE LOTION (QL= 200mL/30 days; ST req trial of 2 high potency steroids: betamethasone, clobetasol, halobet-crm/oint, or fluocinonide)	QL-ST	Non-Preferred Brands
VANOS CREAM	-	Non-Preferred Brands
VERDESO FOAM	-	Non-Preferred Brands
WYNZORA CREAM (QL= 400 gm/30 days; Step Therapy requires trial 2 high potent steroids (betameth- oint/crm/lot, clobet-, halobet-, fluocin-), and calcipotri-)	QL-ST	Non-Preferred Brands
AMCINONIDE LOTION	-	Preferred Brands
HC BUTYRATE CREAM	-	Preferred Brands
HC BUTYRATE SOLN	-	Preferred Brands
MICORT-HC CREAM	-	Preferred Brands
PRAMOSONE CREAM 1-1%	-	Preferred Brands
PRAMOSONE E CREAM	-	Preferred Brands
PREDNICARBATE CREAM	-	Preferred Brands
PREDNICARBATE OIN	-	Preferred Brands
alclometasone cream (ACLOVATE equiv)	-	Select
ALCLOMETASONE OINT	-	Select
alclometasone oint (ACLOVATE OINT equiv)	-	Select
BETAMETH VALERATE LOTION	-	Select
betamethasone augmented cream (DIPROLENE AF CREAM equiv) (QL= 200 gm/30 days)	QL	Select
betamethasone augmented lotion (DIPROLENE LOTION equiv) (QL= 200 mL/30 days)	QL	Select
betamethasone augmented oint (DIPROLENE OINT equiv) (QL= 200 gm/30 days)	QL	Select
betamethasone diproprionate cream (DIPROSONE CREAM equiv) (QL= 200 gm/30 days)	QL	Select
betamethasone diproprionate lotion (DIPROSONE LOTION equiv) (QL= 200 mL/30 days)	QL	Select
betamethasone diproprionate oint (DIPROSONE OINT equiv) (QL= 200 gm/30 days)	QL	Select
betamethasone valerate cream	-	Select
betamethasone valerate lotion	-	Select
betamethasone valerate oint	-	Select
clobetasol foam (OLUX equiv) (QL= 200 gm/30 days)	QL	Select
clobetasol lotion (CLOBEX equiv) (QL= 200 mL/30 days)	QL	Select
clobetasol propionate cream (TEMOVATE equiv) (QL= 200 gm/30 days)	QL	Select

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clobetasol propionate gel (TEMOVATE GEL equiv) (QL= 200 gm/30 days)	QL	Select
clobetasol propionate oint (TEMOVATE equiv) (QL= 200 gm/30 days)	QL	Select
clobetasol propionate soln (TEMOVATE equiv) (QL= 200 mL/30 days)	QL	Select
clobetasol shampoo (CLOBEX equiv) (QL= 200 mL/30 days)	QL	Select
clobetasol spray (CLOBEX equiv) (QL= 200 mL/30 days)	QL	Select
dermawerx pak (DERMACINRX KIT equiv) (QL= 1 kit/30 days)	QL	Select
desonide cream	-	Select
desonide lotion	-	Select
desonide oint	-	Select
desoximetasone cream (TOPICORT CREAM equiv)	-	Select
desoximetasone oint (TOPICORT equiv)	-	Select
fluocinolone acetonide oil	-	Select
fluocinolone acetonide oint	-	Select
fluocinolone acetonide soln	-	Select
fluocinonide cream 0.05% (LIDEX equiv)	-	Select
fluocinonide cream 0.1%	-	Select
fluocinonide emollient cream	-	Select
fluocinonide oint	-	Select
fluocinonide soln	-	Select
fluticasone propionate cream (CUTIVATE equiv)	-	Select
fluticasone propionate oint (CUTIVATE equiv)	-	Select
halobetasol propionate cream (ULTRAVATE equiv) (QL= 200 gm/30 days)	QL	Select
halobetasol propionate oint (ULTRAVATE equiv) (QL= 200 gm/30 days)	QL	Select
halonate pac kit (ULTRAVATE KIT equiv)	-	Select
HC BUTYRATE CREAM	-	Select
hydrocortisone butyrate cream (LOCOID equiv)	-	Select
hydrocortisone butyrate lipocream (LOCOID equiv)	-	Select
HYDROCORTISONE BUTYRATE OINT	-	Select
hydrocortisone butyrate oint (LOCOID equiv)	-	Select
hydrocortisone butyrate soln (LOCOID equiv)	-	Select
hydrocortisone cream (PROCTOCORT equiv)	-	Select
hydrocortisone lotion (HYTONE equiv)	-	Select
hydrocortisone oint	-	Select
hydrocortisone valerate cream	-	Select
hydrocortisone valerate oint (WESTCORT equiv)	-	Select
LOCOID LIPOCREAM	-	Select
mometasone cream (ELOCON equiv)	-	Select
mometasone oint (ELOCON equiv)	-	Select
mometasone soln (ELOCON equiv)	-	Select
paramox hc gel (NOVACORT GEL equiv)	-	Select
triamcinolone acetonide oint (TRIANEX equiv)	-	Select
triamcinolone acetonide oint 0.025% (TRIANEX equiv)	-	Select
triamcinolone acetonide oint 0.1% (TRIANEX equiv)	-	Select
triamcinolone acetonide oint 0.5% (TRIANEX equiv)	-	Select
triamcinolone cream	-	Select
triamcinolone lotion	-	Select

DIAPER RASH PRODUCTS

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
diaper rash products - cream	OTC	EXC
ECZEMA AGENTS		
OPZELURA CREAM (QL= 120 grams/28 days)	PA-QL	Non-Preferred Brands
ADBRY INJ (QL= 4 syringes/28 days)	LMSP-PA-QL	Non-Preferred Specialty
ADBRY INJ (QL= 4ml/28 days)	LMSP-PA-QL	Non-Preferred Specialty
ANZUPGO CREAM (QL= 30 grams/30 days; Only available through Carepoint Pharmacy 855-237-9112)	LD-PA-QL	Non-Preferred Specialty
CIBINQO TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty
EBGLYSS INJ (QL= 2ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty
DUPIXENT INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
DUPIXENT PEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
DUPIXENT PEN INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty
EMOLLIENT/KERATOLYTIC AGENTS		
CARMOL LOTION	-	EXC
DERMACURE CREAM	OTC	EXC
HYDRO 35	-	EXC
PRONAL GEL	-	EXC
UMECTA SUSP	-	EXC
URAMAXIN GEL	-	EXC
urea cream	-	EXC
UREA EMULSION	-	EXC
UREA FOAM	-	EXC
urea gel (URAMAXIN equiv)	-	EXC
urea lotion	OTC	EXC
UREA LOTION 40%	-	EXC
UREA SOLN	-	EXC
UREA SUSP	-	EXC
urea susp 40% (UMECTA equiv)	-	EXC
UREA-LACTIC ACID CREAM	OTC	EXC
umecta mouss aer (HYDRO 40 equiv)	-	High Cost Generics
KERAFOAM	-	Non-Preferred Brands

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
UMECTA EMULSION	-	Non-Preferred Brands
UMECTA PD EMULSION	-	Non-Preferred Brands
UREA NAIL KIT	-	Non-Preferred Brands
EMOLLIENTS		
colloidal oatmeal cream	OTC	EXC
colloidal oatmeal lotion	OTC	EXC
colloidal oatmeal packet	OTC	EXC
emollient - cream	OTC	EXC
emollient - gel	OTC	EXC
emollient - kit	OTC	EXC
emollient - liquid	OTC	EXC
emollient - lotion	OTC	EXC
emollient - misc	OTC	EXC
emollient - oil	OTC	EXC
emollient - ointment	OTC	EXC
emollient - stick	OTC	EXC
FLEXITOL ECZ CRE	OTC	EXC
LACTIC ACID E CREAM	-	EXC
LACTIC ACID LOTION	-	EXC
SARNA ECZEMA LOTION	-	EXC
VITAMIN A GARMENT SPRAY	-	EXC
ammonium lactate cream (LAC-HYDRIN equiv)	-	Select
ammonium lactate lotion (LAC-HYDRIN equiv)	-	Select
ENZYMES - TOPICAL		
NEXOBRID GEL	-	EXC
SANTYL OINT (QL= 90gm/30 days)	QL	Preferred Brands
GLABELLAR LINES (FROWN LINES) AGENTS		
JEUVEAU INJ	-	EXC
HAIR GROWTH AGENTS		
FINAPID SOLN	-	EXC
FINAPODTAR SOLN	-	EXC
finasteride tab (PROPECIA equiv)	-	EXC
FLYPROGPIDTA SOLN	-	EXC
LEQSELVI TAB	-	EXC
LITFULO CAP	-	EXC
minoxidil foam	OTC	EXC
minoxidil soln	OTC	EXC
OXOPIDAXIAQU SOLN	-	EXC
PIDPROGTAR SOLN	-	EXC
PODOXIA SOLN	-	EXC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
PODTAR SOLN	-	EXC
TETPIDTAR SOLN	-	EXC
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	EXC
IMMUNOMODULATING AGENTS - SYSTEMIC		
NEMLUVIO INJ (QL= 1 auto-injector/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 3.75% (IMIQUIMOD equiv) (QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution)	QL-ST	High Cost Generics
ALDARA CREAM 5% (QL= 24gm/30 days)	QL	Non-Preferred Brands
IMIQUIMOD CREAM 3.75% (QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution)	QL-ST	Non-Preferred Brands
ZYCLARA CREAM 2.5% (QL= 7.5gm/28 days; Step Therapy requires trial of imiquimod cream)	QL-ST	Non-Preferred Brands
imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days)	QL	Select
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
NUJO SOLN	-	EXC
OXIANUJI OINT	-	EXC
OXIANUJO CREAM	-	EXC
pimecrolimus cream (ELIDEL equiv) (Step Therapy requires trial of tacrolimus oint)	ST	High Cost Generics
ELIDEL CREAM (Step Therapy requires trial of tacrolimus oint)	ST	Non-Preferred Brands
HYFTOR GEL (QL= 20 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
tacrolimus oint (PROTOPIC OINT equiv)	-	Select
KERATOLYTIC/ANTIMITOTIC AGENTS		
COMPOUND W AER NITROFRE	-	EXC
GEAMETDRAY GEL	-	EXC
KERALYT GEL	OTC	EXC
KERALYT SHAMPOO	-	EXC
METDRAY GEL	-	EXC
RAYASAL CREAM	-	EXC
SALICYLIC ACID GEL W/ EMOLLIENT CREAM KIT	-	EXC
salicylic acid kit	-	EXC
SALIMEZ FORTE CREAM	-	EXC
SALITECH LOTION	-	EXC
UREA/SALICYLIC CREAM	-	EXC
podofilox gel (CONDYLOX equiv) (QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream)	QL-ST	High Cost Generics

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DERMATOLOGICALS Cont.		
salicylic acid aerosol	-	High Cost Generics
CONDYLOX GEL (QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream)	QL-ST	Non-Preferred Brands
SALVAX DUO PLUS KIT	-	Non-Preferred Brands
PODOCON SOLN	-	Preferred Brands
PODOFILOX SOLN (QL= 0.5ml/day)	QL	Preferred Brands
podofilox soln (CONDYLOX equiv)	-	Select
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
dimethyl ether aerosol	OTC	EXC
dimethyl ether-propane-isobutane aerosol	OTC	EXC
SALICYLIC AC LIQ	OTC	EXC
salicylic acid liqd 17% and propane-dimethyl ether aerosol kit	OTC	EXC
salicylic acid liquid	OTC	EXC
SALICYLIC ACID PAD	-	EXC
SALICYLIC ACID ER SOLN (ST req trial of fluoruracil cream, fluorouracil soln AND imiquimod cream)	ST	Non-Preferred Brands
LINIMENTS		
ASPERCREME LOTION	-	EXC
camphor-menthol-methyl salicylate cream	OTC	EXC
camphor-menthol-methyl salicylate gel	OTC	EXC
camphor-menthol-methyl salicylate patch	--OTC	EXC
capsaicin-men-methyl nic-methyl sal patch	OTC	EXC
COOL N HEAT MIS	OTC	EXC
histamine dihydrochloride cream	OTC	EXC
ICY HOT ADV PAD	OTC	EXC
LIMENCIN LOTION	OTC	EXC
liniments and rubs - cream	OTC	EXC
liniments and rubs - gel	OTC	EXC
menthol-methyl salicylate aerosol	OTC	EXC
menthol-methyl salicylate patch	OTC	EXC
MENTHOZEN CREAM	-	EXC
MENTICAM CREAM	-	EXC
METHYL SALIC CREAM	-	EXC
METHYL SALIC OIL	-	EXC
methyl salicylate cream	OTC	EXC
methyl salicylate oil	OTC	EXC
methyl salicylate patch	OTC	EXC
NEURACIN GEL	-	EXC
SALICOR PAD	-	EXC
SALONPAS PAIN RELIEF PAD	OTC	EXC
TIGER BALM PAD	OTC	EXC

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DERMATOLOGICALS Cont.		
YAGERS LIQ LINIMENT	OTC	EXC
LOCAL ANESTHETICS - TOPICAL		
AGONEAZE KIT	-	EXC
ALOCANE SPRAY	-	EXC
BAND-AID SPRAY ANTISEPTIC	-	EXC
benzocaine aerosol spray (AMERICAINE equiv)	-	EXC
BENZOCAINE-ISOPROPYL ALCOHOL PADS	OTC	EXC
BENZOCAINE-LIDOCAINE-TETRACAINE CREAM	OTC	EXC
BURN RELIEF GEL	-	EXC
capsaicin cream	OTC	EXC
capsaicin liquid	OTC	EXC
CAPSAICIN PAD	OTC	EXC
capsaicin patch	OTC	EXC
CAPSAICIN SLEEVES AND WRAPS	OTC	EXC
capsaicin-menthol topical patch	OTC	EXC
CAPZASIN-P CREAM	-	EXC
CIRCATA CREAM	-	EXC
DERMACINRX LIDOGEL	-	EXC
DERMOPLAST AER KIDS	OTC	EXC
DIABECIN CS CRE	OTC	EXC
DIABETIC FIR GEL AID	-	EXC
DYCLOPRO SOLN	-	EXC
HURRI-FREEZE AER MIST SPRAY	-	EXC
LIDO/MENTHOL SPRAY	-	EXC
LIDO/RAC/TET GEL	OTC	EXC
lidocaine aerosol	OTC	EXC
lidocaine cream	OTC	EXC
LIDOCAINE CREAM 10%	-	EXC
LIDOCAINE CREAM 3%	-	EXC
LIDOCAINE CREAM 3.25%	-	EXC
LIDOCAINE CREAM 3.88%	-	EXC
LIDOCAINE CREAM 4.12%	-	EXC
LIDOCAINE CREAM 5%	-	EXC
lidocaine gel (XYLOCAINE equiv)	-	EXC
lidocaine hcl aerosol soln	--OTC	EXC
lidocaine hcl cream 4.12%	-	EXC
lidocaine hcl gel 4% (ALOCANE equiv)	OTC	EXC
lidocaine oint	--OTC-QL	EXC
lidocaine patch	OTC	EXC
lidocaine-benzalkonium cream	OTC	EXC
lidocaine-benzalkonium liquid	OTC	EXC
LIDOCAINE-BENZALKONIUM PAD	OTC	EXC
lidocaine-menthol cream	OTC	EXC
lidocaine-menthol gel	OTC	EXC
lidocaine-menthol liquid	OTC	EXC
lidocaine-menthol patch	OTC	EXC
LIDOGEL GEL	OTC	EXC

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DERMATOLOGICALS Cont.		
LIDOGEL GEL 2%	-	EXC
LIDOGEL GEL 3.88%	-	EXC
LIDOGEL GEL 4%	-	EXC
LIDOGEL GEL 5%	-	EXC
LIDOMEDIX PAD	OTC	EXC
LIDOPRO PAD	-	EXC
LIDOREX GEL	-	EXC
LIDO-SORB LOTION 3%	-	EXC
LIDOTHOL GEL	-	EXC
LIDOTHOL PAD	-	EXC
LIDOTRAL 1 PAD 4.88%	-	EXC
LIDOTRAL SOLN	-	EXC
LIDTOPIC CREAM	-	EXC
MENTHOREAL10 THERAPY PACK	-	EXC
methyl salicylate-lidocaine-menthol patch	OTC	EXC
NENDRUX GEL	-	EXC
OLU PAIN PAD	-	EXC
pramoxine hcl lotion	OTC	EXC
pramoxine hcl wipes	OTC	EXC
PRAMOXINE-CALAMINE AEROSOL	OTC	EXC
pramoxine-calamine lotion	OTC	EXC
PRAMOXINE-MENTHOL LOTION	-	EXC
PROXIVOL GEL	-	EXC
QUTENZA KIT	-	EXC
TETRACAINE OINTMENT	-	EXC
TRUBREXA PAD	-	EXC
ZESTAMA LIQ	OTC	EXC
ZYLOTROL-L KIT	-	EXC
lidocaine cream 3% (LIDAMANTLE equiv)	-	High Cost Generics
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	High Cost Generics
ADAZIN CREAM	-	Non-Preferred Brands
ANACAINE OINT	-	Non-Preferred Brands
ANASTIA LOTION	-	Non-Preferred Brands
APRIZIO PAK KIT	-	Non-Preferred Brands
L.E.T. GEL	-	Non-Preferred Brands

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
LIDO-EP-TETR SOLN	-	Non-Preferred Brands
LIDOSTREAM KIT	-	Non-Preferred Brands
LIDOTREX GEL	-	Non-Preferred Brands
PLIAGLIS CREAM	-	Non-Preferred Brands
PLIAGLIS CREAM (ST req trial of two: lidocaine ointment, soln, gel, cream, lidocaine-prilocaine cream)	--ST	Non-Preferred Brands
PROZENA PAD	-	Non-Preferred Brands
SILVERA PAD	-	Non-Preferred Brands
SOLAICE PATCH	-	Non-Preferred Brands
SYNERA PATCH	-	Non-Preferred Brands
SYNVEXIA TC CREAM	-	Non-Preferred Brands
WPR PLUS	-	Non-Preferred Brands
lidocaine gel (GLYDO equiv)	-	Select
lidocaine soln (XYLOCAINE equiv)	-	Select
lidocaine/prilocaine cream (EMLA equiv)	-	Select
MISC. DERMATOLOGICAL PRODUCTS		
dermatological products misc - aerosol	OTC	EXC
dermatological products misc - cream	OTC	EXC
dermatological products misc - gel	OTC	EXC
dermatological products misc - liquid	OTC	EXC
dermatological products misc - lotion	OTC	EXC
dermatological products misc - ointment	OTC	EXC
dermatological products misc - pads	OTC	EXC
dermatological products misc - stick	OTC	EXC
HALUCORT GEL	-	Non-Preferred Brands

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
NEOSALUS FOAM	-	Non-Preferred Brands
MISC. TOPICAL		
ADULT BARRIER OINT	-	EXC
ALUMINUM ACETATE SOLN	OTC	EXC
aluminum sulfate - calcium acetate powd pack	OTC	EXC
BABY POWDER	OTC	EXC
benzoin tincture	OTC	EXC
BIODCREAM CREAM	-	EXC
boric acid granules	OTC	EXC
calamine phenolated lotion	OTC	EXC
calamine-zinc oxide lotion	OTC	EXC
calamine-zinc oxide susp	OTC	EXC
CERAVE THERA HAND CREAM	OTC	EXC
corn starch topical powder	OTC	EXC
DERMACINRX KIT	-	EXC
DERMAFIX SPRAY	-	EXC
diethyltoluamide (DEET) aerosol	OTC	EXC
diethyltoluamide (DEET) liquid	OTC	EXC
diethyltoluamide (DEET) lotion	OTC	EXC
diethyltoulaumide (DEET) sheets	OTC	EXC
dimethicone cream (DERMACINRX equiv)	-	EXC
dimethicone lotion	OTC	EXC
dimethicone wipe	OTC	EXC
ethyl alcohol wipes	OTC	EXC
EXEMAX CRE	OTC	EXC
eyelid cleansers - foam	OTC	EXC
eyelid cleansers - pads	OTC	EXC
eyelid cleansers - solution	OTC	EXC
FT PHENOLATE LOTION CALAMINE	OTC	EXC
green soap tincture	OTC	EXC
HYPOCYN GEL	-	EXC
incontinent cleanser - foam	OTC	EXC
incontinent cleanser - liquid	OTC	EXC
incontinent cleanser - lotion	OTC	EXC
insect repellent - aerosol	OTC	EXC
insect repellent - liquid	OTC	EXC
isopropyl alcohol spray	-	EXC
isopropyl alcohol wipes	OTC	EXC
lanolin cream	OTC	EXC
lanolin-petrolatum oint (A+D equiv)	-	EXC
menthol-zinc oxide oint	OTC	EXC
menthol-zinc oxide powder	OTC	EXC
mineral oil light (topical)	OTC	EXC
picaridin aerosol	OTC	EXC
picaridin liquid	OTC	EXC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
powders	OTC	EXC
powders - aerosol powder	OTC	EXC
SARNA BUG PAD BITE	OTC	EXC
shampoos	OTC	EXC
skin oils	OTC	EXC
skin protectants misc - cream	OTC	EXC
skin protectants misc - lotion	OTC	EXC
skin protectants misc - ointment	OTC	EXC
skin protectants misc - paste	OTC	EXC
skin protectants misc - stick	OTC	EXC
soap and cleansers - bar	OTC	EXC
soap and cleansers - cream	OTC	EXC
soap and cleansers - foam	OTC	EXC
soap and cleansers - gel	OTC	EXC
soap and cleansers - liquid	OTC	EXC
soap and cleansers - lotion	OTC	EXC
soap and cleansers - misc	OTC	EXC
soap and cleansers - pads	OTC	EXC
sodium chloride external soln	OTC	EXC
witch hazel (hamamelis virginiana) liqd	OTC	EXC
ZINC OXIDE 40% AND DIMETHICONE 1% OINTMENT THERAPY PACK	-	EXC
zinc oxide cream	OTC	EXC
zinc oxide oint	-	EXC
zinc oxide paste	OTC	EXC
ZINCTRAL PASTE	OTC	EXC
HYCLODEX SOLN	-	Non-Preferred Brands
QBREXZA PAD (QL= 1 pad/day)	PA-QL	Non-Preferred Brands
SOFDRA GEL (QL= 40.2 mL/30 days; Only available through Lombard Pharmacy 630-495-2333)	LD-PA-QL	Non-Preferred Brands
DRYSOL SOLN	-	Preferred Brands
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT (Step Therapy requires trial of tacrolimus oint or pimecrolimus cream)	ST	Non-Preferred Brands
ZORYVE CREAM (QL= 60 grams/30 days; Step therapy requires trial of calcipotriene cream/oint/soln AND topical tacrolimus oint)	QL-ST	Non-Preferred Brands
ZORYVE CREAM 0.05% (QL= 60 grams/30 days; ST req trial of tacrolimus oint)	QL-ST	Non-Preferred Brands
ZORYVE CREAM 0.15% (QL= 60g/30 days; ST req trial of tacrolimus oint)	QL-ST	Non-Preferred Brands

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DERMATOLOGICALS Cont.		
ZORYVE FOAM 0.3% (QL= 60g/30 days; Step Therapy requires trial of 1 topical steroid (e.g. clobetasol) and 1 topical calcineurin inhibitor (e.g. tacro))	QL-ST	Non-Preferred Brands
PIGMENTING-DEPIGMENTING AGENTS		
BLANCHE CREAM	-	EXC
HYDROQUINONE-HYDROCORTISONE-TRETINOIN EMULSION	-	EXC
HYDROQUINONE-TRETINOIN EMULSION	-	EXC
HYDROQUINONE-TRETINOIN-TRIAMCINOLONE ACE EMUL	-	EXC
TRI-LUMA CREAM	-	EXC
PODIATRIC PRODUCTS		
DIABECIN HR CRE	-	EXC
podiatric products - cream	OTC	EXC
podiatric products - liquid	OTC	EXC
podiatric products - ointment	OTC	EXC
podiatric products - stick	OTC	EXC
POISON IVY PRODUCTS		
poison ivy treatment - wash	OTC	EXC
TECNU IVY KIT COMPLETE	-	EXC
PROTECTIVES AGAINST UV RADIATION		
sunscreen aerosol	OTC	EXC
sunscreen cream	OTC	EXC
sunscreen liquid	OTC	EXC
sunscreen lotion	OTC	EXC
sunscreen ointment	OTC	EXC
sunscreen stick	OTC	EXC
ROSACEA AGENTS		
AVEIDA GEL	-	EXC
brimonidine tartrate gel (MIRVASO equiv)	-	EXC
DAZAVEIDAOXI GEL	-	EXC
DAZOMON GEL	-	EXC
IDAOXIA GEL	-	EXC
MIRVASO GEL	-	EXC
oxymetazoline hcl cream (RHOFADE equiv)	-	EXC
RENSOTI CREAM	-	EXC
ROCELIX CREAM	-	EXC
doxycycline (rosacea) cap delayed release (ORACEA equiv) (QL= 1 cap/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics
ivermectin cream (SOOLANTRA equiv) (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	High Cost Generics
EMROSI CAP (QL= 30 caps/30 days; Step Therapy requires trial of two of the following: doxycycline monohydrate and minocycline cap)	QL-ST	Non-Preferred Brands
FINACEA FOAM	-	Non-Preferred Brands

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DERMATOLOGICALS Cont.		
IVERMECTIN CREAM (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Non-Preferred Brands
NORITATE CREAM (Step Therapy requires trial of azelaic acid gel or FINACEA PLUS KIT)	ST	Non-Preferred Brands
ORACEA CAP (QL= 1 cap/day)	QL	Non-Preferred Brands
ROSADAN KIT (Step Therapy requires trial of metronidazole cream)	ST	Non-Preferred Brands
SOOLANTRA CREAM (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Non-Preferred Brands
ZILXI FOAM (QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Non-Preferred Brands
azelaic acid gel (FINACEA equiv)	-	Select
metronidazole cream (METROCREAM equiv)	-	Select
metronidazole gel (METROGEL equiv)	-	Select
metronidazole lotion (METROLOTION equiv)	-	Select
SCABICIDES & PEDICULICIDES		
BEDDING SPRA AER	OTC	EXC
EURAX CREAM	OTC	EXC
ivermectin lotion	OTC	EXC
LICE TRTMNT LIQ	OTC	EXC
LICEFREEE SPR HOME	-	EXC
nit remover - gel	OTC	EXC
nit remover - kit	OTC	EXC
permethrin creme rinse	OTC	EXC
ULESFIA LOTION	OTC	EXC
CROTAN LOTION (ST req trial of permethrin cream)	ST	Non-Preferred Brands
NATROBA SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Non-Preferred Brands
NATROBA SUSP 0.9% (QL= 1 bottle/fill, 1 fill/month)	QL	Non-Preferred Brands
SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Preferred Brands
malathion lotion (OVIDE equiv)	-	Select
permethrin cream (ELIMITE CREAM equiv)	-	Select
SCAR TREATMENT PRODUCTS		
aluroderm pad (DERMOVIX equiv)	OTC	EXC
CELACYN GEL	-	EXC
scar treatment products - cream	OTC	EXC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
SILIPAC KIT	-	Non-Preferred Brands
TAR PRODUCTS		
coal tar oint	OTC	EXC
coal tar shampoo	OTC	EXC
MG217 PSORIA GEL COAL 2%	-	EXC
WOUND CARE PRODUCTS		
AMNIOTIC MEMBRANE ALLOGRAFT (HUMAN) SHEET	-	EXC
BALSAM PERU/CASTOR OIL OINT	-	EXC
BIOSTEP SHEET, INNOVAMATRIX SHEET	-	EXC
calcium alginate wound dressing	OTC	EXC
CALCIUM ALGINATE-SILVER ROPE 1/4"X12"	OTC	EXC
CHORION MEMBRANE ALLOGRAFT (HUMAN) SHEET	-	EXC
COLLAGEN MATRIX LIQUID	-	EXC
INNOVAMATRIX DISK	-	EXC
KERASTAT CREAM	-	EXC
KERASTAT GEL	-	EXC
MEDIHONEY PASTE WOUND	-	EXC
MIRO3D WOUND PAD	-	EXC
MIROTRACT MIS	-	EXC
OCM WOUND MIS	-	EXC
REXASIL KIT	-	EXC
wound cleansers - liquid	OTC	EXC
wound cleansers - solution	OTC	EXC
wound dressings - gel	OTC	EXC
wound dressings - misc	OTC	EXC
wound dressings - pads	OTC	EXC
wound dressings - powder	OTC	EXC
ZENIFIBER AG PAD	-	EXC
ZEVASKYN MIS	-	EXC
ALEVICYN SOLN DERMAL	-	Non-Preferred Brands
BIAFINE EMULSION	-	Non-Preferred Brands
REGRANEX GEL (QL= 30gm/30 days)	QL	Non-Preferred Brands
FILSUVEZ GEL (QL= 702g/30days; Only available through PantherRx 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
VYJUVEK GEL (QL= 10ml/28 days; Only available through Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC BIOLOGICALS		

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DrugName	Special Code	Tier
DIAGNOSTIC PRODUCTS Cont.		
ALFALFA INJ	-	EXC
ALMOND INJ	-	EXC
ALTERNAR ALT INJ	-	EXC
AMERICAN ELM INJ	-	EXC
AMERICAN LOBSTER INJ	-	EXC
APPLE INJ	-	EXC
ASPERG FUMIG INJ	-	EXC
ATLANTIC COD INJ	-	EXC
ATLANTIC SALMON INJ	-	EXC
ATLANTIC/EASTERN OYSTER INJ	-	EXC
BANANA INJ	-	EXC
BEEF INJ	-	EXC
BIPOL SOROKI INJ	-	EXC
BLACK WALNUT INJ	-	EXC
BLACK WILLOW INJ	-	EXC
BLUE CRAB INJ	-	EXC
BRAZIL NUT INJ	-	EXC
BROWN SHRIMP INJ	-	EXC
CASHEW NUT INJ	-	EXC
CELERY INJ	-	EXC
CHICKEN MEAT INJ	-	EXC
CLADO SPHAER INJ	-	EXC
COCKROACH INJ	-	EXC
COCONUT INJ	-	EXC
CORN INJ	-	EXC
COW MILK INJ	-	EXC
DOCK-SORREL INJ	-	EXC
DOG EPITHELI INJ	-	EXC
EASTERN COTTONWOOD INJ	-	EXC
ENGLISH PLAN INJ	-	EXC
ENGLISH WALNUT INJ	-	EXC
HAZELNUT INJ	-	EXC
HORSE EPITHE INJ	-	EXC
LAMBS QUARTE INJ	-	EXC
MOUNTAIN CEDAR INJ	-	EXC
MOUSE EPITHE INJ	-	EXC
NETTLE INJ	-	EXC
NORTHERN QUAHOG CLAM INJ	-	EXC
OAT INJ	-	EXC
ORANGE INJ	-	EXC
PEANUT INJ	-	EXC
PECAN INJ	-	EXC
PENICILLIUM INJ	-	EXC
PINEAPPLE INJ	-	EXC
PORK INJ	-	EXC
RED MAPLE INJ	-	EXC
RED OAK INJ	-	EXC

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DrugName	Special Code	Tier
DIAGNOSTIC PRODUCTS Cont.		
RICE INJ	-	EXC
SAGEBRUSH INJ	-	EXC
SEA SCALLOPS INJ	-	EXC
SESAME SEED INJ	-	EXC
SG RAGWEED INJ	-	EXC
SOYBEAN INJ	-	EXC
STRAWBERRY INJ	-	EXC
SWEET CHERRY INJ	-	EXC
TOMATO INJ	-	EXC
WESTERN JUNIPER INJ	-	EXC
WHITE ALDER INJ	-	EXC
WHITE ASH INJ	-	EXC
WHITE BIRCH INJ	-	EXC
WHITE POTATO INJ	-	EXC
WHOLE GRAIN BARLEY INJ	-	EXC
WHOLE WHEAT INJ	-	EXC
DIAGNOSTIC DRUGS		
BLUDIGO INJ	-	EXC
GLEOLAN SOLN	-	EXC
GVOKE VIALDX INJ	-	EXC
INDOCYANINE INJ	-	EXC
KINEVAC INJ	-	EXC
LEXISCAN INJ	-	EXC
LUMISIGHT INJ	-	EXC
METHYLENE BLUE INJ SOLN	-	EXC
PAFOLACIANINE SODIUM IV SOLN	-	EXC
regadenoson iv inj (LEXISCAN equiv)	-	EXC
GLUCAGEN INJ	-	Preferred Brands
GLUCAGON DIAGNOSTIC INJ	-	Preferred Brands
DIAGNOSTIC PRODUCTS, MISC.		
BREEZA ORAL SOLN	-	EXC
ULTRASOUND GEL BLUE	-	EXC
FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands
DIAGNOSTIC RADIOPHARMACEUTICALS		
AMMONIA N 13 INJ	-	EXC
FLORTAUCIPIR F 18 IV SOLN	-	EXC
FLUDEOXYGLUCOSE F 18 IV INJ	-	EXC
FLYRCADO INJ	-	EXC
LYMPHOSEEK KIT	-	EXC
NEUROLITE KIT	-	EXC
POSLUMA SOLN	-	EXC
PYLARIFY INJ	-	EXC
RUBIDIUM RB 82 CHLORIDE FOR IV SOLN	-	EXC
SODIUM FLUORIDE F 18 IV SOLN	-	EXC

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DIAGNOSTIC PRODUCTS Cont.

DrugName	Special Code	Tier
DIAGNOSTIC TESTS		
A1CNOW+ PROF KIT SYSTEM	OTC	EXC
AZO MENOPAUSE TEST INDICATOR	OTC	EXC
AZO UTI/VAGI KIT PH TEST	-	EXC
CLINISTIX TES KIDNEY	-	EXC
CLINISTIX TEST STRIP	OTC	EXC
COVID-19 TEST	OTC	EXC
CUE COVID-19 INJ TEST CARTRIDGE	OTC	EXC
CVS DIGITAL TEST PREGNANCY	-	EXC
DRUG ASSAY (URINE) AND FUROSEMIDE TAB KIT	-	EXC
FENTANYL FE KIT	-	EXC
INFLUENZA-SARS AT HOME TEST	-	EXC
KETO-DIASTIX TEST STRIP	OTC	EXC
KETOSTIX	OTC	EXC
LIPID PANEL+ MIS EGLU	-	EXC
PRECISION XTRA KETONE TEST STRIP	OTC	EXC
PRO DNA KIT	-	EXC
PTS PANELS TEST CHOL+GLU	-	EXC
RSV+FLU A/B KIT +COVID	OTC	EXC
CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days)	QL	Preferred Brands
CONTOUR TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands
FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands
FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands
FREESTYLE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands
FREESTYLE TEST STRIPS (QL= 300 strips/30 days)	QL	Preferred Brands
PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands
CUE HEALTH MIS MONITOR (QL= 1 kit/year)	QL	Preventive
MISCELLANEOUS CONTRAST MEDIA		
AMBELVIST INJ	-	EXC
BL-C KIT	-	EXC
CLARISCAN INJ, DOTAREM INJ	-	EXC
GADAVIST INJ	-	EXC
gadobutrol inj (GADAVIST equiv)	-	EXC
gadoterate meglumine iv soln (CLARISCAN INJ, DOTAREM INJ equiv)	-	EXC
gadoterate meglumine iv soln prefilled syringe (CLARISCAN INJ, DOTAREM INJ equiv)	-	EXC
gadoteridol iv soln (PROHANCE equiv)	-	EXC
IOHEXOL/LIDOCAINE/BETAMETHASONE INJ KIT	-	EXC
PROHANCE INJ	-	EXC
VUEWAY INJ	-	EXC
XENON XE 129 HYPERPOLARIZED INHALATION GAS	-	EXC

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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
DIAGNOSTIC PRODUCTS Cont.		
RADIOGRAPHIC CONTRAST MEDIA		
diatrizoate meglumine/sodium oral soln (GASTROGRAFIN equiv)	-	EXC
FERABRIGHT INJ	-	EXC
GASTROGRAFIN SOLN	-	EXC
iodixanol inj (VISIPAQUE equiv)	-	EXC
iohexol inj (OMNIPAQUE equiv)	-	EXC
iopamidol inj (ISOVUE-M equiv)	-	EXC
ISOVUE-M 200 INJ	-	EXC
OMNIPAQUE INJ	-	EXC
OMNIPAQUE SOLN	-	EXC
VISIPAQUE INJ	-	EXC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
CARAWAY SEED-LEVOMENTHOL CAP DELAYED RELEASE ER	OTC	EXC
DENOVO PLUS CAP B12	OTC	EXC
DEPLIN FC CAP	-	EXC
dietary management product - powder	OTC	EXC
dietary management product - tabs	OTC	EXC
d-ribose oral powder	OTC	EXC
folic acid-pyridoxine-cyanocobalamin tab	OTC	EXC
LEVOMEFOLATE GLUCOSAMINE CAP	OTC	EXC
levomefolate glucosamine tab er	OTC	EXC
METANX FC CAP	-	EXC
METANX RR CAP	-	EXC
TEARS AGAIN HYDRATE CAP	OTC	EXC
UREAPRO POWDER	-	EXC
XAQUIL XR TAB	OTC	EXC
METAFOLBIC PLUS TAB	-	Non-Preferred Brands
ZYTAZE CAP	-	Non-Preferred Brands
NUTRITIONAL SUPPLEMENTS		
ESTROBLEND TAB MENOPAUS	OTC	EXC
NUTRITIONAL SUPPLEMENT EFFERVESCENT POWDER	OTC	EXC
OSAPLEX CAP	OTC	EXC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
digestive enzyme cap	OTC	EXC
DIGESTIVE ENZYME CAP DELAYED RELEASE	OTC	EXC
digestive enzyme tab	OTC	EXC
HISTDAO TAB	OTC	EXC
lactase chew tab	OTC	EXC
lactase tab	OTC	EXC

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DrugName	Special Code	Tier
DIGESTIVE AIDS Cont.		
PANCREAZE CAP, PERTZYE CAP (Step Therapy requires trial of Creon OR Zenpep)	ST	Non-Preferred Brands
VIOKACE TAB (Step Therapy requires trial of Creon)	ST	Non-Preferred Brands
SUCRAID SOLN (Step Therapy requires trial of Creon; Only available through Optum Frontier Therapies 855-768-9727)	LD-ST	Non-Preferred Specialty
CREON CAP	-	Preferred Brands
ZENPEP CAP 10000 UNIT	-	Preferred Brands
ZENPEP CAP 15000 UNIT	-	Preferred Brands
ZENPEP CAP 20000 UNIT	-	Preferred Brands
ZENPEP CAP 25000 UNIT	-	Preferred Brands
ZENPEP CAP 3000 UNIT	-	Preferred Brands
ZENPEP CAP 40000 UNIT	-	Preferred Brands
ZENPEP CAP 5000 UNIT	-	Preferred Brands
ZENPEP CAP 60000 UNIT	-	Preferred Brands
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
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
methazolamide tab (NEPTAZANE equiv) (Step Therapy requires trial of acetazolamide)	ST	High Cost Generics
KEVEYIS TAB (QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	Select
acetazolamide tab	-	Select
DIURETIC COMBINATIONS		
AMILORIDE/HCTZ TAB	-	Select
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	Select
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	Select
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	Select
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	Select
DIURETICS - MISCELLANEOUS		
DIUREX ULTRA TAB	OTC	EXC
LOOP DIURETICS		

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DrugName	Special Code	Tier
DIURETICS Cont.		
bumetanide inj	-	EXC
ethacrynic tab (EDECRIN equiv)	-	High Cost Generics
BUMEX TAB	-	Non-Preferred Brands
SOAANZ TAB (QL= 5 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab)	QL-ST	Non-Preferred Brands
SOAANZ TAB 60MG (QL= 3 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab)	QL-ST	Non-Preferred Brands
FUROSCIX KIT (QL= 8 kits/30 days; Step requires a trial of furosemide tabs or furosemide soln; Only available through Onco360 877-662-6633)	LD-QL-ST	Non-Preferred Specialty
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	Preferred Specialty
LASIX ONYU INJ 80MG/2.67ML (QL= 1 kit per fill/1 fill per year; Step requires a trial of furosemide tabs or furosemide solution)	QL-ST	Preferred Specialty
bumetanide tab (BUMEX equiv)	-	Select
torsemide tab (DEMADEX equiv)	-	Select
FUROSEMIDE SOLN	-	Value
furosemide soln (LASIX equiv)	-	Value
furosemide tab (LASIX equiv)	-	Value
OSMOTIC DIURETICS		
MANNITOL INJ	-	EXC
POTASSIUM SPARING DIURETICS		
spironolactone susp (CAROSPIR equiv) (QL= 600ml/30 days; ST req trial of furosemide oral soln)	QL-ST	High Cost Generics
triamterene cap (DYRENIUM equiv) (Step Therapy requires trial of amiloride or spironolactone)	ST	High Cost Generics
CAROSPIR SUSP (QL= 600ml/30 days; ST req trial of furosemide oral soln)	QL-ST	Non-Preferred Brands
DYRENIUM CAP (Step Therapy requires trial of amiloride or spironolactone)	ST	Non-Preferred Brands
amiloride tab (MIDAMOR equiv)	-	Select
spironolactone tab (ALDACTONE equiv)	-	Value
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
INZIRQO SUSP (QL= 5ml/day; ST req Diuril AND trial of 1: HCTZ tab/cap, chlorthal-, spirono- tab, spirono-HCTZ, or Triam-HCTZ)	QL-ST	Non-Preferred Brands
THALITONE TAB (QL= 1 tab/day; Step therapy requires trial of chlorthalidone 25mg or chlorthalidone 50mg)	QL-ST	Non-Preferred Brands
DIURIL SUSP	-	Preferred Brands
CHLOROTHIAZIDE TAB	-	Select
chlorothiazide tab (DIURIL equiv)	-	Select

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DIURETICS Cont.		
indapamide tab (LOZOL equiv)	-	Select
METHYCLOTHIAZIDE TAB	-	Select
metolazone tab (ZAROXOLYN equiv)	-	Select
chlorthalidone tab	-	Value
hydrochlorothiazide cap (MICROZIDE equiv)	-	Value
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	Value
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA TAB (QL= 12 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Preferred Specialty
RECORLEV TAB (QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
BONE DENSITY REGULATORS		
AUKELSO INJ	-	EXC
BILPREVDA INJ	-	EXC
BOMYNTRA INJ	-	EXC
BOMYNTRA INJ 120MG/1.7ML	-	EXC
JUBEREQ INJ	-	EXC
OSENVELT INJ	-	EXC
WYOST INJ	-	EXC
XGEVA INJ	-	EXC
XTRENBO SOLN	-	EXC
calcitonin inj (MIACALCIN equiv)	-	High Cost Generics
risedronate DR tab (ATELVIA equiv) (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate)	QL-ST	High Cost Generics
risedronate tab 150mg (ACTONEL equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	High Cost Generics
ACTONEL TAB 150MG (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	Non-Preferred Brands
ACTONEL TAB 30MG (QL= 1 tab/day)	QL	Non-Preferred Brands
ACTONEL TAB 35MG (QL= 4 tabs/28 days)	QL	Non-Preferred Brands
ACTONEL TAB 5MG (QL= 1 tab/day)	QL	Non-Preferred Brands
ATELVIA TAB (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate)	QL-ST	Non-Preferred Brands
BINOSTO TAB (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate and ibandronate)	QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
FOSAMAX+D TAB (Step Therapy requires trial of alendronate and ibandronate)	ST	Non-Preferred Brands
MIACALCIN INJ	-	Non-Preferred Brands
BILDYOS INJ (QL= 1 mL (1 syringe)/180 days)	LMSP-PA-QL	Non-Preferred Specialty
BONSITY, TERIPARATIDE INJ (QL= 2.24 mL/28 days)	AMSP-PA-QL	Non-Preferred Specialty
BOSAYA INJ (QL= 1mL/180 days)	LMSP-PA-QL	Non-Preferred Specialty
CONEXXENCE INJ 60MG/ML (QL= 1mL/180 days)	AMSP-PA-QL	Non-Preferred Specialty
ENOBY SOLN (QL= 1 mL/180 days)	PA-QL	Non-Preferred Specialty
FORTEO INJ 560MCG/2.24ML (QL= 2.24 mL/28 days)	AMSP-PA-QL	Non-Preferred Specialty
JUBBONTI INJ (QL= 1mL/180 days)	AMSP-PA-QL	Non-Preferred Specialty
NATPARA INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
OSPOMYV INJ (QL= 1mL (1 syringe)/180 days)	LMSP-PA-QL	Non-Preferred Specialty
OSVYRTI INJ (QL= 1mL/180 days)	PA-QL	Non-Preferred Specialty
STOBOCLO INJ (QL= 1 mL/180 days)	AMSP-PA-QL	Non-Preferred Specialty
teriparatide inj 560mcg/2.24ml (QL= 2.24 ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty
PROLIA INJ	AMSP-PA	Preferred Specialty
teriparatide (recombinant) soln pen-inj 560mcg/2.24ml (FORTEO equiv) (QL= 2.24 mL/28 days)	AMSP-PA-QL	Preferred Specialty
TYMLOS INJ (QL= 1.56 units/30 days)	AMSP-PA-QL	Preferred Specialty
alendronate sodium oral soln (FOSAMAX equiv) (QL= 300ml/28 days)	QL	Select
calcitonin nasal spray (MIACALCIN equiv)	-	Select
ibandronate tab 150mg (BONIVA equiv)	-	Select

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
risedronate tab 30mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Select
risedronate tab 35mg (ACTONEL equiv) (QL= 4 tabs/28 days)	QL	Select
risedronate tab 5mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Select
alendronate tab (FOSAMAX equiv)	-	Value
ALENDRONATE TAB 40MG	-	Value
CORTICOTROPIN		
ACTHAR INJ GEL (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
CORTROPHIN GEL 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
CORTROPHIN INJ (Only available through CVS Specialty 800-238-7828)	LD-PA	Non-Preferred Specialty
ACTHAR HP GEL INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty
ACTHAR INJ 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR ANTAGONISTS		
CRENESSITY CAP (QL= 60 caps/30 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
CRENESSITY SOLN (QL= 120ml/30 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
FERTILITY REGULATORS		
CLOMID TAB	-	EXC
clomiphene citrate tab (CLOMID equiv)	-	EXC
OVIDREL INJ	-	EXC
GNRH/LHRH ANTAGONISTS		
cetrorelix acetate kit (CETROTIDE equiv)	-	EXC
CETROTIDE KIT	-	EXC
GANIRELIX AC INJ	-	EXC
ganirelix ac inj (GANIRELIX equiv)	-	EXC
ORILISSA TAB 150MG (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty
ORILISSA TAB 200MG (QL= 2 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA WR KIT	-	EXC

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
EGRIFTA INJ	-	Non-Preferred Brands
GROWTH HORMONES		
HUMATROPE INJ	AMSP-PA	Non-Preferred Specialty
NGENLA INJ (QL= 1.2ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty
NORDITROPIN INJ, NUTROPIN AQ INJ	AMSP-PA	Non-Preferred Specialty
OMNITROPE INJ 5.8MG (QL= 8 vials/28 days)	AMSP-QL	Non-Preferred Specialty
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	AMSP-PA	Non-Preferred Specialty
SOGROYA INJ (QL= 6ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ZOMACTON INJ	AMSP-PA	Non-Preferred Specialty
GENOTROPIN INJ 0.2MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 0.4MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 0.6MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 0.8MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 1.2MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 1.4MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 1.6MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 1.8MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 12MG (QL= 4 cartridges/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 1MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 2MG (QL= 21 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days)	AMSP-QL	Preferred Specialty
OMNITROPE INJ (QL= 13.5 mL/28 days)	AMSP-QL	Preferred Specialty

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
OMNITROPE INJ 5.8MG (QL= 8 vials/28 days)	AMSP-QL	Preferred Specialty
SKYTROFA INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Preferred Specialty
SKYTROFA INJ 0.7MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Preferred Specialty
SKYTROFA INJ 1.4MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Preferred Specialty
SKYTROFA INJ 1.8MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Preferred Specialty
SKYTROFA INJ 2.1MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Preferred Specialty
SKYTROFA INJ 2.5MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Preferred Specialty
HORMONE RECEPTOR MODULATORS		
EVISTA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
OSPHENA TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands
raloxifene tab (EVISTA equiv) (QL= 1 tab/day)	QL	Preventive
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
LUMVOA INJ	-	EXC
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ (Only available through AnovoRx 844-288-5007)	LD	Preferred Specialty
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI INJ	-	EXC
TRIPTODUR SUS 22.5MG	-	EXC
SYNAREL NASAL SOLN	-	Preferred Brands
LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days)	AMSP-PA-QL	Preferred Specialty
LUPRON DEPOT-PED INJ (1-MONTH) (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Preferred Specialty
LUPRON DEPOT-PED INJ (3-MONTH) (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Preferred Specialty
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
LYNKUET CAP (QL= 60 capsules/30 days; ST req trial of gabapentin and 2: citalopram, escitalopram, paroxetine, venlafaxine, desvenlafaxine)	QL-ST	Non-Preferred Brands
VEOZAH TAB (QL= 30 tabs/30 days; ST requires trial of 2: parox, escital, venlafax, desven AND trial of 1: gabapen, pregab, clonidine)	QL-ST	Non-Preferred Brands
METABOLIC MODIFIERS		
AVLAYAH INJ	-	EXC
CARNITOR INJ	-	EXC

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
CITRULLINE EASY TAB	-	EXC
ELFABRIO SOLN	-	EXC
IMCIVREE INJ	-	EXC
KEBILIDI INJ	-	EXC
LAMZEDE INJ	-	EXC
levocarnitine inj (CARNITOR equiv)	-	EXC
LOARGYS INJ	-	EXC
NEXVIAZYME INJ	-	EXC
NULIBRY INJ	-	EXC
PARSABIV INJ	-	EXC
POMBILITI SOLN	-	EXC
XENPOZYME INJ	-	EXC
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
doxercalciferol cap (HECTOROL equiv)	-	High Cost Generics
DOXERCALCIFEROL CAP 0.5MCG (QL= 3 caps/day; ST req trial of calcitriol cap AND paricalcitol cap 1mcg/2mcg)	QL-ST	Non-Preferred Brands
DOXERCALCIFEROL CAP 1MCG (QL= 3 caps/day; ST req trial of calcitriol cap AND paricalcitol cap 1mcg/2mcg)	QL-ST	Non-Preferred Brands
DOXERCALCIFEROL CAP 2.5MCG (QL= 1 cap/day; ST req trial of calcitriol cap AND paricalcitol cap 1mcg/2mcg)	QL-ST	Non-Preferred Brands

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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
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
RAYALDEE CAP (QL= 2 caps/day)	PA-QL	Non-Preferred Brands
ROCALTROL SOLN	-	Non-Preferred Brands
SENSIPAR TAB 30MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
SENSIPAR TAB 60MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
SENSIPAR TAB 90MG (QL= 4 tabs/day)	QL	Non-Preferred Brands
VYKAT XR TAB 150MG (QL= 90 tabs/30 days)	PA-QL	Non-Preferred Brands
VYKAT XR TAB 25MG (QL= 120 tabs/30 days)	PA-QL	Non-Preferred Brands
VYKAT XR TAB 75MG (QL= 210 tabs/30 days)	PA-QL	Non-Preferred Brands
BUPHENYL POWDER (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
BUPHENYL TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
CARBAGLU TAB (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
FORZINITY INJ (QL= 4 vials/28 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty
GALAFOLD CAP (QL= 15 caps/30 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
HARLIKU TAB (QL= 30 tablets/30 days; Only available through LeMed Specialty Pharmacy 347-913-4656)	LD-PA-QL	Non-Preferred Specialty
KUVAN POWDER PACK (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
KUVAN TAB (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
KYGEVVI POWDER (QL= 30 packets/30 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	Non-Preferred Specialty

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
MYALEPT INJ (QL= 1 inj/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
NITYR TAB (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
OLPRUVA PACK (QL= 3 packets/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty
OPFOLDA CAP (QL= 3 caps/14 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
ORFADIN CAP (Only available through Eversana 636-519-2400)	LD-PA	Non-Preferred Specialty
ORFADIN SUSP (Only available through Eversana 636-519-2400)	LD-PA	Non-Preferred Specialty
PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty
RAVICTI LIQUID (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
REDEMPLO PFS INJ (QL= 0.5mL/90 days; Only available through Vanscoy Rare Pharmacy 855-826-7269)	LD-PA-QL	Non-Preferred Specialty
SEPHIENCE POWDER 1000MG (QL= 180 powder packs/30 days; Only available through Optum Frontier Therapies 855-768-9727 or Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
SEPHIENCE POWDER 250MG (QL= 90 powder packs/30 days; Only available through Optum Frontier Therapies 855-768-9727 or Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
TRYNGOLZA INJ (QL= 0.8ml/30 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
XPHOZAH TAB (QL= 60 tablets/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
XURIDEN POWDER (Only available through Onco360 877-662-6633)	LD-PA	Non-Preferred Specialty
YORVIPATH INJ 168 MCG/0.56ML (QL= 1.12ml/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
YORVIPATH INJ 294 MCG/0.98ML (QL= 1.96ml/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575)	LD-PA-QL	Non-Preferred 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
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
YORVIPATH INJ 420 MCG/1.4ML (QL= 2.80ml/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
CYSTADANE POWDER (QL= 540 grams/30 days; Only available through AnovoRx 844-288-5007)	LD-QL	Preferred 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	Preferred Specialty
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Preferred Specialty
calcitriol cap (ROCALTROL equiv)	-	Select
calcitriol soln (CALCITRIOL equiv)	-	Select
cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Select
cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Select
cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day)	QL	Select
levocarnitine soln (CARNITOR equiv)	-	Select
levocarnitine tab (CARNITOR equiv)	-	Select
paricalcitol cap (ZEMPLAR equiv)	-	Select
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB (QL= 30 tabs/30 days; Step req trial of 1 ACE/ARB (ex lisinopril, losartan, valsartan) AND 1 SGLT2 (ex Farxiga, Jardiance))	QL-ST	Non-Preferred Brands
NATRIURETIC PEPTIDES		
VOXZOGO INJ (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj (DDAVP equiv)	-	EXC
TERLIVAZ INJ	-	EXC
VASOPRE/NACL INJ	-	EXC
VASOPRESSIN INJ	-	EXC
vasopressin iv soln (VASOSTRICT equiv)	-	EXC
VASOPRESSIN SOLN	-	EXC
VASOPRESSIN-NACL INJ SOLN PREF SYRINGE	-	EXC
VASOSTRICT INJ	-	EXC
VASOSTRICT SOLN	-	EXC
DDAVP NASAL SOLN	-	Non-Preferred Brands
DESMODA SOLN 0.05MG/ML (QL= 145mL/9 days; ST req trial of 2: desmopressin nasal soln AND desmopressin tab)	QL-ST	Non-Preferred Brands
NOCDURNA SL TAB	-	Non-Preferred Brands
NOCTIVA EMULSION SPRAY (QL= 3.8gm/30 days)	QL	Non-Preferred Brands
STIMATE NASAL SOLN	-	Preferred Brands

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
desmopressin acetate nasal spray (DDAVP equiv)	-	Select
desmopressin acetate tab (DDAVP equiv)	-	Select
DESMOPRESSIN NASAL SPRAY	-	Select
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX TAB	-	Non-Preferred Brands
mifepristone tab (MIFEPREX equiv)	-	Select
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	Select
SOMATOSTATIC AGENTS		
lanreotide acetate extended release inj (SOMATULINE equiv)	-	EXC
octreotide acetate for im inj kit (SANDOSTATIN equiv)	-	EXC
SANDOSTATIN LAR KIT	-	EXC
SOMATULINE INJ	-	EXC
octreotide inj (SANDOSTATIN equiv)	AMSP-PA	Generic Specialty
OCTREOTIDE INJ 100MCG	AMSP-PA	Generic Specialty
MYCAPSSA CAP (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Non-Preferred Specialty
PALSONIFY TAB (QL= 60 tabs/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Preferred 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
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
JYNARQUE TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
JYNARQUE TAB 30MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
SAMSCA TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty

ESTROGENS

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VAC	Vaccine Program				

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ESTROGENS Cont.

DrugName	Special Code	Tier
ESTROGEN COMBINATIONS		
COVARYX TAB	-	EXC
ANGELIQ TAB	-	Non-Preferred Brands
BIJUVA CAP	-	Non-Preferred Brands
CLIMARA PRO PATCH	-	Non-Preferred Brands
COMBIPATCH	-	Non-Preferred Brands
PREFEST TAB	-	Non-Preferred Brands
MYFEMBREE TAB (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ORIAHNN CAP (QL= 2 caps/day)	AMSP-PA-QL	Non-Preferred Specialty
PREMPHASE TAB, PREMPRO TAB	-	Preferred Brands
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	Select
estradiol/norethindrone tab (ACTIVELLA equiv)	-	Select
jinteli tab (FEMHRT equiv)	-	Select
ESTROGENS		
estradiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	High Cost Generics
estradiol td gel (DIVIGEL equiv) (QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	High Cost Generics
estradiol td gel 1.25mg/1.25gm (DIVIGEL equiv) (QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	High Cost Generics
estrogens, conjugated tab (PREMARIN equiv)	-	High Cost Generics
ALORA PATCH (QL= 8 patches/28 days)	QL	Non-Preferred Brands
CLIMARA PATCH (QL= 4 patches/28 days)	QL	Non-Preferred Brands
DELESTROGEN INJ	-	Non-Preferred Brands
DEPO-ESTRADIOL INJ	-	Non-Preferred Brands

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DrugName	Special Code	Tier
ESTROGENS Cont.		
DIVIGEL GEL (QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Non-Preferred Brands
DIVIGEL GEL 1.25MG/1.25GM (QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Non-Preferred Brands
DIVIGEL GEL, ELESTRIN GEL	-	Non-Preferred Brands
EVAMIST SPRAY	-	Non-Preferred Brands
MENOSTAR PATCH	-	Non-Preferred Brands
PREMARIN TAB	-	Non-Preferred Brands
VIVELLE-DOT PATCH (QL= 8 patches/28 days)	QL	Non-Preferred Brands
MENEST TAB	-	Preferred Brands
estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days)	QL	Select
estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days)	QL	Select
estradiol tab (ESTRACE equiv)	-	Select
estradiol valerate inj	-	Select
FLUOROQUINOLONES		
FLUOROQUINOLONES		
CIPROFLOXACIN INJ	-	EXC
LEVOFLOXACIN INJ 25MG/ML	-	EXC
levofloxacin IV soln 25 mg/ml (LEVOFLOXACIN IV equiv)	-	EXC
BAXDELA TAB (QL= 2 tabs/day)	PA-QL	Non-Preferred Brands
CIPROFLOXACIN 100MG TAB	-	Non-Preferred Brands
FACTIVE TAB	-	Non-Preferred Brands
OFLOXACIN TAB	-	Non-Preferred Brands
PROQUIN XR TAB	-	Non-Preferred Brands
CIPRO SUSP	-	Select
ciprofloxacin susp (CIPRO equiv)	-	Select
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	Select

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DrugName	Special Code	Tier
FLUOROQUINOLONES Cont.		
levofloxacin oral soln 25mg/ml (LEVOFLOXACIN equiv)	-	Select
levofloxacin tab (LEVAQUIN equiv)	-	Select
moxifloxacin tab (AVELOX equiv)	-	Select
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
MOTEGRITY TAB (QL= 1 tab/day; Step therapy requires trial of Trulance, Linzess, AND lubiprostone)	QL-ST	Non-Preferred Brands
prucalopride succinate tab (MOTEGRITY equiv) (QL= 1 tab/day)	QL	Select
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB (QL= 30 tabs/30 days)	QL	Preferred Brands
ANTIFLATULENTS		
alpha-d-galactosidase capsule	OTC	EXC
BEANO TAB	-	EXC
KAOPECTATE LIQ	OTC	EXC
simethicone cap	OTC	EXC
simethicone chew tab	OTC	EXC
simethicone susp	OTC	EXC
BILE ACID SYNTHESIS DISORDER AGENTS		
CHENODAL TAB (ST req trial of 1: ursodiol caps or tabs)	ST	Non-Preferred Specialty
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	Non-Preferred Specialty
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
GALLSTONE SOLUBILIZING AGENTS		
URSODIOL CAP (Step therapy requires trial of ursodiol tab)	ST	Non-Preferred Brands
URSOLIGN CAP 150MG (QL= 3 caps/day; ST req trial of ursodiol tablet AND ursodiol 300mg capsule)	QL-ST	Non-Preferred Brands
CHENODAL TAB (Split RDX programming: Cerebrotendinous xanthomatosis (CTX) [E75.5 (Other lipid storage disorders)]: no ST. All other conditions: ST through ursodiol capsules/tablets)	RDX-ST	Non-Preferred Specialty
RELTONE CAP (Step therapy requires trial of ursodiol tab)	ST	Select
ursodiol cap (ACTIGALL equiv)	-	Select
ursodiol tab (URSO (FORTE) equiv)	-	Select
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	Select
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
AMITIZA CAP (QL= 60 caps/30 days; Step Therapy requires trial of both TRULANCE and LINZESS or both MOVANTIK and SYMPROIC)	QL-ST	Non-Preferred Brands
lubiprostone cap (AMITIZA equiv) (QL= 60 caps/30 days)	QL	Select
GASTROINTESTINAL STIMULANTS		
GIMOTI NASAL SPRAY (QL= 1 bottle/28 days; Step therapy requires trial of metoclopramide tab)	QL-ST	Non-Preferred Brands
METOZOLV ODT (Step Therapy requires trial of metoclopramide)	ST	Non-Preferred Brands
metoclopramide soln (REGLAN equiv)	-	Select
metoclopramide tab (REGLAN equiv)	-	Select
HEPATOTROPICS		
REZDIFFRA TAB (QL= 30 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP (Only available through Accredo 800-803-2523 or PantheRx Pharmacy 855-726-8479)	LD-PA	Non-Preferred Specialty
LIVMARLI SOLN (Only available through Eversana 636-519-2400)	LD-PA	Non-Preferred Specialty
LIVMARLI TAB (QL= 1 tab/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Non-Preferred Specialty
INFLAMMATORY BOWEL AGENTS		
CIMZIA INJ	-	EXC
IMULDOSA INJ	-	EXC
OMVOH INJ	-	EXC
OTULFI INJ	-	EXC
PYZCHIVA IV INJ	-	EXC
SELARSDI INJ	-	EXC
SKYRIZI SOLN	-	EXC
STARJEMZA INJ	-	EXC
STEQEYMA INJ	-	EXC
TREMFYA IV INJ	-	EXC
USTEKINUMAB INJ	-	EXC
WEZLANA IV INJ	-	EXC
YESINTEK INJ	-	EXC
mesalamine ER cap (PENTASA equiv) (QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA)	QL-ST	High Cost Generics
mesalamine tab (ASACOL equiv) (QL= 9 tabs/1 day; Step Therapy requires trial of generic APRISO or generic LIALDA)	QL-ST	High Cost Generics
APRISO CAP (QL= 8 caps/day)	QL	Non-Preferred Brands

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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
GASTROINTESTINAL AGENTS - MISC. Cont.		
ASACOL HD TAB (Step Therapy requires trial of APRISO or LIALDA)	ST	Non-Preferred Brands
ASACOL HD TAB, MESALAMINE TAB (Step Therapy requires trial of APRISO or LIALDA)	ST	Non-Preferred Brands
CANASA SUPP (QL= 1 tab/day)	QL	Non-Preferred Brands
DELZICOL CAP (QL= 6 caps/day)	QL	Non-Preferred Brands
DIPENTUM CAP	-	Non-Preferred Brands
LIALDA TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands
PENTASA CR CAP (QL= 8 caps/day; Diagnosis Restricted - Crohn's Disease (K50.9), UC (K51.9); For UC, ST req trial of generic APRISO or generic LIALDA)	QL-RDX-ST	Non-Preferred Brands
SFROWASA ENEMA (QL= 60mL/day)	QL	Non-Preferred Brands
OMVOH INJ (QL= 2ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty
OMVOH INJ 100MG/ML, 200MG/2ML (QL= 3ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty
VELSIPITY TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
ZYMFENTRA INJ (QL= 2 pens/28 days)	AMSP-PA-QL	Non-Preferred Specialty
CIMZIA INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
CIMZIA INJ 200MG/ML (QL= 2 units/28 days)	AMSP-PA-QL	Preferred Specialty
ENTYVIO INJ (QL= 1.36ml/28 days)	AMSP-PA-QL	Preferred Specialty
SKYRIZI 180MG/1.2ML CARTRIDGE (QL= 1 cartridge/56 days)	AMSP-PA-QL	Preferred Specialty
SKYRIZI INJ (QL= 1 cartridge/56 days)	AMSP-PA-QL	Preferred Specialty
TREMFYA INDUCTION INJ 200MG/ML (QL= 12 mL/year)	AMSP-PA-QL	Preferred Specialty
TREMFYA INJ 200MG/2ML (QL= 2mL/28 days)	AMSP-PA-QL	Preferred Specialty
balsalazide cap (COLAZAL equiv)	-	Select
MESALAMINE DR CAP (QL= 6 caps/day)	QL	Select

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day)	QL	Select
mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day)	QL	Select
mesalamine enema (ROWASA equiv) (QL= 60mL/day)	QL	Select
mesalamine ER cap (APRISO equiv) (QL= 8 caps/day)	QL	Select
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	QL	Select
sulfasalazine EC tab (AZULFIDINE equiv)	-	Select
sulfasalazine tab (AZULFIDINE equiv)	-	Select
INTESTINAL ACIDIFIERS		
lactulose soln	-	Select
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
IBSRELA TAB (QL= 60 tabs/30 days)	PA-QL	Non-Preferred Brands
VIBERZI TAB	-	Non-Preferred Brands
LINZESS CAP (QL= 30 caps/30 days)	QL	Preferred Brands
alosetron tab (LOTRONEX equiv)	-	Select
LIVE FECAL MICROBIOTA		
REBYOTA SUSP FECAL	-	EXC
VOWST CAP (QL= 12 caps/30 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
RELISTOR INJ (QL= 0.4ml/day)	AMSP-PA-QL	Non-Preferred Specialty
RELISTOR INJ (QL= 0.6ml/day)	AMSP-PA-QL	Non-Preferred Specialty
RELISTOR INJ KIT (QL= 0.6ml/day)	AMSP-PA-QL	Non-Preferred Specialty
RELISTOR TAB (QL= 3 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty
MOVANTIK TAB (QL= 30 tabs/30 days)	PA-QL	Preferred Brands
SYMPROIC TAB (QL= 30 tabs/30 days)	PA-QL	Preferred Brands
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TAB (QL= 30 tabs/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
LIVDELZI CAP (QL= 30 caps/30 days; Only available through Orsini Pharmacy 800-410-8575 or PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
PHOSPHATE BINDER AGENTS		

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
AURYXIA TAB (QL= 12 tabs/day; ST req trial of sevelamer carbonate tab OR sevelamer HCL tab)	QL-ST	Non-Preferred Brands
FOSRENOL CHEW TAB	-	Non-Preferred Brands
FOSRENOL POWDER PACK (QL= 3 packs/day)	QL	Non-Preferred Brands
RENAGEL TAB	-	Non-Preferred Brands
RENAGEL TAB 800MG	-	Non-Preferred Brands
RENVELA TAB	-	Non-Preferred Brands
VELPHORO CHEW TAB (QL= 6 tabs/day; Step Therapy requires trial of sevelamer followed by lanthanum)	QL-ST	Non-Preferred Brands
PHOSLYRA SOLN	-	Preferred Brands
calcium acetate cap (PHOSLO equiv)	-	Select
ferric citrate tab (QL= 12 tabs/day; ST req trial of 1: sevelamer carbonate tab OR sevelamer HCL tab)	QL-ST	Select
lanthanum carbonate chew tab (FOSRENOL equiv) (QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab)	QL-ST	Select
lanthanum carbonate chew tab 500mg (FOSRENOL equiv) (QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab)	QL-ST	Select
sevelamer hydrochloride tab (RENAGEL equiv)	-	Select
sevelamer powder pak (RENVELA equiv)	-	Select
sevelamer tab (RENVELA TAB equiv)	-	Select
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB (QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Biologics 800-850-4306)	LD-PA-QL-ST	Non-Preferred Specialty
GENERAL ANESTHETICS		
ANESTHETICS - MISC.		
KETAMINE HCL INJ NACL	-	EXC
KETAMINE HCL SOLN INJ PREF SYRINGE	-	EXC
KETAMINE INJ	-	EXC
BARBITURATE ANESTHETICS		
BREVITAL SOD INJ	-	EXC
methohexital sodium for inj (BREVITAL equiv)	-	EXC
GENITOURINARY AGENTS - MISCELLANEOUS		

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DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
ACIDIFIERS		
K-PHOS TAB	-	Non-Preferred Brands
ALKALINIZERS		
K CITRATE SOL CITR ACD	-	EXC
K/NA CITRATE SOL CITR ACD	-	EXC
POTASSIUM CITRATE-MAGNESIUM CITRATE ER TAB	-	EXC
POTASSIUM CITRATE-MAGNESIUM CITRATE PACKET	-	EXC
SOD CITRATE SOL CITR ACD	-	EXC
CYTRA K CRYSTALS	-	Select
CYTRA-3 SYRUP	-	Select
potassium citrate CR tab (UROCIT-K TAB equiv)	-	Select
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	Select
sodium citrate/citric acid soln (BICITRA equiv)	-	Select
CYSTINOSIS AGENTS		
PROCYSBI CAP (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
PROCYSBI GRANULES PACKET (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
CYSTAGON CAP 150MG (Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-RDX	Preferred 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	Preferred Specialty
GENITOURINARY IRRIGANTS		
ARGYL SALINE SOL IRR	-	EXC
RENACIDIN SOLN	-	EXC
HYPEROXALURIA AGENTS		
RIVFLOZA INJ (QL= 1 syringe/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty
RIVFLOZA INJ (QL= 2 vials/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TAB (QL= 30 tabs/30 days; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	Non-Preferred Specialty
VANRAFIA TAB (QL= 30 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
VOYXACT INJ (QL= 2 mL/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
INTERSTITIAL CYSTITIS AGENTS		

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
ELMIRON CAP (QL= 3 caps/day; ST requires trial of amitriptyline AND hydroxyzine)	QL-ST	Preferred Brands
PROSTATIC HYPERTROPHY AGENTS		
dutasteride/tamsulosin cap (JALYN equiv) (Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap)	ST	High Cost Generics
silodosin cap (RAPAFLO equiv)	-	High Cost Generics
CARDURA XL TAB	-	Non-Preferred Brands
ENTADFI CAP (QL= 1 tab/day; Step therapy requires trial of an alpha 1 blocker (e.g. tamsulosin), finasteride 5mg AND tadalafil)	QL-ST	Non-Preferred Brands
JALYN CAP (Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap)	ST	Non-Preferred Brands
alfuzosin SR tab (UROXATRAL equiv)	-	Select
dutasteride cap (AVODART equiv)	-	Select
finasteride tab (PROSCAR equiv)	-	Select
tamsulosin cap (FLOMAX equiv)	-	Select
URINARY ANALGESICS		
PHENAZOPYRID TAB	OTC	EXC
phenazopyridine hcl tab	OTC	EXC
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
LITHOSTAT TAB	-	Non-Preferred Brands
THIOLA EC TAB (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Non-Preferred Specialty
THIOLA TAB (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Non-Preferred Specialty
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
DUZALLO TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands
colchicine/probenecid tab (COL-BENEMID equiv)	-	Select
GOUT AGENTS		
KRYSTEXXA INJ	-	EXC
allopurinol tab 200mg (QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs)	QL-ST	High Cost Generics
colchicine cap (MITIGARE equiv) (QL= 4 caps/day)	QL	High Cost Generics

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DrugName	Special Code	Tier
GOUT AGENTS Cont.		
COLCRYS TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands
GLOPERBA SOLN (QL= 300ml/30 days; Step Therapy requires trial of colchicine)	QL-ST	Non-Preferred Brands
MITIGARE CAP (QL= 2 caps/day)	QL	Non-Preferred Brands
ULORIC TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
ZURAMPIC TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands
allopurinol tab (ZYLOPRIM equiv)	-	Select
colchicine tab (COLCRYS equiv) (QL= 4 tabs/day)	QL	Select
febuxostat tab (ULORIC equiv) (QL= 1 tab/day; Step Therapy requires trial of allopurinol 100mg or 300mg)	QL-ST	Select
URICOSURICS		
probenecid tab (BENEMID equiv)	-	Select
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
BALFAXAR INJ	-	EXC
BEQVEZ INJ	-	EXC
FESILTY INJ	-	EXC
FIBRYGA INJ	-	EXC
HEMGENIX INJ	-	EXC
ROCTAVIAN INJ	-	EXC
ADYNOVATE INJ	AMSP-PA	Non-Preferred Specialty
ALHEMO INJ	AMSP-PA	Non-Preferred Specialty
ALPHANINE SD INJ	AMSP-PA	Non-Preferred Specialty
ALTUVIIIO INJ	AMSP-PA	Non-Preferred Specialty
COAGADEX INJ (Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA	Non-Preferred Specialty
CORIFACT KIT	AMSP-PA	Non-Preferred Specialty
ESPEROCT INJ	AMSP-PA	Non-Preferred Specialty

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DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
FEIBA INJ	AMSP-PA	Non-Preferred Specialty
HYMPAVZI INJ (QL= 4ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HYMPAVZI INJ 75MG/0.5ML (QL= 2mL/28 days)	AMSP-PA-QL	Non-Preferred Specialty
IDELVION INJ (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
IXINITY INJ, RIXUBIS INJ	AMSP-PA	Non-Preferred Specialty
JIVI INJ	AMSP-PA	Non-Preferred Specialty
KOGENATE FS INJ	AMSP-PA	Non-Preferred Specialty
KOVALTRY INJ	AMSP-PA	Non-Preferred Specialty
NOVOEIGHT INJ	AMSP-PA	Non-Preferred Specialty
NOVOSEVEN RT INJ	AMSP-PA	Non-Preferred Specialty
NUWIQ INJ	AMSP-PA	Non-Preferred Specialty
NUWIQ KIT	AMSP-PA	Non-Preferred Specialty
QFITLIA INJ (QL= 0.2ml/56 days; Only available through Soleo Health 844-747-3030)	LD-PA-QL	Non-Preferred Specialty
QFITLIA INJ (QL= 0.5ml/56 days; Only available through Soleo Health 844-747-3030)	LD-PA-QL	Non-Preferred Specialty
REBINYN INJ	AMSP-PA	Non-Preferred Specialty
RECOMBINATE INJ	AMSP-PA	Non-Preferred Specialty
SEVENFACT SOLN	AMSP-PA	Non-Preferred Specialty

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HEMATOLOGICAL AGENTS - MISC. Cont.		
WILATE INJ	AMSP-PA	Non-Preferred Specialty
XYNTHA INJ	AMSP-PA	Non-Preferred Specialty
ADVATE INJ 1000 UNIT	AMSP-PA	Preferred Specialty
ADVATE INJ 1500 UNIT	AMSP-PA	Preferred Specialty
ADVATE INJ 2000 UNIT	AMSP-PA	Preferred Specialty
ADVATE INJ 250 UNIT	AMSP-PA	Preferred Specialty
ADVATE INJ 3000 UNIT	AMSP-PA	Preferred Specialty
ADVATE INJ 4000 UNIT	AMSP-PA	Preferred Specialty
ADVATE INJ 500 UNIT	AMSP-PA	Preferred Specialty
AFSTYLA KIT (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
ALPHANATE, HUMATE-P INJ	AMSP-PA	Preferred Specialty
ALPROLIX INJ (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty
BENEFIX INJ	AMSP-PA	Preferred Specialty
ELOCTATE INJ	AMSP-PA	Preferred Specialty
HEMLIBRA INJ	AMSP-PA	Preferred Specialty
HEMOFIL M, KOATE INJ	AMSP-PA	Preferred Specialty
OBIZUR INJ (Only available through CVS Specialty 800-238-7828)	LD-PA	Preferred Specialty
PROFILNINE INJ	AMSP-PA	Preferred 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
FIRAZYR INJ (QL= 36ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty
COMPLEMENT INHIBITORS		
BKEMV INJ	-	EXC
ENJAYMO SOLN	-	EXC
EPYSQLI INJ	-	EXC
GOHIBIC INJ	-	EXC

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HEMATOLOGICAL AGENTS - MISC. Cont.		
PIASKY INJ	-	EXC
VEOPOZ INJ	-	EXC
YARTEMLEA INJ	-	EXC
BERINERT INJ (QL= 20ml/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
FABHALTA CAP (QL= 60 caps/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
RUCONEST INJ (QL= 16 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
TAVNEOS CAP (QL= 180 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
ZILBRYSQ INJ 16.6MG/0.416ML (QL= 11.65ml/28 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
ZILBRYSQ INJ 23MG/0.574ML (QL= 16.07ml/28 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
ZILBRYSQ INJ 32.4MG/0.81ML (QL= 22.68ml/28 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Preferred Specialty
HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
VOYDEYA TAB (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Preferred Specialty
VOYDEYA TAB THERAPY PACK (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Preferred Specialty
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
WAYRILZ TAB (QL= 60 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
HEMATOLOGICAL ENZYMES - MISC		
ADZYNMA KIT	-	EXC
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	Select
PLASMA EXPANDERS		
HETASTARCH INJ	-	EXC

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DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
PLASMA FACTOR XIIA INHIBITORS		
ANDEMBRY INJ (QL= 1.2 mL/28 days; Only available through Accredo 800-803-2523, Orsini 800-410-8575 or CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty
PLASMA KALLIKREIN INHIBITORS		
EKTERLY TAB (QL= 16 tabs/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
ORLADEYO CAP (QL= 28 caps/28 days; Only available through Optime Care 1-888-287-2017)	LD-PA-QL	Non-Preferred Specialty
ORLADEYO PACK (QL= 28 pellet pack/28 days; Only available through Optime Care 1-888-287-2017)	LD-PA-QL	Non-Preferred Specialty
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TAKHZYRO INJ 150MG/ML (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
PLASMA PROTEINS		
ALBUKED INJ	-	EXC
RYPLAZIM SOLN	-	EXC
PLATELET AGGREGATION INHIBITORS		
AGGRASTAT INJ	-	EXC
tirofiban hcl in nacl (AGGRASTAT equiv)	-	EXC
YOSPRALA TAB	--OTC	EXC
aspirin/dipyridamole cap (AGGRENOX equiv)	-	High Cost Generics
BRILINTA TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
DURLAZA CAP	-	Non-Preferred Brands
EFFIENT TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
PLAVIX TAB 300MG (QL= 4 tabs/30 days)	QL	Non-Preferred Brands
PLAVIX TAB 75MG	-	Non-Preferred Brands
ZONTIVITY TAB (Step Therapy requires trial of clopidogrel)	ST	Non-Preferred Brands
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty

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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)	-	Select
cilostazol tab (PLETAL equiv)	-	Select
clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days)	QL	Select
clopidogrel tab 75mg (PLAVIX equiv)	-	Select
dipyridamole tab (PERSANTINE equiv)	-	Select
prasugrel tab (EFFIENT equiv) (QL= 1 tab/day)	QL	Select
ticagrelor tab (BRILINTA equiv) (QL= 2 tabs/day)	QL	Select
PREKALLIKREIN-DIRECTED ANTISENSE OLIGONUCLEOTIDES (ASO)		
DAWNZERA INJ (QL= 0.8ml/28 days; Only available through Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
PYRUVATE KINASE ACTIVATORS		
AQVESME TAB (QL= 60 tabs/30 days; Only available through Biologics by McKesson 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
PYRUKYND THERAPY PACK (QL= 7 tabs/7 days; Only available through Biologics by McKesson 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
THROMBOLYTIC ENZYMES		
TNKASE INJ	-	EXC
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
miglustat cap (ZAVESCA equiv) (QL= 3 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Generic Specialty
ZAVESCA CAP (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty
CERDELGA CAP (Only available through Accredo 800-803-2523)	LD-PA	Preferred Specialty
AGENTS FOR SICKLE CELL ANEMIA		
SIKLOS TAB (Step Therapy requires trial of DROXIA CAP)	ST	Non-Preferred Brands
DROXIA CAP	-	Preferred Brands
AGENTS FOR SICKLE CELL DISEASE		
CASGEVY INJ	-	EXC
LYFGENIA SUSP	-	EXC
l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps)	AMSP-QL-ST	Generic Specialty
XROMI SOLN (ST req trial of Droxia capsule)	ST	Non-Preferred Brands
ENDARI POWDER PACKET (QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps)	LMSP-QL-ST	Non-Preferred Specialty
COBALAMINS		
CVS B12 CHEW	-	EXC

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
cyanocobalamin chew tab	OTC	EXC
cyanocobalamin sublingual liquid	OTC	EXC
ENERGY B-12 TAB	-	EXC
METHYL B-12 CHW	-	EXC
methylcobalamin orally disintegrating tab	OTC	EXC
VITAMIN B12 LIQ	-	EXC
VITAMIN B-12 TAB 1500 TR	-	EXC
cyanocobalamin nasal spray 500mcg/0.1ml (NASCOBAL equiv) (ST req trial of cyanocobalamin injection)	ST	High Cost Generics
CALOMIST NASAL SPRAY	-	Non-Preferred Brands
NASCOBAL SPRAY 500MCG/0.1ML	-	Non-Preferred Brands
cyanocobalamin inj	-	Select
FOLIC ACID/FOLATES		
FOLIC ACID LIQUID	-	EXC
QUIOFIC SOLN (ST req trial of 2: folic acid tabs, folic acid caps)	ST	Non-Preferred Brands
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 GENE THERAPY		
ZYNTEGLO INJ	-	EXC
HEMATOPOIETIC GROWTH FACTORS		
JESDUVROQ TAB	-	EXC
NEULASTA INJ	-	EXC
ROLVEDON INJ	-	EXC
RYZNEUTA INJ	-	EXC
VAFSEO TAB	-	EXC
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
ALVAIZ TAB	AMSP-PA	Non-Preferred Specialty
ARMLUPEG INJ (QL= 1.2mL/28 days)	LMSP-PA-QL	Non-Preferred Specialty

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
EPOGEN/PROCRIT (QL= 12 vials/30 days; ST req trial of Retacrit OR Aranesp)	AMSP-QL-ST	Non-Preferred Specialty
EPOGEN/PROCRIT (QL= 4 vials/30 days; Step therapy requires trial of Retacrit or Aranesp)	AMSP-QL-ST	Non-Preferred Specialty
FILKRI INJ 300MCG/0.5ML (QL= 7.5mL/30 days)	LMSP-PA-QL	Non-Preferred Specialty
FILKRI INJ 480MCG/0.8ML (QL= 12mL/30 days)	LMSP-PA-QL	Non-Preferred Specialty
FYLNETRA INJ (QL= 2 syringes/28 days)	PA-QL	Non-Preferred Specialty
GRANIX INJ (QL= 15 syringes/30 days)	AMSP-PA-QL	Non-Preferred Specialty
GRANIX INJ (QL= 15 vials/30 days)	AMSP-PA-QL	Non-Preferred Specialty
LEUKINE INJ	AMSP-PA	Non-Preferred Specialty
MIRCERA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
MULPLETA TAB (QL= 7 tablets/365 days)	LMSP-PA-QL	Non-Preferred Specialty
NEULASTA INJ (QL= 1.2 units/28 days)	AMSP-PA-QL	Non-Preferred Specialty
NEUPOGEN INJ (QL= 15 syringes/30 days)	AMSP-PA-QL	Non-Preferred Specialty
NIVESTYM INJ (QL= 15 syringes/30 days)	AMSP-PA-QL	Non-Preferred Specialty
NYPOZI INJ (QL= 7.5ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty
PROMACTA POWDER (QL= 6 packets/day)	AMSP-PA-QL	Non-Preferred Specialty
PROMACTA TAB (QL= 2 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty
RELEUKO INJ (QL= 15 syringes/30 days)	AMSP-PA-QL	Non-Preferred Specialty

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
RELEUKO INJ (QL= 15 vials/30 days)	AMSP-PA-QL	Non-Preferred Specialty
STIMUFEND INJ (QL= 1.2 units/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
UDENYCA INJ (QL = 2 injectors/28 days)	AMSP-PA-QL	Non-Preferred Specialty
UDENYCA INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ZIEXTENZO INJ (QL= 1.2 units/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ARANESP INJ (QL= 4 syringes/30 days)	AMSP-QL	Preferred Specialty
ARANESP INJ (QL= 4 vials/30 days)	AMSP-QL	Preferred Specialty
DOPTELET SPRINKLE CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
FULPHILA INJ (QL= 2 syringes/28 days)	AMSP-QL	Preferred Specialty
NYVEPRIA INJ (QL= 2 inj/28 days)	AMSP-QL	Preferred Specialty
RETACRIT INJ (QL= 12 vials/30 days)	AMSP-QL	Preferred Specialty
RETACRIT INJ (QL= 4 vials/30 days)	AMSP-QL	Preferred Specialty
ZARXIO INJ (QL= 15 syringes/30 days)	AMSP-QL	Preferred Specialty
ZARXIO INJ 480/0.8 (QL= 15 syringes/30 days)	AMSP-QL	Preferred Specialty
HEMATOPOIETIC MIXTURES		
ABANEU-SL SUB	-	EXC
AIRAVITE TAB	-	EXC
BENTIVITE TAB	-	EXC
CHROMAGEN CAP	-	EXC
cobalamin combination cap	OTC	EXC
cobalamin combination sl tab	OTC	EXC
cobalamin combination tab	OTC	EXC
cobalamin combination tab disint	OTC	EXC
CORVITA TAB	-	EXC
FERIVA 21/7 TAB	-	EXC
FEROTRINSIC CAP	-	EXC
FERRO-PLEX TAB	-	EXC
FOLDITAM TAB	-	EXC
FOLIC ACID-CHOLECALCIFEROL CAP	-	EXC

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
FOLIC AC-VIT B12-VIT B6-ARGININE TAB	-	EXC
HEMATINIC PL TAB VITAMIN	-	EXC
HEMATINIC/FA TAB	OTC	EXC
HEMAX TAB	OTC	EXC
ICAR-C PLUS TAB	-	EXC
iron carbonyl-senna-c-e-b6-b12-if-folate tab	OTC	EXC
iron-vit c-folate-b12-biotin-copper-vit e tab	OTC	EXC
iron-vit c-vit b12-folic acid tab	OTC	EXC
iron-vitamin c tab	OTC	EXC
K-TAN PLUS CAP	-	EXC
MAXFE TAB	OTC	EXC
MOOD POSITIV TAB 5-HTP	-	EXC
NEUROPHX CAP	OTC	EXC
POLY-IRON CAP	OTC	EXC
TANDEM CAP	OTC	EXC
TRIGELS-F CAP FORTE	OTC	EXC
BIFERARX TAB	-	Non-Preferred Brands
NEPHRON FA TAB	-	Preferred Brands
multigen plus tab (CHROMAGEN FORTE equiv)	-	Select
multigen tab (CHROMAGEN equiv)	-	Select
IRON		
ACCRUFER CAP	-	EXC
carbonyl iron susp	OTC	EXC
carbonyl iron tab	OTC	EXC
FERAHEME INJ	-	EXC
ferric carboxymaltose iv soln (INJECTAFER equiv)	-	EXC
ferrous gluconate tab	OTC	EXC
ferrous sulfate dried tab	OTC	EXC
ferrous sulfate elixir	OTC	EXC
FERROUS SULFATE LIQUID	OTC	EXC
ferrous sulfate soln	OTC	EXC
ferrous sulfate tab ec	OTC	EXC
ferrous sulfate tab er	OTC	EXC
ferumoxytol inj (FERAHEME equiv)	-	EXC
INJECTAFER INJ	-	EXC
IRON GLYCINATE CAP	OTC	EXC
IRON GLYCINATE LIQUID	-	EXC
iron sucrose inj (VENOFER equiv)	-	EXC
IRON TAB	-	EXC
polysaccharide iron complex liquid	OTC	EXC
SLOW RELEASE IRON TAB	-	EXC
TRIFERIC AVNU INJ	-	EXC
VENOFER INJ	-	EXC
STEM CELL MOBILIZERS		

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HEMATOPOIETIC AGENTS Cont.		
APHEXDA INJ	-	EXC
MOZOBIL INJ	-	EXC
plerixafor subcutaneous inj (MOZOBIL equiv)	-	EXC
XOLREMDI CAP (QL= 60 caps/20 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid-sodium chloride iv soln (TRANEXAMIC equiv)	-	EXC
TRANEXAMIC INJ ACID	-	EXC
aminocaproic acid soln (AMICAR equiv)	AMSP	Generic Specialty
aminocaproic acid tab (AMICAR equiv)	-	High Cost Generics
LYSTEDA TAB (QL= 180 tabs/30 days)	QL	Non-Preferred Brands
tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days)	QL	Select
HEMOSTATICS - TOPICAL		
MONSELS FERRIC PASTE SUBSULF	-	EXC
RECOTHROM SOLN	-	EXC
THROMBIN-JMI SOLN	-	EXC
VISTASEAL KIT	-	EXC
HYPNOTICS		
NON-BARBITURATE HYPNOTICS		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	Select
zolpidem tab 5mg (AMBIEN equiv) (QL= 2 tabs/day)	QL	Select
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate)	QL-ST	Non-Preferred Brands
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
ALEVE PM TAB	OTC	EXC
diphenhydramine cap 50mg (BENADRYL equiv)	OTC	EXC
diphenhydramine hcl (sleep) cap	OTC	EXC
diphenhydramine hcl (sleep) liquid	OTC	EXC
diphenhydramine-acetaminophen tab	OTC	EXC
doxylamine succinate (sleep) tab	OTC	EXC
ibuprofen-diphenhydramine citrate tab	OTC	EXC
ibuprofen-diphenhydramine hcl cap	OTC	EXC
WAL-SLEEP Z TAB	OTC	EXC
BARBITURATE HYPNOTICS		
PHENOBARB ELX	-	EXC
PHENOBARB INJ	-	EXC
PHENOBARB TAB	-	EXC

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HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
SEZABY INJ	-	EXC
SECONAL CAP	-	Non-Preferred Brands
phenobarbital elixir	-	Select
phenobarbital tab	-	Select
HYPNOTICS - TRICYCLIC AGENTS		
doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zaleplon cap, zolpidem IR/ER tab, doxepin 10mg, trazodone tab)	QL-ST	High Cost Generics
SILENOR TAB (QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zaleplon cap, zolpidem IR/ER tab, doxepin 10mg, trazodone tab)	QL-ST	Non-Preferred Brands
NON-BARBITURATE HYPNOTICS		
dexmedetomidine hcl in nacl iv soln (PRECEDEX equiv)	-	EXC
dexmedetomidine hcl iv soln	-	EXC
DEXMEDETOMIDINE HCL-NACL SOLN PREF SYR	-	EXC
DEXMEDETOMIDINE INJ	-	EXC
IGALMI FILM	-	EXC
MIDAZOLAM HCL IV SOLN PREF SYRINGE	-	EXC
MIDAZOLAM IV SOLN PREFILLED SYRINGE	-	EXC
MIDAZOLAM/NACL INJ	-	EXC
MIDAZOLAM/SODIUM CHLORIDE IV SOLN	-	EXC
midazolam-sodium chloride 0.9% iv soln (MIDAZOLAM/NACL equiv)	-	EXC
PRECEDEX INJ	-	EXC
temazepam cap 22.5mg (RESTORIL equiv)	-	High Cost Generics
temazepam cap 7.5mg (RESTORIL equiv)	-	High Cost Generics
zolpidem tartrate SL tab (INTERMEZZO equiv) (QL= 1 tab/day)	QL	High Cost Generics
AMBIEN CR TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
AMBIEN TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
EDLUAR SL TAB (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, or zolpidem ER tab)	QL-ST	Non-Preferred Brands
FLURAZEPAM CAP (QL= 1 cap/day; Step Therapy requires trial of 2: estazolam, temazepam, and triazolam)	QL-ST	Non-Preferred Brands
INTERMEZZO SL TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
LUNESTA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands

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HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
QUAZEPAM TAB (QL= 1 tab/day; Step Therapy requires trial of 2: estazolam, temazepam, and triazolam)	QL-ST	Non-Preferred Brands
SOMNOTE CAP	-	Non-Preferred Brands
SONATA CAP (QL= 1 cap/day)	QL	Non-Preferred Brands
SONATA CAP 10MG (QL= 2 caps/day)	QL	Non-Preferred Brands
ZOLPIDEM CAP (QL= 1 cap/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, or zolpidem ER tab)	QL-ST	Non-Preferred Brands
ZOLPIMIST SPRAY (Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, or zolpidem ER tab)	ST	Non-Preferred Brands
estazolam tab (PROSOM equiv)	-	Select
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	Select
midazolam hcl syrup	-	Select
midazolam inj (MIDAZOLAM equiv)	-	Select
temazepam cap 15mg (RESTORIL equiv)	-	Select
temazepam cap 30mg (RESTORIL equiv)	-	Select
triazolam tab (HALCION equiv)	-	Select
zaleplon cap (SONATA equiv) (QL= 2 caps/day)	QL	Select
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	Select
zolpidem er tab 6.25mg (AMBIEN equiv) (QL= 2 tabs/day)	QL	Select
OREXIN RECEPTOR ANTAGONISTS		
DAYVIGO TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate)	QL-ST	Non-Preferred Brands
QUVIVIQ TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate)	QL-ST	Non-Preferred Brands
SELECTIVE MELATONIN RECEPTOR AGONISTS		
tasimelteon capsule (HETLIOZ equiv)	AMSP-PA	Generic Specialty
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, or zolpidem ER tab)	QL-ST	High Cost Generics
ROZEREM TAB (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, or zolpidem ER tab)	QL-ST	Non-Preferred Brands
HETLIOZ CAP (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
HETLIOZ SUSP (QL= 158ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty

LAXATIVES

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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				

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.

LAXATIVES Cont.

DrugName	Special Code	Tier
BULK LAXATIVES		
BENEFIBER POWDER PACKET	-	EXC
fiber cap	OTC	EXC
fiber liquid	OTC	EXC
FIBER PACKET	-	EXC
inulin chew tab	OTC	EXC
METAMUCIL 4-IN-1 FIBER	-	EXC
METAMUCIL POWDER	OTC	EXC
methylcellulose tab	OTC	EXC
NATURL FIBER POWDER	-	EXC
psyllium cap	OTC	EXC
psyllium powder	OTC	EXC
psyllium powder packet	OTC	EXC
wheat dextrin oral powder	OTC	EXC
ELECTROLYTE-BASED OSMOTIC LAXATIVES		
COLACE SOFT CHW	OTC	EXC
sodium phosphates - enema (pediatric)	OTC	EXC
LAXATIVE COMBINATIONS		
BENEFIBER CHEW	OTC	EXC
FIBER/VITAMIN D3 CHEW TAB	-	EXC
MEDI-LAXX CAP	OTC	EXC
psyllium w/ calcium capsule	OTC	EXC
sennosides-docusate sodium cap	OTC	EXC
sennosides-docusate sodium tab 8.6-50 mg	OTC	EXC
wheat dextrin-calcium chew tab	OTC	EXC
gavilyte-h kit	-	High Cost Generics
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv)	-	High Cost Generics
CLENPIQ SOLN	-	Non-Preferred Brands
GOLYTELY SOLN	-	Non-Preferred Brands
HALFLYTELY BOWEL PREP KIT	-	Non-Preferred Brands
MOVIPREP SOLN	-	Non-Preferred Brands
NULYTELY SOLN	-	Non-Preferred Brands
PLENVU SOLN	-	Non-Preferred Brands

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DrugName	Special Code	Tier
LAXATIVES Cont.		
SUCLEAR KIT	-	Non-Preferred Brands
SUPREP BOWEL PREP PACK (QL= 2 fills/year)	QL	Non-Preferred Brands
SUTAB TAB	-	Non-Preferred Brands
SUFLAVE SOLN (QL= 2 fills/year)	QL	Preferred Brands
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
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
sodium/potassium/magnesium soln (SUPREP equiv) (QL= 2 fills/year)	QL	Select
LAXATIVES - MISCELLANEOUS		
glycerin suppos	OTC	EXC
MIRALAX PACKET	OTC	EXC
MIRALAX POWDER	OTC	EXC
polyethylene glycol	OTC	EXC
VIBRANT	-	EXC
vibrant starter kit	-	EXC
lactulose oral crystal packet (KRISTALOSE equiv) (ST req trial of lactulose)	ST	High Cost Generics
GIALAX KIT	-	Non-Preferred Brands
LACTULOSE PACK (Step Therapy requires trial of lactulose)	ST	Non-Preferred Brands
lactulose soln	-	Select
LUBRICANT LAXATIVES		
mineral oil enema	OTC	EXC
MINERAL OIL HEAVY	-	EXC
SALINE LAXATIVES		
magnesium hydroxide chew tab	OTC	EXC
magnesium oxide (laxative) tab	OTC	EXC
MILK OF MAGNESIUM SUSP	-	EXC
OSMOPREP TAB (Step Therapy requires trial of CLENPIQ)	ST	Non-Preferred Brands
STIMULANT LAXATIVES		
bisacodyl suppos	OTC	EXC
bisacodyl tab delayed release	OTC	EXC
SENNA CAP 17.2MG	OTC	EXC
SENNA LEAVES CAP	-	EXC

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DrugName	Special Code	Tier
LAXATIVES Cont.		
senna syrup	OTC	EXC
sennosides chew tab	OTC	EXC
sennosides tab	OTC	EXC
SURFACTANT LAXATIVES		
benzocaine-docusate sodium rectal enema	OTC	EXC
docusate sodium cap	OTC	EXC
docusate sodium enema	OTC	EXC
DOCUSATE SYRUP	-	EXC
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
LIDOCAINE (BUFFERED) W/ EPINEPHRINE	-	EXC
LIDOCAINE/EPINEPHRINE INJ	-	EXC
MARVONA KIT	-	EXC
SENSORCAINE-MPF EPINEPHRINE INJ	-	EXC
LOCAL ANESTHETICS - AMIDES		
LIDOCAINE HCL LOCAL SOLN PREFILLED SYRINGE	-	EXC
LIDOCAINE INJ	-	EXC
POLOCAINE INJ -MPF	-	EXC
ROPIVACAINE INJ	-	EXC
ZINGO INJ	-	EXC
LOCAL ANESTHETICS - ESTERS		
TETRACAINE INJ	-	EXC
MACROLIDES		
AZITHROMYCIN		
ZITHROMAX POWDER PACK	-	Preferred Brands
azithromycin susp (ZITHROMAX equiv)	-	Select
azithromycin tab (ZITHROMAX equiv)	-	Select
CLARITHROMYCIN		
CLARITHROMYC SUSP	-	Preferred Brands
clarithromycin ER tab (BIAXIN XL equiv)	-	Select
clarithromycin tab (BIAXIN equiv)	-	Select
ERYTHROMYCINS		
ERYTHROCIN INJ	-	EXC
erythromycin lactobionate for inj (ERYTHROCIN equiv)	-	EXC
E.E.S. TAB (ST req trial of erythromycin ethinylsuccinate susp)	ST	High Cost Generics
erythromycin ethylsuccinate tab (ST req trial of erythromycin ethinylsuccinate susp)	ST	High Cost Generics
ERYTHROCIN TAB	-	Non-Preferred Brands
ERYTHROMYCIN CAP DR	-	Preferred Brands

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DrugName	Special Code	Tier
MACROLIDES Cont.		
ERYTHROMYCIN EC CAP	-	Preferred Brands
PCE TAB	-	Preferred Brands
erythromycin DR cap (ERYC equiv)	-	Select
erythromycin ethylsuccinate susp (ERYPED equiv)	-	Select
erythromycin tab (ERY-TAB equiv)	-	Select
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	Select
FIDAXOMICIN		
DIFICID TAB (QL= 20 tabs/10 days; ST requires trial of vancomycin cap/soln)	QL-ST	Non-Preferred Brands
DIFICID SUSP (QL= 136 mL/10 days)	QL	Preferred Brands
fidaxomicin tab (DIFICID equiv) (QL= 20 tabs/10 days; ST requires trial of vancomycin cap/soln)	QL-ST	Select
MEDICAL DEVICES		
PARENTERAL THERAPY SUPPLIES		
HYPODERMIC NEEDLES	OTC	Preferred Brands
MEDICAL DEVICES AND SUPPLIES		
AUDITORY SUPPLIES		
CLEVER CHOIC MIS HEAR AID	-	EXC
BANDAGES-DRESSINGS-TAPE		
GAUZE PADS/DRESSINGS - PADS 10" X 9"	OTC	EXC
CONTRACEPTIVES		
CERVICAL CAP	-	Preventive
DIAPHRAGM	-	Preventive
FEMALE CONDOMS	OTC	Preventive
MALE CONDOMS	OTC	Preventive
DIABETIC SUPPLIES		
CARDIOCHEK MIS PLUS	-	EXC
MINIMED APP MIS MANAGER	-	EXC
TEMPO SMART BUTTON	-	EXC
GUARDIAN 4 MIS SENSOR (QL= 5 sensors/30 days)	PA-QL	Non-Preferred Brands
GUARDIAN 4 TRANSMITTER (QL= 1 transmitter/year)	PA-QL	Non-Preferred Brands
INSULIN PUMP KIT STARTER (QL= 1 kit/year)	QL	Non-Preferred Brands

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
NON-PREFERRED CGM MONITOR SUPPLIES KIT	PA	Non-Preferred Brands
PIVOT SUPPLY KIT (QL= 10 reservoir/30 days)	QL	Non-Preferred Brands
V-GO INJ KIT (QL= 1 kit/day)	QL	Non-Preferred Brands
CALIBRATION LIQUID	OTC	Preferred Brands
DEXCOM G6 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands
DEXCOM G7 SENSOR (15-DAY) (QL= 2 sensors/30 days; Step therapy requires trial of an insulin product)	QL-ST	Preferred Brands
DIABETIC PUMP	-	Preferred Brands
FREE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands
FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands
FREESTYLE LIBRE 3 READER (QL= 1 receiver/1 year; Step Therapy requires trial of one insulin product)	QL-ST	Preferred Brands
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands
LANCET KIT	OTC	Preferred Brands
LANCETS	OTC	Preferred Brands
OMNIPOD 5 DEX G7G6 INTRO KIT (QL= 1 kit/year)	QL	Preferred Brands
OMNIPOD 5 DEX G7G6 PODS (QL= 15 pods/30 days)	QL	Preferred Brands
OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT (QL= 1 kit/year)	QL	Preferred Brands

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
OMNIPOD 5 LIBRE2 PLUS G6 PODS (QL= 15 pods/30 days)	QL	Preferred Brands
OMNIPOD DASH KIT (QL= 1 kit/year)	QL	Preferred Brands
OMNIPOD DASH PODS (QL= 15 pods/30 days)	QL	Preferred Brands
PUMP SUPPLIES	-	Preferred Brands
ENTERAL NUTRITION SUPPLIES		
RELIZORB	-	EXC
FIRST AID KITS		
FIRST AID KIT	-	EXC
FOOT CARE PRODUCTS		
FT TRI-PERFO MIS INSOLE	OTC	EXC
GI-GU OSTOMY & IRRIGATION SUPPLIES		
TRANQUILITY KIT ASSORTED	OTC	EXC
YONI FIT MIS KIT	-	EXC
INFANT CARE PRODUCTS		
AVEENO BABY KIT CARE	-	EXC
MISC. DEVICES		
5 BLADE CART MIS /TRIMMER	OTC	EXC
ALCOHOL SWABS	OTC	EXC
EMBOLIZATION MICROSPHERES PREFILLED SYRINGE	-	EXC
PAIN RELIEF DEVICE	-	EXC
OPTICAL AND OPHTHALMIC SUPPLIES		
SUSVIMO IMP	-	EXC
ORAL HYGIENE PRODUCTS		
AQUAFRESH MIS WHT TRAY	OTC	EXC
EQL FLOSSERS MIS MINT	OTC	EXC
PARENTERAL THERAPY SUPPLIES		
INPEN INSULIN INJECTION DEVICE	-	EXC
VYAFUSER MIS PUMP	-	EXC
ALLERGY TRAY	-	Non-Preferred Brands
CEQUR SIMPLICITY 2U (QL= 10 patches/30 days)	QL	Non-Preferred Brands
CEQUR SIMPLICITY INSERTER (QL= 1 inserter/lifetime)	QL	Non-Preferred Brands
HYPODERMIC NEEDLES	OTC	Preferred Brands
SAFETY SYRINGE	-	Preferred Brands
SYRINGE LUER-LOK	OTC	Preferred Brands

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
TB SYRINGE	-	Preferred Brands
B-D INSULIN SYRINGE	--OTC	Select
BD NEEDLES	OTC	Select
B-D PEN NEEDLE	OTC	Select
EMBECTA INSULIN SYRINGE	OTC	Select
EMBECTA PEN NEEDLE	OTC	Select
NOVOFINE PEN NEEDLE	OTC	Select
NOVOTWIST PEN NEEDLE	OTC	Select
RESPIRATORY THERAPY SUPPLIES		
STEAM INHALR MIS	OTC	EXC
PEAK FLOW METER	-	Non-Preferred Brands
AEROCHAMBER (QL= 1 device/365 days)	QL	Preferred Brands
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
QULIPTA TAB (QL= 30 tabs/30 days)	PA-QL	Non-Preferred Brands
ZAVZPRET SPRAY (QL= 6 sprays/30 days; ST req trial of 2 oral triptan (sumatriptan, naratriptan, rizatriptan) followed by sumatriptan nasal)	QL-ST	Non-Preferred Brands
UBRELVY TAB (QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptan ODT, sumatriptan tab)	QL-ST	Preferred Brands
MIGRAINE COMBINATIONS		
SUMANSETRON PAK	-	EXC
CAFERGOT TAB, ERGOTAMINE/CAFFEINE TAB (QL= 40 tabs/28 days)	QL	High Cost Generics
ergotamine/caffeine tab (CAFERGOT equiv) (QL= 40 tabs/28 days)	QL	High Cost Generics
sumatriptan/naproxen tab (TREXIMET equiv) (QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	High Cost Generics
CAFERGOT TAB (QL= 40 tabs/28 days)	QL	Non-Preferred Brands
SYMBRAVO TAB (QL= 1 tab/day; ST req trial of meloxicam tab AND all of the following triptans: riza-, suma-, nara-, zolmi-)	QL-ST	Non-Preferred Brands
TREXIMET TAB (QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	Non-Preferred Brands
TREXIMET TAB (QL= 9 tabs/30 days; Trial of 2: naratriptan, rizatriptan, rizatriptan ODT, sumatriptan, or eletriptan)	QL-ST	Non-Preferred Brands
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	Preferred Brands

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DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	Preferred Brands
MIGERGOT SUPP (QL= 20 supp/28 days)	QL	Preferred Brands
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	Select
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	Select
PRODRIN TAB	-	Select
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 24ml/28 days)	QL	High Cost Generics
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan)	QL-ST	High Cost Generics
BREKIYA INJ (QL= 24mL/28 days; ST req 2: nara tab, riza tab/ODT, zolmi tab, suma tab, eletrip FOLLOWED BY generic DHE inj/nasal)	QL-ST	Non-Preferred Brands
D.H.E. INJ (QL= 24ml/28 days)	QL	Non-Preferred Brands
ERGOMAR SL TAB (QL= 12 tabs/30 days; ST req trial of Migergot rectal supp, and 2 of the following: nara- tab, riza- tab/ODT, suma- tab)	QL-ST	Non-Preferred Brands
MIGRANAL SPRAY (QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan)	QL-ST	Non-Preferred Brands
TRUDHESA NASAL SPRAY (QL= 8ml/28 days; Step therapy requires trial of 2: dihydroergotamine mesylate, sumatriptan tab, rizatriptan, naratriptan)	QL-ST	Non-Preferred Brands
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	Non-Preferred Brands
NURTEC ODT (QL= 8 tabs/30 days)	PA-QL	Non-Preferred Brands
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	Preferred Brands
AJOVY INJ (QL= 1 inj/28 days)	PA-QL	Preferred Brands
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	Preferred Brands
MIGRAINE PRODUCTS - NSAIDS		
diclofenac potassium (migraine) packet (CAMBIA equiv) (QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan))	QL-ST	High Cost Generics
CAMBIA POWDER (QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan))	QL-ST	Non-Preferred Brands
ELYXYB SOLN (QL= 43.2ml/30 days; Step Therapy requires trial of 2: celecoxib cap, diclofenac potassium 50mg tab, diclofenac sodium IR, XR, EC tab, etodolac IR/ER cap/tab, meloxicam tab, sumatriptan tab, naratriptan tab, rizatriptan tab/ODT, naproxen suspension)	QL-ST	Non-Preferred Brands
SEROTONIN AGONISTS		

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MIGRAINE PRODUCTS Cont.		
almotriptan tab (AXERT equiv) (QL= 12 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	High Cost Generics
almotriptan tab (AXERT equiv) (QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	High Cost Generics
frovatriptan tab (FROVA equiv) (QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	High Cost Generics
sumatriptan inj (IMITREX equiv) (QL= 8 inj/30 days)	QL	High Cost Generics
zolmitriptan nasal spray (ZOMIG equiv) (QL= 6 sprays/30 days; Trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab, elet tab FOLLOWED BY suma nasal)	QL-ST	High Cost Generics
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	High Cost Generics
AMERGE TAB (QL= 9 tabs/30 days)	QL	Non-Preferred Brands
AXERT TAB (QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands
AXERT TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands
FROVA TAB (QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	Non-Preferred Brands
IMITREX 4MG INJ, ZEMBRACE INJ (QL= 8 inj/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	Non-Preferred Brands
IMITREX INJ (QL= 8 inj/30 days)	QL	Non-Preferred Brands
IMITREX INJ (QL= 8 inj/30 days; ST req trial of 2: naratriptan, rizatriptan, rizatriptan ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Non-Preferred Brands
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY (QL= 6 sprays/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	Non-Preferred Brands
IMITREX TAB (QL= 9 tabs/30 days)	QL	Non-Preferred Brands
IMITREX VIAL INJ (QL= 4 mL/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	Non-Preferred Brands
MAXALT MLT TAB (QL= 12 tabs/30 days)	QL	Non-Preferred Brands
MAXALT TAB (QL= 12 tabs/30 days)	QL	Non-Preferred Brands
ONZETRA XSAIL (QL= 16 nosepieces/30 days; Trial of 2: nara, riza tab/ODT, zolm tab, suma tab, elet tab FOLLOWED BY 1: suma nasal, zolm nasal)	QL-ST	Non-Preferred Brands

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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
MIGRAINE PRODUCTS Cont.		
RELPAX TAB (QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	Non-Preferred Brands
REYVOW TAB 100MG (QL= 4 tabs/30 days; Trial of 2: naratriptan, rizatriptan, rizatriptan ODT, sumatriptan, or eletriptan)	QL-ST	Non-Preferred Brands
REYVOW TAB 50MG (QL= 8 tabs/30 days; Trial of 2: naratriptan, rizatriptan, rizatriptan ODT, sumatriptan, or eletriptan)	QL-ST	Non-Preferred Brands
SUMAVEL DOSEPRO INJ	-	Non-Preferred Brands
TOSYMRA SOLN (QL= 6 sprays/30 days; Trial of 2: nara, riza tab/ODT, zolm tab, suma tab, elet tab FOLLOWED BY 1: suma nasal, zolm nasal)	QL-ST	Non-Preferred Brands
ZECUITY PAD (QL= 4 pads/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands
ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	Non-Preferred Brands
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/30 days; Trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab, elet tab FOLLOWED BY suma nasal)	QL-ST	Non-Preferred Brands
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days; Trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab, elet tab FOLLOWED BY suma nasal)	QL-ST	Non-Preferred Brands
ZOMIG TAB (QL= 9 tabs/30 days)	QL	Non-Preferred Brands
ZOMIG ZMT (QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	Non-Preferred Brands
SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days)	QL	Preferred Brands
eletriptan tab (RELPAX equiv) (QL= 9 tabs/30 days)	QL	Select
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)	QL	Select
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Select
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Select
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	Select
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	Select
sumatriptan vial inj (IMITREX equiv) (QL= 4 mL/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan)	QL-ST	Select
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	Select
MINERALS & ELECTROLYTES		
BICARBONATES		
SOD ACETATE INJ	-	EXC
sodium acetate inj	-	EXC
THAM INJ	-	EXC

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MINERALS & ELECTROLYTES Cont.		
tromethamine iv soln (THAM equiv)	-	EXC
CALCIUM		
CALC CIT+D3 TAB	OTC	EXC
CALCIUM + D3 TAB	OTC	EXC
CALCIUM 1200 CHEW	-	EXC
CALCIUM 600 TAB + MIN	OTC	EXC
CALCIUM 600 TAB +D	-	EXC
CALCIUM AND PHOS W/ VIT D CHEW TAB	-	EXC
calcium carb-cholecalciferol tab	OTC	EXC
calcium carbonate-vitamin d tab (CALCIUM/VITAMIN D equiv)	-	EXC
calcium carb-vit d w/ minerals chew tab	OTC	EXC
calcium carb-vit d w/ minerals tab	OTC	EXC
CALCIUM CHEW	-	EXC
CALCIUM CHEW FOR WOMEN	-	EXC
CALCIUM CHEW VIT D/PR	-	EXC
CALCIUM CHLORIDE INJ	-	EXC
calcium citrate tab	OTC	EXC
calcium cit-vit d tab	OTC	EXC
CALCIUM GLU/NACL INJ	-	EXC
CALCIUM GLUCONATE CAP	-	EXC
CALCIUM GLUCONATE INJ	-	EXC
calcium gluconate inj (CALCIUM GLUCONATE equiv)	-	EXC
calcium gluconate-nacl iv soln (CALCIUM GLU/NACL equiv)	-	EXC
CALCIUM MAG CAP D CMPLX	OTC	EXC
calcium phos-cholecalcif chew tab	OTC	EXC
CALCIUM W/ MAGNESIUM POWDER	OTC	EXC
calcium w/ vitamin d and k chew tab	OTC	EXC
calcium-magnesium-zinc tab 334-134-5mg	OTC	EXC
CALIUM GLUCONATE/NACL INJ	-	EXC
CAL-MAG-ZINC TAB VIT D3	-	EXC
CVS CALCIUM TAB	OTC	EXC
FT CALCIUM VITAMIN D3 CAP	-	EXC
HYDROXYAPATITE CMPD-CHOLECAL-MG CAP	OTC	EXC
LIQUICAL LIQ PLUS	-	EXC
OSSOPAN 1100 CAP	-	EXC
SUPER CAL/ TAB MAG	OTC	EXC
ELECTROLYTE MIXTURES		
D2.5W/NACL INJ	-	EXC
D5W/NACL INJ	-	EXC
dextrose w/ sodium chloride inj 2.5%-0.45% (D2.5W/NACL equiv)	-	EXC
dextrose w/ sodium chloride inj 5%-0.225% (DW5-NACL equiv)	-	EXC
dextrose w/ sodium chloride inj 5%-0.3% (D5W/NACL equiv)	-	EXC
DW5-NACL INJ	-	EXC
electrolyte-a solution (PLASMA-LYTE equiv)	-	EXC
kcl in dextrose/nacl inj (KCL/D5W/NACL equiv)	-	EXC
KCL/D5W/NACL INJ	-	EXC

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MINERALS & ELECTROLYTES Cont.		
KCL/NACL INJ	-	EXC
LACTATED RINGERS INJ	-	EXC
lactated ringers solution	-	EXC
MULT ELECTRO INJ PH	-	EXC
NORMALYTE CAP	-	EXC
oral electrolyte - packet	OTC	EXC
oral electrolyte for soln	OTC	EXC
oral electrolyte solution	OTC	EXC
oral electrolyte tab	OTC	EXC
PLASMA-LYTE INJ -148	-	EXC
PLASMA-LYTE INJ -A	-	EXC
POTASSIUM CHLORIDE IN NACL INJ	-	EXC
POTASSIUM CHLORIDE/D5W INJ	-	EXC
FLUORIDE		
FLORIVA DROPS	-	Preferred Brands
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
FLUORIDE CHW TAB (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Select
IODINE PRODUCTS		
KELP TAB	OTC	EXC
XYMODINE CAP	OTC	EXC
LITHIUM		
LITH-ORO CAP 5MG	OTC	EXC
MAGNESIUM		
LC 655 CAP	-	EXC
MAG COMPLEX TAB	OTC	EXC
MAG GLYCINAT CHW	OTC	EXC
MAG L-THREON CAP /VIT C-VIT D	OTC	EXC
MAGNESIUM CAP	OTC	EXC
MAGNESIUM CHEW TAB	-	EXC
magnesium chewable tablet	OTC	EXC
magnesium chloride tab dr	OTC	EXC
MAGNESIUM CHW	OTC	EXC
magnesium citrate cap	OTC	EXC
magnesium citrate chew tab	OTC	EXC
MAGNESIUM GL TAB	OTC	EXC
magnesium glycinate cap	OTC	EXC
magnesium lactate tab er	OTC	EXC
magnesium oxide cap	OTC	EXC
magnesium oxide tab	OTC	EXC

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MINERALS & ELECTROLYTES Cont.		
MAGNESIUM SU INJ	-	EXC
MAGNESIUM W/ POTASSIUM CAP	OTC	EXC
POTASSIUM-MAGNESIUM ASPARTATE CAP	OTC	EXC
REMPLIR TAB	-	EXC
MANGANESE		
MANGANESE CHLORIDE INJ	-	EXC
manganese gluconate tab	OTC	EXC
MINERAL COMBINATIONS		
CALCIUM CITRATE + TAB	-	EXC
PHOSPHATE		
K-PHOS TAB	-	EXC
K-PHOS TAB NEUTRAL	-	EXC
POT PHOSPHAT INJ	-	EXC
potassium - sodium phosphates powder pack	OTC	EXC
POTASSIUM PHOSPHATE INJ	-	EXC
SOD PHOSPHAT INJ	-	EXC
SODIUM PHOSPHATES INJ	-	EXC
sodium phosphates inj (SODIUM PHOSPHATE equiv)	-	EXC
POTASSIUM		
POTASS GLYC CAP	OTC	EXC
POTASSIUM ACETATE INJ	-	EXC
potassium chloride inj	-	EXC
POTASSIUM GLUCONATE TAB	-	EXC
POTASSIUM INJ	-	EXC
EFFER-K TAB	-	High Cost Generics
potassium bicarbonate effer tab (K-LYTE equiv)	-	High Cost Generics
potassium chloride powder packet (KLOR-CON equiv)	-	High Cost Generics
potassium chloride soln	-	High Cost Generics
POKONZA ORAL SOLN 5% (Step therapy requires trial of potassium chloride powder packet)	ST	Non-Preferred Brands
POKONZA POWDER (QL= 60 packets/30 days; ST req trial of 2: KCL ER tab, KCL micro tab (K-DUR), KCL sprinkle cap (Klor-Con))	QL-ST	Non-Preferred Brands
K-TAB	-	Select
POT/CHLORIDE EFFER TAB	-	Select
potassium chloride effer tab (K-LYTE/CL equiv)	-	Select
potassium chloride ER cap (MICRO-K equiv)	-	Select
potassium chloride ER tab (K-TAB equiv)	-	Select
potassium chloride micro tab (K-DUR equiv)	-	Select
POTASSIUM CHLORIDE TAB ER	-	Select
SODIUM		
AQUASTAT SFR SOLN	-	EXC

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DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
SOD CHLORIDE INJ	-	EXC
sodium chloride inj	-	Select
TRACE MINERALS		
chromic chloride inj	-	EXC
CHROMIUM CHLORIDE INJ	-	EXC
copper gluconate tab	OTC	EXC
SELENIOUS AC INJ 40MCG/ML	-	EXC
SELENIOUS AC SOLN	-	EXC
selenious acid inj (SELENIOUS ACID equiv)	-	EXC
SELENIUM TAB	-	EXC
ZYCUBO INJ (QL= 30 vials/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
ZINC		
zinc cap	OTC	EXC
ZINC CHLORID INJ	-	EXC
zinc chloride inj	-	EXC
ZINC CITRATE CHEW TAB	-	EXC
ZINC GLUCON TAB	OTC	EXC
ZINC HIGH AB CHEW TAB	-	EXC
zinc sulfate inj	-	EXC
ZINC-VITAMIN C-VITAMIN A LOZENGE	-	EXC
GALZIN CAP	-	Non-Preferred Brands
MISCELLANEOUS THERAPEUTIC CLASSES		
ALLOGENEIC TISSUE		
RETHYMIC IMPLANT	-	EXC
CHELATING AGENTS		
penicillamine cap (CUPRIMINE equiv)	-	High Cost Generics
TRIENTINE CAP 500MG (ST req trial of generic penicillamine tab and then trial of gen trientine 250mg cap)	ST	High Cost Generics
CUPRIMINE CAP	-	Non-Preferred Brands
CUVRIOR TAB (QL= 10 tabs/day; ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap)	QL-ST	Non-Preferred Brands
DEPEN TITRATAB (QL= 16 tabs/day)	QL	Non-Preferred Brands
SPYRINE CAP 250MG (ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap)	ST	Non-Preferred Brands
penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days)	QL	Select
trientine cap 250mg (SYPRINE equiv) (ST req trial of generic penicillamine tab)	ST	Select
DIGITAL THERAPY		

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DrugName	Special Code	Tier
MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
ADOPT/SURROG MIS FIN ASST	-	EXC
DIGITAL THERAPY APPLICATION	-	EXC
DIGITAL THERAPY APPLICATION - WOMENS HEALTH	-	EXC
ENDEAVORRX	-	EXC
LUMINOPIA MIS	-	EXC
OMADA FOR MIS HYPERTEN	-	EXC
ZERIGO HEALTH KIT	OTC	EXC
HOMEOPATHIC PRODUCTS		
COLD-EEZE LOZ CHERRY	OTC	EXC
TRAUMEEL INJ	-	EXC
IMMUNOMODULATORS		
IMAAVY INJ	-	EXC
NIKTIMVO INJ	-	EXC
RYONCIL KIT	-	EXC
RYSTIGGO INJ	-	EXC
TREGZI INJ	-	EXC
VYVGART HYTRULO INJ	-	EXC
VYVGART INJ	-	EXC
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Generic Specialty
JOENJA TAB (QL= 60 tabs/30 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
REVLIMID CAP (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
REZUROCK TAB (QL= 30 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
RHAPSIDO TAB (QL= 60 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
VYVGART HYTRULO INJ (QL= 20mL/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
IMMUNOSUPPRESSIVE AGENTS		
ATGAM INJ 250MG	-	EXC
PROGRAF INJ	-	EXC
tacrolimus inj (PROGRAF equiv)	-	EXC
azathioprine tab 100mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg)	QL-ST	High Cost Generics
azathioprine tab 75mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg)	QL-ST	High Cost Generics
everolimus tab (ZORTRESS equiv) (QL= 2 tabs/day)	QL	High Cost Generics
sirolimus soln (RAPAMUNE equiv)	-	High Cost Generics
ASTAGRAF XL CAP (ST requires trial of tacrolimus IR capsules)	ST	Non-Preferred Brands

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MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
PROGRAF PACKET	-	Non-Preferred Brands
ZORTRESS TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
ENSPRYNG INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
LUPKYNIS CAP (QL= 180 caps/30 days; Only available through Biologics 800-850-4306 or PantherRx Pharmacy 855-726-8479)	LD-PA-QL-SF	Non-Preferred Specialty
MYHIBBIN SUSP	-	Preferred Brands
tacrolimus cap er (ASTAGRAF equiv) (ST requires trial of tacrolimus IR capsules)	ST	Select
IRRIGATION SOLUTIONS		
ARGYL SALINE SOLN	-	EXC
PHYSIOLYTE SOLN	-	EXC
RINGERS IRRIGATION SOLN	-	EXC
MISC NATURAL PRODUCTS		
BLUES AWAY LIQ	-	EXC
BRUSELIX TAB	-	EXC
CLARITY GEL SUPPORT	-	EXC
LANSINOH ORG OIN NIPPLE	-	EXC
MISC NATURAL PRODUCTS CAP DR	-	EXC
MISC NATURAL PRODUCTS CAP ER	OTC	EXC
MISC NATURAL PRODUCTS CAPSULE THERAPY PACK	-	EXC
MITOCHONDRIAL RENEWAL KIT	OTC	EXC
NIX LICE SPRAY	-	EXC
MISCELLANEOUS THERAPEUTIC CLASSES		
AMMONIA AROM INH	OTC	EXC
GELATIN CAP	OTC	EXC
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE GRANULES PACKET (QL= 1 packet/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
VIJOICE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
POTASSIUM REMOVING AGENTS		
SPS	-	Non-Preferred Brands
VELTASSA POWDER 1GM (QL= 4 packets/day; ST req trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma)	QL-ST	Non-Preferred Brands
LOKELMA PAK (QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone)	QL-ST	Preferred Brands

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MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP	AMSP-PA	Non-Preferred Specialty
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
SAPHNELO SOLN	-	EXC
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	AMSP-PA-QL	Non-Preferred Specialty
BENLYSTA INJ (QL= 4 inj/28 day)	AMSP-PA-QL	Non-Preferred Specialty
UREMIC PRURITUS AGENTS		
KORSUVA INJ	-	EXC
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
BENZOCAINE DENTAL ADHERING DISK	OTC	EXC
benzocaine dental cream	-	EXC
benzocaine dental gel	OTC	EXC
benzocaine dental soln	OTC	EXC
benzocaine-menthol gel	OTC	EXC
BENZOCAINE-MENTHOL LIQUID	-	EXC
benzocaine-menthol lozenge	OTC	EXC
BENZOCAINE-MENTHOL-ZINC CL GEL	-	EXC
BENZYL ALCOHOL-ZINC CHLORIDE LIQUID	-	EXC
FIRST MOUTHWASH BLM	-	EXC
HURRICAINE SPRAY	-	EXC
SORE THROAT LOZENGE	OTC	EXC
ZILACTIN BABY GEL	-	EXC
LIDOCAINE ORAL SOLN 4%	-	Preferred Brands
lidocaine viscous soln 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv)	-	Select
ANTI-INFECTIVES - THROAT		
GLY-OXIDE SOLN	-	EXC
NYSTATIN SUSP (QL= 720ml/30 days)	QL	Non-Preferred Brands
ORAVIG TAB	-	Non-Preferred Brands
clotrimazole troches (MYCELEX TROCHES equiv)	-	Select
nystatin susp	-	Select
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	Select
DENTAL PRODUCTS		
CLINPRO 5000 PST	-	EXC
DENTA 5000 CRE PLUS	-	EXC

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DrugName	Special Code	Tier
MOUTH/THROAT/DENTAL AGENTS Cont.		
DENTAGEL GEL	-	EXC
EASYGEL GEL	-	EXC
FLUORIDEX CON DLY REN	OTC	EXC
FRAICHE 5000 GEL PREVI	-	EXC
FRAICHE 5000 GEL SENSITIV	-	EXC
PREVIDENT SOLN	-	EXC
SENSODYNE PST PRO KIDS	OTC	EXC
stannous fluoride gel	OTC	EXC
VANISH LIQ	-	EXC
sodium fluoride cream (PREVIDENT equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
LOZENGES		
COUGH DROPS LOZ HON LEMN	OTC	EXC
dextromethorphan-benzocaine lozenge	OTC	EXC
FRUIT FROSTR LOZ	OTC	EXC
menthol lozenge	OTC	EXC
pectin lozenge	OTC	EXC
pectin lozenge on a handle	OTC	EXC
ROBITUSSIN LOZ ELDERBER	OTC	EXC
throat lozenges - lozenges	OTC	EXC
MOUTHWASHES		
cetylpyridinium chloride liquid	OTC	EXC
mouthwashes - liquid	OTC	EXC
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	Select
STEROIDS - MOUTH/THROAT/DENTAL		
ACYCLONINE MUM AERO POWDER	-	EXC
THROAT PRODUCTS - MISC.		
ABREVA RAPID PAIN RELIEF	-	EXC
artificial saliva - gel	OTC	EXC
artificial saliva - gum	OTC	EXC
artificial saliva - solution	OTC	EXC
CAPHOSOL SOLN	-	EXC
misc throat products - liquid	OTC	EXC
NUMOISYN LOZENGE	-	EXC
SILATRIX GEL	-	EXC
XYLITOL GEL	OTC	EXC
XYLITOL GUM	-	EXC
GELCLAIR GEL	-	Non-Preferred Brands
PROTHELIAL PASTE	-	Non-Preferred Brands
cevimeline cap (EVOXAC equiv)	-	Select
pilocarpine tab (SALAGEN equiv)	-	Select

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DrugName	Special Code	Tier
MULTIVITAMINS		
B-COMPLEX VITAMINS		
B-COMPLEX INJ	-	EXC
B-COMPLEX VITAMIN DISINTEGRATING TAB	-	EXC
b-complex vitamin elixir	OTC	EXC
CVS BALANCED TAB B100	OTC	EXC
EB-N3 DR CAP	-	EXC
B-COMPLEX W/ FOLIC ACID		
ACTIVITE TAB	OTC	EXC
b-complex w/ c and folic acid tab (NEPHRO-VITE equiv)	OTC	EXC
b-complex w/biotin and folic acid cap	OTC	EXC
b-complex-folic acid cap (PAXLYTE equiv)	-	EXC
MYNEPHRON CAP	OTC	EXC
NEPHROCAP	-	EXC
PAXLYTE CAP	-	EXC
renaphro cap (NEPHROCAP equiv)	-	EXC
TERAVAX CAP	-	EXC
DIALYVITE TAB	-	Select
DIALYVITE/ZINC TAB	-	Select
FOLBEE PLUS CZ TAB	-	Select
B-COMPLEX W/ MINERALS		
b-complex w/minerals tab	OTC	EXC
BIOFLAVONOID PRODUCTS		
bioflavonoid products cap	OTC	EXC
bioflavonoid products chew tab	OTC	EXC
bioflavonoid products tab	OTC	EXC
bioflavonoid products tab er	OTC	EXC
BIOTIN W/ LUTEIN		
BIOTIN W/ LUTEIN TAB	-	EXC
BIOTIN W/ VITAMIN C		
BIOTIN W/ VITAMIN C CHEW TAB	-	EXC
BIOTIN W/ VITAMINS C & E		
biotin w/ vitamins c and e chew tabs	OTC	EXC
IRON W/ VITAMINS		
GERITOL LIQUID TONIC	-	EXC
GERITOL TAB COMPLETE	OTC	EXC
MULTIPLE VITAMINS W/ CALCIUM		
ESSENT ONE TAB DAILY	OTC	EXC
MULTIPLE VITAMINS W/ IRON		
DAVIMET/IRON CHEW	-	EXC
FLORAVITA TAB MINI	-	EXC
MULTIPLE VITAMINS W/ MINERALS		
A THRU Z CHW SELECT	OTC	EXC
AIR PROTECT TAB ORANGE	OTC	EXC
AZO URINARY PAK HEALTH	-	EXC

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DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
B-PLEX PLUS TAB	OTC	EXC
BPROTECTED LIQ MULTI-VI	OTC	EXC
FINAZOL TAB	-	EXC
MEGA-MARATHO TAB 100 TR	OTC	EXC
MULTIPRO CAP	OTC	EXC
multivitamin/minerals tab	OTC	EXC
v-c forte cap (V-C FORTE equiv)	OTC	EXC
VITRECYL IRON TAB	-	EXC
VITRECYL TAB	-	EXC
MULTIVITAMINS		
ANTI-OXIDANT TAB	OTC	EXC
INFUVITE INJ	-	EXC
MULTIPLE VITAMIN IV EMULSION	-	EXC
MULTIPLE VITAMIN TAB ER	-	EXC
NOVITE CAP MULTIVIT	OTC	EXC
PED MULTI VITAMINS W/FL & FE		
MULTIPLE-VITAMIN/FL-FE DROPS	-	EXC
pediatric multiple vitamins/fluoride/iron soln	-	EXC
PED MULTIPLE VITAMINS W/ MINERALS		
ALIVE GUMMIE CHEW CHILDREN	-	EXC
PED MV W/ FLUORIDE		
ADC/FLUORIDE DROP	-	EXC
FLORAFOL CHEW TAB	-	EXC
FLORAFOL PEDIATRIC ORAL SOLN	-	EXC
FLORIVA PLUS DROPS	--OTC	EXC
MULTIVITAMIN CHEW TAB	OTC	EXC
pediatric multiple vitamins/fluoride soln	-	EXC
TRI-VITAMIN FLUORIDE DROPS	OTC	EXC
tri-vitamin with fluoride drops	-	EXC
PED MV W/ IRON		
CHILDRENS CHW /IRON	OTC	EXC
NOVAFERRUM DROP MV/IRON	OTC	EXC
PEDIATRIC MULTIPLE VITAMINS		
CHILD CHEW CHW VITAMINS	OTC	EXC
NOVAMV PED DROPS	OTC	EXC
PEDIATRIC MULTIPLE VITAMINS IV EMULSION	-	EXC
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW TAB	-	Non-Preferred Brands
PEDIATRIC VITAMINS		
PED TRI-VIT DRO	OTC	EXC
PRENATAL VITAMINS		
ALIVE PREM CAP PRENATAL	OTC	EXC
ALIVE PREMIU CHW PRENATAL	-	EXC

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DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
ATABEX ONE CAP	OTC	EXC
MATERVIA CAP 0.5MG	-	EXC
MATRONEX TAB	-	EXC
MULTI-MAC TAB	-	EXC
NATALCHEW CHEW	-	EXC
NATALCORE CHEW 29-1MG	-	EXC
OBTREX DHA PAK	OTC	EXC
ONE A DAY PRENATAL ADV	OTC	EXC
PRENATAL CAP	OTC	EXC
PRENATAL MV, MIN W/ FA-OMEGA-3 CHEW TAB	-	EXC
PRENATE MAX TAB 15-0.4-0.6MG	-	EXC
PRENATOL-M TAB 27-1.2MG	-	EXC
RELEVIA TAB 27-1MG	-	EXC
ULTRA PRENATAL VITAMIN CAP	-	EXC
VITA-PAC CAP	OTC	EXC
AZESCHEW TAB 13-1MG	-	Non-Preferred Brands
AZESCO TAB	-	Non-Preferred Brands
MYNATAL-Z TAB	-	Non-Preferred Brands
NEONATAL 19 TAB	-	Non-Preferred Brands
NEONATAL FE TAB	-	Non-Preferred Brands
PRENARA CAP	-	Non-Preferred Brands
PRENATAL VITAMINS (NON-PREFERRED)	-	Non-Preferred Brands
VITAFOL STRIPS	-	Non-Preferred Brands
CONCEPT DHA CAP	-	Preferred Brands
PRENATABS RX TAB	-	Preferred Brands
PRENATAL 19 CHEW TAB	-	Preferred Brands
PRENATAL 19 TAB	-	Preferred Brands
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	Preferred Brands
VP-PNV-DHA CAP	-	Select

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DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
SPECIALTY VITAMINS PRODUCTS		
A THRU Z TAB ADVANTAG	OTC	EXC
COGNIUM COMPLETE GUMMIES	-	EXC
VITAMIN MIXTURES		
cod liver oil	OTC	EXC
CRANBERRY CAP URIN COM	-	EXC
E-400 SELENIUM CAP	-	EXC
NICOMIDE TAB	-	EXC
vitamin d and k cap	OTC	EXC
VITAMIN D AND K DROPS	OTC	EXC
vitamin d and k tab	OTC	EXC
VITAMINS W/ LIPOTROPICS		
COMPLEX B-100 TAB	-	EXC
vitamins w/ lipotropics tab	OTC	EXC
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
BACLOFEN INJ 500MCG/ML	-	EXC
baclofen intrathecal inj (BACLOFEN equiv)	-	EXC
BACLOFEN KIT INJ	-	EXC
ORPHENADRINE INJ	-	EXC
baclofen oral soln 10mg/5ml (QL= 16 mL/day; ST req trial of baclofen (5/10mg) tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	High Cost Generics
baclofen oral soln 5mg/5ml (QL= 16ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can open or crush))	QL-ST	High Cost Generics
baclofen susp (BACLOFEN equiv) (QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	High Cost Generics
baclofen tab 15mg (QL= 8 tabs/day; ST req trial 2: baclofen 5/10mg tab, cyclobenz, tizanidine, methocarb, chlorzoxazone, orphenadrine)	QL-ST	High Cost Generics
chlorzoxazone tab (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost Generics
chlorzoxazone tab 375mg (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost Generics
cyclobenzaprine ER cap (AMRIX equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost Generics
cyclobenzaprine tab 7.5mg (Trial of 2: cyclobenzaprine 5mg, cyclobenzaprine 10mg, tizanidine, methocarbamol, baclofen, chlorzoxazone, orphenadrine)	ST	High Cost Generics
metaxalone tab (SKELAXIN equiv)	-	High Cost Generics
methocarbamol tab 1000mg (QL= 8 tabs/day; ST req trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine)	QL-ST	High Cost Generics
tizanidine cap (ZANAFLEX equiv)	-	High Cost Generics
AMRIX CAP (QL= 30 caps/30 days; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Non-Preferred Brands
ATMEKSI SUSP (QL= 20 mL/day; ST req trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine)	QL-ST	Non-Preferred Brands

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MUSCULOSKELETAL THERAPY AGENTS Cont.		
BACLOFEN ORAL SOLN 5 MG/5ML (QL= 16 ml/day; ST requires trial of 2: baclofen tabs, tizanidine caps, tizanidine tabs)	QL-ST	Non-Preferred Brands
BACLOFEN SOLN (QL= 480ml/30 days; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	Non-Preferred Brands
BACLOFEN SOLN 10MG/5ML (QL= 16 mL/day; ST req trial of baclofen (5/10mg) tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	Non-Preferred Brands
BACLOFEN SUSP (QL=16ml/day; Step therapy requires trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	Non-Preferred Brands
FLEQSUVY SUSP (QL= 16ml/day; Step therapy requires trial of baclofen tab and tizanidine tab)	QL-ST	Non-Preferred Brands
LYVISPAH GRANULE PACKET 10MG (QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred Brands
LYVISPAH GRANULE PACKET 20MG (QL= 4 packets/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred Brands
LYVISPAH GRANULE PACKET 5MG (QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred Brands
METAXALONE TAB (ST req metaxolone (400/800) AND trial of 2: cariso-, chlorzox-, cycloben-, methoca-, or orphena-)	ST	Non-Preferred Brands
ONTRALFY ORAL SOLN (Step therapy requires trial of tizanidine caps/tabs or baclofen tabs)	ST	Non-Preferred Brands
SOMA TAB (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Non-Preferred Brands
ZANAFLEX CAP (QL= 4 caps/day; ST req trial of tizanadine tabs (2,4,6mg) and 2 of: cyclobenzaprine, methocarbamol, orphenadrine)	QL-ST	Non-Preferred Brands
BACLOFEN TAB 5MG	-	Preferred Brands
baclofen tab (BACLOFEN equiv)	-	Select
carisoprodol tab (SOMA equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Select
chlorzoxazone tab (QL= 4 tabs/day)	QL	Select
chlorzoxazone tab 500mg	-	Select
cyclobenzaprine tab (FLEXERIL equiv)	-	Select
methocarbamol tab (ROBAXIN equiv)	-	Select
orphenadrine citrate ER tab (NORFLEX equiv)	-	Select
tizanidine tab (ZANAFLEX equiv)	-	Select
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost Generics

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MUSCULOSKELETAL THERAPY AGENTS Cont.		
DANTRIUM CAP (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Non-Preferred Brands
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS CAP (QL= 30 caps/30 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty
MUSCLE RELAXANT COMBINATIONS		
ASPIRIN/CAFFEINE/ORPHENADRINE CITRATE TAB, NORGESIC TAB (QL= 4 tabs/day; Req trial of 2: baclo- tab, tizan- tab/cap, cyclobenz- tab, methoca- tab, cariso- tab, orphen- tab)	QL-ST	Non-Preferred Brands
TIZANIDINE COMFORT KIT	-	Non-Preferred Brands
CARISOPRODOL/ASPIRIN TAB	-	Select
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	Select
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	Select
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	Select
VISCOSUPPLEMENTS		
HYMOVIS ONE SOLN	-	EXC
SYNOJOYNT INJ	-	EXC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
MONOCLONAL ANTIBODIES		
SOTROVIMAB INJ	-	EXC
NASAL AGENT COMBINATIONS		
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	EXC
AZENASE PAK	-	EXC
DYMISTA SPRAY	-	EXC
LIDOCAINE/OXYMETAZOLINE NASAL SOLN	-	EXC
RYALTRIS SPRAY	-	EXC
NASAL AGENTS - MISC.		
ALCOHOL SWABS	OTC	EXC
hypertonic nasal wash - packet	OTC	EXC
LITTLE REMED SOLN SALINE	-	EXC
misc natural product nasal soln	OTC	EXC
NASAL IRRIGA KIT	OTC	EXC
nasal moisturizer combination - gel	OTC	EXC
nasal moisturizer combination - soln	OTC	EXC
nasal wash - soln	OTC	EXC
NAVAGE NASAL PAK RINSE	OTC	EXC
saline nasal aerosol soln	OTC	EXC
saline nasal spray	OTC	EXC
sodium chloride-sodium bicarbonate packet	OTC	EXC
sodium chloride-sodium bicarbonate packet kit	OTC	EXC
sodium chloride-xylitol nasal spray	OTC	EXC
TICANASE PAK	-	EXC

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NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
ALZAIR NASAL SPRAY	-	Non-Preferred Brands
NASAL ANESTHETICS		
COCAINE HCL SOLN	-	EXC
NASAL ANTIALLERGY		
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY	-	EXC
azelastine nasal spray (ASTELIN equiv)	-	EXC
cromolyn sodium nasal aerosol soln	OTC	EXC
PATANASE NASAL SPRAY (QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray)	QL-ST	Non-Preferred Brands
olopatadine nasal spray (PATANASE equiv) (QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray)	QL-ST	Select
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	Select
NASAL STEROIDS		
BECONASE AQ NASAL SPRAY	-	EXC
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	EXC
FLONASE SENSIMIST NASAL SPRAY	OTC	EXC
fluticasone propionate nasal susp	OTC	EXC
mometasone nasal spray (NASONEX equiv)	OTC	EXC
OMNARIS NASAL SPRAY	-	EXC
QNASL NASAL SPRAY	-	EXC
RHINOCORT AQUA NASAL SPRAY	-	EXC
SINUVA NASAL IMPLANT	-	EXC
triamcinolone acetonide nasal aerosol suspension	OTC	EXC
XHANCE NASAL EXHALER	-	EXC
ZETONNA NASAL SPRAY	-	EXC
flunisolide nasal soln	-	Select
mometasone nasal spray 50mcg/act (NASONEX equiv)	-	Select
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOLN	-	EXC
AFRIN CHILD NASAL SOLN	OTC	EXC
CVS NASAL CAP DECONGES	OTC	EXC
oxymetazoline hcl nasal soln	OTC	EXC
phenylephrine hcl nasal soln	OTC	EXC
phenylephrine hcl tab	OTC	EXC
SUDAFED 24HR TAB 240MG	-	EXC
SUDAFED CHILD LIQUID	-	EXC
ZEPHREX-D TAB	OTC	EXC
epinephrine hcl nasal soln (ADRENALIN equiv)	-	High Cost Generics
zephrex-d tab 30mg (QL= 240 tabs/30 days)	QL	High Cost Generics
SUDAFD SINUS TAB 30MG (QL= 8 tabs/day)	QL	Non-Preferred Brands

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DrugName	Special Code	Tier
NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
SUDAFED CHILDRENS LIQUID 15MG/5ML (QL= 2400ml/30 days)	QL	Non-Preferred Brands
pseudoephedrine ER tab 120mg (QL= 2 tabs/day)	QL	Select
pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days)	QL	Select
pseudoephedrine tab 30mg (QL= 8 tabs/day)	QL	Select
pseudoephedrine tab 60mg (QL= 4 tabs/day)	QL	Select
NEUROMUSCULAR AGENTS		
ALS AGENTS		
EDARAVONE INJ	-	EXC
edaravone inj (RADICAVA equiv)	-	EXC
QALSODY SOLN	-	EXC
RADICAVA INJ	-	EXC
riluzole tab (RILUTEK equiv)	AMSP	Generic Specialty
RELYVRIO PAK (QL= 56 packs/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Preferred Specialty
RADICAVA ORS SUSP (QL= 70ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TIGLUTIK SUSP (Only available through AnovoRx 844-288-5007)	LD-PA	Preferred Specialty
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP 50MG (QL= 90 caps/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
MUSCULAR DYSTROPHY AGENTS		
AMONDYS INJ	-	EXC
ELEVIDYS KIT	-	EXC
DUVYZAT ORAL SUSP (QL= 140ml/11 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
DAXXIFY INJ	-	EXC
RETT SYNDROME AGENTS		
DAYBUE SOLN (QL= 4000ml/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty
DAYBUE STIX POW (QL= 120 packets/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty
DAYBUE STIX POWDER 8000MG (QL= 60 packets/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
ITVISMA INJ	-	EXC

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DrugName	Special Code	Tier
NEUROMUSCULAR AGENTS Cont.		
EVRYSDI SOLN (QL= 240 ml/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
EVRYSDI TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
SPINRAZA INJ (Only available through Accredo 888-773-7376)	LD-M-PA	Non-Preferred Specialty
NUTRIENTS		
CARBOHYDRATES		
DEXTROSE INJ	-	EXC
glucose oral soln	OTC	EXC
LIPIDS		
INTRALIPID INJ	-	EXC
medium chain triglycerides oral emulsion	OTC	EXC
medium chain triglycerides oral oil	OTC	EXC
DOJOLVI ORAL LIQUID (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty
LIPOTROPICS		
CHOLINE/INOS CAP	OTC	EXC
INOSITOL CAP	OTC	EXC
inositol powder	OTC	EXC
phosphatidylserine cap	OTC	EXC
POLYENYLPHOSPHATIDYLCHOLINE CAP	OTC	EXC
POLYENYLPHOSPHATIDYLCHOLINE CONC	OTC	EXC
MISC. NUTRITIONAL SUBSTANCES		
ALASKA WILD CAP FISH OIL	-	EXC
ASIAN GINSNG CAP	-	EXC
CREATINE MONOHYDRATE LIQUID	-	EXC
EVENING PRIMROSE OIL CAP	-	EXC
GARLIC/PARSL TAB	OTC	EXC
glucose-cholecalciferol oral liquid	OTC	EXC
GNP CREATINE CHW MONOHYDR	OTC	EXC
NEURO COMPLX TAB A-LIPOIC 100-1-100-50MG	OTC	EXC
OMEGA-3 FA-CHOLECALCIFEROL CAP	-	EXC
omega-3 fatty acids cap	OTC	EXC
omega-3 fatty acids liquid	OTC	EXC
OMEGA-3 FATTY ACIDS-VITAMIN E CAP	-	EXC
PROTEIN-CARBOHYDRATE-LIPID COMBINATIONS		
AMINO ACIDS-DEXTROSE-LIPIDS WITH ELECTROLYTES	-	EXC
PROTEINS		
ACETYL L-CARNITINE HCL CAP	-	EXC
ADRENAMAX CAP	OTC	EXC
amino acids bar	OTC	EXC
amino acids oral liquid	OTC	EXC

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DrugName	Special Code	Tier
NUTRIENTS Cont.		
amino acids oral powder	OTC	EXC
amino acids pack	OTC	EXC
AMINO ACIDS SOL HEP/DEXT	-	EXC
amino acids tab	OTC	EXC
AMINO ACIDS/ SOLN DEXTROSE	-	EXC
amino acids-protein hydrolysate liquid	OTC	EXC
AMINO/DEXTRO SOL CAL/HEP	-	EXC
arginine oral powder	OTC	EXC
CARNITEX CAP	OTC	EXC
citrulline oral powder	OTC	EXC
GABA CAP	OTC	EXC
GABA TAB 25MG	OTC	EXC
GLUTATHIONE CAP	-	EXC
glycine oral powder	OTC	EXC
GNP L-LYSINE TAB	-	EXC
L-CARNITINE CAP	--OTC	EXC
levocarnitine (dietary) oral soln	OTC	EXC
levocarnitine cap	-	EXC
N.O.MAX ER TAB 660-50MG	OTC	EXC
N-ACETYL TYROSINE-PYRIDOXINE HCL CAP	OTC	EXC
NEONATAL PN SOL STARTER	-	EXC
PROTEIN CAP	OTC	EXC
protein oral liquid	OTC	EXC
protein oral pack	OTC	EXC
protein oral powder	OTC	EXC
theanine cap	OTC	EXC
THEANINE CHEW TAB	-	EXC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
ARTIFICIAL TEARS DROP	-	EXC
BLINK NOURIS DROP	OTC	EXC
carboxymethylcellulose sodium (pf) ophth soln	OTC	EXC
carboxymethylcellulose sodium ophth gel	OTC	EXC
carboxymethylcellulose-glycerin ophth soln	OTC	EXC
dextran 70-hypromellose (pf) ophth soln	OTC	EXC
GENTEAL TEAR GEL SEV D/N	-	EXC
GONIOTAIRE OPHTH SOLN	-	EXC
IVIZIA DRY GEL	-	EXC
polyethylene glycol (VISINE equiv)	-	EXC
POLYETHYLENE GLYCOL-PROPYLENE GLYCOL (OPHTH)	-	EXC
polyethylene glycol-propylene glycol ophth gel (GENTEAL equiv)	-	EXC
polyethylene glycol-propylene glycol ophth soln	OTC	EXC
polyvinyl alcohol ophth soln (ARTIFICIAL TEARS equiv)	-	EXC
propylene glycol ophth soln	OTC	EXC
propylene glycol-glycerin ophth soln	OTC	EXC
PURE AND GENTLE DROPS	-	EXC

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
VENTIVA DROP 0.7%	-	EXC
VENTIVA PLUS DROP	-	EXC
VISINE DRY EYE SOLN	OTC	EXC
BETA-BLOCKERS - OPHTHALMIC		
BIMATOPROST/TIMOLOL MALEATE OPHTH SOLN	-	EXC
TIMOLOL/BRIMON/DORZOL/BIMATOPROST OPHTH SOLN	-	EXC
TIMOLOL/BRIMONIDINE/DORZOLAMIDE OPHTH SOLN	-	EXC
TIMOLOL/DORZOLAMIDE/BIMATOPROST OPHTH SOLN	-	EXC
brimonidine tartrate-timolol maleate ophth soln (COMBIGAN equiv) (QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate)	QL-ST	High Cost Generics
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2ml/day)	QL	High Cost Generics
timolol maleate ophth gel (TIMOPTIC-XE equiv) (Step Therapy requires trial of timolol maleate ophth soln; Members age 5 years and younger do not require ST)	ST	High Cost Generics
timolol maleate ophth soln 0.5% (ISTALOL equiv) (Step Therapy requires trial of timolol maleate ophth soln)	ST	High Cost Generics
timolol maleate preservative free ophth soln (TIMOPTIC equiv) (QL= 2ml/day)	QL	High Cost Generics
timolol ophth soln (BETIMOL equiv) (QL= 10ml/30 days)	QL	High Cost Generics
timolol ophth soln (BETIMOL equiv) (QL= 15ml/30 days)	QL	High Cost Generics
timolol ophth soln (BETIMOL equiv) (QL= 5ml/30 days)	QL	High Cost Generics
BETAXOLOL OPHTH SOLN (QL=5mL/30 days; Step therapy requires trial of 2: carteolol, levobunolol, dorzolamide-timolol, timolol)	QL-ST	Non-Preferred Brands
BETIMOL OPHTH SOLN	-	Non-Preferred Brands
BETIMOL OPHTH SOLN (QL= 10ml/30 days)	--QL	Non-Preferred Brands
BETIMOL OPHTH SOLN (QL= 15ml/30 days)	--QL	Non-Preferred Brands
BETIMOL OPHTH SOLN (QL= 5ml/30 days)	--QL	Non-Preferred Brands
BETOPTIC-S OPHTH SOLN (Step Therapy requires trial of 2: carteolol, levobunolol, dorzolamide/timolol, timolol maleate)	ST	Non-Preferred Brands
COMBIGAN OPHTH SOLN (QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate)	QL-ST	Non-Preferred Brands
COSOPT (PF) OPHTH SOLN (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Non-Preferred Brands
COSOPT OPHTH SOLN	-	Non-Preferred Brands

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
ISTALOL OPHTH SOLN 0.5% (Step Therapy requires trial of timolol maleate ophth soln)	ST	Non-Preferred Brands
TIMOPTIC OCUDOSE OPHTH SOLN (QL= 2ml/day)	QL	Non-Preferred Brands
TIMOPTIC OCUDOSE OPHTH SOLN 0.5% (QL= 2ml/day)	QL	Non-Preferred Brands
TIMOPTIC OPHTH SOLN 0.25%	-	Non-Preferred Brands
TIMOPTIC OPHTH SOLN 0.5%	-	Non-Preferred Brands
TIMOPTIC-XE OPHTH GEL (Step Therapy requires trial of timolol maleate ophth soln)	ST	Non-Preferred Brands
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	Preferred Brands
METIPRANOLOL OPHTH SOLN	-	Preferred Brands
betaxolol ophth soln (BETOPTIC-S equiv)	-	Select
CARTEOLOL OPHTH SOLN	-	Select
carteolol ophth soln (OCUPRESS equiv)	-	Select
dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Select
dorzolamide/timolol ophth soln (COSOPT equiv)	-	Select
LEVOBUNOLOL OPHTH SOLN	-	Select
levobunolol ophth soln (BETAGAN equiv)	-	Select
timolol maleate ophth soln 0.25% (TIMOPTIC equiv)	-	Value
timolol maleate ophth soln 0.5% (TIMOPTIC equiv)	-	Value
CHOLINERGIC AGONISTS		
TYRVAYA SOLN (QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	QL-ST	Preferred Brands
CONTACT LENS SOLUTIONS		
B and LSENSITIVE SOL EYES	OTC	EXC
CYCLOPLEGIC MYDRIATICS		
ALTAFRIN OPHTH SOLN	-	EXC
MYDCOMBI OPHTH SOLN	-	EXC
ATROPINE SUL OPHTH OINT	-	Non-Preferred Brands
ATROPINE SUL SOLN 1% OPHTH	QL	Non-Preferred Brands
CYCLOGYL OPHTH SOLN	-	Non-Preferred Brands

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
CYCLOMYDRIL OPHTH SOLN	-	Non-Preferred Brands
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	Non-Preferred Brands
HOMATROPINE OPHTH SOLN	-	Preferred Brands
atropine ophth oint	-	Select
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days)	QL	Select
cyclopentolate ophth soln (CYCLOGYL equiv)	-	Select
phenylephrine ophth soln (MYDFRIN equiv)	-	Select
tropicamide ophth soln (MYDRIACYL equiv)	-	Select
MIOTICS		
pilocarpine hcl ophth soln 1.25% (VUITY equiv)	-	EXC
VIZZ OPHTH SOLN	-	EXC
VUITY OPHTH SOLN	-	EXC
VUITY OPHTH SOLN 1.25%	-	EXC
YUVEZZI SOLN	-	EXC
MIOSTAT INJ	-	Non-Preferred Brands
PHOSPHOLINE OPHTH SOLN	-	Non-Preferred Brands
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	Select
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU INJ	-	EXC
BEVACIZUMAB INJ	-	EXC
BYOOVIZ INJ	-	EXC
CIMERLI INJ	-	EXC
EYLEA HD INJ	-	EXC
EYLEA INJ	-	EXC
LUCENTIS INJ	-	EXC
NUFYMCO INJ	-	EXC
PAVBLU INJ	-	EXC
PAVBLU SYRINGE	-	EXC
SUSVIMO INJ	-	EXC
VABYSMO INJ	-	EXC
YESAFILI INJ	-	EXC
OPHTHALMIC ADRENERGIC AGENTS		
BIMATOPROST/BRIMONIDINE DORZOLOMIDE OPHTH SOLN	-	EXC
BRIMONIDONE/DORZOLAMIDE SOLN	-	EXC
LUMIFY PF SOLN 0.03%	OTC	EXC
apraclonidine ophth soln 0.5% (IOPIDINE equiv)	-	High Cost Generics
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	High Cost Generics

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OPHTHALMIC AGENTS Cont.		
brimonidine tartrate ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	High Cost Generics
ALPHAGAN P OPHTH SOLN 0.15% (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Non-Preferred Brands
ALPHAGAN P SOLN 0.1% (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Non-Preferred Brands
APRACLONIDIN OPHTH SOLN (QL= 5mL/30 days; Step therapy requires trial of 2: latanoprost, travoprost, brimonidine, carteolol, levobunolol, timolol)	QL-ST	Non-Preferred Brands
IOPIDINE OPHTH SOLN 1% (Step Therapy requires trial of apraclonidine soln)	ST	Non-Preferred Brands
SIMBRINZA OPHTH SUSP	-	Non-Preferred Brands
brimonidine ophth soln 0.2% (ALPHAGAN equiv)	-	Select
OPHTHALMIC ANTI-INFECTIVES		
MOXIFLOXACIN INJ	-	EXC
MOXIFLOXACIN/BROMFENAC SOLN	-	EXC
POVIDONE IOD SOLN 5%	-	EXC
TOBRAMYCIN/VANCOMYCIN DROPS	-	EXC
VANCOMYCIN OPHTH SOLN	-	EXC
gatifloxacin ophth soln (ZYMAXID equiv)	-	High Cost Generics
AZASITE SOLN	-	Non-Preferred Brands
BESIFLOXACIN OPHTH SUSP, BESIVANCE OPHTH SUSP (Step Therapy requires trial of 2: ciprofloxacin ophth soln, levofloxacin ophth soln, ofloxacin ophth soln, or VIGAMOX OPHTH SOLN)	ST	Non-Preferred Brands
CILOXAN OPHTH OINT	-	Non-Preferred Brands
LEVOFLOXACIN OPHTH SOLN	-	Non-Preferred Brands
LEVOFLOXACIN OPHTH SOLN 0.5% (QL= 5mL/30 days; Step therapy requires trial of ciprofloxacin, moxifloxacin or ofloxacin ophth)	QL-ST	Non-Preferred Brands
MOXEZA OPHTH SOLN	-	Non-Preferred Brands
MOXIFLOXACIN SOLN (QL= 1 bottle/30 days; Step therapy requires trial of 2: ciprofloxacin hcl drops, levofloxacin drops, ofloxacin drops)	QL-ST	Non-Preferred Brands
TOBREX OPHTH OINT	-	Non-Preferred Brands

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OPHTHALMIC AGENTS Cont.		
VIGAMOX OPHTH SOLN	-	Non-Preferred Brands
ZYMAXID OPHTH SOLN	-	Non-Preferred Brands
BACITRACIN OPHTH OINT	-	Preferred Brands
NATACYN OPHTH SUSP (QL= 45ml/30 days)	QL	Preferred Brands
SULFACETAMIDE SODIUM OPHTH OINT	-	Preferred Brands
ZIRGAN OPHTH GEL	-	Preferred Brands
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	Preferred Specialty
BACIT/POLYMY OIN OP	-	Select
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	Select
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	Select
ciprofloxacin ophth soln (CILOXAN equiv)	-	Select
erythromycin ophth oint	-	Select
GENTAK OPHTH OINT	-	Select
gentamicin ophth soln (GARAMYCIN equiv)	-	Select
levofloxacin ophth soln (QUIXIN equiv)	-	Select
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	Select
NEO/BAC/POLY OIN OP	-	Select
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	Select
ofloxacin ophth soln (OCUFLOX equiv)	-	Select
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	Select
SULFACETAMIDE SOD OPHTH SOLN	-	Select
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	Select
tobramycin ophth soln (TOBREX equiv)	-	Select
TRIFLURIDINE OPHTH SOLN	-	Select
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY SOLN	-	EXC
SYFOVRE INJ	-	EXC
OPHTHALMIC DECONGESTANTS		
CLEAR EYES SOLN	-	EXC
EQL REDNESS RELIEF DROP	OTC	EXC
naphazoline w/ pheniramine ophth soln	OTC	EXC
naphazoline-glycerin ophth soln	OTC	EXC
tetrahydrozoline-peg-zinc sulfate ophth soln	OTC	EXC
VISINE TOTAL SOLN COMFORT	OTC	EXC
OPHTHALMIC GENE THERAPY		
ENCELTO IMPLANT	-	EXC
OPHTHALMIC IMMUNOMODULATORS		
CYCLOSPORINE EMULSION 0.1% OPHTH	-	EXC

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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
OPHTHALMIC AGENTS Cont.		
CYCLOSPORINE OPHTH EMULSION 0.1%	-	EXC
CEQUA (PF) OPHTH SOLN (Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	ST	Non-Preferred Brands
RESTASIS MULTI-DOSE (QL= 5.5ml/30 days)	QL	Non-Preferred Brands
RESTASIS OPHTH EMULSION (QL= 60 vials/30 days)	QL	Non-Preferred Brands
RESTASIS OPHTH EMULSION 0.05% (QL= 60 vials/30 days)	QL	Non-Preferred Brands
VERKAZIA EMULSION 0.1% OPHTH (QL= 4 vials/day, 6 fills/year; ST requires trial of 1: fluorometholone ophth, dexamethasone ophth, prednisolone ophth or loteprednol ophth)	QL-ST	Non-Preferred Brands
VEVYE DROP 0.1% (QL= 6ml/30 days; ST req trial of cyclosporine ophthalmic emulsion)	QL-ST	Non-Preferred Brands
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days)	QL	Select
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPHTH SOLN (QL= 60ml/30days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	QL-ST	Non-Preferred Brands
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA OPHTH SOLN (QL= 2.5ml/30 days; Step therapy requires trial of 2 prostaglandins (latan-, bimat-, travo-, taflu-prost) AND timolol)	QL-ST	Non-Preferred Brands
ROCKLATAN OPHTH SOLN (Step therapy requires trial of 2 prostaglandins (latan-, bimat-, travo-, taflu-prost) AND timolol)	ST	Non-Preferred Brands
OPHTHALMIC LOCAL ANESTHETICS		
ALTACAINE OPHTH SOLN	-	EXC
BUPIVAC/LIDO INJ	-	EXC
IHEEZO GEL	-	EXC
LIDOCAINE HCL INJ	-	EXC
TETRACAINE OPHTH SOLN	-	EXC
AKTEN OPHTH GEL	-	Non-Preferred Brands
proparacaine ophth soln (ALCAINE equiv)	-	Select
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPHTH SOLN (QL= 28ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
OPHTHALMIC PHOTOENHANCERS		
EPIOXA HD/ KIT EPIOXA	-	EXC
PHOTREXA/PHO SOL VISC KIT	-	EXC

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OPHTHALMIC AGENTS Cont.		
PHOTREXA VISCOUS OPHTH SOLN	-	Non-Preferred Brands
OPHTHALMIC STEROIDS		
XIPERE INJ	-	EXC
difluprednate ophth emulsion (DUREZOL equiv) (QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp)	QL-ST	High Cost Generics
loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	High Cost Generics
loteprednol etabonate ophth susp 0.2% (ALREX equiv) (QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	High Cost Generics
loteprednol etabonate-tobramycin ophth susp (ZYLET equiv) (QL= 10mL/fill; ST req trial of Tobramycin-Dexamethasone ophth susp AND Neomycin-Polymyxin-Dexamethasone ophth susp)	QL-ST	High Cost Generics
ALREX OPHTH SUSP 0.2% (QL= 5ml/30 days)	QL	Non-Preferred Brands
BLEPHAMIDE S.O.P. OPHTH OINT	-	Non-Preferred Brands
BYQLOVI OPHTH SUSP (QL= 3.5ml/17 days; ST req trial of 2: prednisolone sol/sus 1%, dexamethasone soln 0.1%, fluorometholone susp 0.1% ophth)	QL-ST	Non-Preferred Brands
DUREZOL OPHTH EMULSION (QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp)	QL-ST	Non-Preferred Brands
EYSUVIS OPHTH SUSP	-	Non-Preferred Brands
FML FORTE OPHTH SUSP	-	Non-Preferred Brands
FML S.O.P. OPHTH OINT	-	Non-Preferred Brands
INVELTYS OPHTH SUSP (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Non-Preferred Brands
LOTEMAX GEL (QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	Non-Preferred Brands
LOTEMAX OPHTH SUSP (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Non-Preferred Brands
PRED FORTE OPHTH SUSP	-	Non-Preferred Brands
PRED-G S.O.P OPHTH OINTMENT	-	Non-Preferred Brands

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	Non-Preferred Brands
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	Non-Preferred Brands
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	Non-Preferred Brands
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	Non-Preferred Brands
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	Non-Preferred Brands
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	Non-Preferred Brands
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	Non-Preferred Brands
TOBRADEX ST OPHTH SUSP	-	Non-Preferred Brands
ZYLET OPHTH SUSP (QL= 10mL/fill; ST req trial of Tobramycin-Dexamethasone ophth susp AND Neomycin-Polymyxin-Dexamethasone ophth susp)	QL-ST	Non-Preferred Brands
BLEPHAMIDE OPHTH SOLN	-	Preferred Brands
FLAREX OPHTH SUSP	-	Preferred Brands
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	Preferred Brands
LOTEMAX SM GEL	-	Preferred Brands
MAXIDEX OPHTH SOLN	-	Preferred Brands
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	Preferred Brands
PRED MILD OPHTH SOLN	-	Preferred Brands
PRED-G OPHTH SOLN	-	Preferred Brands
TOBRADEX OPHTH OINT	-	Preferred Brands
ZYLET OPHTH SUSP	-	Preferred Brands
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	Select
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	Select
loteprednol ophth susp (LOTEMAX equiv)	-	Select
NEO/POLY/BAC OIN /HC	-	Select

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	Select
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	Select
prednisolone acetate ophth susp	-	Select
PREDNISOLONE OPHTH SUSP	-	Select
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	Select
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	Select
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	Select
OPHTHALMIC SURGICAL AIDS		
DUOVISC KIT	-	EXC
HEALON DUET INJ	-	EXC
HEALON GV INJ	-	EXC
OPHTHALMICS - MISC.		
ALTAFLUOR-BE OPHTH SOLN	-	EXC
FLUCAINE SOLN	-	EXC
FLUORESCEIN INJ	-	EXC
fluorescein sodium iv soln (FLUORESCITE equiv)	-	EXC
FLUORESCITE INJ OP	-	EXC
ketotifen ophth soln (ZADITOR equiv)	OTC	EXC
LASTACAFT OPHTH SOLN	-	EXC
olopatadine hcl ophth soln (PATADAY equiv)	OTC	EXC
ophthalmic irrigation solution	OTC	EXC
PAZEO OPHTH SOLN	-	EXC
sodium chloride hypertonic ophth oint	OTC	EXC
sodium chloride hypertonic ophth soln	OTC	EXC
bepotastine besilate ophth soln (BEPREVE equiv) (QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln)	QL-ST	High Cost Generics
brinzolamide ophth susp (AZOPT equiv) (Step Therapy requires trial of dorzolamide 2% ophth soln)	ST	High Cost Generics
bromfenac ophth soln (BROMDAY equiv) (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	High Cost Generics
bromfenac sodium ophth soln 0.07% (PROLENSA equiv) (QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	QL-ST	High Cost Generics
epinastine ophth soln (ELESTAT equiv) (QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln)	QL-ST	High Cost Generics
ALOCRIL OPHTH SOLN (ST req trial of azelastine 0.05% ophth soln)	ST	Non-Preferred Brands
ALOMIDE OPHTH SOLN	-	Non-Preferred Brands
AZOPT OPHTH SUSP	-	Non-Preferred Brands
AZOPT OPHTH SUSP (Step Therapy requires trial of dorzolamide 2% ophth soln)	--ST	Non-Preferred Brands
BEPREVE DROPS (QL= 5mL/25 days)	QL	Non-Preferred Brands

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OPHTHALMIC AGENTS Cont.		
BROMSITE DROP	-	Non-Preferred Brands
EMADINE OPHTH SOLN	-	Non-Preferred Brands
MIEBO OPHTH SOLN (QL= 3ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion)	QL-ST	Non-Preferred Brands
NEVANAC OPHTH SUSP, ILEVRO OPHTH SUSP	-	Non-Preferred Brands
OMLONTI OPHTH SOLN (QL= 2.5mL/25 days; ST requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred Brands
PROLENSA OPHTH SOLN 0.07% (QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	QL-ST	Non-Preferred Brands
TRYPTYR SOLN (QL= 60 single dose vials/30 days; ST requires trial of cyclosporine ophth soln)	QL-ST	Non-Preferred Brands
UPNEEQ SOLN (QL= 30 droppers/30 days)	PA-QL	Non-Preferred Brands
CYSTADROPS SOLN (QL= 4 bottles (20mL)/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-QL-RDX	Non-Preferred Specialty
ACUVAIL OPHTH SOLN	-	Preferred Brands
FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	Preferred Brands
ZERVIATE OPHTH SOLN (QL= 30 single use containers/30 days)	QL	Preferred Brands
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416)	LD-QL-RDX	Preferred Specialty
ACULAR LS OPHTH SOLN	-	Select
azelastine ophth soln (OPTIVAR equiv)	-	Select
cromolyn ophth soln (CROLOM equiv)	-	Select
CROMOLYN SODIUM OPHTH SOLN	-	Select
diclofenac sodium ophth soln (VOLTAREN equiv)	-	Select
dorzolamide ophth soln (TRUSOPT equiv)	-	Select
ketorolac ophth soln .05% (ACULAR (LS) equiv)	-	Select
PROSTAGLANDINS - OPHTHALMIC		
IDOSE TR IMP	-	EXC
bimatoprost ophth soln 0.01% (LUMIGAN equiv) (QL= 2.5ml/25 days; ST requires trial of latanoprost FOLLOWED BY 1: travoprost OR tafluprost)	QL-ST	High Cost Generics
LUMIGAN OPHTH SOLN (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
LUMIGAN OPHTH SOLN 0.01% (QL= 2.5mL/25 days; ST requires trial of latanoprost FOLLOWED BY 1: travoprost OR tafluprost)	QL-ST	Non-Preferred Brands
TRAVATAN Z DROPS (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred Brands
VYZULTA SOLN (QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred Brands
XALATAN OPHTH SOLN (Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	ST	Non-Preferred Brands
XELPROS OPHTH EMULSION (Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	ST	Non-Preferred Brands
ZIOPTAN OPHTH SOLN (QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred Brands
ZOLYMBUS OPHTH GEL (QL= 1 carton/30 days; ST requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred Brands
IYUZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln)	QL-ST	Preferred Brands
bimatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Select
tafluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Select
travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Select
latanoprost ophth soln (XALATAN equiv)	-	Value
OTIC AGENTS		
OTIC AGENTS - GENE THERAPY		
OTARMENI INJ	-	EXC
OTIC AGENTS - MISCELLANEOUS		
carbamide peroxide	OTC	EXC
isopropyl alcohol otic liquid	OTC	EXC
olive oil otic	OTC	EXC
acetic acid otic soln (VOSOL equiv)	-	Select
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	Select
OTIC ANALGESICS		
LIPO FLAVONO DRO EAR PAIN	OTC	EXC
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	Select
ofloxacin otic soln (FLOXIN equiv)	-	Select
OTIC COMBINATIONS		
CORTIC-ND DROPS	-	EXC
ciprofloxacin-hydrocortisone otic susp (QL= 10mL/30 days; ST req trial of neomycin-polycmyxin-HC otic soln and ofloxacin otic soln)	QL-ST	High Cost Generics

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DrugName	Special Code	Tier
OTIC AGENTS Cont.		
CIPRO HC OTIC SUSP	-	Non-Preferred Brands
CIPRODEX	-	Non-Preferred Brands
COLY-MYCIN S OTIC SUSP	-	Non-Preferred Brands
COLY-MYCIN-S SUSP OTIC	-	Non-Preferred Brands
CORTANE-B OTIC SOLN	-	Non-Preferred Brands
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN (QL= 1 bottle/fill, 2 fills/month; Step Therapy requir trial of neomycin/polymixin/hydrocoritisone otic)	QL-ST	Non-Preferred Brands
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	Select
ciporofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	Select
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	-	Select
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv)	-	Select
otomax-HC otic soln (CORTANE-B equiv)	-	Select
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	EXC
DEX24 INJ	-	EXC
fluocinolone otic oil (DERMOTIC equiv)	-	Select
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CARBOPROST TROMETHAMINE IM SOLN PREF SYR	-	EXC
MPM PAK	-	EXC
CERVIDIL INSERTS	-	Non-Preferred Brands
PREPIDIL GEL	-	Non-Preferred Brands
PROSTIN E2 SUPP	-	Non-Preferred Brands
OXYTOCICS		
methylergonovine tab (METHERGINE equiv)	-	Select
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ, VIVAGLOBIN INJ (Only available through Emerging Health 971-290-2010)	LD-PA	Preferred Specialty
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		

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DrugName	Special Code	Tier
PASSIVE IMMUNIZING AGENTS Cont.		
HYQVIA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
ALYGLO INJ	-	EXC
BOTULISM IMMUNE GLOBULIN (HUMAN) IV FOR SOLN	-	EXC
CNJ-016 INJ	-	EXC
CYTOGAM INJ	-	EXC
QIVIGY INJ	-	EXC
YIMMUGO INJ	-	EXC
CUTAQUIG INJ (QL= 576ml/28 days)	LMSP-PA-QL	Non-Preferred Specialty
XEMBIFY INJ	LMSP-PA	Non-Preferred Specialty
CUVITRU INJ (Only available through AllianceRx Walgreens Prime 855-244-2555)	LD-PA	Preferred Specialty
HIZENTRA INJ (Only available through Emerging Health 971-290-2010)	LD-PA	Preferred Specialty
MONOCLONAL ANTIBODIES		
BEBTELOVIMAB IV SOLN	-	EXC
BEYFORTUS INJ	-	EXC
EVUSHELD SOLN	-	EXC
PEMGARDA SOLN	-	EXC
REGEN-COVID INJ	-	EXC
SYNAGIS INJ (QL= 2 inj/28 days)	LMSP-PA-QL	Preferred Specialty
ENFLONSIA INJ (QL= 0.7 ml/fill; 2 fills/lifetime)	QL	Preventive
PENICILLINS		
AMIDINOPENICILLINS		
PIVYA TAB (QL= 21 tabs/7 days, no roll up, 6 fills/year; Step therapy req trial of 2: nitrofurantoin, trimethoprim-sulfamethoxazole, cephalexin)	QL-ST	Non-Preferred Brands
AMINOPENICILLINS		
AMPICILLIN INJ	-	EXC
MOXATAG TAB (Step Therapy requires trial of amoxicillin)	ST	Non-Preferred Brands
amoxicillin cap (TRIMOX equiv)	-	Select
amoxicillin chew tab (AMOXIL equiv)	-	Select
AMOXICILLIN CHEW TAB 250MG	-	Select
amoxicillin susp (TRIMOX equiv)	-	Select
amoxicillin tab (AMOXIL equiv)	-	Select
ampicillin cap (AMPICILLIN equiv)	-	Select
NATURAL PENICILLINS		

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DrugName	Special Code	Tier
PENICILLINS Cont.		
EXTENCILLINE INJ	-	EXC
penicillin g potassium for inj (PFIZERPEN equiv)	-	Select
penicillin vk tab (VEETIDS equiv)	-	Select
PENICILLIN COMBINATIONS		
ampicillin-sulbactam sodium for iv soln	-	EXC
AMP-SULBACTA INJ	-	EXC
PIPERACILLIN/TAZOBACTAM/NACL INJ	-	EXC
amoxicillin and k clavulanate er tab (QL= 56 tabs/14 days; ST req trial of amoxicillin-clavulanate IR tab)	QL-ST	High Cost Generics
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	Select
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	Select
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	Select
PHARMACEUTICAL ADJUVANTS		
INTERNAL VEHICLE INGREDIENTS/AGENTS		
FOOD THICKNR POW INSTANT	OTC	EXC
THICK AND EASY POW	OTC	EXC
THICKENUP POWDER	OTC	EXC
LIQUID VEHICLES		
FOAMIL LIQUID	-	EXC
SOD CHLORIDE INJ	-	EXC
STERIL WATER INJ	-	EXC
STERILE DILU SOL REMODULI	-	EXC
PHARMACEUTICAL EXCIPIENTS		
GALEN IQ 900 POWDER	-	EXC
SEMI SOLID VEHICLES		
BASE D PEG GRANULES	-	EXC
LANOLIN OINT	OTC	EXC
PETROLATUM GEL WHITE	OTC	EXC
VERSAPENN AL GEL ANHYDROU	-	EXC
VERSATILE ANHYDROUS CREAM	-	EXC
POLYETHYLENE GLYCOL 8000 GRANULES	-	Preferred Brands
PROGESTINS		
PROGESTINS		
MAKENA INJ (QL= 4 vials/28 days)	AMSP-PA-QL	Non-Preferred Specialty
MAKENA INJ (QL= 4.4 ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty
hydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days)	AMSP-PA-QL	Preferred Specialty
medroxyprogesterone tab (PROVERA equiv)	-	Select
megestrol ES susp (MEGACE ES equiv)	-	Select
MEGESTROL SUSP	-	Select

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DrugName	Special Code	Tier
PROGESTINS Cont.		
norethindrone tab (AYGESTIN equiv)	-	Select
progesterone cap (PROMETRIUM equiv)	-	Select
progesterone oil inj	-	Select
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
LUCEMYRA TAB (QL= 224 tabs/fill, 1 fill/month)	QL	Non-Preferred Brands
acamprosate calcium DR tab (CAMPRAL equiv)	-	Select
disulfiram tab (ANTABUSE equiv)	-	Select
lofexidine hcl tab (LUCEMYRA equiv) (QL= 224 tabs/fill, 1 fill/month)	QL	Select
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
LUMRYZ PACK 4.5GM (QL= 1 pack/day; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
LUMRYZ PACK 6GM (QL= 1 pack/day; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
LUMRYZ PACK 7.5GM (QL= 1 pack/day; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
LUMRYZ PACK 9GM (QL= 1 pack/day; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
LUMRYZ STARTER PACK (QL= 28 packets/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	Non-Preferred Specialty
SODIUM OXYBATE SOLN, XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	Non-Preferred Specialty
XYWAV SOLN (Only available through Xyrem Central Pharmacy 314-587-4050)	LD-PA	Non-Preferred Specialty
ANTIDEMENTIA AGENTS		
ADUHELM INJ	-	EXC
KISUNLA INJ	-	EXC
LEQEMBI SOLN	-	EXC
memantine hcl-donepezil hcl 24hr er cap (NAMZARIC equiv) (QL= 1 cap/day; ST requires trial of 2: donepezil, donepezil ODT, memantine, or NAMENDA XR)	QL-ST	High Cost Generics
memantine soln (NAMENDA equiv) (QL= 300 ml/30 days)	QL	High Cost Generics
rivastigmine patch (EXELON equiv) (QL= 1 patch/day)	QL	High Cost Generics

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.

DrugName	Special Code	Tier
ADLARITY PATCH (QL= 4 patches/28 days; Step therapy requires trial of donepezil tab OR donepezil ODT)	QL-ST	Non-Preferred Brands
ARICEPT TAB 10MG (QL= 1 tab/day)	QL	Non-Preferred Brands
ARICEPT TAB 23MG (QL= 1 tab/day)	QL	Non-Preferred Brands
ARICEPT TAB 5MG (QL= 1 tab/day)	QL	Non-Preferred Brands
EXELON PATCH (QL= 1 patch/day)	QL	Non-Preferred Brands
NAMENDA TAB (Step Therapy requires trial of memantine tab)	ST	Non-Preferred Brands
NAMENDA TITRAPAK (QL= 49 tabs/28 days)	QL	Non-Preferred Brands
NAMENDA XR CAP (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Non-Preferred Brands
NAMZARIC CAP (QL= 1 cap/day; ST requires trial of 2: donepezil, donepezil ODT, memantine, or NAMENDA XR)	QL-ST	Non-Preferred Brands
NAMZARIC STARTER PACK (QL= 28 caps/28 days; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Non-Preferred Brands
RAZADYNE TAB (QL= 60 tabs/30 days)	QL	Non-Preferred Brands
ZUNVEYL TAB (QL= 2 tabs/day; ST req trial of generic galantamine tab/cap)	QL-ST	Non-Preferred Brands
LEQEMBI IQLIK INJ (QL= 7.2mL/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
MEMANTINE TITRATION PAK (QL= 49 tablets/28 days)	QL	Preferred Brands
NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab)	QL-ST	Preferred Brands
NAMZARIC CAP (QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Preferred Brands
donepezil ODT (ARICEPT equiv)	-	Select
donepezil tab 10mg (ARICEPT equiv) (QL= 60 tabs/30 days)	QL	Select
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Select
donepezil tab 5mg (ARICEPT equiv) (QL= 60 tabs/30 days)	QL	Select
galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day)	QL	Select
GALANTAMINE SOLN	-	Select

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days)	QL	Select
memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Select
memantine tab (NAMENDA equiv)	-	Select
rivastigmine cap (EXELON equiv)	-	Select
CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS		
SKYSONA INJ	-	EXC
COMBINATION PSYCHOTHERAPEUTICS		
DULOXICAINE PACK	-	EXC
olanzapine/fluoxetine cap (SYMBYAX equiv) (QL= 1 cap/day)	QL	High Cost Generics
LYBALVI TAB (QL= 30 tabs/30 days; ST req trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred Brands
SYMBYAX CAP (QL= 1 cap/day)	QL	Non-Preferred Brands
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	Preferred Brands
PERPHENAZINE/ AMITRIPTYLINE TAB	-	Select
FIBROMYALGIA AGENTS		
milnacipran hcl tab (SAVELLA equiv) (QL= 2 tabs/day; ST req trial of duloxetine and gabapentin)	QL-ST	High Cost Generics
milnacipran hcl tab (SAVELLA equiv) (ST req trial of duloxetine and gabapentin)	QL-ST	High Cost Generics
SAVELLA PAK (ST req trial of duloxetine and gabapentin)	ST	Non-Preferred Brands
SAVELLA TAB (QL= 2 tabs/day; ST req trial of duloxetine and gabapentin)	QL-ST	Non-Preferred Brands
TONMYA SUB (QL= 60 tab/30 days; ST req trial of cyclobenzaprine 5mg/10mg AND trial of 3: duloxe, venlafax, gabapn, pregab, amitrip)	QL-ST	Non-Preferred Brands
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB	-	EXC
VYLEESI INJ (QL= 2.4 ml/28 days)	PA-QL	Non-Preferred Brands
METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS		
LENMELDY INJ	-	EXC
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv)	AMSP-PA	Generic Specialty
AUSTEDO TAB 12MG (QL= 120 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
AUSTEDO TAB 6MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
AUSTEDO TAB 9MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
AUSTEDO XR TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
AUSTEDO XR TAB 18MG (QL= 2 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty
AUSTEDO XR TAB 24MG (QL= 60 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
AUSTEDO XR TAB 6MG (QL= 8 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty
AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	Non-Preferred Specialty
AUSTEDO XR TAB TITRATION PACK (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
INGREZZA PACK 40-80MG (QL= 1 pack/fill, 1 fill/plan year)	LD-PA-QL	Non-Preferred Specialty
INGREZZA SPRINKLE CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
XENAZINE TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
MULTIPLE SCLEROSIS AGENTS		
BRIUMVI INJ	-	EXC
TYRUKO CON	-	EXC
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

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.

DrugName	Special Code	Tier
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
AMPYRA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
AUBAGIO TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
BAFIERTAM CAP (QL= 120 caps/30 days; Only Available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
BETASERON INJ (QL= 14 kits/28 days)	AMSP-PA-QL	Non-Preferred Specialty
COPAXONE INJ 20MG/ML (QL= 30 syringes/30 days)	AMSP-PA-QL	Non-Preferred Specialty
COPAXONE INJ 40MG/ML (QL= 12 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
EXTAVIA INJ (QL= 14 kits/28 days)	AMSP-PA-QL	Non-Preferred Specialty
GILENYA CAP (QL= 30 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty
MAVENCLAD THERAPY PAK 10MG (QL= 10 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty
MAVENCLAD THERAPY PAK 10MG (QL= 4 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty
MAVENCLAD THERAPY PAK 10MG (QL= 5 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty
MAVENCLAD THERAPY PAK 10MG (QL= 6 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
MAVENCLAD THERAPY PAK 10MG (QL= 7 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty
MAVENCLAD THERAPY PAK 10MG (QL= 8 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty
MAVENCLAD THERAPY PAK 10MG (QL= 9 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty
MAYZENT STARTER PACK 0.25MG (QL= 7 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty
MAYZENT TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty
MAYZENT TAB STARTER PACK (QL= 12 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty
OCREVUS INJ (QL= 60ml/365 days; Only available through Emerging Health 971-290-2010)	LD-M-PA-QL	Non-Preferred Specialty
OCREVUS ZUNOVO INJ (QL= 23ml/180 days; Only available through Emerging Health 971-290-2010)	LD-M-PA-QL	Non-Preferred Specialty
PLEGRIDY INJ (QL= 1 kit/28 days)	AMSP-PA-QL	Non-Preferred Specialty
PLEGRIDY PEN INJ (QL= 1 kit/28 days)	AMSP-PA-QL	Non-Preferred Specialty
PONVORY TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
PONVORY TAB STARTER PACK (QL= 14 tabs/14 days)	AMSP-PA-QL	Non-Preferred Specialty
TASCENSO ODT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
TECFIDERA CAP (QL= 60 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty
TECFIDERA STARTER PACK (QL= 60 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty
ZEPOSIA CAP (QL=30 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty
ZEPOSIA STARTER PACK (QL= 37 caps/37 days)	AMSP-PA-QL	Non-Preferred Specialty

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
AVONEX INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Preferred Specialty
AVONEX INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine)	AMSP-QL-ST	Preferred Specialty
KESIMPTA INJ (QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine)	AMSP-QL-ST	Preferred Specialty
REBIF INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine)	AMSP-QL-ST	Preferred Specialty
REBIF INJ (QL= 6ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine)	AMSP-QL-ST	Preferred Specialty
REBIF TITRTN INJ PACK (QL= 4.2ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Preferred Specialty
VUMERITY CAP (QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine)	AMSP-QL-ST	Preferred Specialty
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
gabapentin (once-daily) tab (GRALISE equiv) (QL= 2 tabs/day)	PA-QL	High Cost Generics
pregabalin ER tab (LYRICA equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln)	QL-ST	High Cost Generics
GRALISE STARTER PACK	-	Non-Preferred Brands
GRALISE TAB (QL= 2 tabs/day)	PA-QL	Non-Preferred Brands
LYRICA CR TAB (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln)	QL-ST	Non-Preferred Brands
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE TAB	-	Preferred Brands
FLUOXETINE CAP (PMDD)	-	Value
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP (QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA)	QL-ST	Preferred Brands
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES TAB	-	Non-Preferred Brands
AQNEURSA POWDER (QL= 112 packets/28 days; Only available through Curant Health 1-866-437-8040)	LD-PA-QL	Non-Preferred Specialty
MIPLYFFA CAP (QL= 90 caps/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
pimozide tab (ORAP equiv)	-	Select
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB (QL= 30 tabs/30 days)	PA-QL	Non-Preferred Brands

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
HORIZANT TAB 600MG ER (QL= 60 tabs/30 days)	PA-QL	Non-Preferred Brands
SMOKING DETERRENTS		
KLS QUIT2 GUM	-	EXC
KLS QUIT2 LOZ	-	EXC
KLS QUIT4 GUM	-	EXC
KLS QUIT4 LOZ	-	EXC
CHANTIX STARTER PACK (QL= 180 days supply per plan year)	SMKG	Non-Preferred Brands
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
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
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA SOLN	-	EXC
WAINUA INJ	-	EXC
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
WAINUA INJ (QL= 0.8ml/28 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	Non-Preferred Specialty

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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
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
VASOMOTOR SYMPTOM AGENTS		
paroxetine cap (BRISDELLE equiv) (QL= 1 cap/day)	QL	High Cost Generics
BRISDELLE CAP (QL= 1 cap/day)	QL	Non-Preferred Brands
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
GLASSIA INJ	-	EXC
ZEMAIRA INJ	-	EXC
CYSTIC FIBROSIS AGENTS		
BRONCHITOL CAP (QL= 560 caps/28 days; ST req trial of hypertonic saline; Diagnosis Restricted – Cystic Fibrosis (E84))	AMSP-QL-RDX-ST	Non-Preferred Specialty
ALYFRTEK TAB 10-50-125MG (QL= 90 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Preferred Specialty
ALYFRTEK TAB 4-20-50MG (QL= 60 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Preferred Specialty
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
PULMOZYME INH SOLN (QL= 30 ampules/30 days)	AMSP-QL-RDX	Preferred Specialty
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
TRIKAFTA THERAPY PACK (QL= 56 packets/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred 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
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
ESBRIET CAP (QL= 3 caps/day)	AMSP-PA-QL-SF	Non-Preferred Specialty

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DrugName	Special Code	Tier
RESPIRATORY AGENTS - MISC. Cont.		
ESBRIET TAB 267MG (QL= 9 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
ESBRIET TAB 801MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
JASCAYD TAB (QL= 60 tabs/30 days; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty
OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
RESPIRATORY AGENTS - MISC.		
BRINSUPRI TAB (QL= 30 capsules/30 days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Non-Preferred Specialty
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab (SULFADIAZINE equiv) (QL= 8 tabs/day)	QL	Select
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB (QL= 30 tabs/fill, 1 fill/month; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
TETRACYCLINE COMBINATIONS		
NICAZELDOXY KIT	-	Preferred Brands
TETRACYCLINES		
doxycycline hyclate DR tab (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics
doxycycline hyclate DR tab 200mg (DORYX equiv) (QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics
doxycycline hyclate DR tab 50mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics
doxycycline hyclate DR tab 75mg (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics
doxycycline hyclate tab 150mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	High Cost Generics
doxycycline hyclate tab 50mg (TARGADOX equiv) (Step Therapy requires trial of doxycycline monohydrate)	ST	High Cost Generics
doxycycline hyclate tab 75mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	High Cost Generics
doxycycline monohydrate cap (MONODOX equiv) (QL= 2 caps/day)	QL	High Cost Generics
doxycycline monohydrate tab 150mg (ADOXA PAK equiv) (QL= 2 tabs/day; Step therapy req trial of doxycycline monohydrate 50mg tabs, 100mg tabs, 50mg caps, or 100mg caps)	QL-ST	High Cost Generics
minocycline ER tab (SOLODYN equiv) (QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab)	QL-ST	High Cost Generics

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
TETRACYCLINES Cont.		
minocycline tab (DYNACIN equiv)	-	High Cost Generics
ACTICLATE TAB (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Non-Preferred Brands
DORYX MPC TAB (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate followed by generic doxycycline hyclate DR)	QL-ST	Non-Preferred Brands
DORYX TAB 50MG (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Non-Preferred Brands
DOXYCYCLINE HYCLATE CAP (QL= 2 caps/day;ST req trial of 1: doxycycline monohydrate tablets, doxycycline hyclate capsules, doxycycline hyclate tablets)	QL-ST	Non-Preferred Brands
MINOCYCLINE ER CAP (QL= 1 cap/day; Step Therapy requires trial of minocycline)	QL-ST	Non-Preferred Brands
MINOLIRA TAB (QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab)	QL-ST	Non-Preferred Brands
MONODOX CAP (QL= 2 caps/day)	QL	Non-Preferred Brands
MORGIDOX KIT (QL= 1 kit/30 days)	QL	Non-Preferred Brands
OCUDOX KIT	-	Non-Preferred Brands
SEYSARA TAB	-	Non-Preferred Brands
SOLODYN TAB (QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab)	QL-ST	Non-Preferred Brands
TETRACYCLINE TAB (QL= 4 tabs/day; ST req trial of tetracycline caps followed by minocycline IR OR doxycycline monohydrate)	QL-ST	Non-Preferred Brands
VIBRAMYCIN CAP (QL= 2 caps/day)	QL	Non-Preferred Brands
VIBRAMYCIN SYRUP	-	Non-Preferred Brands
demeclocycline tab (DECLOMYCIN equiv)	-	Select
doxycycline hyclate cap (QL= 2 caps/day)	QL	Select
doxycycline hyclate cap 50mg (VIBRAMYCIN equiv) (QL= 2 caps/day)	QL	Select
doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Select
doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day)	QL	Select
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	Select

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DrugName	Special Code	Tier
TETRACYCLINES Cont.		
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	Select
doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day)	QL	Select
doxycycline susp (VIBRAMYCIN equiv)	-	Select
minocycline cap (MINOCIN equiv)	-	Select
tetracycline cap	-	Select
THYROID AGENTS		
ANTITHYROID AGENTS		
SODIUM IODIDE I-131 SOLN	-	EXC
methimazole tab (TAPAZOLE equiv)	-	Select
propylthiouracil tab	-	Select
THYROID HORMONES		
ARMOUR THYROID TAB, NATURE THROID TAB	-	EXC
LEVOTHYROXINE INJ	-	EXC
LEVOTHYROXINE INJ 100MCG/ML	-	EXC
levothyroxine sodium for iv inj (LEVOTHYROXINE equiv)	-	EXC
LIOTHYRONINE INJ	-	EXC
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	EXC
ERMEZA SOLN 150MCG/5ML (QL= 10ml/day; Step therapy requires trial of levothyroxine tab)	QL-ST	Non-Preferred Brands
SYNTHROID TAB	-	Non-Preferred Brands
THYQUIDITY SOLN (Step Therapy requires trial of levothyroxine)	ST	Non-Preferred Brands
THYROLAR TAB	-	Non-Preferred Brands
TIROSINT CAP	-	Non-Preferred Brands
TIROSINT-SOL (Step therapy requires trial of levothyroxine)	ST	Non-Preferred Brands
levothyroxine tab (SYNTHROID equiv)	-	Select
liothyronine tab (CYTOMEL equiv)	-	Select
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL/BOOSTRIX INJ	VAC	Preventive
INFANRIX INJ	VAC	Preventive
TETANUS/DIPHTHERIA TOXOID INJ	VAC	Preventive
VAXELIS INJ	VAC	Preventive
ULCER DRUGS		

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ULCER DRUGS Cont.

DrugName	Special Code	Tier
ANTISPASMODICS		
glycopyrrolate inj 0.2mg/ml (ROBINUL equiv)	-	EXC
HYOSCYAMINE DRO	-	EXC
hyoscyamine sulfate CR tab (LEVBID equiv)	-	EXC
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	EXC
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	EXC
hyoscyamine tab (LEVSIN equiv)	-	EXC
b-donna tab (DONNATAL equiv) (QL= 8 tabs/day)	QL	High Cost Generics
CUVPOSA SOLN (QL= 9ml/day)	QL	Non-Preferred Brands
GLYCATE TAB, GLYCOPYRROLATE TAB (QL= 4 tabs/day; Step Therapy requires trial of glycopyrrolate tab 1mg or glycopyrrolate tab 2mg)	QL-ST	Non-Preferred Brands
SYMAX DUOTAB	-	Non-Preferred Brands
BELLADONNA ALKALOID/OPIUM SUPP	-	Preferred Brands
PROPANTHELINE TAB	-	Preferred Brands
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	Select
dicyclomine cap (BENTYL equiv)	-	Select
dicyclomine soln (BENTYL equiv)	-	Select
dicyclomine tab (BENTYL equiv)	-	Select
glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day)	QL	Select
glycopyrrolate tab (ROBINUL equiv)	-	Select
methscopolamine tab (PAMINE equiv)	-	Select
H-2 ANTAGONISTS		
cimetidine soln (CIMETIDINE equiv) (Covered for members age 17 or younger)	-	EXC
cimetidine tab	OTC	EXC
famotidine susp (PEPCID equiv) (Covered for members age 17 or younger)	-	EXC
PEPCID SUSP (Step Therapy requires trial of cimetidine or nizatidine)	ST	Non-Preferred Brands
nizatidine cap (AXID equiv)	-	Select
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	Select
PROTON PUMP INHIBITORS		
ACIPHEX SPRINKLE CAP (Covered for members age 17 or younger)	-	EXC
ACIPHEX TAB (Covered for members age 17 or younger)	-	EXC
ESOMEPRAZOLE STRONTIUM CAP (Covered for members age 17 or younger)	-	EXC
ESOMEPRAZOLE-EZS KIT (Covered for members age 17 or younger)	-	EXC
FIRST OMEPRAZOLE SUSP	-	EXC
LANSOPRAZOLE SUSP	-	EXC
NEXIUM CAP (Covered for members age 17 or younger)	-	EXC
omeprazole DR cap (PRILOSEC equiv) (Covered for members age 17 or younger)	-	EXC

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DrugName	Special Code	Tier
ULCER DRUGS Cont.		
pantoprazole EC tab (PROTONIX equiv) (Covered for members age 17 or younger)	-	EXC
PREVACID CAP (Covered for members age 17 or younger)	-	EXC
PRILOSEC CAP (Covered for members age 17 or younger)	-	EXC
PRILOSEC POWDER PACKET (Covered for members age 17 or younger)	-	EXC
PROTONIX EC TAB (Covered for members age 17 or younger)	-	EXC
rabeprazole EC tab (ACIPHEX equiv) (Covered for members age 17 or younger)	-	EXC
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	Select
ULCER THERAPY COMBINATIONS		
famotidine-ca carbonate-mag hydroxide chew tab	OTC	EXC
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	EXC
ZEGERID CAP	-	EXC
ZEGERID POWDER PACK	-	EXC
OMECLAMOX (QL= 80 tabs/10 days)	QL	Preferred Brands
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
ATROPINE SUL INJ	-	EXC
ATROPINE SULFATE INJ	-	EXC
atropine sulfate iv soln	-	EXC
DONNATAL ELX GRAPE	-	EXC
DONNATAL TAB	-	EXC
glycopyrrolate inj 0.2mg/ml (ROBINUL equiv)	-	EXC
glycopyrrolate inj pf soln prefilled syringe	-	EXC
GLYRX-PF INJ 0.2MG/ML	-	EXC
HYOSCYAMINE ELX	-	EXC
HYOSCYAMINE SUB	-	EXC
HYOSCYAMINE TAB	-	EXC
HYOSCYAMINE TAB ER	-	EXC
DARTISLA ODT TAB (QL= 4 tabs/day, Step therapy requires trial of glycopyrrolate tab or glycopyrrolate solution)	QL-ST	Non-Preferred Brands
DICYCLOMINE TAB 40MG (QL= 4 tabs/day; Step therapy requires trial of dicyclomine 10mg cap/20mg tab/10mg/5mL soln)	QL-ST	Non-Preferred Brands
GLYCATE TAB (Step Therapy requires trial of glycopyrrolate)	ST	Non-Preferred Brands
CHLORD/CLIDI CAP	-	Select
H-2 ANTAGONISTS		
FAMOTIDINE SOL	-	EXC
famotidine tab (Covered for members age 17 or younger)	OTC	EXC
RANITIDINE TAB (Step Therapy requires trial of cimetidine tab AND nizatidine cap)	ST	Non-Preferred Brands
NIZATIDINE CAP	-	Preferred Brands

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ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.

DrugName	Special Code	Tier
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	Select
PROTON PUMP INHIBITORS		
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG (Covered for members age 17 or younger)	-	EXC
DEXILANT DR CAP (Covered for members age 17 or younger)	-	EXC
dexlansoprazole DR cap (DEXILANT equiv) (Covered for members age 17 or younger)	-	EXC
esomeprazole DR granule pack (NEXIUM equiv) (Covered for members age 17 or younger)	-	EXC
esomeprazole magnesium cap delayed release	OTC	EXC
esomeprazole magnesium DR tab (NEXIUM equiv) (Covered for members age 17 or younger)	-	EXC
FIRST PANTOPRAZOLE SUSP	-	EXC
lansoprazole cap delayed release	OTC	EXC
lansoprazole odt (PREVACID SOLUTAB equiv) (Covered for members age 17 or younger)	-	EXC
NEXIUM 24HR TAB (Covered for members age 17 or younger)	-	EXC
NEXIUM GRANULE PACK (Covered for members age 17 or younger)	-	EXC
omeprazole magnesium delayed release tab	OTC	EXC
omeprazole tab (Covered for members age 17 or younger)	OTC	EXC
PANTOPRAZOLE INJ SOD	-	EXC
PANTOPRAZOLE SOLN	-	EXC
PREVACID SOLUTAB (Covered for members age 17 or younger)	-	EXC
VOQUEZNA TAB	-	EXC
ULCER THERAPY COMBINATIONS		
KONVOMEP SUSP	OTC	EXC
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	EXC
omeprazole-sodium bicarbonate cap	OTC	EXC
PREVPAC KIT	-	EXC
HELIDAC PACK (QL= 224 tabs/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole)	QL-ST	Non-Preferred Brands
LANSOPRAZOLE/AMOXICILLIN/CLARITHTHROMYCIN KIT (QL= 112 tabs/10 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole))	QL-ST	Non-Preferred Brands
PYLERA CAP (QL= 120 tabs/10 days)	QL	Non-Preferred Brands
TALICIA CAP (QL= 168 caps/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole))	QL-ST	Non-Preferred Brands
VOQUEZNA DUAL PAK (QL= 1 pack/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole))	QL-ST	Non-Preferred Brands
VOQUEZNA TRIP PAK (QL= 1 pack/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole))	QL-ST	Non-Preferred Brands
bismuth/metro/tetra cap (PYLERA equiv) (QL= 120 tabs/10 days)	QL	Select

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
trospium chloride SR cap (SANCTURA XR equiv) (QL= 1 cap/day; Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR, trospium IR/ER, solifenacin)	QL-ST	High Cost Generics

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URINARY ANTISPASMODICS Cont.		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
OXYTROL PATCH (OTC)	OTC	EXC
darifenacin SR tab (ENABLEX equiv) (Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER, solifenacin)	ST	High Cost Generics
oxybutynin chloride tab 2.5mg (QL= 1 tab/day; Step therapy requires trial of: oxybutynin syrup or solifenacin)	QL-ST	High Cost Generics
ENABLEX TAB (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	Non-Preferred Brands
TOVIAZ TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
VESICARE LS SUSP (QL= 2 bottles/30 days; Step Therapy requires trial of oxybutynin IR/ER and solifenacin tabs)	QL-ST	Non-Preferred Brands
VESICARE TAB (QL= 1 tab/day; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	QL-ST	Non-Preferred Brands
fesoterodine fumarate er tab (TOVIAZ equiv) (QL= 1 tab/day)	QL	Select
oxybutynin ER tab (DITROPAN XL equiv)	-	Select
oxybutynin syrup	-	Select
oxybutynin tab (DITROPAN equiv)	-	Select
solifenacin tab (VESICARE equiv) (QL= 1 tab/day)	QL	Select
tolterodine SR cap (DETROL LA equiv) (QL= 1 cap/day)	QL	Select
tolterodine tab (DETROL equiv)	-	Select
trospium tab (SANCTURA equiv)	-	Select
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
mirabegron granules for oral extended release susp (MYRBETRIQ equiv) (QL= 188mL/30 days; ST req trial of 2: oxybutynin syrup/tab/ER tab, solifenacin, tolterodine IR tab, trospium IR tab)	QL-ST	High Cost Generics
mirabegron tab er (MYRBETRIQ equiv) (Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER solifenacin)	ST	High Cost Generics
GEMTESA TAB (QL= 30 tabs/30 days; ST requires trial of oxybutynin IR/ER and soliferacin)	QL-ST	Non-Preferred Brands
MYRBETRIQ SUSP (QL= 188mL/30 days; ST req trial of 2: oxybutynin syrup/tab/ER tab, solifenacin, tolterodine IR tab, trospium IR tab)	QL-ST	Non-Preferred Brands
MYRBETRIQ TAB (Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER, solifenacin)	ST	Non-Preferred Brands
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	Select
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv) (QL= 8 tabs/day; Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER, solifenacin)	QL-ST	High Cost Generics
VACCINES		
BACTERIAL VACCINES		
BEXSERO INJ	VAC	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
VACCINES Cont.		
BIOTHRAX INJ	-	Preventive
CAPVAXIVE INJ (QL= 0.5 mL/fill; Covered for ages 19 years and older)	QL-VAC	Preventive
MENACTRA INJ	VAC	Preventive
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		
AUDENZ INJ	-	EXC
COVID-19 VACCINE INJ (PFIZER)	-	EXC
COVID-19 VACCINE INJ 5-11Y (PFIZER)	-	EXC
COVID-19 VACCINE INJ 6-11Y (MODERNA)	-	EXC
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	-	EXC
COVID-19 VACCINE INJ 6M-5Y (MODERNA)	-	EXC
DENGVAXIA SUSP	-	EXC
IXCHIQ INJ	-	EXC
ROTARIX SUSP	-	EXC
TICOVAC INJ	-	EXC
VIMKUNYA INJ	-	EXC
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

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DrugName	Special Code	Tier
VACCINES Cont.		
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
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

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DrugName	Special Code	Tier
VACCINES Cont.		
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
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

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DrugName	Special Code	Tier
VACCINES Cont.		
VARIVAX INJ	VAC	Preventive
YF-VAX INJ	-	Preventive
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
benzocaine-benalkonium chloride vaginal cream	OTC	EXC
benzocaine-resorcinol perivaginal cream	OTC	EXC
boric acid vaginal supp	OTC	EXC
MAINTAIN BOR KIT ODOR	OTC	EXC
misc vaginal products - gel	OTC	EXC
misc vaginal products - suppositories	OTC	EXC
perivaginal cleanser - liquid	OTC	EXC
vaginal lubricant - gel	OTC	EXC
vaginal moisturizer - gel	OTC	EXC
vaginal moisturizer - lotion	OTC	EXC
VAGISIL CREAM	-	EXC
VITAMIN C VAGINAL TAB	-	EXC
VAGINAL ANTI-INFECTIVES		
MICONAZOLE 7 SUPP 100MG	OTC	EXC
miconazole nitrate vaginal cream	OTC	EXC
XACIATO GEL (QL= 25 grams/30 days; Trial of 2: metronidazole gel, clindamycin vaginal cream AND trial of 1: metronid tab or clinda cap)	QL-ST	Non-Preferred Brands
VAGINAL ANTI-INFLAMMATORY AGENTS		
MONISTAT CARE CREAM	OTC	EXC
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL (QL= 180gm/30 days)	QL	Preventive
VAGINAL PROGESTINS		
ENDOMETRIN SUPP	PA	Preferred Brands
progesterone vaginal insert (ENDOMETRIN equiv)	PA	Select
VAGINAL PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
FEM PH GEL	-	Non-Preferred Brands
INTRAROSA SUPP	-	Non-Preferred Brands
SPERMICIDES		
CONTRACEPTIVE FILM	OTC	Preventive
CONTRACEPTIVE FOAM	OTC	Preventive

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DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
CONTRACEPTIVE GEL	OTC	Preventive
CONTRACEPTIVE SUPP	OTC	Preventive
TODAY SPONGE	OTC	Preventive
VAGINAL ANTI-INFECTIVES		
miconazole nitrate vaginal app kit	OTC	EXC
CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill)	QL	Non-Preferred Brands
CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill)	QL	Non-Preferred Brands
GYNAZOLE CREAM	-	Non-Preferred Brands
AVC VAGINAL CREAM	-	Preferred Brands
NUVESSA VAGINAL GEL, VANDAZOLE GEL (QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln)	QL-ST	Preferred Brands
clindamycin vaginal cream (CLEOCIN equiv) (QL= 1 tube/fill)	QL	Select
metronidazole vaginal gel (METROGEL equiv)	-	Select
terconazole cream (TERAZOL equiv)	-	Select
TERCONAZOLE CREAM 0.8%	-	Select
terconazole supp (TERAZOL equiv)	-	Select
VAGINAL ESTROGENS		
IMVEXXY SUPP	-	EXC
ESTRACE VAGINAL CREAM	-	Non-Preferred Brands
FEMRING (3 copays per Rx)	-	Non-Preferred Brands
ESTRING (QL= 1 ring/90 days; 3 copays per Rx)	QL	Preferred Brands
PREMARIN VAGINAL CREAM	-	Preferred Brands
estradiol cream (ESTRACE equiv)	-	Select
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	Select
VAGINAL PROGESTINS		
PROGESTERONE SUPP	-	EXC
CRINONE GEL	-	Non-Preferred Brands
ENDOMETRIN INSERT	PA	Preferred Brands
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		

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DrugName	Special Code	Tier
VASOPRESSORS Cont.		
ADRENACLICK INJ, EPINEPHRINE INJ	-	Non-Preferred Brands
EPIPEN (JR) INJ (QL= 2 inj/fill)	QL	Non-Preferred Brands
AUVI-Q INJ (QL= 2 inj/fill)	QL	Preferred Brands
NEFFY SPRAY (QL= 2 doses/fill)	QL	Preferred Brands
EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill)	QL	Value
EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill)	QL	Value
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	Value
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap (NORTHERA equiv)	AMSP	Generic Specialty
NORTHERA CAP (NORTHERA equiv) (QL= 180 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416)	LD-QL-ST	Non-Preferred Specialty
NORTHERA CAP 100MG (QL= 90 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416)	LD-QL-ST	Non-Preferred Specialty
VASOPRESSORS		
ADRENALIN INJ	-	EXC
AKOVAZ INJ	-	EXC
BIORPHEN INJ	-	EXC
ephedrine sulfate prefilled syringe (AKOVAZ equiv)	-	EXC
EPHEDRINE SULF-NACL SOLN PREF SYR	-	EXC
EPINEPHRINE INJ	-	EXC
epinephrine inj (ADRENALIN equiv)	-	EXC
EPINEPHRINE INJ/NACL	-	EXC
EPINEPHRINE SOL NACL	-	EXC
EPINEPHRINE SOLN	-	EXC
GIAPREZA INJ	-	EXC
NOREPINEPHRINE INJ	-	EXC
phenylephrine hcl (pf) iv soln (BIORPHEN equiv)	-	EXC
PHENYLEPHRINE HCL IV SOLN	-	EXC
REZIPRES INJ	-	EXC
epinephrine inj	-	High Cost Generics
EPINEPHRINE PF INJ 1 MG/ML	-	Non-Preferred Brands
EPINEPHRINE INJ	-	Preferred Brands
midodrine tab (PROAMATINE equiv)	-	Select
VITAMINS		
MISC. NUTRITIONAL FACTORS		

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DrugName	Special Code	Tier
VITAMINS Cont.		
QUERCETIN CAP	-	EXC
QUERCETIN-ZINC CHEW TAB	OTC	EXC
rutin tab	OTC	EXC
OIL SOLUBLE VITAMINS		
AQUASOL A INJ	-	EXC
BETA CAROTENE CAP	-	EXC
cholecalciferol chew tab	OTC	EXC
cholecalciferol drops	OTC	EXC
cholecalciferol orally disintegrating tab	OTC	EXC
cholecalciferol tab	OTC	EXC
K2 LIQ	-	EXC
K2-45 CAP	-	EXC
menaquinone	OTC	EXC
VITAMIN A LIQUID	-	EXC
VITAMIN D3 CAP	-	EXC
VITAMIN E CAP	OTC	EXC
VITAMIN E DROPS	-	EXC
VITAMIN E LIQUID	-	EXC
phytonadione tab (MEPHYTON equiv)	-	Select
vitamin D cap (RX strength only)	-	Select
WATER SOLUBLE VITAMINS		
ASCOR SOLN	-	EXC
ascorbic acid cap	OTC	EXC
ASCORBIC ACID INJ	-	EXC
ascorbic acid iv soln (ASCOR equiv)	-	EXC
ascorbic acid oral powder	OTC	EXC
biotin cap	OTC	EXC
biotin chew tab	OTC	EXC
BIOTIN LIQUID	OTC	EXC
BIOTIN TAB	-	EXC
biotin tab disint	OTC	EXC
BUFFERED C POWDER	OTC	EXC
C/ROSE HIPS CAP	OTC	EXC
CA PANTOTHEN TAB	OTC	EXC
ENDUR-AMIDE TAB	-	EXC
LIQUID-C LIQ	OTC	EXC
NIACIN CAP	OTC	EXC
niacin tab er	OTC	EXC
NIACIN TR CAP	OTC	EXC
NIACINAMIDE CAP	OTC	EXC
riboflavin tab	-	EXC
THIAMINE HCL SOLN NACL	-	EXC
thiamine mononitrate tab (B1 equiv)	-	EXC
TRUE VIT B1 TAB	-	EXC
TRUE VIT B6 TAB	-	EXC
VITAMIN B-1 CAP	OTC	EXC

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DrugName	Special Code	Tier
VITAMINS Cont.		
VITAMIN B1 LIQUID	-	EXC
VITAMIN B2 LIQUID	-	EXC
VITAMIN B-2 TAB	OTC	EXC
VITAMIN B3 LIQUID	-	EXC
VITAMIN B5 LIQUID	-	EXC
VITAMIN B6 LIQUID	-	EXC
VITAMIN B-6 TAB	-	EXC
VITAMIN C TR TAB	OTC	EXC
POTABA POWDER PACKET	-	Preferred Brands

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Moda Large Group Commercial 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
ABRILADA INJ	Non-Preferred Specialty
ACTEMRA ACTPEN INJ	Non-Preferred Specialty
ACTEMRA SC INJ	Non-Preferred Specialty
ACTHAR HP GEL INJ	Preferred Specialty
ACTHAR INJ 80UNIT	Preferred Specialty
ACTHAR INJ GEL	Non-Preferred Specialty
ACTIMMUNE INJ	Non-Preferred Specialty
ADALIMU-ADAZ INJ 80/0.8ML	Preferred Specialty
ADALIMU-ADBM KIT	Non-Preferred Specialty
ADALIMU-ADBM KIT 40/0.4ML	Non-Preferred Specialty
ADALIMU-FKJP KIT 20/0.4ML	Non-Preferred Specialty
ADALIMUMAB KIT ADBM	Non-Preferred Specialty
ADALIMUMAB-AATY KIT	Non-Preferred Specialty
ADALIMUMAB-AATY KIT 20MG/0.2ML	Non-Preferred Specialty
ADALIMUMAB-AATY KIT 80MG/0.8ML	Non-Preferred Specialty
ADALIMUMAB-ADAZ INJ	Preferred Specialty
ADALIMUMAB-ADAZ INJ 10MG/0.1ML	Preferred Specialty
ADALIMUMAB-ADAZ INJ 40MG/0.4ML	Preferred Specialty
ADALIMUMAB-ADBM KIT	Non-Preferred Specialty
ADALIMUMAB-BWWD AUTO-INJECTOR 40MG/0.4ML	Non-Preferred Specialty
ADALIMUMAB-BWWD PREFILLED SYRINGE 40MG/0.4ML	Non-Preferred Specialty
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	Non-Preferred Specialty
ADALIMUMAB-FKJP PFS KIT	Non-Preferred Specialty
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML	Non-Preferred Specialty
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 40MG/0.4ML	Non-Preferred Specialty
ADALIMUMAB-RYVK INJ	Non-Preferred Specialty
ADALIMUMAB-RYVK INJ 40MG/0.4ML	Non-Preferred Specialty
ADALIMUMAB-RYVK INJ 80MG/0.8ML	Non-Preferred Specialty
ADBRY INJ	Non-Preferred Specialty
ADEMPAS TAB	Non-Preferred Specialty
ADVATE INJ 1000 UNIT	Preferred Specialty
ADVATE INJ 1500 UNIT	Preferred Specialty
ADVATE INJ 2000 UNIT	Preferred Specialty
ADVATE INJ 250 UNIT	Preferred Specialty
ADVATE INJ 3000 UNIT	Preferred Specialty
ADVATE INJ 4000 UNIT	Preferred Specialty
ADVATE INJ 500 UNIT	Preferred Specialty
ADYNOVATE INJ	Non-Preferred Specialty
AFINITOR DISPERZ TAB	Non-Preferred Specialty
AFINITOR TAB	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
AFSTYLA KIT	Preferred Specialty
AGAMREE SUSP	Non-Preferred Specialty
AIMOVIG INJ	Preferred Brands
AJOVY INJ	Preferred Brands
AKEEGA TAB	Non-Preferred Specialty
ALECENSA CAP	Preferred Specialty
ALHEMO INJ	Non-Preferred Specialty
ALKERAN TAB	Non-Preferred Specialty
ALKINDI SPRINKLE CAP	Non-Preferred Brands
ALPHANATE, HUMATE-P INJ	Preferred Specialty
ALPHANINE SD INJ	Non-Preferred Specialty
ALPROLIX INJ	Preferred Specialty
ALTUVIIIO INJ	Non-Preferred Specialty
ALUNBRIG PAK	Non-Preferred Specialty
ALUNBRIG TAB 30MG	Preferred Specialty
ALUNBRIG TAB 90MG, 180MG	Preferred Specialty
ALVAIZ TAB	Non-Preferred Specialty
ALYFRTEK TAB 10-50-125MG	Preferred Specialty
ALYFRTEK TAB 4-20-50MG	Preferred Specialty
ambrisentan tab	Generic Specialty
AMJEVITA AUTO-INJECTOR	Non-Preferred Specialty
AMJEVITA INJ 10MG/0.2ML	Non-Preferred Specialty
AMJEVITA INJ 20MG/0.2ML	Non-Preferred Specialty
AMJEVITA INJ 40MG/0.4ML	Non-Preferred Specialty
AMJEVITA INJ 80MG/0.8ML	Non-Preferred Specialty
AMJEVITA SYRINGE 20MG/0.4ML	Non-Preferred Specialty
AMJEVITA SYRINGE 40MG/0.8ML	Non-Preferred Specialty
AMPYRA TAB	Non-Preferred Specialty
ANDEMBRY INJ	Non-Preferred Specialty
ANDRODERM PATCH	Non-Preferred Brands
ANDROGEL 1% 25MG	Non-Preferred Brands
ANDROGEL 1% 50MG/5GM	Non-Preferred Brands
ANDROGEL 1.62% 1.25GM	Non-Preferred Brands
ANDROGEL 1.62% 2.5GM	Non-Preferred Brands
ANDROGEL PUMP 1.62%	Non-Preferred Brands
ANZUPGO CREAM	Non-Preferred Specialty
APADAZ TAB	Non-Preferred Brands
AQNEURSA POWDER	Non-Preferred Specialty
AQVESME TAB	Non-Preferred Specialty
ARCALYST INJ	Non-Preferred Specialty
ARIKAYCE SUSP	Non-Preferred Specialty
ARMLUPEG INJ	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ATTRUBY PAK	Non-Preferred Specialty
AUBAGIO TAB	Non-Preferred Specialty
AUGTYRO CAP	Non-Preferred Specialty
AUGTYRO CAP 160MG	Non-Preferred Specialty
AUSTEDO TAB 12MG	Non-Preferred Specialty
AUSTEDO TAB 6MG	Non-Preferred Specialty
AUSTEDO TAB 9MG	Non-Preferred Specialty
AUSTEDO XR TAB	Non-Preferred Specialty
AUSTEDO XR TAB 18MG	Non-Preferred Specialty
AUSTEDO XR TAB 24MG	Non-Preferred Specialty
AUSTEDO XR TAB 6MG	Non-Preferred Specialty
AUSTEDO XR TAB TITRATION KIT	Non-Preferred Specialty
AUSTEDO XR TAB TITRATION PACK	Non-Preferred Specialty
AVMAPKI FAKZYNJA CO-PACK	Non-Preferred Specialty
AVTOZMA INJ	Non-Preferred Specialty
AYVAKIT TAB	Non-Preferred Specialty
BAFIERTAM CAP	Non-Preferred Specialty
BALVERSA TAB 3MG	Non-Preferred Specialty
BALVERSA TAB 4MG	Non-Preferred Specialty
BALVERSA TAB 5MG	Non-Preferred Specialty
BARACLUDE SOLN	Preferred Specialty
BAXDELA TAB	Non-Preferred Brands
BENEFIX INJ	Preferred Specialty
BENLYSTA AUTO-INJECTOR	Non-Preferred Specialty
BENLYSTA INJ	Non-Preferred Specialty
BERINERT INJ	Non-Preferred Specialty
BESREMI INJ	Non-Preferred Specialty
BESREMI PEN INJ	Non-Preferred Specialty
betaine powder for oral solution	Generic Specialty
BETASERON INJ	Non-Preferred Specialty
BEVYXXA CAP	Non-Preferred Brands
bexarotene cap	Generic Specialty
bexarotene gel	Generic Specialty
BILDYOS INJ	Non-Preferred Specialty
BIMZELX INJ	Non-Preferred Specialty
BONSITY, TERIPARATIDE INJ	Non-Preferred Specialty
BOSAYA INJ	Non-Preferred Specialty
bosentan tab	Generic Specialty
bosentan tab for oral susp	Generic Specialty
BOSULIF CAP	Preferred Specialty
BOSULIF TAB	Non-Preferred Specialty
bosutinib tab	Generic Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
BRAFTOVI CAP 75MG	Non-Preferred Specialty
BREXAFEMME TAB	Non-Preferred Brands
BRINSUPRI TAB	Non-Preferred Specialty
BRUKINSA CAP	Non-Preferred Specialty
BRUKINSA TAB	Non-Preferred Specialty
BUPHENYL POWDER	Non-Preferred Specialty
BUPHENYL TAB	Non-Preferred Specialty
BYLVAY CAP	Non-Preferred Specialty
CABLIVI INJ KIT	Non-Preferred Specialty
CABOMETYX TAB	Preferred Specialty
CALQUENCE CAP	Preferred Specialty
CALQUENCE TAB	Preferred Specialty
CAMZYOS CAP	Non-Preferred Specialty
CAPRELSA TAB 100MG	Preferred Specialty
CAPRELSA TAB 300MG	Preferred Specialty
CARBAGLU TAB	Non-Preferred Specialty
CARDAMYST NASAL SPRAY	Non-Preferred Brands
carglumic acid tab	Generic Specialty
CAVHANZA TAB	Non-Preferred Specialty
CERDELGA CAP	Preferred Specialty
CHOLBAM CAP	Non-Preferred Specialty
CIALIS TAB	Non-Preferred Brands
CIBINQO TAB	Non-Preferred Specialty
CIMZIA INJ	Preferred Specialty
CIMZIA INJ 200MG/ML	Preferred Specialty
CINQAIR INJ	Non-Preferred Specialty
CINRYZE INJ	Non-Preferred Specialty
COAGADEX INJ	Non-Preferred Specialty
COMETRIQ KIT	Preferred Specialty
CONEXXENCE INJ 60MG/ML	Non-Preferred Specialty
COPAXONE INJ 20MG/ML	Non-Preferred Specialty
COPAXONE INJ 40MG/ML	Non-Preferred Specialty
COPIKTRA CAP	Non-Preferred Specialty
CORIFACT KIT	Non-Preferred Specialty
CORTROPHIN GEL 80UNIT	Non-Preferred Specialty
CORTROPHIN INJ	Non-Preferred Specialty
COSENTYX INJ (1-PACK)	Preferred Specialty
COSENTYX INJ (2-PACK)	Preferred Specialty
COSENTYX INJ 300MG/2ML	Preferred Specialty
COTELLIC TAB	Preferred Specialty
CRENESSITY CAP	Non-Preferred Specialty
CRENESSITY SOLN	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
CUTAQUIG INJ	Non-Preferred Specialty
CUVITRU INJ	Preferred Specialty
CYLTEZO AUTO-INJECTOR	Non-Preferred Specialty
CYLTEZO INJ 10MG/0.2ML	Non-Preferred Specialty
CYLTEZO INJ 20MG/0.4ML	Non-Preferred Specialty
CYLTEZO INJ 40MG/0.8ML	Non-Preferred Specialty
CYLTEZO INJ CROHNS	Non-Preferred Specialty
CYLTEZO INJ PSORIASIS	Non-Preferred Specialty
CYLTEZO KIT	Non-Preferred Specialty
CYLTEZO KIT CROHNS	Non-Preferred Specialty
CYLTEZO PSORIASIS KIT	Non-Preferred Specialty
DAKLINZA TAB	Non-Preferred Specialty
dalfampridine ER tab	Generic Specialty
DALIRESP TAB	Non-Preferred Brands
DANZITEN TAB	Non-Preferred Specialty
DARAPRIM TAB	Non-Preferred Specialty
dasatinib tab	Generic Specialty
DAURISMO TAB 100MG	Non-Preferred Specialty
DAURISMO TAB 25MG	Non-Preferred Specialty
DAWNZERA INJ	Non-Preferred Specialty
DAYBUE SOLN	Non-Preferred Specialty
DAYBUE STIX POW	Non-Preferred Specialty
DAYBUE STIX POWDER 8000MG	Non-Preferred 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	Preferred Specialty
deflazacort tab	Preferred Specialty
DEMSER CAP	Non-Preferred Brands
DIACOMIT CAP	Non-Preferred Specialty
DIACOMIT POWDER PACK	Non-Preferred Specialty
dichlorphenamide tab	Generic Specialty
DOJOLVI ORAL LIQUID	Non-Preferred Specialty
DOPTELET SPRINKLE CAP	Preferred Specialty
DOPTELET TAB	Preferred Specialty
DUPIXENT INJ	Preferred Specialty
DUPIXENT PEN INJ	Preferred Specialty
DUVYZAT ORAL SUSP	Non-Preferred Specialty
DUZALLO TAB	Non-Preferred Brands
EBGLYSS INJ	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
EKTERLY TAB	Non-Preferred Specialty
ELIGARD INJ	Preferred Specialty
ELIGARD INJ, VABRINTY INJ	Preferred Specialty
ELOCTATE INJ	Preferred Specialty
eltrombopag olamine powder pack for susp	Generic Specialty
eltrombopag olamine tab	Generic Specialty
EMFLAZA SUSP	Non-Preferred Specialty
EMFLAZA TAB	Non-Preferred Specialty
EMGALITY INJ	Preferred Brands
EMGALITY INJ 100MG/ML	Non-Preferred Brands
EMPAVELI INJ	Preferred Specialty
ENBREL INJ	Preferred Specialty
ENBREL INJ 25MG	Preferred Specialty
ENBREL INJ 50MG	Preferred Specialty
ENBREL MINI INJ	Preferred Specialty
ENBREL SURECLICK INJ 50MG	Preferred Specialty
ENDOMETRIN INSERT	Preferred Brands
ENDOMETRIN SUPP	Preferred Brands
ENOBY SOLN	Non-Preferred Specialty
ENSACOVE CAP 100MG	Non-Preferred Specialty
ENSACOVE CAP 25MG	Non-Preferred Specialty
ENSPRYNG INJ	Non-Preferred Specialty
ENTYVIO INJ	Preferred Specialty
EPCLUSA PAK	Non-Preferred Specialty
EPCLUSA TAB	Non-Preferred Specialty
EPIDIOLEX SOLN	Preferred Specialty
ERIVEDGE CAP	Preferred Specialty
ERLEADA TAB	Preferred Specialty
ERLEADA TAB 240MG	Preferred Specialty
erlotinib tab 100mg	Generic Specialty
erlotinib tab 150mg	Generic Specialty
erlotinib tab 25mg	Generic Specialty
ESBRIET CAP	Non-Preferred Specialty
ESBRIET TAB 267MG	Non-Preferred Specialty
ESBRIET TAB 801MG	Non-Preferred Specialty
ESPEROCT INJ	Non-Preferred Specialty
everolimus tab	Generic Specialty
everolimus tab for oral susp	Generic Specialty
EVRYSDI SOLN	Non-Preferred Specialty
EVRYSDI TAB	Non-Preferred Specialty
EXKIVITY CAP	Non-Preferred Specialty
EXSERVAN FILM	Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
EXTAVIA INJ	Non-Preferred Specialty
EXXUA TAB	Non-Preferred Brands
FABHALTA CAP	Non-Preferred Specialty
FASENRA INJ	Non-Preferred Specialty
FASENRA INJ 10MG/0.5ML	Non-Preferred Specialty
FASENRA PEN INJ	Non-Preferred Specialty
FEIBA INJ	Non-Preferred Specialty
FENTANYL BUCCAL TAB	Non-Preferred Brands
FERRIPROX 2 DAY TAB 1000MG	Non-Preferred Specialty
FERRIPROX SOLN	Non-Preferred Specialty
FERRIPROX TAB 1000MG	Non-Preferred Specialty
FERRIPROX TAB 500MG	Non-Preferred Specialty
FILKRI INJ 300MCG/0.5ML	Non-Preferred Specialty
FILKRI INJ 480MCG/0.8ML	Non-Preferred Specialty
FILSPARI TAB	Non-Preferred Specialty
FILSUVEZ GEL	Non-Preferred Specialty
FINTEPLA SOLN	Non-Preferred Specialty
FIRAZYR INJ	Non-Preferred Specialty
FIRDAPSE TAB	Non-Preferred Specialty
FORTEO INJ 560MCG/2.24ML	Non-Preferred Specialty
FORTESTA GEL 2%	Non-Preferred Brands
FORZINITY INJ	Non-Preferred Specialty
FOTIVDA CAP	Non-Preferred Specialty
FRUZAQLA CAP 1MG	Non-Preferred Specialty
FRUZAQLA CAP 5MG	Non-Preferred Specialty
FYLNETRA INJ	Non-Preferred Specialty
gabapentin (once-daily) tab	High Cost Generics
GALAFOLD CAP	Non-Preferred Specialty
GATTEX KIT	Non-Preferred Specialty
GAVRETO CAP	Non-Preferred Specialty
gefitinib tab	Generic Specialty
GILENYA CAP	Non-Preferred Specialty
GILOTRIF TAB	Preferred Specialty
GLEEVEC TAB 100 MG	Non-Preferred Specialty
GLEEVEC TAB 400MG	Non-Preferred Specialty
glycerol phenylbutyrate liquid	Generic Specialty
GOMEKLI CAP	Non-Preferred Specialty
GOMEKLI TAB	Non-Preferred Specialty
GRALISE TAB	Non-Preferred Brands
GRANIX INJ	Non-Preferred Specialty
GUARDIAN 4 MIS SENSOR	Non-Preferred Brands
GUARDIAN 4 TRANSMITTER	Non-Preferred Brands

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
HADLIMA INJ 40MG/0.4ML	Preferred Specialty
HADLIMA INJ 40MG/0.8ML	Preferred Specialty
HADLIMA PUSH INJ 40MG/0.4ML	Preferred Specialty
HADLIMA PUSH INJ 40MG/0.8ML	Preferred Specialty
HAEGARDA INJ 2000U	Preferred Specialty
HAEGARDA INJ 3000U	Preferred Specialty
HARLIKU TAB	Non-Preferred Specialty
HARVONI PELLET PAK	Non-Preferred Specialty
HARVONI TAB	Non-Preferred Specialty
HEMLIBRA INJ	Preferred Specialty
HEMOFIL M, KOATE INJ	Preferred Specialty
HEPCLUDEX INJ	Non-Preferred Specialty
HERNEXEOS TAB	Non-Preferred Specialty
HETLIOZ CAP	Non-Preferred Specialty
HETLIOZ SUSP	Non-Preferred Specialty
HIZENTRA INJ	Preferred Specialty
HIZENTRA INJ, VIVAGLOBIN INJ	Preferred Specialty
HORIZANT TAB	Non-Preferred Brands
HORIZANT TAB 600MG ER	Non-Preferred Brands
HULIO INJ 40MG/0.8ML	Non-Preferred Specialty
HULIO KIT 20MG/0.4ML	Non-Preferred Specialty
HUMATROPE INJ	Non-Preferred Specialty
HUMIRA 10MG/0.1ML (CORDAVIS)	Non-Preferred Specialty
HUMIRA 20MG/0.2ML (CORDAVIS)	Non-Preferred Specialty
HUMIRA 40MG/0.4ML (CORDAVIS)	Non-Preferred Specialty
HUMIRA 80MG/0.8ML (CORDAVIS)	Non-Preferred Specialty
HUMIRA INJ 10MG	Non-Preferred Specialty
HUMIRA INJ 20MG	Non-Preferred Specialty
HUMIRA INJ 40MG	Non-Preferred Specialty
HUMIRA INJ 80MG	Non-Preferred Specialty
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	Non-Preferred Specialty
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	Non-Preferred Specialty
HUMIRA INJ PEDIATRIC UC STARTER PACK	Non-Preferred Specialty
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	Non-Preferred Specialty
HUMIRA PEN INJ 40MG	Non-Preferred Specialty
HYCAMTIN CAP	Preferred Specialty
HYDROXYPROGESTERONE CAPROATE INJ	Preferred Specialty
HYFTOR GEL	Non-Preferred Specialty
HYMPAVZI INJ	Non-Preferred Specialty
HYMPAVZI INJ 75MG/0.5ML	Non-Preferred Specialty
HYQVIA INJ	Preferred Specialty
HYRIMOZ INJ 40MG/0.4ML	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
HYRIMOZ INJ 40MG/0.8ML	Non-Preferred Specialty
HYRIMOZ INJ 80MG/0.8ML	Non-Preferred Specialty
HYRIMOZ INJ CROHNS	Non-Preferred Specialty
HYRIMOZ INJ PLAQUE PSORIASIS	Non-Preferred Specialty
HYRIMOZ PFS INJ 10MG/0.1ML	Non-Preferred Specialty
HYRIMOZ PFS INJ 20MG/0.2ML	Non-Preferred Specialty
HYRIMOZ-PED INJ CROHNS	Non-Preferred Specialty
HYRIMOZ-PED INJ CROHNS 80MG/0.8ML	Non-Preferred Specialty
HYRNUO TAB	Non-Preferred Specialty
IBRANCE CAP	Non-Preferred Specialty
IBRANCE TAB	Non-Preferred Specialty
IBSRELA TAB	Non-Preferred Brands
IBTROZI CAP	Non-Preferred Specialty
icatibant inj	Generic Specialty
ICLUSIG TAB	Preferred Specialty
IDACIO INJ 40MG/0.8ML	Non-Preferred Specialty
IDELVION INJ	Non-Preferred Specialty
IDHIFA TAB	Non-Preferred Specialty
imatinib tab 100mg	Generic Specialty
imatinib tab 400mg	Generic Specialty
IMBRUVICA CAP 140MG	Preferred Specialty
IMBRUVICA CAP 70MG	Preferred Specialty
IMBRUVICA SUSP	Preferred Specialty
IMBRUVICA TAB	Preferred Specialty
IMKELDI SOLUTION	Non-Preferred Specialty
IMULDOSA SYRINGE 45MG/0.5ML	Non-Preferred Specialty
IMULDOSA SYRINGE 90MG/ML	Non-Preferred Specialty
INBRIJA INH POWDER	Non-Preferred Specialty
INGREZZA CAP	Non-Preferred Specialty
INGREZZA PACK 40-80MG	Non-Preferred Specialty
INGREZZA SPRINKLE CAP	Non-Preferred Specialty
INLURIYO TAB	Non-Preferred Specialty
INLYTA TAB	Preferred Specialty
INLYTA TAB 5MG	Preferred Specialty
INQOVI TAB	Non-Preferred Specialty
INREBIC CAP	Non-Preferred Specialty
IQIRVO TAB	Non-Preferred Specialty
IRESSA TAB	Non-Preferred Specialty
ISTURISA TAB	Non-Preferred Specialty
ITOVEBI TAB	Non-Preferred Specialty
IWILFIN TAB	Non-Preferred Specialty
IXINITY INJ, RIXUBIS INJ	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
JADENU SPRINKLE	Non-Preferred Specialty
JAKAFI TAB	Preferred Specialty
JAKAFI XR TAB	Preferred Specialty
JASCAYD TAB	Non-Preferred Specialty
JATENZO CAP 158MG	Non-Preferred Brands
JATENZO CAP 198MG	Non-Preferred Brands
JATENZO CAP 237MG	Non-Preferred Brands
JAVYGTOR PAK 100MG	Generic Specialty
JAVYGTOR POW 500MG	Generic Specialty
JAVYGTOR TAB 100MG	Generic Specialty
JAYPIRCA TAB 100MG	Non-Preferred Specialty
JAYPIRCA TAB 50MG	Non-Preferred Specialty
JIVI INJ	Non-Preferred Specialty
JOENJA TAB	Non-Preferred Specialty
JUBBONTI INJ	Non-Preferred Specialty
JUXTAPID CAP	Preferred Specialty
JYNARQUE PAK	Non-Preferred Specialty
JYNARQUE TAB	Non-Preferred Specialty
JYNARQUE TAB 30MG	Non-Preferred Specialty
KALYDECO PAK	Preferred Specialty
KALYDECO TAB	Preferred Specialty
KAPVAY TAB	Non-Preferred Brands
KEVEYIS TAB	Non-Preferred Specialty
KEVZARA INJ	Non-Preferred Specialty
KINERET INJ	Non-Preferred Specialty
KISQALI PAK	Preferred Specialty
KISQALI TAB	Preferred Specialty
KITABIS PAK NEB SOLN	Non-Preferred Specialty
KLISYRI OINT	Non-Preferred Brands
KOGENATE FS INJ	Non-Preferred Specialty
KOMZIFTI CAP	Non-Preferred Specialty
KORLYM TAB	Non-Preferred Specialty
KOSELUGO CAP	Non-Preferred Specialty
KOSELUGO CAP 10MG	Non-Preferred Specialty
KOSELUGO CAP 5MG	Non-Preferred Specialty
KOVALTRY INJ	Non-Preferred Specialty
KRAZATI TAB	Non-Preferred Specialty
KUVAN POWDER PACK	Non-Preferred Specialty
KUVAN TAB	Non-Preferred Specialty
KYGEVVI POWDER	Non-Preferred Specialty
KYNAMRO INJ	Non-Preferred Specialty
KYNMOBI TITRATION KIT	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
KYZATREX CAP	Non-Preferred Brands
KYZATREX CAP, TLANDO CAP	Non-Preferred Brands
lamivudine tab 100mg	Generic Specialty
lapatinib ditosylate tab	Generic Specialty
LAZCLUZE TAB 240MG	Non-Preferred Specialty
LAZCLUZE TAB 80MG	Non-Preferred Specialty
lenalidomide cap	Generic Specialty
LENVIMA CAP	Preferred Specialty
LEQEMBI IQLIK INJ	Non-Preferred Specialty
LEROCHOL SOLN	Non-Preferred Brands
LETAIRIS TAB	Non-Preferred Specialty
LEUKINE INJ	Non-Preferred Specialty
LEUPROLIDE INJ (3 MONTH)	Preferred Specialty
LIQREV SUSP	Non-Preferred Specialty
LIVDELZI CAP	Non-Preferred Specialty
LIVMARLI SOLN	Non-Preferred Specialty
LIVMARLI TAB	Non-Preferred Specialty
LIVTENCITY TAB	Non-Preferred Specialty
LODOCO TAB	Non-Preferred Brands
LONSURF TAB	Preferred Specialty
LORBRENA TAB 100MG	Non-Preferred Specialty
LORBRENA TAB 25MG	Non-Preferred Specialty
LUMAKRAS TAB	Non-Preferred Specialty
LUMAKRAS TAB 320MG	Non-Preferred Specialty
LUMRYZ PACK 4.5GM	Non-Preferred Specialty
LUMRYZ PACK 6GM	Non-Preferred Specialty
LUMRYZ PACK 7.5GM	Non-Preferred Specialty
LUMRYZ PACK 9GM	Non-Preferred Specialty
LUMRYZ STARTER PACK	Non-Preferred Specialty
LUPKYNIS CAP	Non-Preferred Specialty
LUPRON DEPOT INJ	Preferred Specialty
LUPRON DEPOT INJ PED	Preferred Specialty
LUPRON DEPOT-PED INJ (1-MONTH)	Preferred Specialty
LUPRON DEPOT-PED INJ (3-MONTH)	Preferred Specialty
LUTRATE DEPO INJ	Preferred Specialty
LYNPARZA CAP	Preferred Specialty
LYNPARZA TAB	Preferred Specialty
LYTGOBI TAB (12MG DAILY DOSE)	Non-Preferred Specialty
LYTGOBI TAB (16MG DAILY DOSE)	Non-Preferred Specialty
LYTGOBI TAB (20MG DAILY DOSE)	Non-Preferred Specialty
macitentan tab	Generic Specialty
MAKENA INJ	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
MAVENCLAD THERAPY PAK 10MG	Non-Preferred Specialty
MAYZENT STARTER PACK 0.25MG	Non-Preferred Specialty
MAYZENT TAB	Non-Preferred Specialty
MAYZENT TAB STARTER PACK	Non-Preferred Specialty
MEKINIST SOLN	Preferred Specialty
MEKINIST TAB 0.5MG	Preferred Specialty
MEKINIST TAB 2MG	Preferred Specialty
MEKTOVI TAB	Non-Preferred Specialty
METHITEST TAB	Non-Preferred Brands
methyltestosterone cap	High Cost Generics
metyrosine cap	High Cost Generics
mifepristone tab	Generic Specialty
miglustat cap	Generic Specialty
MIPLYFFA CAP	Non-Preferred Specialty
MIRCERA INJ	Non-Preferred Specialty
MODERIBA TAB	Non-Preferred Specialty
MODEYSO CAP	Non-Preferred Specialty
MOVANTIK TAB	Preferred Brands
MULPLETA TAB	Non-Preferred Specialty
MYALEPT INJ	Non-Preferred Specialty
MYCAPSSA CAP	Non-Preferred Specialty
MYFEMBREE TAB	Non-Preferred Specialty
MYQORZO TAB	Non-Preferred Specialty
NATESTO GEL	Non-Preferred Brands
NATESTO NASAL GEL	Non-Preferred Brands
NATPARA INJ	Non-Preferred Specialty
NEMLUVIO INJ	Non-Preferred Specialty
NEREUS CAP	Non-Preferred Brands
NERLYNX TAB	Non-Preferred Specialty
NEULASTA INJ	Non-Preferred Specialty
NEUPOGEN INJ	Non-Preferred Specialty
NEXAVAR TAB	Non-Preferred Specialty
NEXLETOL TAB	Non-Preferred Brands
NEXLIZET TAB	Non-Preferred Brands
NGENLA INJ	Non-Preferred Specialty
NILANDRON TAB	Non-Preferred Specialty
NILOTINB TAR CAP	Non-Preferred Specialty
NILOTINIB D-TAR CAP	Non-Preferred Specialty
nilotinib hcl cap	Generic Specialty
nilutamide tab	Generic Specialty
NINLARO CAP	Preferred Specialty
nintedanib esylate cap	Generic Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
nitisinone cap	Generic Specialty
NITYR TAB	Non-Preferred Specialty
NIVESTYM INJ	Non-Preferred Specialty
NON-PREFERRED CGM MONITOR SUPPLIES KIT	Non-Preferred Brands
NORDITROPIN INJ, NUTROPIN AQ INJ	Non-Preferred Specialty
NOVOEIGHT INJ	Non-Preferred Specialty
NOVOSEVEN RT INJ	Non-Preferred Specialty
NUBEQA TAB	Preferred Specialty
NUCALA INJ	Preferred Specialty
NUPLAZID CAP	Non-Preferred Specialty
NUPLAZID TAB	Non-Preferred Specialty
NURTEC ODT	Non-Preferred Brands
NUWIQ INJ	Non-Preferred Specialty
NUWIQ KIT	Non-Preferred Specialty
NUZYRA TAB	Non-Preferred Specialty
NYPOZI INJ	Non-Preferred Specialty
OBIZUR INJ	Preferred Specialty
OCALIVA TAB	Non-Preferred Specialty
OCREVUS INJ	Non-Preferred Specialty
OCREVUS ZUNOVO INJ	Non-Preferred Specialty
octreotide inj	Generic Specialty
OCTREOTIDE INJ 100MCG	Generic Specialty
ODOMZO CAP	Preferred Specialty
OFEV CAP	Non-Preferred Specialty
OGSIVEO TAB	Non-Preferred Specialty
OGSIVEO TAB 100MG	Non-Preferred Specialty
OGSIVEO TAB 150MG	Non-Preferred Specialty
OHTUVAYRE SUSP	Non-Preferred Specialty
OJEMDA SUSP	Non-Preferred Specialty
OJEMDA TAB	Non-Preferred Specialty
OJJAARA TAB	Non-Preferred Specialty
OLPRUVA PACK	Non-Preferred Specialty
OLUMIANT TAB	Non-Preferred Specialty
OLYSIO CAP	Non-Preferred Specialty
OMVOH INJ	Non-Preferred Specialty
OMVOH INJ 100MG/ML, 200MG/2ML	Non-Preferred Specialty
ONAPGO INJ 98MG/20ML	Non-Preferred Specialty
ONUREG TAB	Non-Preferred Specialty
OPFOLDA CAP	Non-Preferred Specialty
OPSUMIT TAB	Non-Preferred Specialty
OPSYNVI TAB	Non-Preferred Specialty
OPZELURA CREAM	Non-Preferred Brands

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ORENCIA CLICK INJ	Non-Preferred Specialty
ORENCIA SC INJ 125MG/ML	Non-Preferred Specialty
ORENCIA SC INJ 50MG/0.4ML	Non-Preferred Specialty
ORENCIA SC INJ 87.5MG/0.7ML	Non-Preferred Specialty
ORENITRAM TAB	Preferred Specialty
ORENITRAM TAB MONTH PAK	Non-Preferred Specialty
ORFADIN CAP	Non-Preferred Specialty
ORFADIN SUSP	Non-Preferred Specialty
ORGOVYX TAB	Non-Preferred Specialty
ORIAHNN CAP	Non-Preferred Specialty
ORILISSA TAB 150MG	Non-Preferred Specialty
ORILISSA TAB 200MG	Non-Preferred Specialty
ORKAMBI GRANULES PACKET	Preferred Specialty
ORKAMBI TAB	Preferred Specialty
ORLADEYO CAP	Non-Preferred Specialty
ORLADEYO PACK	Non-Preferred Specialty
ormalvi tab 50mg	Generic Specialty
ORSERDU TAB 345MG	Non-Preferred Specialty
ORSERDU TAB 86MG	Non-Preferred Specialty
OSPHENA TAB	Non-Preferred Brands
OSPOMYV INJ	Non-Preferred Specialty
OSVYRTI INJ	Non-Preferred Specialty
OTEZLA STARTER PACK	Preferred Specialty
OTEZLA TAB	Preferred Specialty
OTEZLA XR TAB	Preferred Specialty
OTULFI INJ	Non-Preferred Specialty
OTULFI SYRINGE 45MG/0.5ML	Non-Preferred Specialty
OTULFI SYRINGE 90MG/ML	Non-Preferred Specialty
OXERVATE OPHTH SOLN	Non-Preferred Specialty
PALFORZIA POWDER PACK	Non-Preferred Specialty
PALFORZIA SPRINKLE CAP	Non-Preferred Specialty
PALSONIFY TAB	Non-Preferred Specialty
PALYNZIQ INJ	Non-Preferred Specialty
pazopanib hcl tab	Generic Specialty
PAZOPANIB TAB 400MG	Preferred Specialty
PEGASYS INJ	Preferred Specialty
PEMAZYRE TAB	Non-Preferred Specialty
PHEBURANE ORAL PELLETS	Non-Preferred Specialty
PHYRAGO TAB	Non-Preferred Specialty
PIQRAY TAB	Non-Preferred Specialty
pirfenidone cap	Generic Specialty
pirfenidone tab 267mg	Generic Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
PIRFENIDONE TAB 534MG	Generic Specialty
pirfenidone tab 801mg	Generic Specialty
PLEGRIDY INJ	Non-Preferred Specialty
PLEGRIDY PEN INJ	Non-Preferred Specialty
pomalidomide cap	Generic Specialty
POMALYST CAP	Non-Preferred Specialty
PONVORY TAB	Non-Preferred Specialty
PONVORY TAB STARTER PACK	Non-Preferred Specialty
PRALUENT INJ	Non-Preferred Brands
PREVYMIS PAK	Non-Preferred Specialty
PREVYMIS TAB	Non-Preferred Specialty
PROCYSBI CAP	Non-Preferred Specialty
PROCYSBI GRANULES PACKET	Non-Preferred Specialty
PROFILNINE INJ	Preferred Specialty
progesterone vaginal insert	Select
PROLIA INJ	Preferred Specialty
PROMACTA POWDER	Non-Preferred Specialty
PROMACTA TAB	Non-Preferred Specialty
pyrimethamine tab	Generic Specialty
PYRUKYND THERAPY PACK	Non-Preferred Specialty
PYZCHIVA INJ	Non-Preferred Specialty
PYZCHIVA INJ 45MG/0.5ML	Non-Preferred Specialty
PYZCHIVA INJ 90MG/ML	Non-Preferred Specialty
QBREXZA PAD	Non-Preferred Brands
QFITLIA INJ	Non-Preferred Specialty
QINLOCK TAB	Non-Preferred Specialty
QULIPTA TAB	Non-Preferred Brands
RADICAVA ORS SUSP	Preferred Specialty
RAVICTI LIQUID	Non-Preferred Specialty
RAYALDEE CAP	Non-Preferred Brands
RAYOS TAB	Non-Preferred Brands
REBINYN INJ	Non-Preferred Specialty
RECOMBINATE INJ	Non-Preferred Specialty
RECORLEV TAB	Non-Preferred Specialty
REDEMPLO PFS INJ	Non-Preferred Specialty
RELEUKO INJ	Non-Preferred Specialty
RELISTOR INJ	Non-Preferred Specialty
RELISTOR INJ KIT	Non-Preferred Specialty
RELISTOR TAB	Non-Preferred Specialty
RELYVRIO PAK	Non-Preferred Specialty
REMODULIN INJ 10MG/ML	Non-Preferred Specialty
REMODULIN INJ 1MG/ML	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
REMODULIN INJ 2.5MG/ML	Non-Preferred Specialty
REMODULIN INJ 5MG/ML	Non-Preferred Specialty
REMODULIN SOLN 8MG/20ML	Non-Preferred Specialty
REPATHA INJ	Preferred Brands
REPATHA PUSHTRONEX INJ	Preferred Brands
RETEVMO CAP 40MG	Non-Preferred Specialty
RETEVMO CAP 80MG	Non-Preferred Specialty
RETEVMO TAB	Non-Preferred Specialty
RETEVMO TAB 40MG	Non-Preferred Specialty
REVATIO SUSP	Non-Preferred Specialty
REVLIMID CAP	Non-Preferred Specialty
REVUFORJ TAB	Non-Preferred Specialty
REZDIFFRA TAB	Non-Preferred Specialty
REZLIDHIA CAP	Non-Preferred Specialty
REZUROCK TAB	Non-Preferred Specialty
RHAPSIDO TAB	Non-Preferred Specialty
RINVOQ ER TAB	Preferred Specialty
RINVOQ ER TAB 45MG	Preferred Specialty
RINVOQ ORAL SOLN	Preferred Specialty
RIVFLOZA INJ	Non-Preferred Specialty
roflumilast tab	Select
ROMVIMZA CAP	Non-Preferred Specialty
ROZLYTREK CAP 100MG	Non-Preferred Specialty
ROZLYTREK CAP 200MG	Non-Preferred Specialty
ROZLYTREK PAK	Non-Preferred Specialty
RUBRACA TAB	Preferred Specialty
RUCONEST INJ	Non-Preferred Specialty
RUZURGI TAB	Non-Preferred Specialty
RYDAPT CAP	Non-Preferred Specialty
SABRIL POWDER PACK	Non-Preferred Specialty
SABRIL TAB	Non-Preferred Specialty
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	Non-Preferred Specialty
SAMSCA TAB 30MG	Non-Preferred Specialty
sapropterin dihydrochloride powder packet	Generic Specialty
sapropterin dihydrochloride soluble tab	Generic Specialty
sapropterin pow 100mg	Generic Specialty
sapropterin pow 500mg	Generic Specialty
SCEMBLIX TAB 100MG	Non-Preferred Specialty
SCEMBLIX TAB 20MG	Non-Preferred Specialty
SCEMBLIX TAB 40MG	Non-Preferred Specialty
SELARSDI INJ	Preferred Specialty
SELARSDI INJ 45MG/0.5ML	Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
SELARSDI INJ 90MG/ML	Preferred Specialty
SEPHIENCE POWDER 1000MG	Non-Preferred Specialty
SEPHIENCE POWDER 250MG	Non-Preferred Specialty
SEVENFACT SOLN	Non-Preferred Specialty
SIGNIFOR INJ	Preferred Specialty
sildenafil susp	Generic Specialty
SILIQ INJ	Non-Preferred Specialty
SIMLANDI 1-PEN KIT	Non-Preferred Specialty
SIMLANDI INJ	Non-Preferred Specialty
SIMLANDI KIT	Non-Preferred Specialty
SIMLANDI KIT (adalimumab-ryvk)	Non-Preferred Specialty
SIMPONI SC INJ	Non-Preferred Specialty
simvastatin tab 80mg	Preventive
SKYCLARYS CAP 50MG	Non-Preferred Specialty
SKYRIZI 180MG/1.2ML CARTRIDGE	Preferred Specialty
SKYRIZI INJ	Preferred Specialty
SKYRIZI INJ 150MG/ML	Preferred Specialty
SKYRIZI INJ 55MG/0.37ML	Preferred Specialty
SKYRIZI PEN 150MG/ML	Preferred Specialty
SKYTROFA INJ	Preferred Specialty
SKYTROFA INJ 0.7MG	Preferred Specialty
SKYTROFA INJ 1.4MG	Preferred Specialty
SKYTROFA INJ 1.8MG	Preferred Specialty
SKYTROFA INJ 2.1MG	Preferred Specialty
SKYTROFA INJ 2.5MG	Preferred Specialty
sodium oxybate oral solution	Generic Specialty
SODIUM OXYBATE SOLN	Non-Preferred Specialty
SODIUM OXYBATE SOLN, XYREM SOLN	Non-Preferred Specialty
sodium phenylbutyrate powder	Generic Specialty
sodium phenylbutyrate tab	Generic Specialty
SOFDRA GEL	Non-Preferred Brands
SOGROYA INJ	Non-Preferred Specialty
SOHONOS CAP	Non-Preferred Specialty
SOMAVERT INJ	Preferred Specialty
sorafenib tosylate tab	Preferred Specialty
SOTYKTU TAB	Non-Preferred Specialty
SOVALDI TAB	Non-Preferred Specialty
SPEVIGO INJ	Non-Preferred Specialty
SPINRAZA INJ	Non-Preferred Specialty
SPRAVATO NASAL SOLN	Non-Preferred Specialty
SPRYCEL TAB	Non-Preferred Specialty
STARJEMZA INJ	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
STARJEMZA PFS INJ 45MG/0.5ML	Non-Preferred Specialty
STARJEMZA PFS INJ 90MG/ML	Non-Preferred Specialty
STELARA INJ	Non-Preferred Specialty
STEQEYMA INJ 45MG/0.5ML	Preferred Specialty
STEQEYMA INJ 90MG/ML	Preferred Specialty
STEQEYMA VIAL	Non-Preferred Specialty
STIMUFEND INJ	Non-Preferred Specialty
STIVARGA TAB	Preferred Specialty
STOBOCLO INJ	Non-Preferred Specialty
STRENSIQ INJ	Preferred Specialty
STRIANT FILM	Non-Preferred Brands
sunitinib malate cap	Generic Specialty
SUNOSI TAB 150MG	Non-Preferred Brands
SUNOSI TAB 75 MG	Non-Preferred Brands
SUTENT CAP	Non-Preferred Specialty
SYLATRON INJ	Non-Preferred Specialty
SYMDEKO TAB	Preferred Specialty
SYMPROIC TAB	Preferred Brands
SYNAGIS INJ	Preferred Specialty
SYNRIBO INJ	Preferred Specialty
TABRECTA TAB	Non-Preferred Specialty
TADLIQ SUSP	Non-Preferred Specialty
TAFINLAR CAP	Preferred Specialty
TAFINLAR TAB	Preferred Specialty
TAGRISSO TAB	Preferred Specialty
TAKHZYRO INJ	Preferred Specialty
TAKHZYRO INJ 150MG/ML	Preferred Specialty
TALTZ INJ	Non-Preferred Specialty
TALTZ INJ 20MG/0.25ML	Non-Preferred Specialty
TALTZ INJ 40MG/0.5ML	Non-Preferred Specialty
TALZENNA CAP	Non-Preferred Specialty
TARCEVA TAB 100MG	Non-Preferred Specialty
TARCEVA TAB 150MG	Non-Preferred Specialty
TARCEVA TAB 25MG	Non-Preferred Specialty
TARGRETIN GEL	Non-Preferred Specialty
TARPEYO CAP	Non-Preferred Specialty
TASCENSO ODT TAB	Non-Preferred Specialty
TASIGNA CAP	Non-Preferred Specialty
tasimelteon capsule	Generic Specialty
TAVALISSE TAB	Non-Preferred Specialty
TAVNEOS CAP	Non-Preferred Specialty
TAZVERIK TAB	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
TECFIDERA CAP	Non-Preferred Specialty
TECFIDERA STARTER PACK	Non-Preferred Specialty
TECHNIVIE TAB	Non-Preferred Specialty
TEGSEDI INJ	Non-Preferred Specialty
TEPMETKO TAB	Non-Preferred Specialty
teriparatide (recombinant) soln pen-inj 560mcg/2.24ml	Preferred Specialty
teriparatide inj 560mcg/2.24ml	Non-Preferred Specialty
TESTOSTERONE GEL 1% 25MG	Preferred Brands
testosterone gel 1.62% 1.25gm	High Cost Generics
testosterone gel 1.62% 2.5gm	High Cost Generics
TESTOSTERONE GEL 10MG/ACT	High Cost Generics
testosterone gel 2%	High Cost Generics
TESTOSTERONE GEL 20.25MG/1.25GM	High Cost Generics
TESTOSTERONE GEL PUMP	Preferred Brands
TESTOSTERONE GEL PUMP, VOGELXO GEL PUMP	Non-Preferred Brands
TESTOSTERONE GEL, VOGELXO GEL	Non-Preferred Brands
testosterone soln	High Cost Generics
tetrabenazine tab	Generic Specialty
TEZSPIRE INJ	Preferred Specialty
TEZSPIRE SOLN	Preferred Specialty
THIOLA EC TAB	Non-Preferred Specialty
THIOLA TAB	Non-Preferred Specialty
TIBSOVO TAB	Non-Preferred Specialty
TIGLUTIK SUSP	Preferred Specialty
tiopronin tab	Generic Specialty
tiopronin tab delayed release	Generic Specialty
TOBI PODHALER	Non-Preferred 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
TRACLEER TAB	Non-Preferred Specialty
TRACLEER TAB 62.5MG, 125MG	Non-Preferred Specialty
TREMFYA INDUCTION INJ 200MG/ML	Preferred Specialty
TREMFYA INJ	Preferred Specialty
TREMFYA INJ 200MG/2ML	Preferred Specialty
treprostinil inj 10mg/ml	Generic Specialty
treprostinil inj 1mg/ml	Generic Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
treprostinil inj 2.5mg/ml	Generic Specialty
treprostinil inj 5mg/ml	Generic Specialty
TRIKAFTA TAB	Preferred Specialty
TRIKAFTA THERAPY PACK	Preferred Specialty
TRUQAP TAB	Non-Preferred Specialty
TRUQAP THERAPY PACK	Non-Preferred Specialty
TRUSELTIQ PACK 100MG	Non-Preferred Specialty
TRUSELTIQ PACK 175MG	Non-Preferred Specialty
TRUSELTIQ PACK 50MG, 125MG	Non-Preferred Specialty
TRYNGOLZA INJ	Non-Preferred Specialty
TRYVIO TAB	Non-Preferred Specialty
TUKYSA TAB	Non-Preferred Specialty
TURALIO CAP	Non-Preferred Specialty
TYENNE INJ	Preferred Specialty
TYKERB TAB	Non-Preferred Specialty
TYMLOS INJ	Preferred Specialty
TYVASO DPI POWDER 16-32-48MCG	Preferred Specialty
TYVASO DPI POWDER 16-32MCG	Preferred Specialty
TYVASO DPI POWDER 32-48MCG	Preferred Specialty
TYVASO DPI POWDER	Preferred Specialty
TYVASO DPI POWDER 48-80MCG	Preferred Specialty
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG	Preferred Specialty
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG	Preferred Specialty
TYVASO INH SOLN	Preferred Specialty
TYZEKA TAB	Preferred Specialty
UDENYCA INJ	Non-Preferred Specialty
UPNEEQ SOLN	Non-Preferred Brands
UPTRAVI TAB	Preferred Specialty
USTEKIN-AEKN INJ 45/0.5ML	Non-Preferred Specialty
USTEKIN-AEKN INJ 90MG/ML	Non-Preferred Specialty
USTEKINUMAB INJ 45MG/0.5ML	Non-Preferred Specialty
USTEKINUMAB INJ 90MG/ML	Non-Preferred Specialty
USTEKINUMAB-AEKN 45MG/0.5ML	Non-Preferred Specialty
USTEKINUMAB-AEKN 90MG/ML	Non-Preferred Specialty
VABRINTY INJ 22.5MG	Non-Preferred Specialty
VABRINTY INJ 30MG	Non-Preferred Specialty
VABRINTY INJ 45MG	Non-Preferred Specialty
VABRINTY INJ 7.5MG	Non-Preferred Specialty
VALCHLOR GEL	Preferred Specialty
VANFLYTA TAB	Non-Preferred Specialty
VANRAFIA TAB	Non-Preferred Specialty
VECAMYL TAB	Non-Preferred Specialty

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VELSIPITY TAB	Non-Preferred Specialty
VENCLEXTA STARTER PACK	Preferred Specialty
VENCLEXTA TAB	Preferred Specialty
VENTAVIS INH SOLN	Preferred Specialty
VERZENIO TAB	Preferred Specialty
VIEKIRA PAK TAB	Non-Preferred Specialty
VIEKIRA XR TAB	Non-Preferred Specialty
vigabatrin powder pack	Generic Specialty
vigabatrin tab	Generic Specialty
VIGAFYDE SOLN	Non-Preferred Specialty
VIJOICE GRANULES PACKET	Non-Preferred Specialty
VIJOICE TAB	Non-Preferred Specialty
VITRAKVI CAP 100MG	Non-Preferred Specialty
VITRAKVI CAP 25MG	Non-Preferred Specialty
VITRAKVI SOLN	Non-Preferred Specialty
VIVJOA CAP	Non-Preferred Specialty
VIZIMPRO TAB	Non-Preferred Specialty
VONJO CAP	Non-Preferred Specialty
VORANIGO TAB	Non-Preferred Specialty
VORANIGO TAB 10MG	Non-Preferred Specialty
VOSEVI TAB	Preferred Specialty
VOTRIENT TAB	Non-Preferred Specialty
VOWST CAP	Non-Preferred Specialty
VOXZOGO INJ	Non-Preferred Specialty
VOYDEYA TAB	Preferred Specialty
VOYDEYA TAB THERAPY PACK	Preferred Specialty
VOYXACT INJ	Non-Preferred Specialty
VTAMA CREAM	Non-Preferred Brands
VYJUVEK GEL	Non-Preferred Specialty
VYKAT XR TAB 150MG	Non-Preferred Brands
VYKAT XR TAB 25MG	Non-Preferred Brands
VYKAT XR TAB 75MG	Non-Preferred Brands
VYLEESI INJ	Non-Preferred Brands
VYNDAMAX CAP	Non-Preferred Specialty
VYNDAQEL CAP	Non-Preferred Specialty
VYVGART HYTRULO INJ	Preferred Specialty
WAINUA INJ	Non-Preferred Specialty
WAKIX TAB	Non-Preferred Specialty
WAYRILZ TAB	Non-Preferred Specialty
WEGOVY INJ	Non-Preferred Brands
WEGOVY INJ 1.7MG	Non-Preferred Brands
WEGOVY INJ 2.4MG	Non-Preferred Brands

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
WEGOVY TAB	Non-Preferred Brands
WELIREG TAB	Non-Preferred Specialty
WEZLANA INJ	Non-Preferred Specialty
WEZLANA SYRINGE 45MG/0.5ML	Non-Preferred Specialty
WEZLANA SYRINGE 90MG/ML	Non-Preferred Specialty
WILATE INJ	Non-Preferred Specialty
WINREVAIR INJ	Non-Preferred Specialty
XALKORI CAP	Preferred Specialty
XALKORI SPRINKLE CAP	Preferred Specialty
XELJANZ ORAL SOLN	Non-Preferred Specialty
XELJANZ TAB	Non-Preferred Specialty
XELJANZ XR TAB	Non-Preferred Specialty
XEMBIFY INJ	Non-Preferred Specialty
XENAZINE TAB	Non-Preferred Specialty
XENLETA TAB	Non-Preferred Specialty
XERMELO TAB	Non-Preferred Specialty
XIFAXAN TAB 200MG	Non-Preferred Brands
XIFAXAN TAB 550MG	Non-Preferred Brands
XOLAIR INJ	Preferred Specialty
XOLAIR INJ 150MG/ML	Preferred Specialty
XOLAIR INJ 300MG/2ML	Preferred Specialty
XOLAIR INJ 75MG/0.5ML	Preferred Specialty
XOLREMDI CAP	Non-Preferred Specialty
XOSPATA TAB	Non-Preferred Specialty
XPHOZAH TAB	Non-Preferred Specialty
XPOVIO PAK 10MG	Non-Preferred Specialty
XPOVIO PAK 80MG	Non-Preferred Specialty
XPOVIO TAB	Non-Preferred Specialty
XTANDI CAP	Non-Preferred Specialty
XTANDI TAB 40MG	Non-Preferred Specialty
XTANDI TAB 80MG	Non-Preferred Specialty
XURIDEN POWDER	Non-Preferred Specialty
XYNTHA INJ	Non-Preferred Specialty
XYOSTED INJ	Non-Preferred Brands
XYWAV SOLN	Non-Preferred Specialty
YESINTEK INJ	Preferred Specialty
YESINTEK INJ 45MG/0.5ML	Preferred Specialty
YESINTEK INJ 90MG/ML	Preferred Specialty
YONSA TAB	Non-Preferred Specialty
YORVIPATH INJ 168 MCG/0.56ML	Non-Preferred Specialty
YORVIPATH INJ 294 MCG/0.98ML	Non-Preferred Specialty
YORVIPATH INJ 420 MCG/1.4ML	Non-Preferred Specialty

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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)
YUFLYMA 2SYR KIT 40MG/0.4ML	Non-Preferred Specialty
YUFLYMA KIT 40MG/0.4ML	Non-Preferred Specialty
YUFLYMA KIT 80MG/0.8ML	Non-Preferred Specialty
YUSIMRY INJ 40MG/0.8ML	Non-Preferred Specialty
YUTREPIA CAP	Non-Preferred Specialty
ZAVESCA CAP	Non-Preferred Specialty
ZEJULA CAP	Preferred Specialty
ZEJULA TAB	Preferred Specialty
ZELBORAF TAB	Preferred Specialty
ZELSUVMI GEL	Non-Preferred Brands
ZEPATIER TAB	Non-Preferred Specialty
ZEPBOUND INJ	Non-Preferred Brands
ZEPOSIA CAP	Non-Preferred Specialty
ZEPOSIA STARTER PACK	Non-Preferred Specialty
ZIEXTENZO INJ	Non-Preferred Specialty
ZILBRYSQ INJ 16.6MG/0.416ML	Non-Preferred Specialty
ZILBRYSQ INJ 23MG/0.574ML	Non-Preferred Specialty
ZILBRYSQ INJ 32.4MG/0.81ML	Non-Preferred Specialty
ZOCOR TAB 80MG	Non-Preferred Brands
ZOKINVY CAP	Non-Preferred Specialty
ZOLINZA CAP	Preferred Specialty
ZOMACTON INJ	Non-Preferred Specialty
ZTALMY SUSP	Non-Preferred Specialty
ZURAMPIC TAB	Non-Preferred Brands
ZURZUVAE CAP 20MG	Non-Preferred Brands
ZURZUVAE CAP 25MG	Non-Preferred Brands
ZURZUVAE CAP 30MG	Non-Preferred Brands
ZYCUBO INJ	Non-Preferred Specialty
ZYDELIG TAB	Preferred Specialty
ZYKADIA CAP	Preferred Specialty
ZYKADIA TAB	Preferred Specialty
ZYMFENTRA INJ	Non-Preferred Specialty
ZYTIGA TAB 250MG	Non-Preferred Specialty
ZYTIGA TAB 500MG	Non-Preferred Specialty

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• 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	HUMULIN MIX INJ	HUMULIN MIX PEN INJ	HUMULIN N INJ
HUMULIN N PEN INJ	HUMULIN R INJ	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	ABRILADA INJ	ACTEMRA ACTPEN INJ	ACTEMRA SC INJ
ACTHAR HP GEL INJ	ACTHAR INJ 80UNIT	ACTHAR INJ GEL	ACTIMMUNE INJ
ADALIMU-ADAZ INJ 80/0.8ML	ADALIMU-ADBM KIT	ADALIMU-ADBM KIT 40/0.4ML	ADALIMU-FKJP KIT 20/0.4ML
ADALIMUMAB KIT ADBM	ADALIMUMAB-AATY KIT 80MG/0.8ML	ADALIMUMAB-ADAZ INJ	ADALIMUMAB-ADAZ INJ 10MG/0.1ML
ADALIMUMAB-ADAZ INJ 40MG/0.4ML	ADALIMUMAB-ADBM KIT	ADALIMUMAB-BWWD AUTO-INJECTOR 40MG/0.4ML	ADALIMUMAB-BWWD PREFILLED SYRINGE 40MG/0.4ML
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	ADALIMUMAB-FKJP PFS KIT	ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA 80MG/0.8ML	ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA 40MG/0.4ML
ADALIMUMAB-RYVK INJ	ADBRY INJ	adefovir dipivoxil tab	ADEMPAS 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	ADYNOVATE INJ
AFINITOR DISPERZ TAB	AFINITOR TAB	AFSTYLA KIT	AGAMREE SUSP
AKEEGA TAB	ALECENSA CAP	ALHEMO INJ	ALKERAN TAB
ALPHANATE, HUMATE-P INJ	ALPHANINE SD INJ	ALPROLIX INJ	ALTUVIIIO INJ
ALUNBRIG PAK	ALUNBRIG TAB 30MG	ALUNBRIG TAB 90MG, 180MG	ALVAIZ TAB
ALYFRTEK TAB 10-50-125MG	ALYFRTEK TAB 4-20-50MG	ambrisentan tab	aminocaproic acid soln
AMJEVITA AUTO-INJECTOF	AMJEVITA INJ 10MG/0.2ML	AMJEVITA INJ 20MG/0.2ML	AMJEVITA INJ 40MG/0.4ML
AMJEVITA INJ 80MG/0.8ML	AMJEVITA SYRINGE 20MG/0.4ML	AMJEVITA SYRINGE 40MG/0.8ML	AMPYRA TAB
ANDEMBRY INJ	ANZUPGO CREAM	APOKYN INJ	apomorphine inj
AQNEURSA POWDER	AQVESME TAB	ARANESP INJ	ARCALYST INJ
ARIKAYCE SUSP	ARISTADA 675MG/2.4ML IN	ARISTADA INJ	ARMLUPEG INJ
ATTRUBY PAK	AUBAGIO TAB	AUGTYRO CAP	AUGTYRO CAP 160MG
AURANOFIN CAP, RIDAURA CAP	AUSTEDO TAB 12MG	AUSTEDO TAB 6MG	AUSTEDO TAB 9MG
AUSTEDO XR TAB	AUSTEDO XR TAB 18MG	AUSTEDO XR TAB 24MG	AUSTEDO XR TAB 6MG
AUSTEDO XR TAB TITRATION KIT	AUSTEDO XR TAB TITRATION PACK	AVMAPKI FAKZYNJA CO-PACK	AVONEX INJ
AVTOZMA INJ	AYVAKIT TAB	BAFIERTAM CAP	BALVERSA TAB 3MG

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BALVERSA TAB 4MG
BALVERSA TAB 5MG
BARACLUDE SOLN
BENEFIX INJ
BENLYSTA AUTO-INJECTOI
BENLYSTA INJ
BERINERT INJ
BESREMI INJ
BESREMI PEN INJ
betaine powder for oral solution
BETASERON INJ
bexarotene cap
bexarotene gel
BILDYOS INJ
BIMZELX INJ
BONSITY, TERIPARATIDE INJ
BOSAYA INJ
bosentan tab
bosentan tab for oral susp
BOSULIF CAP
BOSULIF TAB
bosutinib tab
BRAFTOVI CAP 75MG
BRINSUPRI TAB
BRIXADI SOLN
BRONCHITOL CAP
BRUKINSA CAP
BRUKINSA TAB
BUPHENYL POWDER
BUPHENYL TAB
BYLVAY CAP
CABLIVI INJ KIT
CABOMETYX TAB
CALQUENCE CAP
CALQUENCE TAB
CAMZYOS CAP
capecitabine tab
CAPRELSA TAB 100MG
CAPRELSA TAB 300MG
CARBAGLU TAB
carglumic acid tab
CAYSTON INH SOLN
CERDELGA CAP
CHOLBAM CAP
CIBINQO TAB
CIMZIA INJ
CIMZIA INJ 200MG/ML
CINQAIR INJ
CINRYZE INJ
cladribine tab therapy pack 10mg
COAGADEX INJ
COMETRIQ KIT
CONEXXENCE INJ 60MG/M
COPAXONE INJ 20MG/ML
COPAXONE INJ 40MG/ML
COPIKTRA CAP
CORIFACT KIT
CORTROPHIN GEL 80UNIT
CORTROPHIN INJ
COSENTYX INJ (1-PACK)
COSENTYX INJ (2-PACK)
COSENTYX INJ 300MG/2ML
COTELLIC TAB
CRENESSITY CAP
CRENESSITY SOLN
CUTAQUIG INJ
CUVITRU INJ
CYLTEZO AUTO-INJECTOR
CYLTEZO INJ 10MG/0.2ML
CYLTEZO INJ 20MG/0.4ML
CYLTEZO INJ 40MG/0.8ML
CYLTEZO INJ CROHNS
CYLTEZO INJ PSORIASIS
CYLTEZO KIT
CYLTEZO KIT CROHNS
CYLTEZO PSORIASIS KIT
CYSTADANE POWDER
CYSTADROPS SOLN
CYSTAGON CAP 150MG
CYSTAGON CAP 50MG
CYSTARAN OPHTH SOLN
DAKLINZA TAB
dalfampridine ER tab
DANZITEN TAB
DARAPRIM TAB
dasatinib tab
DAURISMO TAB 100MG
DAURISMO TAB 25MG
DAWNZERA INJ
DAYBUE SOLN
DAYBUE STIX POW
DAYBUE STIX POWDER 8000MG
deferasirox granules packet
deferasirox tab
deferasirox tab 90mg, 360mg
deferiprone tab
deferiprone tab 1000mg
deflazacort susp
deflazacort tab
DIACOMIT CAP
DIACOMIT POWDER PACK
dichlorphenamide tab
dimethyl fumarate DR cap
dimethyl fumarate DR starter pack
DOJOLVI ORAL LIQUID
DOPTELET SPRINKLE CAP
DOPTELET TAB
droxidopa cap
DUPIXENT INJ
DUPIXENT PEN INJ
DUVYZAT ORAL SUSP
EBGLYSS INJ
EDURANT PED TAB
EKTERLY TAB
ELIGARD INJ
ELIGARD INJ, VABRINTY INJ
ELOCTATE INJ
eltrombopag olamine powder pack for susp
eltrombopag olamine tab
EMFLAZA SUSP
EMFLAZA TAB
EMPAVELI INJ
ENBREL INJ
ENBREL INJ 25MG
ENBREL INJ 50MG
ENBREL MINI INJ
ENBREL SURECLICK INJ 50MG
ENDARI POWDER PACKET
ENSACOVE CAP 100MG
ENSACOVE CAP 25MG
ENSPRYNG INJ
ENTYVIO INJ
EPCLUSA PAK
EPCLUSA TAB
EPIDIOLEX SOLN
EPIVIR HBV SOLN
EPIVIR HBV TAB
EPOGEN/PROCRIT
ERIVEDGE CAP
ERLEADA TAB
ERLEADA TAB 240MG
erlotinib tab 100mg
erlotinib tab 150mg
erlotinib tab 25mg
ERZOFRI INJ 117MG/0.75MI
ERZOFRI INJ 156MG/ML
ERZOFRI INJ 234MG/1.5ML
ERZOFRI INJ 351MG/2.25M
ERZOFRI INJ 39MG/0.25ML
ERZOFRI INJ 78MG/0.5ML
ESBRIET CAP
ESBRIET TAB 267MG
ESBRIET TAB 801MG
ESPEROCT INJ
everolimus tab
everolimus tab for oral susp
EVRYSDI SOLN
EVRYSDI TAB
EXKIVITY CAP
EXSERVAN FILM
EXTAVIA INJ
FABHALTA CAP
FARESTON TAB
FASENRA INJ
FASENRA INJ 10MG/0.5ML
FASENRA PEN INJ
FEIBA INJ
FERRIPROX 2 DAY TAB 1000MG

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FERRIPROX SOLN
FERRIPROX TAB 1000MG
FERRIPROX TAB 500MG
FILKRI INJ 300MCG/0.5ML
FILKRI INJ 480MCG/0.8ML
FILSPARI TAB
FILSUVEZ GEL
fingolimod hcl cap
FINTEPLA SOLN
FIRAZYR INJ
FIRDAPSE TAB
FORTEO INJ 560MCG/2.24ML
FORZINITY INJ
FOTIVDA CAP
FRUZAQLA CAP 1MG
FRUZAQLA CAP 5MG
FULPHILA INJ
FUROSCIX KIT
GALAFOLD CAP
GATTEX KIT
GAVRETO CAP
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
GILENYA CAP
GILOTRIF TAB
glatiramer inj 20mg/ml
glatiramer inj 40mg/ml
GLEEVEC TAB 100 MG
GLEEVEC TAB 400MG
GLEOSTINE CAP
glycerol phenylbutyrate liquid
GOMEKLI CAP
GOMEKLI TAB
GRANIX INJ
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
HARLIKU TAB
HARVONI PELLET PAK
HARVONI TAB
HEMLIBRA INJ
HEMOFIL M, KOATE INJ
HEPCLUDEX INJ
HEPSERA TAB
HERNEXEOS TAB
HETLIOZ CAP
HETLIOZ SUSP
HEXALEN CAP
HIZENTRA INJ
HIZENTRA INJ, VIVAGLOBIN INJ
HULIO INJ 40MG/0.8ML
HULIO KIT 20MG/0.4ML
HUMATROPE INJ
HUMIRA 10MG/0.1ML (CORDAVIS)
HUMIRA 20MG/0.2ML (CORDAVIS)
HUMIRA 40MG/0.4ML (CORDAVIS)
HUMIRA 80MG/0.8ML (CORDAVIS)
HUMIRA INJ 10MG
HUMIRA INJ 20MG
HUMIRA INJ 40MG
HUMIRA INJ 80MG
HUMIRA INJ CROHNS/UC/HIDRADENITI STARTER PACK
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK
HUMIRA INJ PEDIATRIC UC STARTER PACK
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK
HUMIRA PEN INJ 40MG
HYCAMTIN CAP
HYDROXYPROGESTERONE CAPROATE INJ
HYFTOR GEL
HYMPAVZI INJ
HYMPAVZI INJ 75MG/0.5ML
HYQVIA INJ
HYRIMOZ INJ 40MG/0.4ML
HYRIMOZ INJ 40MG/0.8ML
HYRIMOZ INJ 80MG/0.8ML
HYRIMOZ INJ CROHNS
HYRIMOZ INJ PLAQUE PSORIASIS
HYRIMOZ PFS INJ 10MG/0.1ML
HYRIMOZ PFS INJ 20MG/0.2ML
HYRIMOZ-PED INJ CROHN
HYRIMOZ-PED INJ CROHN 80MG/0.8ML
HYRNUO TAB
IBRANCE CAP
IBRANCE TAB
IBTROZI CAP
icatibant inj
ICLUSIG TAB
IDACIO INJ 40MG/0.8ML
IDELVION INJ
IDHIFA TAB
imatinib tab 100mg
imatinib tab 400mg
IMBRUVICA CAP 140MG
IMBRUVICA CAP 70MG
IMBRUVICA SUSP
IMBRUVICA TAB
IMKELDI SOLUTION
IMPAVIDO CAP
IMULDOSA SYRINGE 45MG/0.5ML
IMULDOSA SYRINGE 90MG/ML
INBRIJA INH POWDER
INCRELEX INJ
INGREZZA CAP
INGREZZA PACK 40-80MG
INGREZZA SPRINKLE CAP
INLURIYO TAB
INLYTA TAB
INLYTA TAB 5MG
INQOVI TAB
INREBIC CAP
INTRON-A INJ
INVEGA HAFYERA INJ
INVEGA INJ
IQIRVO TAB
IRESSA TAB
ISTURISA TAB
ITOVEBI TAB
IWILFIN TAB
IXINITY INJ, RIXUBIS INJ
JADENU SPRINKLE
JAKAFI TAB
JAKAFI XR TAB
JASCAYD TAB
JAVYGTOR PAK 100MG
JAVYGTOR POW 500MG
JAVYGTOR TAB 100MG
JAYPIRCA TAB 100MG
JAYPIRCA TAB 50MG
JIVI INJ
JOENJA TAB
JUBBONTI INJ
JUXTAPID CAP
JYNARQUE PAK
JYNARQUE TAB
JYNARQUE TAB 30MG
KALYDECO PAK
KALYDECO TAB
KESIMPTA INJ
KEVEYIS TAB
KEVZARA INJ
KINERET INJ
KISQALI PAK
KISQALI TAB
KITABIS PAK NEB SOLN
KOGENATE FS INJ

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KOMZIFTI CAP
KORLYM TAB
KOSELUGO CAP
KOSELUGO CAP 10MG
KOSELUGO CAP 5MG
KOVALTRY INJ
KRAZATI TAB
KUVAN POWDER PACK
KUVAN TAB
KYGEVVI POWDER
KYNAMRO INJ
KYNMOBI FILM
KYNMOBI TITRATION KIT
lamivudine tab 100mg
lapatinib ditosylate tab
LAZCLUZE TAB 240MG
LAZCLUZE TAB 80MG
LEDIPASVIR/SOFOSBUVIR TAB
lenalidomide cap
LENVIMA CAP
LEQEMBI IQLIK INJ
LETAIRIS TAB
LEUKINE INJ
LEUPROLIDE INJ (3 MONTH)
l-glutamine powder packet
LIQREV SUSP
LIVDELZI CAP
LIVMARLI SOLN
LIVMARLI TAB
LIVTENCITY TAB
lomustine cap
LONSURF TAB
LORBRENA TAB 100MG
LORBRENA TAB 25MG
LUMAKRAS TAB
LUMAKRAS TAB 320MG
LUMRYZ PACK 4.5GM
LUMRYZ PACK 6GM
LUMRYZ PACK 7.5GM
LUMRYZ PACK 9GM
LUMRYZ STARTER PACK
LUPKYNIS CAP
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
LYTGOBI TAB (12MG DAILY DOSE)
LYTGOBI TAB (16MG DAILY DOSE)
LYTGOBI TAB (20MG DAILY DOSE)
MAKENA INJ
MATULANE CAP
MAVENCLAD THERAPY PAK 10MG
MAVYRET PAK
MAVYRET TAB
MAYZENT STARTER PACK 0.25MG
MAYZENT TAB
MAYZENT TAB STARTER PACK
MEKINIST SOLN
MEKINIST TAB 0.5MG
MEKINIST TAB 2MG
MEKTOVI TAB
MELPHALAN TAB
mesna tab
MESNEX TAB
mifepristone tab
miglustat cap
MIPLYFFA CAP
MIRCERA INJ
MODERIBA TAB
MODEYSO CAP
MULPLETA TAB
MYALEPT INJ
MYCAPSSA CAP
MYFEMBREE TAB
MYLERAN TAB
MYQORZO TAB
NATPARA INJ
NEMLUVIO INJ
NERLYNX TAB
NEULASTA INJ
NEUPOGEN INJ
NEXAVAR TAB
NGENLA INJ
NILANDRON TAB
NILOTINB TAR CAP
NILOTINIB D-TAR CAP
nilotinib hcl cap
nilutamide tab
NINLARO CAP
nintedanib esylate cap
nitisinone cap
NITYR TAB
NIVESTYM INJ
NORDITROPIN INJ, NUTROPIN AQ INJ
NORTHERA CAP
NORTHERA CAP 100MG
NOURIANZ TAB
NOVOEIGHT INJ
NOVOSEVEN RT INJ
NUBEQA TAB
NUCALA INJ
NUPLAZID CAP
NUPLAZID TAB
NUWIQ INJ
NUWIQ KIT
NUZYRA TAB
NYPOZI INJ
NYVEPRIA INJ
OBIZUR INJ
OCALIVA TAB
OCREVUS INJ
OCREVUS ZUNOVO INJ
octreotide inj
OCTREOTIDE INJ 100MCG
ODOMZO CAP
OFEV CAP
OGSIVEO TAB
OGSIVEO TAB 100MG
OGSIVEO TAB 150MG
OHTUVAYRE SUSP
OJEMDA SUSP
OJEMDA TAB
OJJAARA TAB
OLPRUVA PACK
OLUMIANT TAB
OLYSIO CAP
OMNITROPE INJ
OMNITROPE INJ 5.8MG
OMVOH INJ
OMVOH INJ 100MG/ML, 200MG/2ML
ONAPGO INJ 98MG/20ML
ONUREG TAB
OPFOLDA CAP
OPSUMIT TAB
OPSYNVI TAB
ORENCIA CLICK INJ
ORENCIA SC INJ 125MG/ML
ORENCIA SC INJ 50MG/0.4ML
ORENCIA SC INJ 87.5MG/0.7ML
ORENITRAM TAB
ORENITRAM TAB MONTH PAK
ORFADIN CAP
ORFADIN SUSP
ORGOVYX TAB
ORIAHNN CAP
ORILISSA TAB 150MG
ORILISSA TAB 200MG
ORKAMBI GRANULES PACKET
ORKAMBI TAB
ORLADEYO CAP
ORLADEYO PACK
ormalvi tab 50mg

ORSERDU TAB 345MG
ORSERDU TAB 86MG
OSPOMYV INJ
OTEZLA STARTER PACK
OTEZLA TAB
OTEZLA XR TAB
OTULFI INJ
OTULFI SYRINGE 45MG/0.5ML
OTULFI SYRINGE 90MG/ML
OXERVATE OPHTH SOLN
PALFORZIA POWDER PACK
PALFORZIA SPRINKLE CAP
PALSONIFY TAB
PALYNZIQ INJ
pazopanib hcl tab
PAZOPANIB TAB 400MG
PEGASYS INJ
PEG-INTRON INJ
PEMAZYRE TAB
PERSERIS INJ
PHEBURANE ORAL PELLETS
PHYRAGO TAB
PIQRAY TAB
pirfenidone cap
pirfenidone tab 267mg
PIRFENIDONE TAB 534MG
pirfenidone tab 801mg
PLEGRIDY INJ
PLEGRIDY PEN INJ
pomalidomide cap
POMALYST CAP
PONVORY TAB
PONVORY TAB STARTER PACK
PRETOMANID TAB
PREVYMIS PAK
PREVYMIS TAB
PROCYSBI CAP
PROCYSBI GRANULES PACKET
PROFILNINE INJ
PROLIA INJ
PROMACTA POWDER
PROMACTA TAB
PULMOZYME INH SOLN
pyrimethamine tab
PYRUKYND THERAPY PACK
PYZCHIVA INJ
PYZCHIVA INJ 45MG/0.5ML
PYZCHIVA INJ 90MG/ML
QFITLIA INJ
QINLOCK TAB
RADICAVA ORS SUSP
RAVICTI LIQUID
REBETOL SOLN
REBIF INJ
REBIF TITRTN INJ PACK
REBINYN INJ
RECOMBINATE INJ
RECORLEV TAB
REDEMPLO PFS INJ
RELEUKO INJ
RELISTOR INJ
RELISTOR INJ KIT
RELISTOR TAB
RELYVRIO PAK
REMODULIN INJ 10MG/ML
REMODULIN INJ 1MG/ML
REMODULIN INJ 2.5MG/ML
REMODULIN INJ 5MG/ML
REMODULIN SOLN 8MG/20ML
RETACRIT INJ
RETEVMO CAP 40MG
RETEVMO CAP 80MG
RETEVMO TAB
RETEVMO TAB 40MG
REVATIO SUSP
REVLIMID CAP
REVUFORJ TAB
REZDIFFRA TAB
REZLIDHIA CAP
REZUROCK TAB
RHAPSIDO TAB
RIBAPAK TAB
RIBAVIRIN CAP
RIBAVIRIN TAB
riluzole tab
RINVOQ ER TAB
RINVOQ ER TAB 45MG
RINVOQ ORAL SOLN
RISPERDAL INJ
risperidone microspheres inj
RIVFLOZA INJ
ROMVIMZA CAP
ROZLYTREK CAP 100MG
ROZLYTREK CAP 200MG
ROZLYTREK PAK
RUBRACA TAB
RUCONEST INJ
RUZURGI TAB
RYDAPT CAP
RYKINDO INJ
SABRIL POWDER PACK
SABRIL TAB
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ
SAMSCA TAB 30MG
sapropterin dihydrochloride powder packet
sapropterin dihydrochloride soluble tab
sapropterin pow 100mg
sapropterin pow 500mg
SCEMBLIX TAB 100MG
SCEMBLIX TAB 20MG
SCEMBLIX TAB 40MG
SELARSDI INJ
SELARSDI INJ 45MG/0.5ML
SELARSDI INJ 90MG/ML
SEPHIENCE POWDER 1000MG
SEPHIENCE POWDER 250MG
SEVENFACT SOLN
SIGNIFOR INJ
sildenafil susp
SILIQ INJ
SIMLANDI 1-PEN KIT
SIMLANDI INJ
SIMLANDI KIT
SIMLANDI KIT (adalimumab-ryvk)
SIMPONI SC INJ
SIRTURO TAB
SKYCLARYS CAP 50MG
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 OXYBATE SOLN
SODIUM OXYBATE SOLN, XYREM SOLN
sodium phenylbutyrate powder
sodium phenylbutyrate tab
SOFDRA GEL
SOFOSBUVIR/VELPATASVIR TAB
SOGROYA INJ
SOHONOS CAP
SOMAVERT INJ

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sorafenib tosylate tab
SORIATANE CAP
SOTYKTU TAB
SOVALDI PELLET PAK
SOVALDI TAB
SPEVIGO INJ
SPINRAZA INJ
SPRAVATO NASAL SOLN
SPRYCEL TAB
STARJEMZA INJ
STARJEMZA PFS INJ 45MG/0.5ML
STARJEMZA PFS INJ 90MG/ML
STELARA INJ
STEQEYMA INJ 45MG/0.5ML
STEQEYMA INJ 90MG/ML
STEQEYMA VIAL
STIMUFEND INJ
STIVARGA TAB
STOBOCLO INJ
STRENSIQ INJ
SUBLOCADE INJ 100MG/0.5ML
SUBLOCADE INJ 300MG/1.5ML
SUCRAID SOLN
sunitinib malate cap
SUTENT CAP
SYLATRON INJ
SYMDEKO TAB
SYNAGIS INJ
SYNRIBO INJ
TABLOID TAB
TABRECTA TAB
TADLIQ SUSP
TAFINLAR CAP
TAFINLAR TAB
TAGRISSO TAB
TAKHZYRO INJ
TAKHZYRO INJ 150MG/ML
TALTZ INJ
TALTZ INJ 20MG/0.25ML
TALTZ INJ 40MG/0.5ML
TALZENNA CAP
TARCEVA TAB 100MG
TARCEVA TAB 150MG
TARCEVA TAB 25MG
TARGRETIN GEL
TARPEYO CAP
TASCENSO ODT TAB
TASIGNA CAP
tasimelteon capsule
TAVALISSE TAB
TAVNEOS CAP
TAZVERIK TAB
TECFIDERA CAP
TECFIDERA STARTER PACK
TECHNIVIE TAB
TEGSEDI INJ
temozolomide cap
TEPMETKO TAB
teriflunomide tab
teriparatide (recombinant) soln pen-inj 560mcg/2.24ml
teriparatide inj 560mcg/2.24ml
tetrabenazine tab
TEZSPIRE INJ
TEZSPIRE SOLN
THALOMID CAP
THIOLA EC TAB
THIOLA TAB
TIBSOVO TAB
TIGLUTIK SUSP
tiopronin tab
tiopronin tab delayed release
TOBI PODHALER
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
TRACLEER TAB
TRACLEER TAB 62.5MG, 125MG
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
TRUQAP TAB
TRUQAP THERAPY PACK
TRUSELTIQ PACK 100MG
TRUSELTIQ PACK 175MG
TRUSELTIQ PACK 50MG, 125MG
TRYNGOLZA INJ
TRYVIO TAB
TUKYSA TAB
TURALIO CAP
TYENNE INJ
TYKERB TAB
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
UDENYCA INJ
UPTRAVI TAB
USTEKIN-AEKN INJ 45/0.5ML
USTEKIN-AEKN INJ 90MG/ML
USTEKINUMAB INJ 45MG/0.5ML
USTEKINUMAB INJ 90MG/ML
USTEKINUMAB-AEKN 45MG/0.5ML
USTEKINUMAB-AEKN 90MG/ML
UZEDY INJ
VABRINTY INJ 22.5MG
VABRINTY INJ 30MG
VABRINTY INJ 45MG
VABRINTY INJ 7.5MG
VALCHLOR GEL
VANFLYTA TAB
VANRAFIA TAB
VECAMYL TAB
VELSIPITY TAB
VEMLIDY TAB
VENCLEXTA STARTER PACK
VENCLEXTA TAB
VENTAVIS INH SOLN
VERZENIO TAB
VIEKIRA PAK TAB
VIEKIRA XR TAB
vigabatrin powder pack
vigabatrin tab
VIGAFYDE SOLN
VIJOICE GRANULES PACKET
VIJOICE TAB
VISTOGARD PAK
VITRAKVI CAP 100MG

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VITRAKVI CAP 25MG
VITRAKVI SOLN
VIVITROL INJ
VIVJOA CAP
VIZIMPRO TAB
VONJO CAP
VORANIGO TAB
VORANIGO TAB 10MG
VOSEVI TAB
VOTRIENT TAB
VOWST CAP
VOXZOGO INJ
VOYDEYA TAB
VOYDEYA TAB THERAPY PACK
VOYXACT INJ
VUMERITY CAP
VYJUVEK GEL
VYNDAMAX CAP
VYNDAQEL CAP
VYVGART HYTRULO INJ
WAINUA INJ
WAKIX TAB
WAYRILZ TAB
WELIREG TAB
WEZLANA INJ
WEZLANA SYRINGE 45MG/0.5ML
WEZLANA SYRINGE 90MG/ML
WILATE INJ
WINREVAIR INJ
XADAGO TAB
XALKORI CAP
XALKORI SPRINKLE CAP
XDEMVY DROP
XELJANZ ORAL SOLN
XELJANZ TAB
XELJANZ XR TAB
XELODA TAB
XEMBIFY INJ
XENAZINE TAB
XENLETA TAB
XERMELO TAB
XOLAIR INJ
XOLAIR INJ 150MG/ML
XOLAIR INJ 300MG/2ML
XOLAIR INJ 75MG/0.5ML
XOLREMDI CAP
XOSPATA TAB
XPHOZAH TAB
XPOVIO PAK 10MG
XPOVIO PAK 80MG
XPOVIO TAB
XTANDI CAP
XTANDI TAB 40MG
XTANDI TAB 80MG
XURIDEN POWDER
XYNTHA INJ
XYWAV SOLN
YESINTEK INJ
YESINTEK INJ 45MG/0.5ML
YESINTEK INJ 90MG/ML
YONSA TAB
YORVIPATH INJ 168 MCG/0.56ML
YORVIPATH INJ 294 MCG/0.98ML
YORVIPATH INJ 420 MCG/1.4ML
YUFLYMA 2SYR KIT 40MG/0.4ML
YUFLYMA KIT 40MG/0.4ML
YUFLYMA KIT 80MG/0.8ML
YUSIMRY INJ 40MG/0.8ML
YUTREPIA CAP
ZARXIO INJ
ZARXIO INJ 480/0.8
ZAVESCA CAP
ZEJULA CAP
ZEJULA TAB
ZELBORAF TAB
ZEPATIER TAB
ZEPOSIA CAP
ZEPOSIA STARTER PACK
ZIEXTENZO INJ
ZILBRYSQ INJ 16.6MG/0.416ML
ZILBRYSQ INJ 23MG/0.574ML
ZILBRYSQ INJ 32.4MG/0.81ML
ZOKINVY CAP
ZOLINZA CAP
ZOMACTON INJ
ZTALMY SUSP
ZYCUBO INJ
ZYDELIG TAB
ZYKADIA CAP
ZYKADIA TAB
ZYMFENTRA INJ
ZYPREXA RELPREVV INJ
ZYTIGA TAB 250MG
ZYTIGA TAB 500MG

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ABILIFY MYCITE PACK	QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics
ABILIFY MYCITE TAB	QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics
ABSORICA CAP	Step Therapy requires trial of amnesteem cap, claravis cap, isotretinoin cap, myorisa cap, or zenatane cap
ACIOXIA GEL	QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- (crm, lot, oint)
acitretin cap	Step Therapy requires trial of calcipotriene (cream/oint/soln), tazarotene 0.1 cream, tacro oint
ACTICLATE TAB	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
ACTONEL TAB 150MG	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
ACTOPLUS MET XR TAB	Step Therapy requires trial of metformin or metformin ER
ACZONE GEL 5%	QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide
ACZONE GEL 7.5%	QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide
ADAPALENE SOLN	QL= 360mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream
ADDERALL XR CAP 10MG	QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap
ADDERALL XR CAP 15MG	QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap
ADDERALL XR CAP 20MG	QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap
ADDERALL XR CAP 30MG	QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap
ADDERALL XR CAP 5MG	QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap
ADHANSIA XR CAP 25MG	QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
ADHANSIA XR CAP 35MG	QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
ADHANSIA XR, JORNAY PM	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
ADLARITY PATCH	QL= 4 patches/28 days; Step therapy requires trial of donepezil tab OR donepezil ODT
ADLYXIN INJ	Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC, RYBELSUS and MOUNJARO; Diagnosis Restricted – Type 2 Diabetes (E11)
ADMELOG INJ, HUMALOG INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ADVAIR DISKUS INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
ADVAIR HFA INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol diskus or wixela
ADZENYS ER SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ADZENYS XR ODT	QL= 1 tab/day; ST requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (gen Concerta or 27/36/54 nonOSM)
AFINITOR DISPERZ TAB	QL= 1 tab/day; Step therapy requires trial of everolimus tab for oral susp
AFINITOR TAB	QL= 1 tab/day; Step therapy requires trial of everolimus tab
AFREZZA INH POWDER	QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
AIRDUO POWDER INHALER W/SENSOR	QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
AIRDUO RESPICLICK	QL= 1 inhaler/30 days, Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
AIRSUPRA AER 90-80MCG	QL= 2 inh/30 days; Step Therapy requires trial of albuterol AND two of: Arnuity, Asmanex, Qvar
AKLIEF CREAM	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
AKYNZEO CAP	QL= 1 cap/28 days; Step Therapy requires trial of aprepitant, granisetron, or ondansetron
ALBUTEROL AER HFA 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]
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]
aliskiren tab	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB)
allopurinol tab 200mg	QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs
almotriptan tab	QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
ALOCRIL OPHTH SOLN	ST req trial of azelastine 0.05% ophth soln
ALOGLIPTIN TAB	QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto
ALOGLIPTIN TAB, NESINA TAB	QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue
ALOGLIPTIN/METFORMIN TAB	QL= 2 tabs/day; Step therapy requires trial of metformin AND Tradjenta OR jentadue
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
ALOGLIPTIN/PIOGLITAZONE TAB	QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ALPHAGAN P OPHTH SOLN 0.15%	Step Therapy requires trial of brimonidine ophth soln 0.2%
ALPHAGAN P SOLN 0.1%	Step Therapy requires trial of brimonidine ophth soln 0.2%
ALTRENO LOTION	QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream
ALVESCO INHALER	QL= 12.2gm/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAI
AMCINONIDE CREAM 0.1%	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
amcinonide oint	Step therapy requires trial of 2 high potency steroids (eg. betamethasone, clobetasol halobetasol)
AMCINONIDE OINTMENT	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
AMITIZA CAP	QL= 60 caps/30 days; Step Therapy requires trial of both TRULANCE and LINZESS or both MOVANTIK and SYMPROIC
amlodipine/atorvastatin tab	QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg atorvastatin, simvastatin)
amlodipine/valsartan/hydrochlorothiazide ta	QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ
amoxicillin and k clavulanate er tab	QL= 56 tabs/14 days; ST req trial of amoxicillin-clavulanate IR tab
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP	QL= 240ml/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
amphetamine tab	QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine
amphetamine tab extended release disintegrating	QL= 1 tab/day; ST requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (gen Concerta or 27/36/54 nonOSM)
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
AMRIX CAP	QL= 30 caps/30 days; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER
AMZEEQ FOAM	QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
ANALPRAM-HC CREAM 1-1%	ST req trial of: LIDOCAINE-HYDROCORTISONE ACETATE perianal/RECTAL CRE
ANTARA CAP	QL= 2 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130)
ANTARA CAP 30MG, FENOFIBRATE MICRONIZED CAP 30MG	QL= 2 caps/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ANTARA CAP 90MG, FENOFIBRATE MICRONIZED CAP 90MG	QL= 1 cap/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54m 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg
ANZEMET TAB	QL= 1 tab/30 days; Step Therapy requires trial of ondansetron
APIDRA INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
APIDRA SOLOSTAR INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
APLENZIN TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
APRACLONIDIN OPHTH SOLN	QL= 5mL/30 days; Step therapy requires trial of 2: latanoprost, travoprost, brimonidine, carteolol, levobunolol, timolol
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
APTENSIO XR CAP 10MG	QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 15MG	QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 20MG	QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 30MG	QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 40MG	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 50MG	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 60MG	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
ARAZLO LOTION	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
ARCAPTA NEOHALER	Step Therapy requires trial of STRIVERDI RESPIMAT, ANORO ELLIPTA or STIOLT(INHALER
arformoterol tartrate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbutero neb soln
ARMONAIR DIGITAL INHALER 113MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QV/
ARMONAIR DIGITAL INHALER 232MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QV/
ARMONAIR DIGITAL INHALER 55MCG/AC	QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QV/
ARYNTA SOLN	QL= 7mL/day; ST requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (gen Concerta or 27/36/54 nonOSM)
ASACOL HD TAB	Step Therapy requires trial of APRISO or LIALDA

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ASACOL HD TAB, MESALAMINE TAB	Step Therapy requires trial of APRISO or LIALDA
asenapine maleate SL tab	QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT
ASPIRIN/CAFFEINE/ORPHENADRINE CITRATE TAB, NORGESIC TAB	QL= 4 tabs/day; Req trial of 2: baclo- tab, tizan- tab/cap, cyclobenz- tab, methoca- tab, cariso- tab, orphen- tab
ASPRUZYO SPRINKLE GRANULES	QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab
ASTAGRAF XL CAP	ST requires trial of tacrolimus IR capsules
ATACAND HCT TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
ATACAND TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
ATELVIA TAB	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate
ATMEKSI SUSP	QL= 20 mL/day; ST req trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine
ATONCY SOLN, ATOMOXETINE HCL SOLN	QL= 25mL/day; ST req trial of 2: atomoxetine AND one of the following: clonidine ER or guanfacine ER
ATORVALIQ SUSP	QL = 600ml/30 days; Step therapy requires trial of 2: atorvastatin tab, rosuvastatin ta or simvastatin tab
AURYXIA TAB	QL= 12 tabs/day; ST req trial of sevelamer carbonate tab OR sevelamer HCL tab
AUVELITY TAB	QL= 60 tabs/30 days; ST req trial of 4 (citalopram, escitalopram, fluoxetine cap/tab, fluvoxamine, paroxetine IR/ER, sertraline, desvenlafaxine ER, venlafaxine IR/ER, bupropion, mirtazapine) followed by vilazodone
AVANDIA TAB	Step Therapy requires trial of metformin or metformin ER
AVONEX INJ	QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
AXERT TAB	QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
azathioprine tab 100mg	QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg
azathioprine tab 75mg	QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg
AZELEX CREAM	QL= 300g/30 days; ST req trial of 2: adapalene, tretinoin, clindamycin, erythromycin, azelaic acid 15% gel
azilsartan medoxomil tab	ST requires trial of 2: candesartan, irbesartan, losartan, or valsartan
AZOPT OPHTH SUSP	Step Therapy requires trial of dorzolamide 2% ophth soln
AZOR TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
baclofen oral soln 10mg/5ml	QL= 16 mL/day; ST req trial of baclofen (5/10mg) tabs and tizanidine caps/tabs (can be open or crushed)
BACLOFEN ORAL SOLN 5 MG/5ML	QL= 16 ml/day; ST requires trial of 2: baclofen tabs, tizanidine caps, tizanidine tabs
baclofen oral soln 5mg/5ml	QL= 16ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can open or crush)
BACLOFEN SOLN	QL= 480ml/30 days; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
BACLOFEN SOLN 10MG/5ML	QL= 16 mL/day; ST req trial of baclofen (5/10mg) tabs and tizanidine caps/tabs (can be open or crushed)
BACLOFEN SUSP	QL=16ml/day; Step therapy requires trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed)
baclofen tab 15mg	QL= 8 tabs/day; ST req trial 2: baclofen 5/10mg tab, cyclobenz, tizanidine, methocarb, chlorzoxazone, orphenadrine
BANZEL SUSP	QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
BANZEL TAB	QL= 8 tabs/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate pregabalin, levetiracetam
BASAGLAR INJ	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
BASAGLAR KWIKPEN	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
BASAGLAR TEMPO PEN INJ 100UNIT/ML	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
BELBUCA FILM	Step therapy requires trial of buprenorphine patch
BELSOMRA TAB	QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate
BENICAR HCT TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, olmesartan, or valsartan
bepotastine besilate ophth soln	QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln
BESIFLOXACIN OPHTH SUSP, BESIVANCE OPHTH SUSP	Step Therapy requires trial of 2: ciprofloxacin ophth soln, levofloxacin ophth soln, ofloxacin ophth soln, or VIGAMOX OPHTH SOLN
BETAMETHASONE AUGMENTED GEL	QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betameth- (oint, crm, lot), clobet-, halobet-, or fluocin-
betamethasone valerate foam	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betameth- (oint, crm, lot), clobet-, halobet-, or fluocin-
BETAXOLOL OPHTH SOLN	QL=5mL/30 days; Step therapy requires trial of 2: carteolol, levobunolol, dorzolamide-timolol, timolol
BETOPTIC-S OPHTH SOLN	Step Therapy requires trial of 2: carteolol, levobunolol, dorzolamide/timolol, timolol maleate
BEVESPI AEROSPHERE INHALER	QL= 10.7gm/30 days; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER
BEXAGLIFLOZN TAB	QL= 30 tabs/30 days; ST req trial of 2: farxiga tab, xigduo xr tab, Jardiance tab, synjardy tab, or synjardy xr tab
bimatoprost ophth soln	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln
bimatoprost ophth soln 0.01%	QL= 2.5ml/25 days; ST requires trial of latanoprost FOLLOWED BY 1: travoprost OR tafluprost
BINOSTO TAB	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate and ibandronate

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
BISOPROLOL FUMARATE TAB	QL= 8 tabs/day; ST req trial of bisoprolol 5/10mg tab, atenolol tab, metoprolol succ tab, AND acebutolol cap
BLUJEPA TAB	QL= 20 tabs/5 days, no roll up, 6 fills/year; Step therapy req trial of 2: nitrofurantoin, trimethoprim-sulfamethoxazole, cephalexin
BREKIYA INJ	QL= 24mL/28 days; ST req 2: nara tab, riza tab/ODT, zolmi tab, suma tab, eletrip FOLLOWED BY generic DHE inj/nasal
BREYNA INHALER	QL= 10.3g/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
brimonidine ophth soln 0.15%	Step Therapy requires trial of brimonidine ophth soln 0.2%
brimonidine tartrate ophth soln 0.1%	Step Therapy requires trial of brimonidine ophth soln 0.2%
brimonidine tartrate-timolol maleate ophth soln	QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate
brinzolamide ophth susp	Step Therapy requires trial of dorzolamide 2% ophth soln
bromfenac ophth soln	Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
bromfenac sodium ophth soln 0.07%	QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
BRONCHITOL CAP	QL= 560 caps/28 days; ST req trial of hypertonic saline; Diagnosis Restricted – Cystic Fibrosis (E84)
BROVANA NEB SOLN	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbutero neb soln
BRYNOVIN SOLN	QL= 1 bottle/30 days; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
BUCAPSOL CAP	QL= 2 caps/day; Step req trial of buspirone tabs, hydroxyzine, and doxepin (10, 25, 50, 75, 100, or 150mg)
budesonide rectal foam	QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema
budesonide/formoterol inhaler	QL= 10.2g/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
BUPROPION XL TAB 450MG	QL= 1 tab/day; ST req 2: SSRI (eg. fluoxetine, sertraline), SNRI (eg. venlafaxine), bupropion XL tab (150, 300mg)
BUSPIRONE TAB 12.5MG	QL= 2 tabs/day; ST req 3: buspirone (5, 7.5, 10, 15, 30), hydroxyzine, AND doxepin (10, 25, 50, 75, 100, 150)
BUSPIRONE TAB 2.5MG	QL= 2 tabs/day; ST req 3: buspirone (5, 7.5, 10, 15, 30), hydroxyzine, AND doxepin (10, 25, 50, 75, 100, 150)
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC, RYBELSUS and MOUNJARO; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ	QL= 4 inj/28 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC, RYBELSUS and MOUNJARO; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ	QL= 4 inj/28 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC, RYBELSUS and MOUNJARO; Diagnosis Restricted – Type 2 Diabetes (E11)
BYETTA INJ	QL= 1 pen/30 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC RYBELSUS and MOUNJARO; Diagnosis Restricted – Type 2 Diabetes (E11)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
BYQLOVI OPHTH SUSP	QL= 3.5ml/17 days; ST req trial of 2: prednisolone sol/sus 1%, dexamethasone soln 0.1%, fluorometholone susp 0.1% ophth
BYSANTI TAB	QL= 2 tabs/day; ST req trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
BYSANTI TITRATION PACK	QL= 1 pack/plan year; ST req trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
BYSTOLIC TAB	QL= 1 tab/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol
BYSTOLIC TAB 20MG	QL= 2 tabs/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol cap
CADUET TAB	QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg atorvastatin, simvastatin)
CALCIPOTRIENE FOAM	QL= 60gm/30 days; Step therapy requires trial of calcipotriene soln
CALCIPOTRIENE FOAM, SORILUX FOAM	QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln
CALCIPOTRIENE/ BETAMETHASONE SUSP	QL= 400 gm/30 days; Step Therapy requires trial 2 high potent steroids (betameth-oint/crm/lot, clobet-, halobet-, fluocin-), and calcipotri-
calcipotriene/betamethasone oint	QL= 400 gm/30 days; Step Therapy requires trial 2 high potent steroids (betameth-oint/crm/lot, clobet-, halobet-, fluocin-), and calcipotri-
calcipotriene-betamethasone dipropionate susp	QL= 400 gm/30 days; Step Therapy requires trial 2 high potent steroids (betameth-oint/crm/lot, clobet-, halobet-, fluocin-), and calcipotri-
CAMBIA POWDER	QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan)
candesartan tab	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
candesartan/hydrochlorothiazide tab	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
CAPLYTA CAP	QL= 1 cap/day; Step therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
captopril tab	Step Therapy requires trial of 2 angiotensin-converting enzyme (ACE) inhibitors
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug
CARBAMAZEPINE CHEW TAB 200MG	Step therapy requires trial of carbamazepine 100mg chew tab
carbinoxamine maleate tab 6mg	QL= 120 tabs/30 days; Step therapy requires trial of carbinoxamine 4mg tab
carisoprodol tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
CAROSPIR SUSP	QL= 600ml/30 days; ST req trial of furosemide oral soln
CEFIXIME TAB	Step therapy requires trial of cefixime capsules and suspension
CELONTIN CAP	QL= 4 caps/day; ST requires trial of ethosuximide tab/soln
cephalexin cap 750mg	QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexin 500mg tab/cap
CEQUA (PF) OPHTH SOLN	Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis)

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Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
CESAMET CAP	Step Therapy requires trial of ondansetron
CHENODAL TAB	Split RDX programming: Cerebrotendinous xanthomatosis (CTX) [E75.5 (Other lipid storage disorders)]: no ST. All other conditions: ST through ursodiol capsules/tablets
chlorpromazine hcl conc 100mg/ml	QL= 2000mL/30 days; ST req trial of olanzapine OTD and risperidone ODT/soln
chlorpromazine hcl conc 30mg/ml	QL= 600mL/30 days; ST req trial of olanzapine OTD and risperidone ODT/soln
chlorzoxazone tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
chlorzoxazone tab 375mg	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
ciprofloxacin-hydrocortisone otic susp	QL= 10mL/30 days; ST req trial of neomycin-polycmyxin-HC otic soln and ofloxacin otic soln
CITALOPRAM CAP	QL= 1 cap/day; ST requires trial of citalopram tab
citalopram hydrobromide cap	QL= 1 cap/day; ST requires trial of citalopram tab
clindamycin foam	QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
clindamycin/tretinoin gel	QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin
clobetasol E foam	QL= 200 gm/30 days; Step Therapy requires trial of 2 high pot steroids: betameth-, clobet- (crm, lot, gel, oint, etc.), halobet-, or fluocin-
CLOBETASOL PROPIONATE CREAM, IMPOYZ CREAM	QL= 200gm/30 days; Trial of 2 high pot steroids: betameth-, clobet- (crm, lot, gel, oint, etc.), halobet-, or fluocin-
clobetasol propionate emollient cream	QL= 200 gm/30 days; Step Therapy requires trial of 2 high pot steroids: betameth-, clobet- (crm, lot, gel, oint, etc.), halobet-, or fluocin-
CLOCORTOLONE CREAM	QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone
clocortolone pivalate cream	QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone
COBENFY CAP	QL= 60 caps/30 days; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
COBENFY CAP STARTER PACK	QL= 56 caps/28 days; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
colesevelam pack	Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol
COMBIGAN OPHTH SOLN	QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate
CONDYLOX GEL	QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream
CONJUPRI TAB, LEVAMLODIPINE TAB	QL= 1 tab/day; Step therapy requires trial of 2: nifedipine IR/ER, felodipine ER, nicardipine, isradipine, amlodipine
CONSENSI TAB	QL= 30 tabs/30 days; Step Therapy requires trial of amlodipine and celecoxib
CORDRAN TAPE	QL= 1 box/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
COSOPT (PF) OPHTH SOLN	Step Therapy requires trial of dorzolamide/timolol ophth soln

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Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
COTEMPLA XR TAB, METHYLPHENIDATE ER TAB	QL= 1 tab/day; ST req trial of 2: dextroamphetamine-amphet ER, methylphenidate E (OSM), dexmethylphenidate HCl ER
COTEMPLA XR TAB, METHYLPHENIDATE ER TAB 25.9MG	QL= 2 tabs/day; ST req trial of 2: dextroamphetamine-amphet ER, methylphenidate ER (OSM), dexmethylphenidate HCl ER
COXANTO CAP	QL= 180 caps/30 days; ST req trial of generic oxaprozin 600mg AND 2 addl NSAID (e.g., diclofenac, etodolac, sulindac)
CRESEMBA CAP 186MG	QL= 72 caps/30 days; Step therapy requires trial of voriconazole and posaconazole
CRESEMBA CAP 74.5MG	QL= 180 caps/30 days; Step therapy requires trial of two: voriconazole and posaconazole
CRESTOR TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin tab or rosuvastatin tab
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
CROTAN LOTION	ST req trial of permethrin cream
CUVRIOR TAB	QL= 10 tabs/day; ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap
cyanocobalamin nasal spray 500mcg/0.1ml	ST req trial of cyanocobalamin injection
cyclobenzaprine ER cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER
cyclobenzaprine tab 7.5mg	Trial of 2: cyclobenzaprine 5mg, cyclobenzaprine 10mg, tizanidine, methocarbamol, baclofen, chlorzoxazone, orphenadrine
CYCLOSET TAB	Step Therapy requires trial of metformin or metformin ER
CYSTADANE POWDER	QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through AnovoRx 844-288-5007
DANTRIUM CAP	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
dantrolene cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
dapsone gel	QL= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
darifenacin SR tab	Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER solifenacin
DARTISLA ODT TAB	QL= 4 tabs/day, Step therapy requires trial of glycopyrrolate tab or glycopyrrolate solution
DAYTRANA PATCH	QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)

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Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
DAYVIGO TAB	QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate
DEGLUDEC FLEXTOUCH INJ 100 UNIT	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
DEGLUDEC FLEXTOUCH INJ 200 UNIT	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
DEGLUDEC INJ 100 UNIT	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
DENAVIR CREAM	QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB
DESMODA SOLN 0.05MG/ML	QL= 145mL/9 days; ST req trial of 2: desmopressin nasal soln AND desmopressin ta
DESONIDE GEL	QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone
desoximetasone cream 0.05%	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
DESOXIMETASONE GEL	QL= 454g/30 days; ST req trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
DESOXIMETASONE OINT 0.05%	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
desoximetasone spray 0.25%	Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
DESOXYN TAB	QL= 5 tabs/day; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine
DESVENLAFAXINE ER TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
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
DEXCOM G7 SENSOR (15-DAY)	QL= 2 sensors/30 days; Step therapy requires trial of an insulin product
DEXPAK TAB	Step Therapy requires trial of dexamethasone
dextroamphetamine sulfate tab 15mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 2.5mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate
dextroamphetamine sulfate tab 20mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 30mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab

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Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
dextroamphetamine sulfate tab 7.5mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate
DHIVY TAB	QL= 8 tabs/day; Step therapy requires trial of carbidopa-levodopa tab/ODT or carbidopa-levodopa ER tab
diclofenac potassium (migraine) packet	QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan)
diclofenac potassium cap	QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets
diclofenac potassium tab 25mg	QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets
diclofenac sodium soln 2%	Step therapy requires trial of of diclofenac 1.5% soln
DICYCLOMINE TAB 40MG	QL= 4 tabs/day; Step therapy requires trial of dicyclomine 10mg cap/20mg tab/10mg/5mL soln
DIFFERIN LOTION	QL= 472mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream
DIFICID TAB	QL= 20 tabs/10 days; ST requires trial of vancomycin cap/soln
DIFLORASONE CREAM	QL= 450g/30 days; Trial 2 high potency creams: betameth diprop/val, fluocinonide, mometasone, triamcin, amcinonide
DIFLORASONE CREAM, PSORCON CREAM	Step Therapy requires trial of 2 high potency creams: betameth diprop/val, fluocinonide, mometasone, triamcin, amcinonide
diflorasone oint	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
difluprednate ophth emulsion	QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth sus
dihydroergotamine mesylate nasal spray	QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan
DIVIGEL GEL	QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
DIVIGEL GEL 1.25MG/1.25GM	QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
DOLOBID TAB	QL= 6 tabs/day; ST req trial of 3: diflunisal 500mg tab, diclofenac, etodolac, flurbiprofen, nabumetone
DOLOBID TAB 375MG	QL= 4 tabs/day; ST req trial of 3: diflunisal 500mg tab, diclofenac, etodolac, flurbiprofen, nabumetone
DORYX MPC TAB	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate followed by generic doxycycline hyclate DR
DORYX TAB 50MG	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
dorzolamide/timolol (pf) ophth soln	Step Therapy requires trial of dorzolamide/timolol ophth soln
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	ST req trial of a topical corticosteroid AND topical tacrolimus
DOXEPIN HCL CREAM	ST req trial of a topical corticosteroid AND topical tacrolimus
doxepin tab	QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zaleplon cap, zolpidem IR/EI tab, doxepin 10mg, trazodone tab

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
DOXERCALCIFEROL CAP 0.5MCG	QL= 3 caps/day; ST req trial of calcitriol cap AND paricalcitol cap 1mcg/2mcg
DOXERCALCIFEROL CAP 1MCG	QL= 3 caps/day; ST req trial of calcitriol cap AND paricalcitol cap 1mcg/2mcg
DOXERCALCIFEROL CAP 2.5MCG	QL= 1 cap/day; ST req trial of calcitriol cap AND paricalcitol cap 1mcg/2mcg
doxycycline (rosacea) cap delayed release	QL= 1 cap/day; Step Therapy requires trial of doxycycline monohydrate
DOXYCYCLINE HYCLATE CAP	QL= 2 caps/day;ST req trial of 1: doxycycline monohydrate tablets, doxycycline hyclate capsules, doxycycline hyclate tablets
doxycycline hyclate DR tab	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 100mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 200mg	QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 50mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 75mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate tab 150mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxycycline hyclate tab 50mg	Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate tab 75mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxycycline monohydrate tab 150mg	QL= 2 tabs/day; Step therapy req trial of doxycycline monohydrate 50mg tabs, 100mg tabs, 50mg caps, or 100mg caps
DRONABINOL SOLN, SYNDROS SOLN	QL= 60mL/30 days; ST req: dronabinol cap
DUAKLIR INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of ANORO ELLIPTA INHALER or STIOLTO INHALER
DUETACT TAB	Step Therapy requires trial of metformin or metformin ER
DULOXETINE DR CAP 120MG	QL= 1 cap/day; ST req trial of duloxetine (20,30,60mg) AND 3 antidepressants (e.g. fluox, sertr, venlafax, buprop)
DULOXETINE DR CAP 80MG	QL= 1 cap/day; ST req trial of duloxetine (20,30,60mg) AND 3 antidepressants (e.g. fluox, sertr, venlafax, buprop)
DULOXETINE DR CAP 90MG	QL= 1 cap/day; ST req trial of duloxetine (20,30,60mg) AND 3 antidepressants (e.g. fluox, sertr, venlafax, buprop)
DUOBRII LOTION	QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids (betameth-, clobet-, halobet-, or fluocin-), and tazorotene
DUREZOL OPHTH EMULSION	QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth sus
dutasteride/tamsulosin cap	Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap
DUTOPROL TAB	QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers
DXEVO 11-DAY PAK	Step therapy requires trial of dexamethasone tab/soln
DYANAVEL XR CHEW 10MG	QL= 2 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER methylphen ER 27/36/54 (non-OSM)
DYANAVEL XR CHEW 15MG	QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
DYANAVEL XR CHEW 20MG	QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
DYANAVEL XR CHEW 5MG	QL= 4 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER methylphen ER 27/36/54 (non-OSM)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
DYRENIUM CAP	Step Therapy requires trial of amiloride or spironolactone
E.E.S. TAB	ST req trial of erythromycin ethinylsuccinate susp
EDARBI TAB	ST requires trial of 2: candesartan, irbesartan, losartan, or valsartan
EDARBYCLOR TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
EDLUAR SL TAB	QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, or zolpidem ER tab
ELEPSIA XR TAB 1000MG	QL= 90 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab
ELEPSIA XR TAB 1500MG	QL= 60 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab
ELIDEL CREAM	Step Therapy requires trial of tacrolimus oint
ELMIRON CAP	QL= 3 caps/day; ST requires trial of amitriptyline AND hydroxyzine
ELYXYB SOLN	QL= 43.2ml/30 days; Step Therapy requires trial of 2: celecoxib cap, diclofenac potassium 50mg tab, diclofenac sodium IR, XR, EC tab, etodolac IR/ER cap/tab, meloxicam tab, sumatriptan tab, naratriptan tab, rizatriptan tab/ODT, naproxen suspension
EMEND CAP 125MG	QL= 1 cap/21 days; Step Therapy requires trial of ondansetron
EMEND CAP 40MG	QL= 1 cap/28 days; Step Therapy requires trial of ondansetron
EMEND CAP 80MG	QL= 2 caps/21 days; Step Therapy requires trial of ondansetron
EMEND PAK	QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron
EMROSI CAP	QL= 30 caps/30 days; Step Therapy requires trial of two of the following: doxycycline monohydrate and minocycline cap
ENABLEX TAB	Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
enalapril maleate oral soln	QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab
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
ENDARI POWDER PACKET	QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps
ENSTILAR FOAM	QL= 400 gm/30 days; Step Therapy requires trial 2 med potent steroids (betameth-crm/lot, desonide oint, momet-, triamcin-), and calcipotri-
ENTADFI CAP	QL= 1 tab/day; Step therapy requires trial of an alpha 1 blocker (e.g. tamsulosin), finasteride 5mg AND tadalafil
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)
EPANED SOLN	QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab
epinastine ophth soln	QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln
EPOGEN/PROCRIT	QL= 12 vials/30 days; ST req trial of Retacrit OR Aranesp
EPRONTIA SOLN	QL= 480mL/30 days; Step therapy requires trial of topiramate sprinkle caps

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ERGOMAR SL TAB	QL= 12 tabs/30 days; ST req trial of Migergot rectal supp, and 2 of the following: nar tab, riza- tab/ODT, suma- tab
ERMEZA SOLN 150MCG/5ML	QL= 10ml/day; Step therapy requires trial of levothyroxine tab
ERTACZO CREAM	QL= 60g/30 days; ST req 2: ciclop crm/gel/susp, clotrim crm, clotrim/beta lot/crm, econ crm, keto crm, nyst crm/oint
erythromycin ethylsuccinate tab	ST req trial of erythromycin ethinylsuccinate susp
ESCITALOPRAM CAP	QL= 1 cap/day; ST req trial of escitalopram tabs AND one SSRI (eg. fluoxetine, sertraline) or SNRI (eg. venlafaxine, desven.)
estradiol gel 0.06%	QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
estradiol td gel	QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
estradiol td gel 1.25mg/1.25gm	QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
EUCRISA OINT	Step Therapy requires trial of tacrolimus oint or pimecrolimus cream
EVEKEO ODT	QL= 60 tabs/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
EVOCLIN FOAM	QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
EVZIO INJ	Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY
EVZIO INJ	Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY
EXFORGE HCT TAB	QL= 1 tab/day; Step therapy requires trial of 2: valsartan/HCTZ tab and amlodipine t
EZALLOR SPRINKLE CAP	QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, rosuvastatin, or simvastatin
EZETIMIBE/ATORVASTATIN TAB	QL= 1 tab/day; Step therapy requires trial of atorvastatin and ezetimibe
FABIOR AEROSOL FOAM	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
FANAPT TAB	QL= 2 tabs/day; ST req trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
FANAPT TITRATION PACK	QL= 1 pack/plan year; ST req trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
FARESTON TAB	Only available through Walgreens 888-347-3416; Step Therapy requires trial of tamoxifen
febuxostat tab	QL= 1 tab/day; Step Therapy requires trial of allopurinol 100mg or 300mg
FENOFIBRATE CAP	QL= 3 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130)
FENOFIBRATE MICRO CAP 90MG	QL= 2 caps/day; ST req trial of 2: fenofibrate tab (Tricor) or fenofibrate cap (Lofibra)
FENOFIBRIC TAB 105MG	QL= 1 tab/day; ST req trial of fenofibrate tab (Tricor) AND fenofibrate cap (Lofibra)
FENOFIBRIC TAB 35MG	QL= 2 tabs/day; ST req trial of fenofibrate tab (Tricor) AND fenofibrate cap (Lofibra)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
fenoprofen calcium cap	QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
FENOPROFEN CAP, NAFLON CAP	QL= 8 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac etodolac ER, or ibuprofen
FENOPROFEN TAB	ST req trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
FENOPRON CAP	QL= 1 cap/day; ST req trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, o ibuprofen
ferric citrate tab	QL= 12 tabs/day; ST req trial of 1: sevelamer carbonate tab OR sevelamer HCL tab
FETZIMA CAP	QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
FETZIMA TITRATION PACK	QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
fidaxomicin tab	QL= 20 tabs/10 days; ST requires trial of vancomycin cap/soln
FIRVANQ SOLN 25MG/ML	QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution
FIRVANQ SOLN 50MG/ML	QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution
flavoxate tab	QL= 8 tabs/day; Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER trospium IR/ER, solifenacin
FLEQSUVY SUSP	QL= 16ml/day; Step therapy requires trial of baclofen tab and tizanidine tab
FLOLIPID SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
fluocinolone acetonide cream 0.025%	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
fluocinonide gel	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betameth-, clobet-, halobet-, or fluocin- (crm, oint, soln)
FLUOXETINE TAB 60MG	Step Therapy requires trial of fluoxetine cap, fluoxetine tab or fluoxetine weekly cap
FLURANDRENOLIDE CREAM	QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone
FLURANDRENOLIDE LOTION	QL= 454 mL/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone
FLURAZEPAM CAP	QL= 1 cap/day; Step Therapy requires trial of 2: estazolam, temazepam, and triazolam
FLURBIPROFEN OPHTH SOLN	Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
FLURBIPROFEN TAB	QL= 90 tabs/30 days; ST req trial of 2: indomethacin, celecoxib, naproxen, diclofenac, meloxicam, piroxicam, diclofenac
FLUTICASONE LOTION	QL= 454 mL/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone
FLUTICASONE/VILANTEROL INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
fluvastatin cap	QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastati pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
fluvastatin ER tab	QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay
formoterol fumarate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbutero neb soln
FOSAMAX+D TAB	Step Therapy requires trial of alendronate and ibandronate
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 2-PLUS SENSOR	QL= 2 sensors/30 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
FROVA TAB	QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
frovatriptan tab	QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
FULVICIN P/G TAB	QL= 1 tab/day; ST req trial of itraconazole, fluconazole, terbinafine, and griseofulvin oral suspension
FULVICIN P/G TAB, GRISEOFULVIN ULTR MICRO TAB	QL= 1 tab/day; ST req trial of itraconazole, fluconazole, terbinafine, and griseofulvin oral susp
FUROSCIX KIT	QL= 8 kits/30 days; Step requires a trial of furosemide tabs or furosemide soln; Only available through Onco360 877-662-6633
FYCOMPA SUSP	Step Therapy requires a trial of 2: levetiracetam soln, lamotrigine ODT/chew, valproi acid soln, topiramate sprinkle
FYCOMPA TAB	QL= 4 tabs/day; ST req trial of 2: levetiracetam, lamotrigine, valproic acid, divalproex topiramate
gabapentin cap 200mg	ST req trial of 2: gabapentin 100mg cap, gabapentin tabs, pregabalin caps
GABARONE TAB	QL= 3 tabs/day; Step therapy requires trial of gabapentin capsules AND pregabalin capsules
GEMTESA TAB	QL= 30 tabs/30 days; ST requires trial of oxybutynin IR/ER and soliferacin
GIMOTI NASAL SPRAY	QL= 1 bottle/28 days; Step therapy requires trial of metoclopramide tab
GLIMEPIRIDE TAB	QL= 1 tab/day; ST req trial of glimepiride 1mg tab or 2mg tab
GLIPIZIDE TAB	QL= 30 tabs/30 days; Step req trial of 3 of: glipizide IR tabs (5mg, 10mg), glipizide ER, glimepiride, glyburide
GLOPERBA SOLN	QL= 300ml/30 days; Step Therapy requires trial of colchicine
GLUMETZA TAB 1000MG	Step Therapy requires trial of metformin or metformin ER
GLUMETZA TAB 500MG	Step Therapy requires trial of metformin or metformin ER
GLYCATE TAB	Step Therapy requires trial of glycopyrrolate

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Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
GLYCATE TAB, GLYCOPYRROLATE TAB	QL= 4 tabs/day; Step Therapy requires trial of glycopyrrolate tab 1mg or glycopyrrolate tab 2mg
GLYXAMBI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab
GOCOVRI CAP	Step Therapy requires trial of amantadine
GRANISOL ORAL SOLN 2MG/10ML	QL= 60ml/30 days; ST req: ondansetron soln, ondansetron tab, ondansetron ODT (4 mg, 8 mg), AND granisetron tab
halcinonide cream	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
HALCINONIDE SOLN	QL= 360 mL/30 days; ST req trial of 2: amcinonide, clobetasol, desoximet, diflorasone, fluocinol, halobet, halcinonide
HALOBETASOL AER	QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobet- crm/oint, or fluocinonide
HALOBETASOL LOTION 0.01%	QL= 200 mL/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobet- crm/oint, or fluocinonide
HALOBETASOL LOTION 0.05%	QL= 200 mL/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobet- crm/oint, or fluocinonide
halobetasol propionate foam	QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobet- crm/oint, or fluocinonide
HALOG CREAM	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
HALOG OINT	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
HELIDAC PACK	QL= 224 tabs/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole
HUMALOG INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG KWIKPEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMULIN MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN N INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN R INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN

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Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
hydrocodone bitartrate ER cap	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
HYSINGLA ER TAB	QL= 1 tab/day; Step Therapy requires trial of morphine sulfate ER
IBUPROFEN TAB 300MG	QL= 1 tab/day; ST req trial of ibup (200, 400, 600, 800) AND 2: diclof EC/XR, etodola IR/ER, melox tab, celecoxib
imiquimod cream 3.75%	QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution
IMITREX 4MG INJ, ZEMBRACE INJ	QL= 8 inj/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
IMITREX INJ	QL= 8 inj/30 days; ST req trial of 2: naratriptan, rizatriptan, rizatriptan ODT, zolmitriptan tab, or sumatriptan tab
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY	QL= 6 sprays/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab sumatriptan tab, or eletriptan
IMITREX VIAL INJ	QL= 4 mL/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
IMPOYZ CREAM	QL= 200 gm/30 days; Step Therapy requires trial of 2 high pot steroids: betameth-, clobet- (crm, lot, gel, oint, etc.), halobet-, or fluocin-
INDOCIN SUSP	QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp
INDOMETHACIN CAP, TIVORBEX CAP	Step Therapy requires trial of 2 nonsteroidal anti-inflammatory agents (NSAIDs)
indomethacin suppository	QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxer diclofenac, meloxicam, etc)
indomethacin susp	QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp
INPEFA TAB	QL= 30 tabs/30 days; Step therapy requires trial of Jardiance and Farxiga
INSULIN GLARGINE INJ	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
INSULIN GLARGINE-YFGN PEN (CIVICA) 100UNIT/ML	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
INVELTYS OPHTH SUSP	Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
INVOKAMET TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
INVOKAMET XR TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
INVOKANA TAB	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANC SYNJARDY, or SYNJARDY XR
INZIRQO SUSP	QL= 5ml/day; ST req Diuril AND trial of 1: HCTZ tab/cap, chlorthal-, spirono- tab, spirono-HCTZ, or Triam-HCTZ
IOPIDINE OPHTH SOLN 1%	Step Therapy requires trial of apraclonidine soln
ISORDIL TITRADOSE TAB 40MG	Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER
isosorbide dinitrate tab 40mg	Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ISTALOL OPHTH SOLN 0.5%	Step Therapy requires trial of timolol maleate ophth soln
IVERMECTIN CREAM	QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole
IYUZEH OPHTH DROPS	QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln
JALYN CAP	Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap
JANUMET TAB	QL= 60 tabs/30 days; Step Therapy requires trial of metformin AND Tradjenta or Jentadueto
JANUMET XR TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
JANUVIA TAB	QL= 30 tabs/30 days; Step Therapy requires trial of metformin AND Tradjenta or Jentadueto
JAVADIN SOLN	QL= 3600 mL/30 days; ST req trial of clonidine tab AND trial of 2 ACEi/ARBs
JOURNAVX TAB	QL= 30 tablets/14 days; limit 1 fill/6 months; ST req 1 NSAID (ibu 600, meloxicam tab, celecoxib, etc) AND 1 gabapentinoid (gabapentin, pregabalin)
JUBLIA SOLN	Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine ta
KADIAN CAP 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 10MG	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 200MG	QL= 1 cap/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 20mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 30mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 40mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 50mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 60mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 80mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KATERZIA SUSP	Step Therapy requires trial of amlodipine
KENALOG SPRAY	QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- crm/lot/oint
KERENDIA TAB	QL= 30 tabs/30 days; Step req trial of 1 ACE/ARB (ex lisinopril, losartan, valsartan) AND 1 SGLT2 (ex Farxiga, Jardiance)
KERYDIN SOLN	Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine ta
KESIMPTA INJ	QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine
KETOPROFEN CAP	ST req trial of 4 NSAIDs (e.g., celecx, diclofn EC/XR, IBU, indometh, meloxic tab, naproxen tab)
KHINDIVI SOLN	ST req trial of hydrocortisone tab AND prednisolone soln
KOMBIGLYZE XR TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
labetalol hcl tab 400mg	QL= 2 tabs/day; ST req 2: labetalol (100,200,300mg), atenolol, metopro-, bisopro-, nado-, proprano-, carvedilol IR

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
lactulose oral crystal packet	ST req trial of lactulose
LACTULOSE PACK	Step Therapy requires trial of lactulose
lamotrigine odt	QL= 2 tabs/day; Step Therapy requires trial of lamotrigine chew
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	QL= 112 tabs/10 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole)
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
LANTUS INJ	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
LANTUS SOLOSTAR INJ	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
LASIX ONYU INJ 80MG/2.67ML	QL= 1 kit per fill/1 fill per year; Step requires a trial of furosemide tabs or furosemide solution
LESCOL XL TAB	QL= 1 tab/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab.
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler
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
LEVOFLOXACIN OPHTH SOLN 0.5%	QL= 5mL/30 days; Step therapy requires trial of ciprofloxacin, moxifloxacin or ofloxacin ophth
levorphanol tab	QL= 6 tabs/day; ST req trial of 2 short acting opioids(eg hydrocodone, hydromorphone, oxycodone)
l-glutamine powder packet	QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps
LIBERVANT FILM	QL= 4 doses/fill, 5 fills/month; Step requires trial of diazepam rectal gel
LIVALO TAB	QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs
LOKELMA PAK	QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone
LOPRESSOR SOLN	QL= 1200mL/30 days; ST req trial of 2: atenolol, bisoprol, metoprol, nadolol, propran soln/tab, labetal, carved
LOREEV XR CAP	QL= 1 cap/day; Step therapy requires trial of lorazepam tab
LOREEV XR CAP 3MG	QL= 3 cap/day; Step therapy requires trial of lorazepam tab
LOTEMAX GEL	QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
LOTEMAX OPHTH OINT 0.5%	Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
LOTEMAX OPHTH SUSP	Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
loteprednol etabonate ophth gel	QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
loteprednol etabonate ophth susp 0.2%	QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
loteprednol etabonate-tobramycin ophth susp	QL= 10mL/fill; ST req trial of Tobramycin-Dexamethasone ophth susp AND Neomycin-Polymyxin-Dexamethasone ophth susp
LUMIGAN OPHTH SOLN	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost
LUMIGAN OPHTH SOLN 0.01%	QL= 2.5mL/25 days; ST requires trial of latanoprost FOLLOWED BY 1: travoprost OI tafluprost
LYBALVI TAB	QL= 30 tabs/30 days; ST req trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
LYNKUET CAP	QL= 60 capsules/30 days; ST req trial of gabapentin and 2: citalopram, escitalopram paroxetine, venlafaxine, desvenlafaxine
LYRICA CAP	Step Therapy required trial of gabapentin and pregabalin
LYRICA CR TAB	QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap c pregabalin soln
LYRICA SOLN	QL= 30ml/day; Step Therapy required trial of gabapentin and pregabalin
LYUMJEV INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
LYUMJEV KWIKPEN	QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
LYUMJEV KWIKPEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
LYUMJEV TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
LYVISPAH GRANULE PACKET 10MG	QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap
LYVISPAH GRANULE PACKET 20MG	QL= 4 packets/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap
LYVISPAH GRANULE PACKET 5MG	QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap
MARPLAN TAB	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
meloxicam	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
MELOXICAM SUSP	QL= 10ml/day; Step therapy requires trial of naproxen susp AND ibuprofen susp
memantine ER cap	QL= 1 cap/day; Step Therapy requires trial of memantine tab
memantine hcl-donepezil hcl 24hr er cap	QL= 1 cap/day; ST requires trial of 2: donepezil, donepezil ODT, memantine, or NAMENDA XR
mesalamine ER cap	QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA
mesalamine tab	QL= 9 tabs/1 day; Step Therapy requires trial of generic APRISO or generic LIALDA
METAXALONE TAB	ST req metaxolone (400/800) AND trial of 2: cariso-, chlorzox-, cycloben-, methoca-, or orphena-
metformin ER osmotic tab	Step Therapy requires trial of metformin or metformin ER

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
metformin hcl tab 625mg	QL= 4 tabs/day; ST req trial of metformin IR (generic Glucophage) 500mg, 850mg, o 1000mg tab AND metformin ER
metformin hcl tab 750mg	QL= 4 tabs/day; ST req trial of metformin IR (generic Glucophage) 500mg, 850mg, o 1000mg tab AND metformin ER
METFORMIN TAB	QL= 3 tabs/day; ST requires trial of metformin 500mg, 850mg, or 1000mg tab AND metformin ER
methamphetamine hcl tab	QL= 5 tabs/day; ST req trial of dextro-amphet tab, dexmethylph HCl tab, methylphen tab/soln, and dextroamph tab
methazolamide tab	Step Therapy requires trial of acetazolamide
methocarbamol tab 1000mg	QL= 8 tabs/day; ST req trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine
methsuximide cap	QL= 4 caps/day; ST requires trial of ethosuximide tab/soln
methyldopa tab	QL= 6 tabs/day; ST req trial of hydralazine tab, labetalol tab, nifedipine cap/SR tab
methylphenidate ER cap	QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 10mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 15mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 20mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 30mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 40mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 50mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 60mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
METHYLPHENIDATE ER TAB	QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate ER tab 72mg	QL= 1 tab/day; Step Therapy requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (generic Concerta)
methylphenidate td patch	QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
METOPROLOL TARTRATE TAB	QL= 60 tabs/30 days; ST req trial of 1: carvedilol, metoprolol succ, metoprolol tart 25/37.5/50/75/100mg, bisoprolol
METOZOLV ODT	Step Therapy requires trial of metoclopramide
METRONIDAZOLE TAB	ST requires trial of generic metronidazole 250 mg AND 500 mg tab
MICARDIS HCT TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
MICARDIS TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
MICORT HC CREAM	QL= 360g/30 day; ST req trial of 1: hydrocortisone 0.5%,1% cream/ 0.5%,1%, 2.5% ointment/ 1%, 2.5% lotion
MIDAZOLAM INJ	QL= 4 doses/fill, 5 fills/month; ST req trial of 2: diazepam rectal gel, Nayzilam, and Valtoco
MIEBO OPHTH SOLN	QL= 3ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion
MIGRANAL SPRAY	QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan
milnacipran hcl tab	QL= 2 tabs/day; ST req trial of duloxetine and gabapentin
MINOCYCLINE ER CAP	QL= 1 cap/day; Step Therapy requires trial of minocycline
minocycline ER tab	QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab
MINOLIRA TAB	QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab
mirabegron granules for oral extended release susp	QL= 188mL/30 days; ST req trial of 2: oxybutynin syrup/tab/ER tab, solifenacin, tolterodine IR tab, trospium IR tab
mirabegron tab er	Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER solifenacin
MORPHINE SULFATE ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 10mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 20mg	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 cap 50mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 60mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 80mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
MOTEGRITY TAB	QL= 1 tab/day; Step therapy requires trial of Trulance, Linzess, AND lubiprostone
MOTPOLY XR CAP 100MG	QL= 1 cap/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap
MOTPOLY XR CAP 150MG	QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap
MOTPOLY XR CAP 200MG	QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap
MOXATAG TAB	Step Therapy requires trial of amoxicillin
MOXIFLOXACIN SOLN	QL= 1 bottle/30 days; Step therapy requires trial of 2: ciprofloxacin hcl drops, levofloxacin drops, ofloxacin drops
MYDAYIS CAP 12.5MG	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
MYDAYIS CAP 25MG	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
MYDAYIS CAP 37.5MG	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER

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Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
MYDAYIS CAP 50MG	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
MYRBETRIQ SUSP	QL= 188mL/30 days; ST req trial of 2: oxybutynin syrup/tab/ER tab, solifenacin, tolterodine IR tab, trospium IR tab
MYRBETRIQ TAB	Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER solifenacin
NAFLON CAP	QL= 8 tabs/day; ST req trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, c ibuprofen
naftifine cream	QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products
naftifine hcl gel 2%	QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream
NAFTIN GEL	QL= 1 tube/30 days; Step therapy requires trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream
NAMENDA TAB	Step Therapy requires trial of memantine tab
NAMENDA XR CAP	QL= 1 cap/day; Step Therapy requires trial of memantine tab
NAMENDA XR TITRATION PACK	QL= 28 caps/28 days; Step Therapy requires trial of memantine tab
NAMZARIC CAP	QL= 1 cap/day; ST requires trial of 2: donepezil, donepezil ODT, memantine, or NAMENDA XR
NAMZARIC STARTER PACK	QL= 28 caps/28 days; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er
NAPRELAN CR TAB	Step therapy requires trial of generic naproxen IR AND one of the following: diclofena tab, etodolac tab, indomethacin cap
NAPROXEN SOD ER TAB	ST req trial of naproxen IR and one of the following: diclofenac tab, etodolac tab, indomethacin cap
naproxen sodium CR tab	Step therapy requires trial of generic naproxen IR AND one of the following: diclofena tab, etodolac tab, indomethacin cap
NISOLDIPINE ER TAB	QL= 1 tab/day; ST req trial of 2: amlodipine, nicardipine, nifedipine, felodipine, diltiazem, verapamil tab
nitazoxanide tab	QL= 6 tabs/3 days; ST req trial of metronidazole AND tinidazole
NITROFURANTOIN SUSP	Step therapy requires trial of Nitrofurantoin Susp 25 MG/5ML
NORITATE CREAM	Step Therapy requires trial of azelaic acid gel or FINACEA PLUS KIT
NORTHERA CAP	QL= 180 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416
NORTHERA CAP 100MG	QL= 90 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416
NOURIANZ TAB	QL= 1 tab/day; ST: Trial of 2: dopamine agonist(ropinir-, pramip-), COMT inhib(entacapone), MAOB inhib(rasag-, seleg-)
NOXAFIL PAK	QL= 31 packets/30 days; Step Therapy requires trial of 1: fluconazole tab, fluconazo susp, itraconazole cap, itraconazole soln, voriconazole susp, or voriconazole tab
NOXAFIL SUSP	Step therapy requires trial of fluconazole, itraconazole or voriconazole

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Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
NOXAFIL TAB	QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND
NUCYNTA ER TAB	QL= 2 tabs/day; ST req trial of 2: morphine sulfate ER tab AND tramadol ERT
NUCYNTA TAB	QL= 6 tabs/day; ST req trial of 2: oxycodone, tramadol, morphine tab/soln, hydrocodone/apap, oxycodone/apap
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
olopatadine nasal spray	QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray
OMLONTI OPHTH SOLN	QL= 2.5mL/25 days; ST requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost
ONDANSETRON TAB 24MG	QL= 1 tab/day; Trial of ondansetron ODT (4mg, 8mg) AND trial of 1: ondansetron tat ondansetron soln
ONDANSETRON TAB ODT 16MG	QL= 1 tab/day; Trial of ondansetron ODT (4mg, 8mg) AND trial of 1: ondansetron tat ondansetron soln
ONGENTYS CAP	Step Therapy requires trial of 2: entacapone, pramipexole, rasagiline, ropinirole, or selegiline
ONGLYZA TAB	QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto
ONTRALFY ORAL SOLN	Step therapy requires trial of tizanidine caps/tabs or baclofen tabs
ONYDA XR SUSP	QL= 4ml/day; ST req trial of ALL: clonidine ER tab, guanfacine ER tab, and atomoxetine cap
ONZETRA XSAIL	QL= 16 nosepieces/30 days; Trial of 2: nara, riza tab/ODT, zolm tab, suma tab, elet tab FOLLOWED BY 1: suma nasal, zolm nasal
OPIPZA FILM	QL= 30 films/30 days; Step Therapy requires trial of two of the following: aripiprazole ODT and aripiprazole oral soln
OPIPZA FILM 10MG	QL= 90 films/30 days; Step Therapy requires trial of two of the following: aripiprazole ODT and aripiprazole oral soln
ORAPRED ODT TAB, PREDNISOLONE ODT TAB	Step therapy requires trial of two of the following: prednisolone oral soln, methylprednisolone, prednisone tab/soln
ORLYNVAH TAB	QL= 10 tabs/fill, 6 fills/year; ST req trial of 2: nitrofurantoin, sulfa-trimeth, cephalexin, ciprofloxacin, amox-clav
ORUDIS CAP	ST req trial of 4 NSAIDs (e.g., celecx, diclofn EC/XR, IBU, indometh, meloxic tab, naproxen tab)
OSMOLEX ER TAB	QL= 1 tab/day; Step Therapy requires trial of amantadine
OSMOPREP TAB	Step Therapy requires trial of CLENPIQ
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	QL= 1 bottle/fill, 2 fills/month; Step Therapy requires trial of neomycin/polymixin/hydrocoritisone otic
oxazepam cap	Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab
oxybutynin chloride tab 2.5mg	QL= 1 tab/day; Step therapy requires trial of: oxybutynin syrup or solifenacin
OXYCODONE ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab

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• 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
OXYCONTIN CR TAB	QL= 2 tabs/day; Step therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
PANCREAZE CAP, PERTZYE CAP	Step Therapy requires trial of Creon OR Zenpep
PAROXETINE SUSP	QL= 900 mL/30 days; ST req trial of 2: SSRI (eg. paroxetine tab, fluoxetine, sertraline), SNRI (eg. venlafaxine)
PATANASE NASAL SPRAY	QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray
PAXIL ORAL SUSP	QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs
penciclovir cream	QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB
PENNSAID SOLN 2%	Step therapy requires trial of of diclofenac 1.5% soln
PENTASA CR CAP	QL= 8 caps/day; Diagnosis Restricted - Crohn's Disease (K50.9), UC (K51.9); For UC, ST req trial of generic APRISO or generic LIALDA
PEPCID SUSP	Step Therapy requires trial of cimetidine or nizatidine
perampanel susp	Step Therapy requires a trial of 2: levetiracetam soln, lamotrigine ODT/chew, valproi acid soln, topiramate sprinkle
perampanel tab	QL= 4 tabs/day; ST req trial of 2: levetiracetam, lamotrigine, valproic acid, divalproex topiramate
PERFOROMIST NEB SOLN	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbutero neb soln
PEXEVA TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
pimecrolimus cream	Step Therapy requires trial of tacrolimus oint
pioglitazone/glimepiride tab	Step Therapy requires trial of metformin or metformin ER
pitavastatin calcium tab	QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs
PIVYA TAB	QL= 21 tabs/7 days, no roll up, 6 fills/year; Step therapy req trial of 2: nitrofurantoin, trimethoprim-sulfamethoxazole, cephalexin
PLIAGLIS CREAM	ST req trial of two: lidocaine ointment, soln, gel, cream, lidocaine-prilocaine cream

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
podofilox gel	QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream
POKONZA ORAL SOLN 5%	Step therapy requires trial of potassium chloride powder packet
POKONZA POWDER	QL= 60 packets/30 days; ST req trial of 2: KCL ER tab, KCL micro tab (K-DUR), KCl sprinkle cap (Klor-Con)
posaconazole DR tab	QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND
posaconazole susp	Step therapy requires trial of fluconazole, itraconazole or voriconazole
PRADAXA CAP 75MG, 150MG	QL= 2 caps/day, Step therapy requires trial of Eliquis and Xarelto
prednisolone ODT	Step therapy requires trial of two of the following: prednisolone oral soln, methylprednisolone, prednisone tab/soln
prednisolone tab	Step therapy requires trial of 2: prednisolone oral soln, methylprednisolone, prednisone tab/soln
PREDNISONE DR TAB	QL= 3 tabs/day; ST req trial of ALL: prednisone tab, methylprednisolone tab, prednisolone tab
pregabalin ER tab	QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap c pregabalin soln
PRESTALIA TAB	Step Therapy requires trial of 2: amlodipine, angiotensin-converting enzyme (ACE) inhibitor
PRISTIQ TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
PROAIR HFA INHALER	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler
PROAIR RESPICLICK INHALER	Step Therapy requires trial of VENTOLIN HFA INHALER and albuterol hfa inhaler
PROLATE TAB	QL= 13 tabs/day; Step therapy requires trial of oxycodone/acetaminophen 7.5-325m tab
PROLENSA OPHTH SOLN 0.07%	QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
PROVENTIL AERO HFA	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol HFA inhaler
PROVENTIL HFA INHALER	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler
PULMICORT FLEXHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVA
QELBREE ER CAP 100MG	QL= 30 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine
QELBREE ER CAP 150MG	QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine
QELBREE ER CAP 200MG	QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine
QMIIZ ODT TAB	Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
QUAZEPAM TAB	QL= 1 tab/day; Step Therapy requires trial of 2: estazolam, temazepam, and triazolam
QUDEXY XR CAP 100MG	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 150MG	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 200MG	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 25MG	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
QUDEXY XR CAP 50MG	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
QUETIAPINE TAB 150MG	QL= 1 tab/day; Step therapy requires trial of quetiapine 25, 50, 100, 200, 300, or 400mg IR tabs
QUIOFIC SOLN	ST req trial of 2: folic acid tabs, folic acid caps
QUVIVIQ TAB	QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate
RALDESY SOLN	QL= 40ml/day; Req trial of 2: cital- tab/sol, escita- tab/sol, fluox- tab/cap/sol, mirta- tab/ODT, sertr- tab/con
ramelteon tab	QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, or zolpidem ER tab
RANITIDINE TAB	Step Therapy requires trial of cimetidine tab AND nizatidine cap
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
RELAFEN DS TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac etodolac ER, buprofen, or nabumetone
RELEXXII ER TAB 18MG	QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
RELEXXII ER TAB 27MG	QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
RELEXXII ER TAB 36MG	QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
RELEXXII ER TAB 54MG	QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
RELPAX TAB	QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
RELTONE CAP	Step therapy requires trial of ursodiol tab
REQUIP XL TAB	QL= 1 tab/day; Step Therapy requires trial of ropinirole
RETIN-A MICRO GEL 0.04%, 0.1%	QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
RETIN-A MICRO GEL 0.08%, 0.06%	QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
RETIN-A MICRO GEL, RETIN-A MICRO GEL PUMP	QL= 300g/30 days; ST req trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
REXULTI TAB	QL= 1 tab/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone olanzapine, risperidone, or lurasidone
REYVOW TAB 100MG	QL= 4 tabs/30 days; Trial of 2: naratriptan, rizatriptan, rizatriptan ODT, sumatriptan, eletriptan
REYVOW TAB 50MG	QL= 8 tabs/30 days; Trial of 2: naratriptan, rizatriptan, rizatriptan ODT, sumatriptan, eletriptan

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
REZVOGLAR INJ	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
RHOPRESSA OPHTH SOLN	QL= 2.5ml/30 days; Step therapy requires trial of 2 prostaglandins (latan-, bimat-, travo-, taflu-prost) AND timolol
RIBAPAK TAB	Step Therapy requires trial of ribavirin
risedronate DR tab	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate
risedronate tab 150mg	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
RITALIN LA CAP	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
ROCKLATAN OPHTH SOLN	Step therapy requires trial of 2 prostaglandins (latan-, bimat-, travo-, taflu-prost) AND timolol
ropinirole ER tab	QL= 1 tab/day; Step Therapy requires trial of ropinirole
ROSADAN KIT	Step Therapy requires trial of metronidazole cream
ROSZET TAB	QL= 30 tabs/30 days; Step Therapy requires trial of rosuvastatin and ezetimibe
ROXYBOND TAB	ST req trial of 2: oxycodone, oxymorphone, hydromorphone tabs/soln, tramadol, morphine sulf tab/soln
ROZEREM TAB	QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, or zolpidem ER tab
rufinamide susp	QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
rufinamide tab	QL= 240 tabs/30 days; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
RYTARY CAP 23.75-95MG	QL= 750 caps/30 days; ST req trial of one: carbidopa-levodopa IR/ER/ODT, OR carbidopa-levodopa-entacapone
RYTARY CAP 36.25-145MG	QL= 480 caps/30 days; ST req trial of one: carbidopa-levodopa IR/ER/ODT, OR carbidopa-levodopa-entacapone
RYTARY CAP 48.75-195MG	QL= 360 caps/30 days; ST req trial of one: carbidopa-levodopa IR/ER/ODT, OR carbidopa-levodopa-entacapone
RYTARY CAP 61.25-245MG	QL= 300 caps/30 days; ST req trial of one: carbidopa-levodopa IR/ER/ODT, OR carbidopa-levodopa-entacapone
RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB	QL= 4 tabs/day; Step therapy req trial of carbinoxamine 4mg tab
SALICYLIC ACID ER SOLN	ST req trial of fluoruracil cream, fluorouracil soln AND imiquimod cream
SANCUSO PATCH	QL= 4 patches/28 days; Step Therapy requires trial of granisetron
SAPHRIS SL TAB	QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT
SAVAYSA TAB	QL= 1 tab/day; Step Therapy requires trial of ELIQUIS and XARELTO
SAVELLA PAK	ST req trial of duloxetine and gabapentin
SAVELLA TAB	QL= 2 tabs/day; ST req trial of duloxetine and gabapentin
saxagliptin hcl tab	QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
saxagliptin-metformin hcl tab er 24hr	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
SDAMLO SOLN	QL= 3 units/30 days; Step requires trial of amlodipine tablet
SECUADO PATCH	QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT
SEGLENTIS TAB	QL= 10 tabs/day; Trial of 3: tramadol IR, celecoxib cap, oxycodone tab/cap/sol, hydromorphone tab/sol, oxymorphone tab, morphine sol
SEGLUROMET TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
SEREVENT DISKUS INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of Striverdi
SERNIVO SPRAY	QL= 200 mL/30 days; Step Therapy requires trial of 2 med potency steroids: betameth- (crm, lot), desonide oint, momet-, or triamcin-
SERTRALINE CAP	QL= 30 caps/30 days; Step therapy requires trial of sertraline tab
sertraline hcl cap	QL= 30 caps/30 days; Step therapy requires trial of sertraline tab
SIKLOS TAB	Step Therapy requires trial of DROXIA CAP
SILENOR TAB	QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zaleplon cap, zolpidem IR/E tab, doxepin 10mg, trazodone tab
SIMVASTATIN SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
sitagliptin phosphate tab	QL= 30 tabs/30 days; Step Therapy requires trial of metformin
sitagliptin phosphate-metformin hcl tab	QL= 30 tabs/30 days; Step Therapy requires trial of metformin
SITAVIG TAB	QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir
SOAANZ TAB	QL= 5 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab
SOAANZ TAB 60MG	QL= 3 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab
SOLIQUA INJ	QL= 18ml/30 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC and RYBELSUS
SOLODYN TAB	QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab
SOLOSEC GRANULES PACKET	QL= 2 packets/28 days; Step Therapy requires trial of clindamycin or metronidazole
SOMA TAB	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
SOOLANTRA CREAM	QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole
SORIATANE CAP	Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel 0.1-2.5%, tretinoin cream, tretinoin gel, or tretinoin gel; Only available through Walgreens 888-347-3416
SOVUNA TAB 200MG	ST req trial of hydroxychloroquine (Planquenil equivalent)
SOVUNA TAB 300MG	ST req trial of hydroxychloroquine (Planquenil equivalent)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
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
spironolactone susp	QL= 600ml/30 days; ST req trial of furosemide oral soln
SPRITAM TAB	Step Therapy requires trial of levetiracetam or levetiracetam ER
SPYRINE CAP 250MG	ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap
STEGLATRO TAB	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA TAB, XIGDUO XR TAB, JARDIANCE TAB, SYNJARDY TAB, or SYNJARDY XR TAB
STEGLUJAN TAB	Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, SYNJARDY XR
SUBVENITE SUSP	QL= 20ml/day; Step Therapy requires trial of lamotrigine chew
SUCRAID SOLN	Step Therapy requires trial of Creon; Only available through Optum Frontier Therapi 855-768-9727
SULAR ER TAB 17MG	QL= 2 tabs/day; ST req trial of 2: amlodipine, nicardipine, nifedipine, felodipine, diltiazem, verapamil tab
SULAR ER TAB 8.5MG	QL= 2 tabs/day; ST req trial of 2: amlodipine, nicardipine, nifedipine, felodipine, diltiazem, verapamil tab
sumatriptan nasal spray	QL= 6 sprays/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tat sumatriptan tab, or eletriptan
sumatriptan vial inj	QL= 4 mL/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
sumatriptan/naproxen tab	QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
SURMONTIL CAP	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
SYMBICORT INHALER	QL= 10.2g/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
SYMBRAVO TAB	QL= 1 tab/day; ST req trial of meloxicam tab AND all of the following triptans: riza-, suma-, nara-, zolmi-
SYMLINPEN INJ 120	QL= 11ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart
SYMLINPEN INJ 60	QL= 6ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart
tacrolimus cap er	ST requires trial of tacrolimus IR capsules
tafluprost preservative free (pf) ophth soln	QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln
TALICIA CAP	QL= 168 caps/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole)
tapentadol hcl tab	QL= 6 tabs/day; ST req trial of 2: oxycodone, tramadol, morphine tab/soln, hydrocodone/apap, oxycodone/apap
TAPENTADOL SOLN	QL= 30mL/day; ST req trial of 2: oxycodone, tramadol, morphine tab/soln, hydrocodone/apap, oxycodone/apap
tavaborole soln	Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine ta

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
tazarotene cream 0.05%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
tazarotene gel	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream
tazarotene gel 0.1%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream
TAZORAC CREAM 0.05%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
TAZORAC GEL	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
TAZORAC GEL 0.1%	QL= 30g/30 days; Step Therapy requires trial of tazarotene cream
TEKTURNA HCT TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
TEKTURNA TAB	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB)
TELMISARTAN/AMLODIPINE TAB	QL= 1 tab/day; Step therapy requires trial of amlodpine-olmesartan OR amlodipine-valsartan
telmisartan/hydrochlorothiazide tab	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
telmisartan/hydrochlorothiazide tab 40-12.5MG	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
telmisartan/hydrochlorothiazide tab 80-25MG	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
TETRACYCLINE TAB	QL= 4 tabs/day; ST req trial of tetracycline caps followed by minocycline IR OR doxycycline monohydrate
TEZRULY SOLN	QL= 20ml/day; ST req trial of terazosin capsules
THALITONE TAB	QL= 1 tab/day; Step therapy requires trial of chlorthalidone 25mg or chlorthalidone 50mg
THYQUIDITY SOLN	Step Therapy requires trial of levothyroxine
timolol maleate ophth gel	Step Therapy requires trial of timolol maleate ophth soln; Members age 5 years and younger do not require ST
timolol maleate ophth soln 0.5%	Step Therapy requires trial of timolol maleate ophth soln
TIMOPTIC-XE OPHTH GEL	Step Therapy requires trial of timolol maleate ophth soln
TIROSINT-SOL	Step therapy requires trial of levothyroxine
TOLECTIN DS CAP, TOLMETIN CAP	ST req trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
TOLMETIN TAB	Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
TOLMETIN TAB, TOLECTIN TAB	ST requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
TOLSURA CAP	QL= 4 caps/day; Step Therapy requires trial of itraconazole
TONMYA SUB	QL= 60 tab/30 days; ST req trial of cyclobenzaprine 5mg/10mg AND trial of 3: duloxe venlafax, gabapn, pregab, amitrip

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Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
TOPICORT GEL	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
TOPICORT SPRAY 0.25%	Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
topiramate cap er 200mg	QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkl (generic Qudexy XR)
topiramate ER cap	QL = 2 caps/day; Step Therapy requires trial of generic topiramate IR
topiramate oral soln	QL= 480mL/30 days; Step therapy requires trial of topiramate sprinkle caps
topiramate sprinkle cap 50mg	QL= 8 caps/day; Step therapy requires trial of topiramate 15mg/25mg sprinkle cap
toremifene tab	Step Therapy requires trial of tamoxifen
TOSYMRA SOLN	QL= 6 sprays/30 days; Trial of 2: nara, riza tab/ODT, zolm tab, suma tab, elet tab FOLLOWED BY 1: suma nasal, zolm nasal
TRAMADOL ER CAP	QL= 1 cap/day; Step Therapy requires trial of tramadol tab
TRAMADOL HCL ER TAB 100MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
TRAMADOL HCL ER TAB 200MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
TRAMADOL HCL ER TAB 300MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
TRAMADOL HCL TAB 75MG	QL= 30 tabs/30 days; Step Therapy requires trial of tramadol 50mg tab or tramadol 100mg tab
TRAVATAN Z DROPS	QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost
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
tretinoin gel	QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
TRETIN-X CREAM	QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream
TREXIMET TAB	QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
triamcinolone spray	QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- crm/lot/oint
triamterene cap	Step Therapy requires trial of amiloride or spironolactone
TRIBENZOR TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
trientine cap 250mg	ST req trial of generic penicillamine tab
TRIENTINE CAP 500MG	ST req trial of generic penicillamine tab and then trial of gen trientine 250mg cap
TRIJARDY XR TAB 10-5-1000MG	QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er ta
TRIJARDY XR TAB 12.5-2.5-1000MG	QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er ta
TRIJARDY XR TAB 25-5-1000MG	QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er ta

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
TRIJARDY XR TAB 5-2.5-1000MG	QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er ta
trimipramine cap	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
TRINTELLIX TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
TROKENDI XR CAP	QL= 1 cap/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle (generic Qudexy XR)
TROKENDI XR CAP 200MG	QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkl (generic Qudexy XR)
trospium chloride SR cap	QL= 1 cap/day; Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR, trospium IR/ER, solifenacin
TRUDHESA NASAL SPRAY	QL= 8ml/28 days; Step therapy requires trial of 2: dihydroergotamine mesylate, sumatriptan tab, rizatriptan, naratriptan
TRYPTYR SOLN	QL= 60 single dose vials/30 days; ST requires trial of cyclosporine ophth soln
TUDORZA PRESSAIR INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA RESPIMAT or tiotropium bromide cap inhaler
TWYNSTA TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
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
ULTRAVATE LOTION	QL= 200mL/30 days; ST req trial of 2 high potency steroids: betamethasone, clobetasol, halobet- crm/oint, or fluocinonide
URSODIOL CAP	Step therapy requires trial of ursodiol tab
URSOLIGN CAP 150MG	QL= 3 caps/day; ST req trial of ursodiol tablet AND ursodiol 300mg capsule
vancomycin hcl for oral soln 25mg/ml	QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution
vancomycin hcl for oral soln 50mg/ml	QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution
VARUBI TAB	QL= 2 tabs/day; Step Therapy requires trial of ondansetron
VELPHORO CHEW TAB	QL= 6 tabs/day; Step Therapy requires trial of sevelamer followed by lanthanum
VELTASSA POWDER	QL= 1 packet/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma
VELTASSA POWDER 1GM	QL= 4 packets/day; ST req trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma
VENLAFAXINE TAB	QL= 2 tabs/day; Step therapy requires trial of venlafaxine ER HCL cap/tab
VEOZAH TAB	QL= 30 tabs/30 days; ST requires trial of 2: parox, escital, venlafax, desven AND tria of 1: gabapen, pregab, clonidine
VERAPAMIL CAP ER	QL= 1 cap/day; Step requires trial of verapamil ER tablets (generic Calan) AND diltiazem ER capsules
VERAPAMIL ER CAP	QL= 1 cap/day; Step requires trial of verapamil ER tablets (generic Calan) AND diltiazem ER capsules
verapamil SR cap	Step Therapy requires trial of verapamil ER tab (generic Calan)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
VERKAZIA EMULSION 0.1% OPHTH	QL= 4 vials/day, 6 fills/year; ST requires trial of 1: fluorometholone ophth, dexamethasone ophth, prednisolone ophth or loteprednol ophth
VESICARE LS SUSP	QL= 2 bottles/30 days; Step Therapy requires trial of oxybutynin IR/ER and solifenacin tabs
VESICARE TAB	QL= 1 tab/day; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
VEVYE DROP 0.1%	QL= 6ml/30 days; ST req trial of cyclosporine ophthalmic emulsion
VICTOZA INJ	QL= 9ml/30 days; ST requires trial of all of the following: Ozempic, Trulicity, Rybelsus; Diagnosis Restricted – Type 2 Diabetes (E11)
VIIBRYD STARTER KIT	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
VIIBRYD TAB	QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr desven ER, venlfx IR/ER, dulox
vilazodone hcl tab	QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr desven ER, venlfx IR/ER, dulox
VIOKACE TAB	Step Therapy requires trial of Creon
VIVLODEX CAP	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
VOQUEZNA DUAL PAK	QL= 1 pack/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole)
VOQUEZNA TRIP PAK	QL= 1 pack/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole)
VRAYLAR CAP	QL= 1 cap/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone olanzapine, risperidone, or lurasidone
VRAYLAR PACK	QL= 2 packs/plan year; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
VUMERITY CAP	QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine
VYSCOXA SUSP	QL= 840 mL/21 days; ST req trial of celecoxib cap [can be opened/sprinkled], ibuprofen susp, and naproxen susp
VYZULTA SOLN	QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost
WIDAPLIK TAB	QL= 2 tabs/day; ST req trial of 1: olmesartan-amlodipine-HCTZ
WINLEVI CREAM	QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin
WYNZORA CREAM	QL= 400 gm/30 days; Step Therapy requires trial 2 high potent steroids (betameth-oint/crm/lot, clobet-, halobet-, fluocin-), and calcipotri-
XACIATO GEL	QL= 25 grams/30 days; Trial of 2: metronidazole gel, clindamycin vaginal cream AND trial of 1: metronid tab or clinda cap
XADAGO TAB	QL= 30 tabs/30 days; Step therapy requires trial of of carbidopa/levodopa
XALATAN OPHTH SOLN	Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
XCOPRI PAK 100-150MG	QL= 1 pack/28 days; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI PAK 150-200MG	QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI PAK 50-200MG	QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI TITRATION PAK 12.5-25MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI TITRATION PAK 150-200MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI TITRATION PAK 50-100MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
XELPROS OPHTH EMULSION	Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost
XELSTRYM PAD	QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
XERMELO TAB	QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Biologics 800-850-4306
XIIDRA OPHTH SOLN	QL= 60ml/30days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis)
XROMI SOLN	ST req trial of Droxia capsule
XTAMPZA ER CAP 13.5MG	QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 18MG	QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 27MG	QL= 4 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 36MG	QL= 8 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 9MG	QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab
XULTOPHY INJ	QL= 15ml/30 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC and RYBELSUS
YUPELRI SOLN	QL= 90ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA RESPIMAT or tiotropium bromide cap inhaler
ZANAFLEX CAP	QL= 4 caps/day; ST req trial of tizanadine tabs (2,4,6mg) and 2 of: cyclobenzaprine, methocarbamol, orphenadrine
ZAVZPRET SPRAY	QL= 6 sprays/30 days; ST req trial of 2 oral triptan (sumatriptan, naratriptan, rizatriptan) followed by sumatriptan nasal
ZECUITY PAD	QL= 4 pads/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
ZIANA GEL	QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin
ZILXI FOAM	QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
ZIMHI SOLN	QL= 2 syringes/fill, 2 fills/30 days; Step therapy requires trial of 2: naloxone nasal spray, naloxone inj

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ZIOPTAN OPHTH SOLN	QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost
ZITUVIMET XR TAB	QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR Jentadue
ZITUVIO TAB	QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue
ZOHYDRO ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
zolmitriptan nasal spray	QL= 6 sprays/30 days; Trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab, elet tab FOLLOWED BY suma nasal
zolmitriptan ODT	QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY	QL= 6 sprays/30 days; Trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab, elet tab FOLLOWED BY suma nasal
ZOLPIDEM CAP	QL= 1 cap/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, or zolpidem ER tab
ZOLPIMIST SPRAY	Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, or zolpidem ER tab
ZOLYMBUS OPHTH GEL	QL= 1 carton/30 days; ST requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost
ZOMIG SPRAY	QL= 6 sprays/fill, 2 fills/30 days; Trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab, elet tab FOLLOWED BY suma nasal
ZOMIG ZMT	QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
ZONTIVITY TAB	Step Therapy requires trial of clopidogrel
ZORYVE CREAM	QL= 60 grams/30 days; Step therapy requires trial of calcipotriene cream/oint/soln AND topical tacrolimus oint
ZORYVE CREAM 0.05%	QL= 60 grams/30 days; ST req trial of tacrolimus oint
ZORYVE CREAM 0.15%	QL= 60g/30 days; ST req trial of tacrolimus oint
ZORYVE FOAM 0.3%	QL= 60g/30 days; Step Therapy requires trial of 1 topical steroid (e.g. clobetasol) and 1 topical calcineurin inhibitor (e.g. tacro)
ZUNVEYL TAB	QL= 2 tabs/day; ST req trial of generic galantamine tab/cap
ZUPLENZ SL FILM	Step Therapy requires trial of ondansetron
ZYBIC SUSP 7.5MG/5ML	QL= 10ml/day; Step requires trial of naproxen suspension ibuprofen suspension AND generic meloxicam tablets
ZYCLARA CREAM 2.5%	QL= 7.5gm/28 days; Step Therapy requires trial of imiquimod cream
ZYLET OPHTH SUSP	QL= 10mL/fill; ST req trial of Tobramycin-Dexamethasone ophth susp AND Neomycin-Polymyxin-Dexamethasone ophth susp
ZYPITAMAG TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin

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Moda Large Group Commercial 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 STARTER PACK(QL= 180 days supply per plan year)	Non-Preferred Brands
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

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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
ABILIFY MYCITE PACK	QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics
ABILIFY MYCITE TAB	QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics
ABILIFY TAB	QL= 1 tab/day
abiraterone acetate tab 500mg	QL= 2 tabs/day
abiraterone tab 250mg	QL= 4 tabs/day
ABRILADA INJ	QL= 2 syringes/28 days
ABRYSVO INJ	QL= 1 inj/fill, 1 fill/lifetime; Covered for members 50 years of age and older or weeks 32-36 of pregnancy
ABSORICA LD CAP	QL= 2 caps/day
ACETAMINOPHEN/CAFFEINE/DIHYDROC ODEINE TAB	QL= 10 tabs/day
ACIOXIA GEL	QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- (crm, lot, oint)
ACTEMRA ACTPEN INJ	QL= 2 inj/28 days
ACTEMRA SC INJ	QL= 2 inj/28 days
ACTICLATE TAB	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
ACTINEL LIQUID	QL= 1200ml/30 days
ACTINEL PEDIATRIC LIQUID	QL= 2400ml/30 days
ACTONEL TAB 150MG	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
ACTONEL TAB 30MG	QL= 1 tab/day
ACTONEL TAB 35MG	QL= 4 tabs/28 days
ACTONEL TAB 5MG	QL= 1 tab/day
ACZONE GEL 5%	QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide
ACZONE GEL 7.5%	QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide
ADALIMU-ADAZ INJ 80/0.8ML	QL= 2 inj/28 days
ADALIMU-ADBM KIT	QL= 2 inj/28 days
ADALIMU-ADBM KIT 40/0.4ML	QL= 2 inj/28 days
ADALIMU-FKJP KIT 20/0.4ML	QL= 2 inj/28 days
ADALIMUMAB KIT ADBM	QL= 2 inj/28 days
ADALIMUMAB-AATY KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY KIT 20MG/0.2ML	QL= 2 inj/28 days
ADALIMUMAB-AATY KIT 80MG/0.8ML	QL= 1 kit/365 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
ADALIMUMAB-ADBM KIT	QL= 1 pack/fill, 1 fill/year; Only available through Accredo 800-803-2523

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ADALIMUMAB-BWWD AUTO-INJECTOR 40MG/0.4ML	QL= 0.8mL/28 days
ADALIMUMAB-BWWD PREFILLED SYRINGE 40MG/0.4ML	QL= 0.8mL/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT	QL= 2 inj/28 days
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML	QL= 2 inj/28 days
ADALIMUMAB-RYVK AUTO-INJECTOR KI (TEVA) 40MG/0.4ML	QL= 2 inj/28 days
ADALIMUMAB-RYVK INJ	QL = 2 inj/28 days; Only available through Accredo 800-803-2523
ADALIMUMAB-RYVK INJ 40MG/0.4ML	QL= 2 inj/28 days
ADALIMUMAB-RYVK INJ 80MG/0.8ML	QL= 2 inj/28 days
adapalene cream	QL= 360g/30 days
adapalene gel 0.3%	QL= 360g/30 days
ADAPALENE SOLN	QL= 360mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream
ADBRY INJ	QL= 4 syringes/28 days
ADDERALL TAB	QL= 2 tabs/day
ADDERALL XR CAP 10MG	QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamir ER cap
ADDERALL XR CAP 15MG	QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamir ER cap
ADDERALL XR CAP 20MG	QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamir ER cap
ADDERALL XR CAP 30MG	QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamir ER cap
ADDERALL XR CAP 5MG	QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamir ER cap
adefovir dipivoxil tab	QL= 1 tab/day
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 800-803-2523
ADHANSIA XR CAP 25MG	QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
ADHANSIA XR CAP 35MG	QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
ADHANSIA XR, JORNAY PM	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
ADLARITY PATCH	QL= 4 patches/28 days; Step therapy requires trial of donepezil tab OR donepezil OD
ADLYXIN INJ	QL= 6ml/28 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC, RYBELSUS and MOUNJARO; Diagnosis Restricted – Type 2 Diabetes (E11)
ADMELOG INJ, HUMALOG INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, o FIASP

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, o FIASP
ADVAIR DISKUS INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
ADVAIR HFA INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol diskus or wixela
ADVICOR TAB 1000-20MG	QL= 2 tabs/day
ADVICOR TAB 500-20MG, 1000-40MG	QL= 1 tab/day
ADVICOR TAB 750-20MG	QL= 2 tabs/day
ADZENYS ER SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ADZENYS XR ODT	QL= 1 tab/day; ST requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (gen Concerta or 27/36/54 nonOSM)
AEMCOLO TAB	QL= 12 tabs/fill, 2 fills/month
AEROCHAMBER	QL= 1 device/365 days
AFINITOR DISPERZ TAB	QL= 1 tab/day; Step therapy requires trial of everolimus tab for oral susp
AFINITOR TAB	QL= 1 tab/day; Step therapy requires trial of everolimus tab
AFLURIA INJ	QL= 0.5ml/fill
AFREZZA INH POWDER	QL= 360 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
AGAMREE SUSP	QL= 225ml/30 days; Only available through AnovoRx 844-288-5007
AIMOVIG INJ	QL= 1 pack/28 days
AIRDUO POWDER INHALER W/SENSOR	QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
AIRDUO RESPICLICK	QL= 1 inhaler/30 days, Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
AIRSUPRA AER 90-80MCG	QL= 2 inh/30 days; Step Therapy requires trial of albuterol AND two of: Arnuity, Asmanex, Qvar
AJOVY INJ	QL= 1 inj/28 days
AKEEGA TAB	QL= 60 tablets/30 days
AKLIEF CREAM	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
AKYNZEO CAP	QL= 1 cap/28 days; Step Therapy requires trial of aprepitant, granisetron, or ondansetron
ALBUTEROL AER HFA 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]
albuterol HFA inhaler	QL= 2 inhalers/30 days
albuterol sulfate inhal aero 108mcg/act	QL= 36g/30 days
ALDARA CREAM 5%	QL= 24gm/30 days
ALECENSA CAP	QL= 8 caps/day
alendronate sodium oral soln	QL= 300ml/28 days
ALINIA TAB	QL= 6 tabs/fill, 2 fills/month

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
allopurinol tab 200mg	QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs
ALLZITAL TAB	QL= 12 tabs/day
almotriptan tab	QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
ALOGLIPTIN TAB	QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto
ALOGLIPTIN TAB, NESINA TAB	QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
ALOGLIPTIN/METFORMIN TAB	QL= 2 tabs/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue
ALOGLIPTIN/PIOGLITAZONE TAB	QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjen OR Jentadueto
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjen OR Jentadueto
ALORA PATCH	QL= 8 patches/28 days
ALREX OPHTH SUSP 0.2%	QL= 5ml/30 days
ALTOPREV TAB	QL= 1 tab/day
ALTRENO LOTION	QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream
ALUNBRIG PAK	QL= 1 pack/365 days; Only available through Onco360 877-662-6633
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
ALVESCO INHALER	QL= 12.2gm/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR
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
AMBIEN CR TAB	QL= 1 tab/day
AMBIEN TAB	QL= 1 tab/day
ambrisentan tab	QL= 1 tab/day
AMCINONIDE CREAM 0.1%	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
AMCINONIDE OINTMENT	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
AMERGE TAB	QL= 9 tabs/30 days
AMITIZA CAP	QL= 60 caps/30 days; Step Therapy requires trial of both TRULANCE and LINZESS o both MOVANTIK and SYMPROIC
AMJEVITA AUTO-INJECTOR	QL= 2 syringes/28 days
AMJEVITA INJ 10MG/0.2ML	QL= 2 syringes/28 days
AMJEVITA INJ 20MG/0.2ML	QL= 2 syringes/28 days
AMJEVITA INJ 40MG/0.4ML	QL= 2 syringes/28 days
AMJEVITA INJ 80MG/0.8ML	QL= 2 syringes/28 days
AMJEVITA SYRINGE 20MG/0.4ML	QL= 2 syringes/28 days
AMJEVITA SYRINGE 40MG/0.8ML	QL= 2 syringes/28 days
amlodipine/atorvastatin tab	QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
amlodipine/valsartan/hydrochlorothiazide ta	QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ
amoxapine tab	QL= 4 tabs/day
amoxicillin and k clavulanate er tab	QL= 56 tabs/14 days; ST req trial of amoxicillin-clavulanate IR tab
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP	QL= 240ml/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
amphetamine tab	QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine
amphetamine tab extended release disintegrating	QL= 1 tab/day; ST requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (gen Concerta or 27/36/54 nonOSM)
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
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
AMRIX CAP	QL= 30 caps/30 days; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER
AMZEEQ FOAM	QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
ANDEMBRY INJ	QL= 1.2 mL/28 days; Only available through Accredo 800-803-2523, Orsini 800-410-8575 or CVS Specialty 800-237-2767
ANDRODERM PATCH	QL= 1 patch/day
ANDROGEL 1% 25MG	QL= 150gm/30 days
ANDROGEL 1% 50MG, TESTIM GEL 1%	QL= 300gm/30 days
ANDROGEL 1% 50MG/5GM	QL= 300gm/30 days
ANDROGEL 1.62% 1.25GM	QL= 2 packets/day
ANDROGEL 1.62% 2.5GM	QL= 2 packets/day
ANDROGEL PUMP 1.62%	QL= 150gm/30 days
ANORO ELLIPTA INHALER	QL= 60 gm/30 days
ANTARA CAP	QL= 2 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ANTARA CAP 30MG, FENOFIBRATE MICRONIZED CAP 30MG	QL= 2 caps/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54m 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBR 67mg, 134mg, 200mg
ANTARA CAP 90MG, FENOFIBRATE MICRONIZED CAP 90MG	QL= 1 cap/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBR 67mg, 134mg, 200mg
ANZEMET TAB	QL= 1 tab/30 days; Step Therapy requires trial of ondansetron
ANZUPGO CREAM	QL= 30 grams/30 days; Only available through Carepoint Pharmacy 855-237-9112
APADAZ TAB	QL= 12 tabs/day
APAP/CODEINE SOLN	QL= 90ml/day
APIDRA INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
APIDRA SOLOSTAR INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
APLENZIN TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
APOKYN INJ	QL= 54ml/30 days; Only available through Accredo 800-803-2523
apomorphine inj	QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767
APRACLONIDIN OPHTH SOLN	QL= 5mL/30 days; Step therapy requires trial of 2: latanoprost, travoprost, brimonidine carteolol, levobunolol, timolol
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
APRISO CAP	QL= 8 caps/day
APTENSIO XR CAP 10MG	QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylp ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 15MG	QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylp ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 20MG	QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylp ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 30MG	QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylp ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 40MG	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 50MG	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 60MG	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
APTIOM TAB	QL= 60 tabs/30 days
APTIVUS CAP	QL= 4 caps/day
APTIVUS SOLN	QL= 380ml/30 days
AQNEURSA POWDER	QL= 112 packets/28 days; Only available through Curant Health 1-866-437-8040
AQVESME TAB	QL= 60 tabs/30 days; Only available through Biologics by McKesson 800-850-4306

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ARANESP INJ	QL= 4 vials/30 days
ARAZLO LOTION	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
ARBLI SUSP	QL= 10 mL/day
ARCALYST INJ	QL= 4 vials/21 days; Only available through Walgreens 888-347-3416
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
ARICEPT TAB 10MG	QL= 1 tab/day
ARICEPT TAB 23MG	QL= 1 tab/day
ARICEPT TAB 5MG	QL= 1 tab/day
ARIKAYCE SUSP	QL= 252ml/30days; Only available through Maxor Pharmacy 800-658-6046
aripiprazole ODT	QL= 2 tabs/day
aripiprazole soln	QL= 30 ml/day
ARMLUPEG INJ	QL= 1.2mL/28 days
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
ARMONAIR DIGITAL INHALER 113MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR
ARMONAIR DIGITAL INHALER 232MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR
ARMONAIR DIGITAL INHALER 55MCG/AC	QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR
ARNUITY ELLIPTA INHALER	QL= 1 inhaler/30 days
ARYMO ER TAB	QL= 3 tabs/day
ARYNTA SOLN	QL= 7mL/day; ST requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (gen Concerta or 27/36/54 nonOSM)
asenapine maleate SL tab	QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapin quetiapine XR, risperidone, or risperidone ODT
ASMANEX HFA INHALER	QL= 1 inhaler/30 days
ASMANEX INHALER	QL= 1 inhaler/30 days
ASPIRIN/CAFFEINE/ORPHENADRINE CITRATE TAB, NORGESIC TAB	QL= 4 tabs/day; Req trial of 2: baclo- tab, tizan- tab/cap, cyclobenz- tab, methoca- tab cariso- tab, orphen- tab
ASPRUZYO SPRINKLE GRANULES	QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab
atazanavir cap 150mg	QL= 2 caps/day
atazanavir cap 200mg	QL= 2 caps/day
atazanavir cap 300mg	QL= 1 cap/day
ATELVIA TAB	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate
ATMEKSI SUSP	QL= 20 mL/day; ST req trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine
atomoxetine cap 100mg	QL= 1 cap/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
ATONCY SOLN, ATOMOXETINE HCL SOLN	QL= 25mL/day; ST req trial of 2: atomoxetine AND one of the following: clonidine ER o guanfacine ER
ATORVALIQ SUSP	QL = 600ml/30 days; Step therapy requires trial of 2: atorvastatin tab, rosuvastatin tab or simvastatin tab
atorvastatin tab	QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
atorvastatin tab 10mg	QL= 60 tabs/30 days; Covered at $0 for members 40 years or older; All other member covered at generic copay
atorvastatin tab 20mg	QL= 60 tabs/30 days; Covered at $0 for members 40 years or older; All other member covered at generic copay
atorvastatin tab 40mg	QL= 60 tabs/30 days; Covered at $0 for members 40 years or older; All other member covered at generic copay
ATRALIN GEL 0.05%	QL= 360g/30 days
ATRALIN GEL, RETIN-A GEL	QL= 360g/30 days
ATRIPLA TAB	QL= 1 tab/day
atropine ophth soln	QL= 1 bottle/30 days
ATROPINE SUL SOLN 1% OPHTH	
ATROVENT HFA AERO	QL= 25.8g/30 days
ATTRUBY PAK	QL= 112 tabs/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575
AUBAGIO TAB	QL= 30 tabs/30 days
AUGTYRO CAP	QL= 240 caps/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
AUGTYRO CAP 160MG	QL= 2 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
AURANOFIN CAP, RIDAURA CAP	QL= 3 tabs/day
AURYXIA TAB	QL= 12 tabs/day; ST req trial of sevelamer carbonate tab OR sevelamer HCL tab
AUSTEDO TAB 12MG	QL= 120 tabs/30 days
AUSTEDO TAB 6MG	QL= 30 tabs/30 days
AUSTEDO TAB 9MG	QL= 30 tabs/30 days
AUSTEDO XR TAB	QL= 30 tabs/30 days
AUSTEDO XR TAB 18MG	QL= 2 tabs/day
AUSTEDO XR TAB 24MG	QL= 60 tabs/30 days
AUSTEDO XR TAB 6MG	QL= 8 tabs/day
AUSTEDO XR TAB TITRATION KIT	QL= 1 pack/fill, 1 fill/plan year
AUSTEDO XR TAB TITRATION PACK	QL= 28 tabs/28 days

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
AUVELITY TAB	QL= 60 tabs/30 days; ST req trial of 4 (citalopram, escitalopram, fluoxetine cap/tab, fluvoxamine, paroxetine IR/ER, sertraline, desvenlafaxine ER, venlafaxine IR/ER, bupropion, mirtazapine) followed by vilazodone
AUVI-Q INJ	QL= 2 inj/fill
AVMAPKI FAKZYNJA CO-PACK	QL= 66 tablets/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
AVONEX INJ	QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine
AVTOZMA INJ	QL= 1.8mL/28 days
AXERT TAB	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
AYVAKIT TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
azathioprine tab 100mg	QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg
azathioprine tab 75mg	QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg
AZELEX CREAM	QL= 300g/30 days; ST req trial of 2: adapalene, tretinoin, clindamycin, erythromycin, azelaic acid 15% gel
AZILECT TAB	QL= 1 tab/day
AZSTARYS CAP	QL= 30 caps/30 days
baclofen oral soln 10mg/5ml	QL= 16 mL/day; ST req trial of baclofen (5/10mg) tabs and tizanidine caps/tabs (can b open or crushed)
BACLOFEN ORAL SOLN 5 MG/5ML	QL= 16 ml/day; ST requires trial of 2: baclofen tabs, tizanidine caps, tizanidine tabs
baclofen oral soln 5mg/5ml	QL= 16ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can open or crush)
BACLOFEN SOLN	QL= 480ml/30 days; ST req trial of baclofen tabs and tizanidine caps/tabs (can be ope or crushed)
BACLOFEN SOLN 10MG/5ML	QL= 16 mL/day; ST req trial of baclofen (5/10mg) tabs and tizanidine caps/tabs (can b open or crushed)
BACLOFEN SUSP	QL=16ml/day; Step therapy requires trial of baclofen tabs and tizanidine caps/tabs (ca be open or crushed)
baclofen tab 15mg	QL= 8 tabs/day; ST req trial 2: baclofen 5/10mg tab, cyclobenz, tizanidine, methocarb chlorzoxazone, orphenadrine
BAFIERTAM CAP	QL= 120 caps/30 days; Only Available through Walgreens 888-347-3416
BALVERSA TAB 3MG	QL= 3 tabs/day
BALVERSA TAB 4MG	QL= 2 tabs/day
BALVERSA TAB 5MG	QL= 1 tab/day
BANZEL SUSP	QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
BANZEL TAB	QL= 8 tabs/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill, 2 fills/month
BARACLUDE SOLN	QL= 630ml/30 days
BARACLUDE TAB	QL= 1 tab/day

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
BASAGLAR INJ	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
BASAGLAR KWIKPEN	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
BASAGLAR TEMPO PEN INJ 100UNIT/ML	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
BAXDELA TAB	QL= 2 tabs/day
b-donna tab	QL= 8 tabs/day
BELSOMRA TAB	QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate
BENLYSTA AUTO-INJECTOR	QL= 4 inj/28 day
BENLYSTA INJ	QL= 4 inj/28 day
BENZONATATE CAP	QL= 3 caps/day
bepotastine besilate ophth soln	QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln
BEPREVE DROPS	QL= 5mL/25 days
BERINERT INJ	QL= 20ml/30 days; Only available through Accredo 800-803-2523
BESREMI INJ	QL= 2 inj/28 days; Only available through Onco360 877-662-6633
BESREMI PEN INJ	QL= 1mL/28 days; Only available through Onco360 877-662-6633
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 GEL	QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betameth (oint, crm, lot), clobet-, halobet-, or fluocin-
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
betamethasone valerate foam	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betameth (oint, crm, lot), clobet-, halobet-, or fluocin-
BETASERON INJ	QL= 14 kits/28 days
BETAXOLOL OPHTH SOLN	QL=5mL/30 days; Step therapy requires trial of 2: carteolol, levobunolol, dorzolamide-timolol, timolol
BETIMOL OPHTH SOLN	QL= 5ml/30 days
BEVESPI AEROSPHERE INHALER	QL= 10.7gm/30 days; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER
BEVYXXA CAP	QL= 43 caps/42 days
BEXAGLIFLOZN TAB	QL= 30 tabs/30 days; ST req trial of 2: farxiga tab, xigduo xr tab, Jardiance tab, synjardy tab, or synjardy xr tab
bexarotene gel	QL= 60g/30 days
BIDIL TAB	QL= 6 tabs/day
BIKTARVY TAB	QL= 1 tab/day
BILDYOS INJ	QL= 1 mL (1 syringe)/180 days

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
bimatoprost ophth soln	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln
bimatoprost ophth soln 0.01%	QL= 2.5ml/25 days; ST requires trial of latanoprost FOLLOWED BY 1: travoprost OR tafluprost
BIMZELX INJ	QL= 2ml/56 days
BINOSTO TAB	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate and ibandronate
bismuth/metro/tetra cap	QL= 120 tabs/10 days
BISOPROLOL FUMARATE TAB	QL= 8 tabs/day; ST req trial of bisoprolol 5/10mg tab, atenolol tab, metoprolol succ tab AND acebutolol cap
BLUJEPA TAB	QL= 20 tabs/5 days, no roll up, 6 fills/year; Step therapy req trial of 2: nitrofurantoin, trimethoprim-sulfamethoxazole, cephalexin
BONSITY, TERIPARATIDE INJ	QL= 2.24 mL/28 days
BOSAYA INJ	QL= 1mL/180 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
BRAFTOVI CAP 75MG	QL= 6 caps/day; Only available through Onco360 877-662-6633
BREKIYA INJ	QL= 24mL/28 days; ST req 2: nara tab, riza tab/ODT, zolmi tab, suma tab, eletrip FOLLOWED BY generic DHE inj/nasal
BREO ELLIPTA INHALER	QL= 1 inhaler/30 days
BREXAFEMME TAB	QL= 4 tabs/1 day
BREYNA INHALER	QL= 10.3g/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
BREZTRI AEROSPHERE INHALER	QL= 10.7g/30 days
BRILINTA TAB	QL= 2 tabs/day
brimonidine tartrate-timolol maleate ophth soln	QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate
BRINSUPRI TAB	QL= 30 capsules/30 days; Only available through Maxor Pharmacy 800-658-6046
BRISDELLE CAP	QL= 1 cap/day
brivaracetam oral soln 10mg/ml	QL= 600mL/30 days
brivaracetam tab	QL= 2 tabs/day
BRIVIACT SOLN 10MG/ML	QL= 600mL/30 days
BRIVIACT TAB	QL= 2 tabs/day
bromfenac sodium ophth soln 0.07%	QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
BRONCHITOL CAP	QL= 560 caps/28 days; ST req trial of hypertonic saline; Diagnosis Restricted – Cystic Fibrosis (E84)
BROVANA NEB SOLN	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln
BRUKINSA CAP	QL= 4 caps/day
BRUKINSA TAB	QL= 60 tabs/30 days
BRYNOVIN SOLN	QL= 1 bottle/30 days; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
BUCAPSOL CAP	QL= 2 caps/day; Step req trial of buspirone tabs, hydroxyzine, and doxepin (10, 25, 5(75, 100, or 150mg)
budesonide inh susp	QL= 120 units/30 days
budesonide rectal foam	QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema
budesonide/formoterol inhaler	QL= 10.2g/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
bupropion SR tab	Limited to 180 days/plan year
BUPROPION XL TAB 450MG	QL= 1 tab/day; ST req 2: SSRI (eg. fluoxetine, sertraline), SNRI (eg. venlafaxine), bupropion XL tab (150, 300mg)
BUSPIRONE TAB 12.5MG	QL= 2 tabs/day; ST req 3: buspirone (5, 7.5, 10, 15, 30), hydroxyzine, AND doxepin (10, 25, 50, 75, 100, 150)
BUSPIRONE TAB 2.5MG	QL= 2 tabs/day; ST req 3: buspirone (5, 7.5, 10, 15, 30), hydroxyzine, AND doxepin (10, 25, 50, 75, 100, 150)
butalbital/acetaminophen tab	QL= 6 tabs/day
butalbital/acetaminophen/caffeine/codeine cap	QL= 6 caps/day
butorphanol nasal spray	QL= 5ml/30 days
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC, RYBELSUS and MOUNJARO; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ	QL= 4 inj/28 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC, RYBELSUS and MOUNJARO; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ	QL= 4 inj/28 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC, RYBELSUS and MOUNJARO; Diagnosis Restricted – Type 2 Diabetes (E11)
BYETTA INJ	QL= 1 pen/30 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC, RYBELSUS and MOUNJARO; Diagnosis Restricted – Type 2 Diabetes (E11)
BYQLOVI OPHTH SUSP	QL= 3.5ml/17 days; ST req trial of 2: prednisolone sol/sus 1%, dexamethasone soln 0.1%, fluorometholone susp 0.1% ophth
BYSANTI TAB	QL= 2 tabs/day; ST req trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
BYSANTI TITRATION PACK	QL= 1 pack/plan year; ST req trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
BYSTOLIC TAB	QL= 1 tab/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol
BYSTOLIC TAB 20MG	QL= 2 tabs/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol cap
CABLIVI INJ KIT	QL= 1 vial/day; Only available through Biologics 800-850-4306
CABOMETYX TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
CADUET TAB	QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin)
CAFERGOT TAB	QL= 40 tabs/28 days
CAFERGOT TAB, ERGOTAMINE/CAFFEINE TAB	QL= 40 tabs/28 days
CALCIPOTRIENE FOAM	QL= 60gm/30 days; Step therapy requires trial of calcipotriene soln

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
CALCIPOTRIENE FOAM, SORILUX FOAM	QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln
CALCIPOTRIENE/ BETAMETHASONE SUSP	QL= 400 gm/30 days; Step Therapy requires trial 2 high potent steroids (betameth-oint/crm/lot, clobet-, halobet-, fluocin-), and calcipotri-
calcipotriene/betamethasone oint	QL= 400 gm/30 days; Step Therapy requires trial 2 high potent steroids (betameth-oint/crm/lot, clobet-, halobet-, fluocin-), and calcipotri-
calcipotriene-betamethasone dipropionate susp	QL= 400 gm/30 days; Step Therapy requires trial 2 high potent steroids (betameth-oint/crm/lot, clobet-, halobet-, fluocin-), and calcipotri-
CALQUENCE CAP	QL= 2 caps/day
CALQUENCE TAB	QL= 2 tabs/day
CAMBIA POWDER	QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan)
CAMZYOS CAP	QL= 1 cap/day; Only available through AllianceRx Walgreens Prime 855-244-2555
CANASA SUPP	QL= 1 tab/day
CAPLYTA CAP	QL= 1 cap/day; Step therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
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
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 maleate tab 6mg	QL= 120 tabs/30 days; Step therapy requires trial of carbinoxamine 4mg tab
carbinoxamine tab	QL= 240 tabs/30 days
CARBZAH SOLN	QL= 40ml/day
CARDAMYST NASAL SPRAY	QL= 2 devices/28 days; 6 fills/year
carisoprodol tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
CAROSPIR SUSP	QL= 600ml/30 days; ST req trial of furosemide oral soln
CAVHANZA TAB	QL= 4 tabs/day
CELONTIN CAP	QL= 4 caps/day; ST requires trial of ethosuximide tab/soln
cephalexin cap 750mg	QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexi 500mg tab/cap
CEQUR SIMPLICITY 2U	QL= 10 patches/30 days

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
CEQUR SIMPLICITY INSERTER	QL= 1 inserter/lifetime
CHANTIX PAK	Limited to 180 days/plan year
CHANTIX TAB	Limited to 180 days/plan year
CHLORPROMAZINE CONC	QL= 800ml/30 days
chlorpromazine hcl conc 100mg/ml	QL= 2000mL/30 days; ST req trial of olanzapine OTD and risperidone ODT/soln
chlorpromazine hcl conc 30mg/ml	QL= 600mL/30 days; ST req trial of olanzapine OTD and risperidone ODT/soln
chlorzoxazone tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
chlorzoxazone tab 375mg	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
CIALIS TAB	QL= 1 tab/day; Prior Authorization for BPH
CIBINQO TAB	QL= 1 tab/day
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
CINQAIR INJ	QL= 4 vials/28 days; Only available through Walgreens 888-347-3416
CINRYZE INJ	QL= 16 vials/28 days; Only available through Accredo 800-803-2523
ciprofloxacin-hydrocortisone otic susp	QL= 10mL/30 days; ST req trial of neomycin-polycmyxin-HC otic soln and ofloxacin otic soln
CITALOPRAM CAP	QL= 1 cap/day; ST requires trial of citalopram tab
citalopram hydrobromide cap	QL= 1 cap/day; ST requires trial of citalopram tab
cladribine tab therapy pack 10mg	QL= 9 tabs/fill, 2 fills/year
CLEOCIN VAGINAL SUPP	QL= 3 suppositories/fill
CLEOCIN-T GEL	QL= 360g/30 days
CLIMARA PATCH	QL= 4 patches/28 days
clindamycin foam	QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
clindamycin vaginal cream	QL= 1 tube/fill
clindamycin/tretinoin gel	QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial o 1: clindamycin or erythromycin
CLINDESSE VAGINAL CREAM	QL= 1 applicator/fill
clobazam susp	QL= 480ml/30 days
clobetasol E foam	QL= 200 gm/30 days; Step Therapy requires trial of 2 high pot steroids: betameth-, clobet- (crm, lot, gel, oint, etc.), halobet-, or fluocin-
clobetasol foam	QL= 200 gm/30 days
clobetasol lotion	QL= 200 mL/30 days
clobetasol propionate cream	QL= 200 gm/30 days
CLOBETASOL PROPIONATE CREAM, IMPOYZ CREAM	QL= 200gm/30 days; Trial of 2 high pot steroids: betameth-, clobet- (crm, lot, gel, oint, etc.), halobet-, or fluocin-
clobetasol propionate emollient cream	QL= 200 gm/30 days; Step Therapy requires trial of 2 high pot steroids: betameth-, clobet- (crm, lot, gel, oint, etc.), halobet-, or fluocin-

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
CLOBEX LOTION	QL= 200 mL/30 days
CLOBEX SHAMPOO	QL= 200 mL/30 days
CLOBEX SPRAY	QL= 200 mL/30 days
CLOCORTOLONE CREAM	QL= 454g/30 days; ST req trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone
clocortolone pivalate cream	QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone
clonidine ER tab	QL= 4 tabs/day
CLONIDINE TAB	QL= 3 tabs/day
clopidogrel tab 300mg	QL= 4 tabs/30 days
clozapine ODT 25mg, 100mg	QL= 3 tabs/day
CLOZAPINE ODT, FAZACLO ODT	QL= 3 tabs/day
clozapine tab	QL= 3 tabs/day
CLOZARIL TAB	QL= 3 tabs/day
COBENFY CAP	QL= 60 caps/30 days; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
COBENFY CAP STARTER PACK	QL= 56 caps/28 days; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
CODITUSSIN LIQUID DAC	QL= 1200ml/30 days
colchicine cap	QL= 4 caps/day
colchicine tab	QL= 4 tabs/day
COLCRYS TAB	QL= 4 tabs/day
cold/allergy elx children	QL= 2400ml/30 days
COMBIGAN OPHTH SOLN	QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate
COMBIVENT RESPIMAT INHALER	QL= 2 inhalers/30 days
COMBIVIR TAB	QL= 2 tabs/day
COMPLERA TAB	QL= 1 tab/day
CONCERTA TAB 18MG	QL= 1 tab/day
CONCERTA TAB 27MG	QL= 1 tab/day
CONCERTA TAB 36MG	QL= 1 tabs/day
CONCERTA TAB 54MG	QL= 1 tab/day
CONDYLOX GEL	QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream
CONEXXENCE INJ 60MG/ML	QL= 1mL/180 days
CONJUPRI TAB, LEVAMLODIPINE TAB	QL= 1 tab/day; Step therapy requires trial of 2: nifedipine IR/ER, felodipine ER, nicardipine, isradipine, amlodipine
CONSENSI TAB	QL= 30 tabs/30 days; Step Therapy requires trial of amlodipine and celecoxib
CONTOUR BLOOD GLUCOSE TEST STRI	QL= 300 strips/30 days

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
CONTOUR TEST STRIP	QL= 300 test strips/30 days
COPAXONE INJ 20MG/ML	QL= 30 syringes/30 days
COPAXONE INJ 40MG/ML	QL= 12 syringes/28 days
COPIKTRA CAP	QL= 2 caps/day; Only available through Optum 877-445-6874
CORDRAN TAPE	QL= 1 box/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
CORLANOR SOLN	QL= 450ml/30 days
CORLANOR TAB	QL= 60 tabs/30 days
COSENTYX INJ (1-PACK)	QL= 1 inj/28 days
COSENTYX INJ (2-PACK)	QL= 2 inj/56 days
COSENTYX INJ 300MG/2ML	QL= 2ml/28 days
COTELLIC TAB	QL= 3 tabs/day
COTEMPLA XR TAB, METHYLPHENIDATE ER TAB	QL= 1 tab/day; ST req trial of 2: dextroamphetamine-amphet ER, methylphenidate ER (OSM), dexmethylphenidate HCl ER
COTEMPLA XR TAB, METHYLPHENIDATE ER TAB 25.9MG	QL= 2 tabs/day; ST req trial of 2: dextroamphetamine-amphet ER, methylphenidate E (OSM), dexmethylphenidate HCl ER
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA)	QL=1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA)	QL= 1 inj/fill
COVID-19 VACCINE INJ (JANSSEN)	QL= 1 dose/45 days
COVID-19 VACCINE INJ (NOVAVAX)	QL= 1 dose/17 days
COXANTO CAP	QL= 180 caps/30 days; ST req trial of generic oxaprozin 600mg AND 2 addl NSAID (e.g., diclofenac, etodolac, sulindac)
CRENESSITY CAP	QL= 60 caps/30 days; Only available through PantheRx Pharmacy 855-726-8479
CRENESSITY SOLN	QL= 120ml/30 days; Only available through PantheRx Pharmacy 855-726-8479
CRESEMBA CAP 186MG	QL= 72 caps/30 days; Step therapy requires trial of voriconazole and posaconazole
CRESEMBA CAP 74.5MG	QL= 180 caps/30 days; Step therapy requires trial of two: voriconazole and posaconazole
CRESTOR TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin tab or rosuvastatin tab
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

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
CUTAQUIG INJ	QL= 576ml/28 days
CUVPOSA SOLN	QL= 9ml/day
CUVRIOR TAB	QL= 10 tabs/day; ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap
cyclobenzaprine ER cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine methocarbamol, or orphenadrine ER
cyclosporine ophth emulsion	QL= 60 vials/30 days
CYLTEZO AUTO-INJECTOR	QL= 2 inj/28 days
CYLTEZO INJ 10MG/0.2ML	QL= 2 inj/28 days
CYLTEZO INJ 20MG/0.4ML	QL= 2 inj/28 days
CYLTEZO INJ 40MG/0.8ML	QL= 2 inj/28 days
CYLTEZO INJ CROHNS	QL= 1 pack/fill, 1 fill/year
CYLTEZO INJ PSORIASIS	QL= 1 pack/fill, 1 fill/year
CYLTEZO KIT	QL= 2 inj/28 days
CYLTEZO KIT CROHNS	QL= 6 inj/28 days, 1 fill/year
CYLTEZO PSORIASIS KIT	QL= 4 inj/28 days, 1 fill/year
CYMBALTA CAP 20MG	QL= 6 caps/day
CYMBALTA CAP 30MG	QL= 4 caps/day
CYMBALTA CAP 60MG	QL= 2 caps/day
CYSTADANE POWDER	QL= 540 grams/30 days; Only available through AnovoRx 844-288-5007
CYSTADROPS SOLN	QL= 4 bottles (20mL)/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Anovo Specialty Pharmacy 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
D.H.E. INJ	QL= 24ml/28 days
dabigatran etexilate mesylate cap	QL= 2 caps/day
DALIRESP TAB	QL= 1 tab/day
danazol cap	QL= 4 caps/day
DANTRIUM CAP	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
dantrolene cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
DANZITEN TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
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

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
dapsone gel	QL= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
DARAPRIM TAB	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
DARTISLA ODT TAB	QL= 4 tabs/day, Step therapy requires trial of glycopyrrolate tab or glycopyrrolate solution
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
DAURISMO TAB 100MG	QL= 1 tab/day; Only available through Walgreens 888-347-3416
DAURISMO TAB 25MG	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
DAWNZERA INJ	QL= 0.8ml/28 days; Only available through Orsini 800-410-8575
DAYBUE SOLN	QL= 4000ml/30 days; Only available through AnovoRx 844-288-5007
DAYBUE STIX POW	QL= 120 packets/30 days; Only available through AnovoRx 844-288-5007
DAYBUE STIX POWDER 8000MG	QL= 60 packets/30 days; Only available through AnovoRx 844-288-5007
DAYTRANA PATCH	QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER methylphen ER 27/36/54 (non-OSM)
DAYVIGO TAB	QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate
DEGLUDEC FLEXTOUCH INJ 100 UNIT	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
DEGLUDEC FLEXTOUCH INJ 200 UNIT	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
DEGLUDEC INJ 100 UNIT	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
DELZICOL CAP	QL= 6 caps/day
DEMEROL TAB	QL= 6 tabs/day
DEMSER CAP	QL= 448 caps/28 days
DENAVIR CREAM	QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB
DEPEN TITRATAB	QL= 16 tabs/day
DEPO-PROVERA INJ	QL= 1 inj/84 days
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/84 days
DEPO-TESTOSTERONE INJ	QL= 4 vials/28 days
DERMACINRX KIT	QL= 1 kit/30 days
dermawerx pak	QL= 1 kit/30 days
DESCOVY TAB	QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
DESMODA SOLN 0.05MG/ML	QL= 145mL/9 days; ST req trial of 2: desmopressin nasal soln AND desmopressin tab
DESONIDE GEL	QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
DESOXIMETASONE CREAM 0.05%	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
DESOXIMETASONE GEL	QL= 454g/30 days; ST req trial of 2 high potency steroids: betamethasone, clobetasol halobetasol, or fluocinonide
DESOXIMETASONE OINT 0.05%	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
DESOXYN TAB	QL= 5 tabs/day; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine
DESVENLAFAXINE ER TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
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
DEXCOM G7 SENSOR (15-DAY)	QL= 2 sensors/30 days; Step therapy requires trial of an insulin product
DEXEDRINE CAP 10MG	QL= 120 caps/30 days
DEXEDRINE CAP 15MG	QL= 4 caps/day
DEXEDRINE CAP 5MG	QL= 2 caps/day
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 ER cap 10mg	QL= 2 caps/day
dextroamphetamine ER cap 15mg	QL= 4 caps/day
dextroamphetamine ER cap 5mg	QL= 2 caps/day
dextroamphetamine soln	QL= 1800ml/30 days
dextroamphetamine sulfate tab 15mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 2.5mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate
dextroamphetamine sulfate tab 20mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 30mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 7.5mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate
dextroamphetamine tab 10mg	QL= 6 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
DHIVY TAB	QL= 8 tabs/day; Step therapy requires trial of carbidopa-levodopa tab/ODT or carbidopa-levodopa ER tab
DIASTAT ACDL GEL	QL= 4 doses/fill
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	QL= 4 doses/fill
diazepam oral soln 5mg/5ml	QL= 360ml/30 days
diazepam rectal gel	QL= 4 doses/fill
dichlorphenamide tab	QL= 4 tabs/day
DICLEGIS TAB	QL= 120 tabs/30 days
diclofenac gel	QL= 100gm/fill, 2 fills/month
DICLOFENAC PATCH, FLECTOR PATCH	QL= 60 patches/30 days
diclofenac potassium (migraine) packet	QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan)
diclofenac potassium cap	QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets
diclofenac potassium tab	QL= 4 tabs/day
diclofenac potassium tab 25mg	QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets
DICYCLOMINE TAB 40MG	QL= 4 tabs/day; Step therapy requires trial of dicyclomine 10mg cap/20mg tab/10mg/5mL soln
didanosine DR cap	QL= 1 cap/day
DIFFERIN CREAM	QL= 360g/30 days
DIFFERIN GEL	QL= 360g/30 days
DIFFERIN LOTION	QL= 472mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream
DIFICID SUSP	QL= 136 mL/10 days
DIFICID TAB	QL= 20 tabs/10 days; ST requires trial of vancomycin cap/soln
DIFLORASONE CREAM	QL= 450g/30 days; Trial 2 high potency creams: betameth diprop/val, fluocinonide, mometasone, triamcin, amcinonide
diflorasone oint	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
difluprednate ophth emulsion	QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp
digoxin tab 62.5mcg	QL= 1 tab/day
dihydroergotamine mesylate inj	QL= 24ml/28 days
dihydroergotamine mesylate nasal spray	QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan
dimethyl fumarate DR cap	QL= 60 caps/30 days
dimethyl fumarate DR starter pack	QL= 60 caps/30 days
DIPROLENE OINT	QL= 200 gm/30 days
DISKETS TAB	QL= 1 tab/day
DIVIGEL GEL	QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
DIVIGEL GEL 1.25MG/1.25GM	QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
DOLOBID TAB	QL= 6 tabs/day; ST req trial of 3: diflunisal 500mg tab, diclofenac, etodolac, flurbiprofen, nabumetone
DOLOBID TAB 375MG	QL= 4 tabs/day; ST req trial of 3: diflunisal 500mg tab, diclofenac, etodolac, flurbiprofen, nabumetone
DOLOPHINE TAB 10MG	QL= 4 tabs/day
DOLOPHINE TAB 5MG	QL= 8 tabs/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
DORYX MPC TAB	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate followed by generic doxycycline hyclate DR
DORYX TAB 50MG	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
DOVATO TAB	QL= 1 tab/day
doxepin cap	QL= 2 tabs/day
doxepin tab	QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zaleplon cap, zolpidem IR/ER tab, doxepin 10mg, trazodone tab
DOXERCALCIFEROL CAP 0.5MCG	QL= 3 caps/day; ST req trial of calcitriol cap AND paricalcitol cap 1mcg/2mcg
DOXERCALCIFEROL CAP 1MCG	QL= 3 caps/day; ST req trial of calcitriol cap AND paricalcitol cap 1mcg/2mcg
DOXERCALCIFEROL CAP 2.5MCG	QL= 1 cap/day; ST req trial of calcitriol cap AND paricalcitol cap 1mcg/2mcg
doxycycline (rosacea) cap delayed release	QL= 1 cap/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate cap	QL= 2 caps/day
doxycycline hyclate cap 50mg	QL= 2 caps/day
doxycycline hyclate DR tab	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 100mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 200mg	QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 50mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 75mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate tab	QL= 2 tabs/day
doxycycline hyclate tab 150mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxycycline hyclate tab 75mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxycycline monohydrate cap	QL= 2 caps/day
doxycycline monohydrate tab	QL= 2 tabs/day
doxycycline monohydrate tab 150mg	QL= 2 tabs/day; Step therapy req trial of doxycycline monohydrate 50mg tabs, 100mg tabs, 50mg caps, or 100mg caps
doxylamine/pyridoxine dr tab	QL= 120 tabs/30 days
dronabinol cap	QL= 2 caps/day
DRONABINOL SOLN, SYNDROS SOLN	QL= 60mL/30 days; ST req: dronabinol cap
DUAKLIR INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of ANORO ELLIPTA INHALER or STIOLTO INHALER

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
DULERA INHALER	QL= 1 inhaler/30 days
duloxetine cap 40mg	QL= 2 caps/day
DULOXETINE DR CAP 120MG	QL= 1 cap/day; ST req trial of duloxetine (20,30,60mg) AND 3 antidepressants (e.g. fluox, sertr, venlafax, buprop)
DULOXETINE DR CAP 80MG	QL= 1 cap/day; ST req trial of duloxetine (20,30,60mg) AND 3 antidepressants (e.g. fluox, sertr, venlafax, buprop)
DULOXETINE DR CAP 90MG	QL= 1 cap/day; ST req trial of duloxetine (20,30,60mg) AND 3 antidepressants (e.g. fluox, sertr, venlafax, buprop)
duloxetine EC cap 20mg	QL= 6 caps/day
duloxetine EC cap 30mg	QL= 4 caps/day
duloxetine EC cap 60mg	QL= 2 caps/day
DUOBRII LOTION	QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids (betameth-, clobet-, halobet-, or fluocin-), and tazorotene
DUPIXENT INJ	QL= 2 inj/28 days
DUPIXENT PEN INJ	QL= 2 syringes/28 days
DURAGESIC PATCH	QL=15 patches/30 days
DUREZOL OPHTH EMULSION	QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp
DUTOPROL TAB	QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers
DUVYZAT ORAL SUSP	QL= 140ml/11 days; Only available through PantherRx Pharmacy 855-726-8479
DUZALLO TAB	QL= 1 tab/day
DYANAVEL XR CHEW 10MG	QL= 2 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
DYANAVEL XR CHEW 15MG	QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
DYANAVEL XR CHEW 20MG	QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
DYANAVEL XR CHEW 5MG	QL= 4 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
EBGLYSS INJ	QL= 2ml/28 days
EDLUAR SL TAB	QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, or zolpidem ER tab
EDURANT PED TAB	QL= 6 tabs/day
EDURANT TAB	QL= 1 tab/day
efavirenz/emtricitabine/tenofovir df tab	QL= 1 tab/day
EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB	QL= 1 tab/day
EFFIENT TAB	QL= 1 tab/day
EKTERLY TAB	QL= 16 tabs/30 days; Only available through Orsini 800-410-8575
ELEPSIA XR TAB 1000MG	QL= 90 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab
ELEPSIA XR TAB 1500MG	QL= 60 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab
eletriptan tab	QL= 9 tabs/30 days
ELIGARD INJ	QL= 1 syringe kit/30 days
ELIQUIS SPRINKLE CAP	QL= 70 caps/30 days

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
ELYXYB SOLN	QL= 43.2ml/30 days; Step Therapy requires trial of 2: celecoxib cap, diclofenac potassium 50mg tab, diclofenac sodium IR, XR, EC tab, etodolac IR/ER cap/tab, meloxicam tab, sumatriptan tab, naratriptan tab, rizatriptan tab/ODT, naproxen suspension
EMEND CAP 125MG	QL= 1 cap/21 days; Step Therapy requires trial of ondansetron
EMEND CAP 40MG	QL= 1 cap/28 days; Step Therapy requires trial of ondansetron
EMEND CAP 80MG	QL= 2 caps/21 days; Step Therapy requires trial of ondansetron
EMEND PAK	QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron
EMEND SUSP	QL= 3 doses/fill, 2 fills/month
EMGALITY INJ	QL= 1 inj/28 days
EMGALITY INJ 100MG/ML	QL= 3 inj/fill, 6 fills/year
EMPAVELI INJ	QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479
EMROSI CAP	QL= 30 caps/30 days; Step Therapy requires trial of two of the following: doxycycline monohydrate and minocycline cap
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 CAP	QL= 1 cap/day
EMTRIVA SOLN	QL= 850ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
enalapril maleate oral soln	QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab
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
ENDARI POWDER PACKET	QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps
ENFLONSIA INJ	QL= 0.7 ml/fill; 2 fills/lifetime
ENOBY SOLN	QL= 1 mL/180 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ENSACOVE CAP 100MG	QL= 60 caps/30 days; Only available through Biologics 800-850-4306
ENSACOVE CAP 25MG	QL= 90 caps/30 days; Only available through Biologics 800-850-4306
ENSPRYNG INJ	QL= 1 inj/28 days
ENSTILAR FOAM	QL= 400 gm/30 days; Step Therapy requires trial 2 med potent steroids (betameth-crm/lot, desonide oint, momet-, triamcin-), and calcipotri-
ENTADFI CAP	QL= 1 tab/day; Step therapy requires trial of an alpha 1 blocker (e.g. tamsulosin), finasteride 5mg AND tadalafil
entecavir tab	QL= 1 tab/day
ENTRESTO CAP	QL= 8 caps/day
ENTRESTO TAB	QL= 60 tabs/30 days
ENTYVIO INJ	QL= 1.36ml/28 days
EPANED SOLN	QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab
EPCLUSA PAK	QL= 1 packet/day
EPCLUSA TAB	QL= 1 tab/day
epinastine ophth soln	QL= 5mL/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln
EPINEPHRINE INJ 0.15MG	QL= 2 inj/fill
EPINEPHRINE INJ 0.3MG	QL= 2 inj/fill
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/fill
EPIPEN (JR) INJ	QL= 2 inj/fill
EPIVIR HBV SOLN	QL= 720ml/30 days
EPIVIR HBV TAB	QL= 1 tab/day
EPIVIR SOLN	QL= 960ml/30 days
EPIVIR TAB 150MG	QL= 2 tabs/day
EPIVIR TAB 300MG	QL= 1 tab/day
EPOGEN/PROCRIT	QL= 12 vials/30 days; ST req trial of Retacrit OR Aranesp
EPRONTIA SOLN	QL= 480mL/30 days; Step therapy requires trial of topiramate sprinkle caps
EPZICOM TAB	QL= 1 tab/day
ERGOMAR SL TAB	QL= 12 tabs/30 days; ST req trial of Migergot rectal supp, and 2 of the following: nara-tab, riza- tab/ODT, suma- tab
ergotamine/caffeine tab	QL= 40 tabs/28 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
ERMEZA SOLN 150MCG/5ML	QL= 10ml/day; Step therapy requires trial of levothyroxine tab
ERTACZO CREAM	QL= 60g/30 days; ST req 2: ciclop crm/gel/susp, clotrim crm, clotrim/beta lot/crm, econ crm, keto crm, nyst crm/oint
ESBRIET CAP	QL= 3 caps/day
ESBRIET TAB 267MG	QL= 9 tabs/day
ESBRIET TAB 801MG	QL= 3 tabs/day

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ESCITALOPRAM CAP	QL= 1 cap/day; ST req trial of escitalopram tabs AND one SSRI (eg. fluoxetine, sertraline) or SNRI (eg. venlafaxine, desven.)
eslicarbazepine acetate tab	QL= 60 tabs/30 days
estradiol gel 0.06%	QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
estradiol patch	QL= 4 patches/28 days
estradiol td gel	QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
estradiol td gel 1.25mg/1.25gm	QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
ESTRING	QL= 1 ring/90 days; 3 copays per Rx
eszopiclone tab	QL= 1 tab/day
etravirine tab 100mg	QL= 4 tabs/day
etravirine tab 200mg	QL= 2 tabs/day
EULEXIN CAP	QL= 6 caps/day
EVEKEO ODT	QL= 60 tabs/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
everolimus tab	QL= 1 tab/day
everolimus tab for oral susp	QL= 1 tab/day
EVISTA TAB	QL= 1 tab/day
EVOCLIN FOAM	QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
EVOTAZ TAB	QL= 1 tab/day
EVRYSDI SOLN	QL= 240 ml/30 days; Only available through Accredo 800-803-2523
EVRYSDI TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
EXALGO TAB 12MG	QL= 1 tab/day
EXALGO TAB 16MG	QL= 1 tab/day
EXALGO TAB 32MG	QL= 2 tabs/day
EXALGO TAB 8MG	QL= 1 tab/day
EXELON PATCH	QL= 1 patch/day
EXFORGE HCT TAB	QL= 1 tab/day; Step therapy requires trial of 2: valsartan/HCTZ tab and amlodipine tal
EXKIVITY CAP	QL= 120 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
EXSERVAN FILM	QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479
EXTAVIA INJ	QL= 14 kits/28 days
EXXUA TAB	QL= 1 tab/day
EZALLOR SPRINKLE CAP	QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, rosuvastatin, or simvastatin
ezetimibe tab	QL= 1 tab/day
EZETIMIBE/ATORVASTATIN TAB	QL= 1 tab/day; Step therapy requires trial of atorvastatin and ezetimibe
ezetimibe/simvastatin tab	QL= 1 tab/day
FABHALTA CAP	QL= 60 caps/30 days; Only available through Onco360 877-662-6633

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FABIOR AEROSOL FOAM	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
famciclovir tab 125mg	QL= 2 tabs/day
famciclovir tab 250mg	QL= 2 tabs/day
famciclovir tab 500mg	QL= 42 tabs/fill, 2 fills/month
FANAPT TAB	QL= 2 tabs/day; ST req trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
FANAPT TITRATION PACK	QL= 1 pack/plan year; ST req trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
FARXIGA TAB	QL= 1 tab/day
FASENRA INJ	QL= 1 syringe/56 days
FASENRA INJ 10MG/0.5ML	QL= 1 syringe/56 days
FASENRA PEN INJ	QL= 1 pen/56 days
FAZACLO ODT 12.5MG, 25MG, 100MG	QL= 3 tabs/day
febuxostat tab	QL= 1 tab/day; Step Therapy requires trial of allopurinol 100mg or 300mg
felbamate susp	QL= 30ml/day
felbamate tab 400mg	QL= 9 tabs/day
felbamate tab 600mg	QL= 6 tabs/day
FELBATOL SUSP	QL= 30ml/day
FELBATOL TAB 400MG	QL= 9 tabs/day
FELBATOL TAB 600MG	QL= 6 tabs/day
FEMLYV TAB	QL= 28 tabs/24 days
FENOFIBRATE CAP	QL= 3 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130)
FENOFIBRATE MICRO CAP 90MG	QL= 2 caps/day; ST req trial of 2: fenofibrate tab (Tricor) or fenofibrate cap (Lofibra)
FENOFIBRIC TAB 105MG	QL= 1 tab/day; ST req trial of fenofibrate tab (Tricor) AND fenofibrate cap (Lofibra)
FENOFIBRIC TAB 35MG	QL= 2 tabs/day; ST req trial of fenofibrate tab (Tricor) AND fenofibrate cap (Lofibra)
fenoprofen calcium cap	QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
FENOPROFEN CAP, NAFLON CAP	QL= 8 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
FENOPRON CAP	QL= 1 cap/day; ST req trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
FENTANYL BUCCAL TAB	QL= 120 tabs/30 days
fentanyl patch	QL=15 patches/30 days
ferric citrate tab	QL= 12 tabs/day; ST req trial of 1: sevelamer carbonate tab OR sevelamer HCL tab
fesoterodine fumarate er tab	QL= 1 tab/day
FETZIMA CAP	QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
FETZIMA TITRATION PACK	QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
FIASP FLEXTOUCH INJ	QL= 60 units/30 days
FIASP INJ	QL= 60 units/30 days
FIASP PENFILL INJ	QL= 60 units/30 days
FIASP PUMP CARTRIDGE	QL= 60 units/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
fidaxomicin tab	QL= 20 tabs/10 days; ST requires trial of vancomycin cap/soln
FILKRI INJ 300MCG/0.5ML	QL= 7.5mL/30 days
FILKRI INJ 480MCG/0.8ML	QL= 12mL/30 days
FILSPARI TAB	QL= 30 tabs/30 days; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695
FILSUVEZ GEL	QL= 702g/30days; Only available through PantherRx 855-726-8479
fingolimod hcl cap	QL= 30 caps/30 days
FINTEPLA SOLN	QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
FIRAZYR INJ	QL= 36ml/30 days
FIRDAPSE TAB	QL= 8 tabs/day; Only available through AnovoRx 844-288-5007
FIRVANQ SOLN 25MG/ML	QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin via for compounded oral solution
FIRVANQ SOLN 50MG/ML	QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin via for compounded oral solution
flavoxate tab	QL= 8 tabs/day; Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER, solifenacin
FLEQSUVY SUSP	QL= 16ml/day; Step therapy requires trial of baclofen tab and tizanidine tab
FLOLIPID SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
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
fluocinolone acetonide cream 0.01%	QL= 454 gm/30 days
fluocinolone acetonide cream 0.025%	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
fluocinonide gel	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betameth-, clobet-, halobet-, or fluocin- (crm, oint, soln)
fluoxetine cap 90mg	QL= 4 caps/28 days
FLURANDRENOLIDE CREAM	QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone
FLURANDRENOLIDE LOTION	QL= 454 mL/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone
FLURAZEPAM CAP	QL= 1 cap/day; Step Therapy requires trial of 2: estazolam, temazepam, and triazolam
FLURBIPROFEN TAB	QL= 90 tabs/30 days; ST req trial of 2: indomethacin, celecoxib, naproxen, diclofenac, meloxicam, piroxicam, diclofenac
FLUTAMIDE CAP	QL= 6 caps/day
FLUTICASONE DISKUS INHALER	QL= 2 inhalers/30 days
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100 MCG/ACT	QL= 1 inhaler/30 days
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200 MCG/ACT	QL= 1 inhaler/30 days
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50 MCG/ACT	QL= 1 inhaler/30 days

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FLUTICASONE HFA INHALER 110MCG	QL= 2 inhalers/30 days
FLUTICASONE HFA INHALER 220MCG	QL= 2 inhalers/30 days
FLUTICASONE LOTION	QL= 454 mL/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone
fluticasone propionate hfa inhal aero	QL= 2 inhalers/30 days
FLUTICASONE/SALMETEROL INHALER	QL= 1 inhaler/30 days
fluticasone/salmeterol inhaler, wixela inhale	QL= 1 inhaler/30 days
FLUTICASONE/VILANTEROL INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
FLUTICASONE-SALMETEROL INHALER	QL= 1 inhaler/30 days
fluvastatin cap	QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay
fluvastatin ER tab	QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay
fluvoxamine ER cap	QL= 2 caps/day
FOCALIN TAB	QL= 2 tabs/day
FOCALIN XR CAP	QL= 1 cap/day
formoterol fumarate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln
FORTEO INJ 560MCG/2.24ML	QL= 2.24 mL/28 days
FORTESTA GEL 2%	QL= 2 bottles/30 days
FORZINITY INJ	QL= 4 vials/28 days; Only available through AnovoRx 844-288-5007
fosamprenavir tab	QL= 4 tabs/day
FOSRENOL POWDER PACK	QL= 3 packs/day
FOTIVDA CAP	QL= 21 caps/28 days; Only available through Onco360 877-662-6633
FRAGMIN INJ 10000	QL= 10ml/30 days
FRAGMIN INJ 12500	QL= 5ml/30 days
FRAGMIN INJ 15000	QL= 6ml/30 days
FRAGMIN INJ 18000	QL= 7.2ml/30 days
FRAGMIN INJ 2500	QL= 2ml/30 days
FRAGMIN INJ 5000	QL= 2ml/30 days
FRAGMIN INJ 7500	QL= 3ml/30 days
FRAGMIN INJ 95000	QL= 7.6ml/30 days
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 2-PLUS SENSOR	QL= 2 sensors/30 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

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
FROVA TAB	QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
frovatriptan tab	QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
FRUZAQLA CAP 1MG	QL= 84 caps/28 days; Only available through Onco360 877-662-6633
FRUZAQLA CAP 5MG	QL= 21 caps/28 days; Only available through Onco360 877-662-6633
FULPHILA INJ	QL= 2 syringes/28 days
FULVICIN P/G TAB	QL= 1 tab/day; ST req trial of itraconazole, fluconazole, terbinafine, and griseofulvin o suspension
FULVICIN P/G TAB, GRISEOFULVIN ULTR MICRO TAB	QL= 1 tab/day; ST req trial of itraconazole, fluconazole, terbinafine, and griseofulvin o susp
FUROSCIX KIT	QL= 8 kits/30 days; Step requires a trial of furosemide tabs or furosemide soln; Only available through Onco360 877-662-6633
FYCOMPA TAB	QL= 4 tabs/day
FYLNETRA INJ	QL= 2 syringes/28 days
gabapentin (once-daily) tab	QL= 2 tabs/day
GABARONE TAB	QL= 3 tabs/day; Step therapy requires trial of gabapentin capsules AND pregabalin capsules
GABITRIL TAB 12MG	QL= 4 tabs/day
GABITRIL TAB 16MG	QL= 3 tabs/day
GABITRIL TAB 2mg	QL= 4 tabs/day
GABITRIL TAB 4MG	QL= 4 tabs/day
GALAFOLD CAP	QL= 15 caps/30 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
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
GAVRETO CAP	QL= 120 caps/30 days
gefitinib tab	QL= 1 tab/day
GEMTESA TAB	QL= 30 tabs/30 days; ST requires trial of oxybutynin IR/ER and soliferacin
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

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
GEODON CAP	QL= 2 caps/day
GILENYA CAP	QL= 30 caps/30 days
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
GIMOTI NASAL SPRAY	QL= 1 bottle/28 days; Step therapy requires trial of metoclopramide tab
glatiramer inj 20mg/ml	QL= 30 syringes/30 days
glatiramer inj 40mg/ml	QL= 12 syringes/28 days
GLEEVEC TAB 100 MG	QL= 3 tabs/day
GLEEVEC TAB 400MG	QL= 2 tabs/day
GLIMEPIRIDE TAB	QL= 1 tab/day; ST req trial of glimepiride 1mg tab or 2mg tab
GLIPIZIDE TAB	QL= 30 tabs/30 days; Step req trial of 3 of: glipizide IR tabs (5mg, 10mg), glipizide ER glimepiride, glyburide
GLOPERBA SOLN	QL= 300ml/30 days; Step Therapy requires trial of colchicine
glucagon (rdna) for inj kit	QL= 2 inj/fill, 2 fills/month
GLUCAGON EMR INJ	QL= 2 inj/fill
GLUCAGON INJ KIT	QL= 2 inj/fill
GLYCATE TAB, GLYCOPYRROLATE TAB	QL= 4 tabs/day; Step Therapy requires trial of glycopyrrolate tab 1mg or glycopyrrolat tab 2mg
glycopyrrolate oral soln	QL= 9ml/day
GLYXAMBI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab
GOMEKLI CAP	QL= 42 caps/28 days; Only available through Onco360 877-662-6633
GOMEKLI TAB	QL= 84 tabs/28 days; Only available through Onco360 877-662-6633
GRALISE TAB	QL= 2 tabs/day
granisetron tab	QL= 8 tabs/30 days
GRANISOL ORAL SOLN 2MG/10ML	QL= 60ml/30 days; ST req: ondansetron soln, ondansetron tab, ondansetron ODT (4 mg, 8 mg), AND granisetron tab
GRANIX INJ	QL= 15 vials/30 days
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
GUARDIAN 4 MIS SENSOR	QL= 5 sensors/30 days
GUARDIAN 4 TRANSMITTER	QL= 1 transmitter/year
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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
halcinonide cream	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
halcinonide soln	QL= 360 mL/30 days; ST req trial of 2: amcinonide, clobetasol, desoximet, diflorasone fluocinol, halobet, halcinonide
HALOBETASOL AER	QL= 200gm/30 days; ST req trial of 2 high potency steroids:betamethasone, clobetasol, halobet- crm/oint or fluocinonide
HALOBETASOL LOTION 0.01%	QL= 200 mL/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobet- crm/oint, or fluocinonide
HALOBETASOL LOTION 0.05%	QL= 200 mL/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobet- crm/oint, or fluocinonide
halobetasol propionate cream	QL= 200 gm/30 days
halobetasol propionate foam	QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobet- crm/oint, or fluocinonide
halobetasol propionate oint	QL= 200 gm/30 days
HALOG CREAM	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
HALOG OINT	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
HARLIKU TAB	QL= 30 tablets/30 days; Only available through LeMed Specialty Pharmacy 347-913-4656
HARVONI PELLET PAK	QL= 28 tabs/28 days
HARVONI TAB	QL= 28 tabs/28 days
HELIDAC PACK	QL= 224 tabs/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole
HEMADY TAB 20MG	QL= 8 tabs/30 days
HEPCLUDEX INJ	QL= 30 inj/30 days; Only available through Orsini Pharmacy 800-410-8575
HEPSERA TAB	QL= 1 tab/day
HERNEXEOS TAB	QL= 60 tabs/30 days; Only available through Onco360 877-662-6633
HETLIOZ SUSP	QL= 158ml/30 days
HORIZANT TAB	QL= 30 tabs/30 days
HORIZANT TAB 600MG ER	QL= 60 tabs/30 days
HULIO INJ 40MG/0.8ML	QL= 2 pens/28 days
HULIO KIT 20MG/0.4ML	QL= 2 pens/28 days
HUMALOG INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
HUMALOG KWIKPEN INJ	QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
HUMALOG MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, o FIASP
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, o FIASP
HUMALOG PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, o FIASP
HUMALOG TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMIRA 10MG/0.1ML (CORDAVIS)	QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767
HUMIRA 20MG/0.2ML (CORDAVIS)	QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767
HUMIRA 40MG/0.4ML (CORDAVIS)	QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767
HUMIRA 80MG/0.8ML (CORDAVIS)	QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767
HUMIRA INJ 10MG	QL= 2 syringes/28 days
HUMIRA INJ 20MG	QL= 2 syringes/28 days
HUMIRA INJ 40MG	QL= 2 syringes/28 days
HUMIRA INJ 80MG	QL = 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC UC STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG	QL= 2 pens/28 days
HUMULIN MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN N INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN R INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN R INJ U-500	QL= 40ml/30 days
HUMULIN R U-500 KWIKPEN INJ	QL= 24ml/30 days
HYD POL/CPM SUSP	QL= 10ml/day
HYDROCODONE BITARTRATE ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
hydrocodone bitartrate er tab	QL= 1 tab/day
HYDROCODONE ER TAB	QL= 1 tab/day
hydrocodone/acetaminophen soln	QL= 180ml/day
HYDROCODONE/ACETAMINOPHEN SOL 10-325 MG/15ML	QL= 90ml/90 days for members age 20 or younger; QL= 210ml/90 days for members age 21 or older
hydrocodone/acetaminophen tab 10-325mg	QL= 12 tabs/day
hydrocodone/acetaminophen tab 10mg-300mg	QL= 13 tabs/day
hydrocodone/acetaminophen tab 2.5-325mg	QL= 12 tabs/day

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
hydrocodone/acetaminophen tab 5-325mg	QL= 12 tabs/day
hydrocodone/acetaminophen tab 5mg-300mg	QL= 13 tabs/day
hydrocodone/acetaminophen tab 7.5mg-300mg	QL= 13 tabs/day
hydrocodone/acetaminophen tab 7.5mg-325mg	QL= 12 tabs/day
HYDROCODONE/IBUPROFEN TAB	QL= 5 tabs/day
hydromorphone ER tab 12mg	QL= 1 tab/day
hydromorphone ER tab 16mg	QL= 1 tab/day
hydromorphone ER tab 32mg	QL= 2 tabs/day
hydromorphone ER tab 8mg	QL= 1 tab/day
hydroxyprogesterone caproate inj	QL= 4 vials/28 days
HYFTOR GEL	QL= 20 grams/30 days; Only available through Walgreens 888-347-3416
HYMPAVZI INJ	QL= 4ml/28 days
HYMPAVZI INJ 75MG/0.5ML	QL= 2mL/28 days
HYRIMOZ INJ 40MG/0.4ML	QL= 2 inj/28 days
HYRIMOZ INJ 40MG/0.8ML	QL= 2 inj/28 days
HYRIMOZ INJ 80MG/0.8ML	QL= 2 inj/28 days
HYRIMOZ INJ CROHNS	QL= 1 pack/fill, 1 fill/year
HYRIMOZ INJ PLAQUE PSORIASIS	QL= 1 pack/fill, 1 fill/year
HYRIMOZ PFS INJ 10MG/0.1ML	QL= 2 inj/28 days
HYRIMOZ PFS INJ 20MG/0.2ML	QL= 2 inj/28 days
HYRIMOZ-PED INJ CROHNS	QL= 1 pack/fill, 1 fill/year
HYRIMOZ-PED INJ CROHNS 80MG/0.8ML	QL= 1 pack/fill, 1 fill/year
HYRNUO TAB	QL= 120 tabs/30 days; Only available through Onco360 877-662-6633
HYSINGLA ER TAB	QL= 1 tab/day; Step Therapy requires trial of morphine sulfate ER
IBRANCE CAP	QL= 21 caps/28 days; Only available through Onco360 877-662-6633
IBRANCE TAB	QL= 21 tabs/28 days; Only available through Onco360 877-662-6633
IBSRELA TAB	QL= 60 tabs/30 days
IBTROZI CAP	QL= 90 capsules/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
IBUPROFEN TAB 300MG	QL= 1 tab/day; ST req trial of ibup (200, 400, 600, 800) AND 2: diclof EC/XR, etodolac IR/ER, melox tab, celecoxib
ibuprofen tab cold/sinus	QL= 240 tabs/30 days
icatibant inj	QL= 36ml/30 days; Only available through Accredo 888-773-7376
icosapent ethyl cap 0.5gm	QL= 2 caps/day
icosapent ethyl cap 1gm	QL= 4 caps/day
IDACIO INJ 40MG/0.8ML	QL= 2 pens/28 days
IDHIFA TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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 3.75%	QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution
imiquimod cream 5%	QL= 24gm/30 days
IMITREX 4MG INJ, ZEMBRACE INJ	QL= 8 inj/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
IMITREX INJ	QL= 8 inj/30 days
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY	QL= 6 sprays/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
IMITREX TAB	QL= 9 tabs/30 days
IMITREX VIAL INJ	QL= 4 mL/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
IMKELDI SOLUTION	QL= 140ml/28 days
IMPAVIDO CAP	QL= 3 caps/day
IMPOYZ CREAM	QL= 200 gm/30 days; Step Therapy requires trial of 2 high pot steroids: betameth-, clobet- (crm, lot, gel, oint, etc.), halobet-, or fluocin-
IMULDOSA SYRINGE 45MG/0.5ML	QL= 0.5 mL/84 days
IMULDOSA SYRINGE 90MG/ML	QL= 1 mL/84 days
INBRIJA INH POWDER	QL= 4 units/day; Only available through Walgreens 888-347-3416
INCRUSE ELLIPTA INHALER	QL= 30 units/30 days
INDOCIN SUSP	QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp
indomethacin suppository	QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxen, diclofenac, meloxicam, etc)
indomethacin susp	QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp
INGREZZA CAP	QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479
INGREZZA PACK 40-80MG	QL= 1 pack/fill, 1 fill/plan year
INGREZZA SPRINKLE CAP	QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479
INLURIYO TAB	QL= 56 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
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
INPEFA TAB	QL= 30 tabs/30 days; Step therapy requires trial of Jardiance and Farxiga
INQOVI TAB	QL= 5 tabs/28 days; Only available through Optum 877-445-6874 or Walgreens 888-347-3416
INREBIC CAP	QL= 4 caps/day; Only available through Lumicera 855-847-3553
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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
INSULIN GLARGINE INJ	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (1 UNIT DIAL)	QL= 18ml/30 days
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (2 UNIT DIAL)	QL= 18ml/30 days
INSULIN GLARGINE-YFGN (SINGLE PEN	QL= 60ml/30 days
INSULIN GLARGINE-YFGN PEN (CIVICA) 100UNIT/ML	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
INSULIN LISP INJ 100/ML	QL= 60 units/30 days
INSULIN PUMP KIT STARTER	QL= 1 kit/year
INTELENCE TAB	QL= 4 tabs/day
INTELENCE TAB 100MG	QL= 4 tabs/day
INTELENCE TAB 200MG	QL= 2 tabs/day
INTELENCE TAB 25MG	QL= 4 tabs/day
INTERMEZZO SL TAB	QL= 1 tab/day
INTUNIV TAB	QL= 1 tab/day
INTUNIV TAB 1MG	QL= 2 tabs/day
INTUNIV TAB 2MG	QL= 2 tabs/day
INVEGA TAB	QL= 1 tab/day
INVIRASE CAP	QL= 10 caps/day
INVIRASE TAB	QL= 4 tabs/day
INVOKAMET TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE SYNJARDY, or SYNJARDY XR
INVOKAMET XR TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE SYNJARDY, or SYNJARDY XR
INVOKANA TAB	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE SYNJARDY, or SYNJARDY XR
INZIRQO SUSP	QL= 5ml/day; ST req Diuril AND trial of 1: HCTZ tab/cap, chlorthal-, spirono- tab, spirono-HCTZ, or Triam-HCTZ
ipratropium bromide hfa inhaler aerosol	QL= 25.8g/30 days
IQIRVO TAB	QL= 30 tabs/30 days; Only available through Walgreens 888-347-3416
IRESSA TAB	QL= 1 tab/day; Only available through Optum 877-445-6874
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
ISOXSUPRINE TAB	QL= 120 tabs/30 days
ISTURISA TAB	QL= 12 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
ITOVEBI TAB	QL= 28 tabs/28 days

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ivabradine hcl tab	QL= 60 tabs/30 days
ivermectin cream	QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole
IWILFIN TAB	QL= 240 tablets/30 days; Only available through Curant Health 1-866-437-8040
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
JANUMET TAB	QL= 60 tabs/30 days; Step Therapy requires trial of metformin AND Tradjenta or Jentadueto
JANUMET XR TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue
JANUVIA TAB	QL= 30 tabs/30 days; Step Therapy requires trial of metformin AND Tradjenta or Jentadueto
JARDIANCE TAB	QL= 1 tab/day
JASCAYD TAB	QL= 60 tabs/30 days; Only available through Optum 877-445-6874
JATENZO CAP 158MG	QL= 4 caps/day
JATENZO CAP 198MG	QL= 4 caps/day
JATENZO CAP 237MG	QL= 2 caps/day
JAVADIN SOLN	QL= 3600 mL/30 days; ST req trial of clonidine tab AND trial of 2 ACEi/ARBs
JAYPIRCA TAB 100MG	QL= 60 tabs/30 days
JAYPIRCA TAB 50MG	QL= 30 tabs/30 days
JENTADUETO TAB	QL= 2 tabs/day
JENTADUETO XR TAB	QL= 2 tabs/day
JOENJA TAB	QL= 60 tabs/30 days; Only available through PantheRx Pharmacy 855-726-8479
JOURNAVX TAB	QL= 30 tablets/14 days; limit 1 fill/6 months; ST req 1 NSAID (ibu 600, meloxicam tab, celecoxib, etc) AND 1 gabapentinoid (gabapentin, pregabalin)
JUBBONTI INJ	QL= 1mL/180 days
JULUCA TAB	QL= 1 tab/day
JYLAMVO SOLN, XATMEP SOLN	QL= 60ml/30 days
JYNARQUE PAK	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 30MG	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
KADIAN CAP 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 10MG	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 200MG	QL= 1 cap/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 20mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 30mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 40mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 50mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 60mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 80mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KALETRA SOLN	QL= 480 mL/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
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
KAPVAY TAB	QL= 4 tabs/day
KARBINAL ER SUSP	QL= 960ml/30 days
KENALOG SPRAY	QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- crm/lot/oint
KERENDIA TAB	QL= 30 tabs/30 days; Step req trial of 1 ACE/ARB (ex lisinopril, losartan, valsartan) AND 1 SGLT2 (ex Farxiga, Jardiance)
KESIMPTA INJ	QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine
KEVEYIS TAB	QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
KEVZARA INJ	QL= 2 inj/28 days
KINERET INJ	QL= 1 inj/day; Only available through Biologics 800-850-4306
KISQALI PAK	QL= 91 tabs/28 days; Only available through CVS Specialty 800-237-2767
KISQALI TAB	QL= 63 tabs/28 days; Only available through CVS Specialty 800-237-2767
KLISYRI OINT	QL= 5 grams/5 days
KOMBIGLYZE XR TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue
KOMZIFTI CAP	QL= 90 caps/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
KORLYM TAB	QL= 4 tabs/day; Only available through Curant Health 1-866-437-8040
KOSELUGO CAP	QL= 120 caps/30 days; Only available through Onco360 877-662-6633
KOSELUGO CAP 10MG	QL= 8 caps/day; Only available through Onco360 877-662-6633
KOSELUGO CAP 5MG	QL= 20 caps/day; Only available through Onco360 877-662-6633
KRAZATI TAB	QL= 180 tabs/30 days; Only available through Biologics 800-850-4306
KRINTAFEL TAB	QL= 2 tabs/365 days
KYGEVVI POWDER	QL= 30 packets/30 days; Only available through PantheRx 855-726-8479
KYNMOBI FILM	QL= 150 films/30 days
KYTRIL TAB	QL= 8 tabs/30 days
KYZATREX CAP	QL= 4 tabs/day
KYZATREX CAP, TLANDO CAP	QL= 4 tabs/day
labetalol hcl tab 400mg	QL= 2 tabs/day; ST req 2: labetalol (100,200,300mg), atenolol, metopro-, bisopro-, nado-, proprano-, carvedilol IR
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
LAMICTAL ODT	QL= 2 tabs/day
LAMICTAL XR TAB 100MG	QL= 3 tabs/day
LAMICTAL XR TAB 200MG	QL= 2 tabs/day
LAMICTAL XR TAB 250MG	QL= 2 tabs/day
LAMICTAL XR TAB 25MG	QL= 6 tabs/day

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
LAMICTAL XR TAB 300MG	QL= 2 tabs/day
LAMICTAL XR TAB 50MG	QL= 6 tabs/day
lamivudine soln	QL= 960ml/30 days
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
lamotrigine odt	QL= 2 tabs/day; Step Therapy requires trial of lamotrigine chew
LAMPIT TAB 120MG	QL= 225 tabs/30 days
LAMPIT TAB 30MG	QL= 360 tabs/30 days
LANOXIN TAB 62.5MCG	QL= 1 tab/day
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	QL= 112 tabs/10 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole)
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
LANTUS INJ	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
LANTUS SOLOSTAR INJ	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
LASIX ONYU INJ 80MG/2.67ML	QL= 1 kit per fill/1 fill per year; Step requires a trial of furosemide tabs or furosemide solution
LATUDA TAB	QL= 1 tab/day
LAZCLUZE TAB 240MG	QL= 30 tabs/30 days
LAZCLUZE TAB 80MG	QL= 60 tabs/30 days
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
LEQEMBI IQLIK INJ	QL= 7.2mL/28 days; Only available through Walgreens 888-347-3416
LEROCHOL SOLN	QL= 1.2mL/28 days
LESCOL XL TAB	QL= 1 tab/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab.
LEUPROLIDE INJ (3 MONTH)	QL= 1 kit/90 days
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler
LEVEMIR FLEXTOUCH INJ	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
LEVEMIR INJ	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
LEVOFLOXACIN OPHTH SOLN 0.5%	QL= 5mL/30 days; Step therapy requires trial of ciprofloxacin, moxifloxacin or ofloxaci ophth
levorphanol tab	QL= 6 tabs/day; ST req trial of 2 short acting opioids(eg hydrocodone, hydromorphone oxycodone)
LEXIVA SUSP	QL= 1800ml/30 days
LEXIVA TAB	QL= 4 tabs/day
l-glutamine powder packet	QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps
LIALDA TAB	QL= 4 tabs/day
LIBERVANT FILM	QL= 4 doses/fill, 5 fills/month; Step requires trial of diazepam rectal gel
lidocaine oint	
LIKMEZ SUSP	QL= 210ml/14 days
LINZESS CAP	QL= 30 caps/30 days
LIPITOR TAB	QL= 1 tab/day
LIQREV SUSP	QL= 6ml/day; Only available through Optum 877-445-6874
liraglutide soln pen-injector	QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
lisdexamfetamine dimesylate cap	QL= 1 cap/day
lisdexamfetamine dimesylate chew tab	QL= 1 tab/day
LIVALO TAB	QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prav OR Simvastatin tabs
LIVDELZI CAP	QL= 30 caps/30 days; Only available through Orsini Pharmacy 800-410-8575 or PantheRx Pharmacy 855-726-8479
LIVMARLI TAB	QL= 1 tab/day; Only available through Eversana 636-519-2400
LIVTENCITY TAB	QL= 112 tabs/28 days; Only available through Biologics 800-850-4306
LODOCO TAB	QL= 30 tabs/30 days
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
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
LOPRESSOR SOLN	QL= 1200mL/30 days; ST req trial of 2: atenolol, bisoprol, metoprol, nadolol, proprano soln/tab, labetal, carved
LORBRENA TAB 100MG	QL= 1 tabs/day; Only available through Walgreens 888-347-3416
LORBRENA TAB 25MG	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
LOREEV XR CAP	QL= 1 cap/day; Step therapy requires trial of lorazepam tab
LOREEV XR CAP 3MG	QL= 3 cap/day; Step therapy requires trial of lorazepam tab
LORTUSS EX LIQUID	QL= 1200ml/30 days
LORTUSS LIQUID	QL= 1200ml/30 days

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
LOTEMAX GEL	QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
loteprednol etabonate ophth gel	QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
loteprednol etabonate ophth susp 0.2%	QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
loteprednol etabonate-tobramycin ophth susp	QL= 10mL/fill; ST req trial of Tobramycin-Dexamethasone ophth susp AND Neomycin-Polymyxin-Dexamethasone ophth susp
lovastatin tab	QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
LOVAZA CAP	QL= 4 caps/day
lubiprostone cap	QL= 60 caps/30 days
LUCEMYRA TAB	QL= 224 tabs/fill, 1 fill/month
LULICONAZOLE CREAM, LUZU CREAM	QL= 60gm/28 days
LUMAKRAS TAB	QL= 240 tabs/30 days; Only available through Onco360 877-662-6633
LUMAKRAS TAB 320MG	QL= 90 tabs/30 days; Only available through Onco360 877-662-6633
LUMIGAN OPHTH SOLN	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost followed by 1: travopros bimatoprost 0.03%, or tafluprost
LUMIGAN OPHTH SOLN 0.01%	QL= 2.5mL/25 days; ST requires trial of latanoprost FOLLOWED BY 1: travoprost OR tafluprost
LUMRYZ PACK 4.5GM	QL= 1 pack/day; Only available through Accredo 888-773-7376
LUMRYZ PACK 6GM	QL= 1 pack/day; Only available through Accredo 888-773-7376
LUMRYZ PACK 7.5GM	QL= 1 pack/day; Only available through Accredo 888-773-7376
LUMRYZ PACK 9GM	QL= 1 pack/day; Only available through Accredo 888-773-7376
LUMRYZ STARTER PACK	QL= 28 packets/28 days; Only available through Accredo 888-773-7376
LUNESTA TAB	QL= 1 tab/day
LUPKYNIS CAP	QL= 180 caps/30 days; Only available through Biologics 800-850-4306 or PantherRx Pharmacy 855-726-8479
LUPRON DEPOT INJ	QL= 1 syringe kit/90 days
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
LYBALVI TAB	QL= 30 tabs/30 days; ST req trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
LYNKUET CAP	QL= 60 capsules/30 days; ST req trial of gabapentin and 2: citalopram, escitalopram, paroxetine, venlafaxine, desvenlafaxine
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
LYRICA CR TAB	QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln
LYRICA SOLN	QL= 30ml/day; Step Therapy required trial of gabapentin and pregabalin

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
LYSTEDA TAB	QL= 180 tabs/30 days
LYTGOBI TAB (12MG DAILY DOSE)	QL= 84 tabs/28 days; Only available through Onco360 877-662-6633
LYTGOBI TAB (16MG DAILY DOSE)	QL= 112 tabs/28 days; Only available through Onco360 877-662-6633
LYTGOBI TAB (20MG DAILY DOSE)	QL= 140 tabs/28 days; Only available through Onco360 877-662-6633
LYUMJEV INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, o FIASP
LYUMJEV KWIKPEN	QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, o FIASP
LYUMJEV KWIKPEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, o FIASP
LYUMJEV TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
LYVISPAH GRANULE PACKET 10MG	QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap
LYVISPAH GRANULE PACKET 20MG	QL= 4 packets/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap
LYVISPAH GRANULE PACKET 5MG	QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap
macitentan tab	QL= 1 tab/day
MAKENA INJ	QL= 4 vials/28 days
maraviroc tab 150mg	QL= 2 tabs/day
maraviroc tab 300mg	QL= 4 tabs/day
MAR-COF CG LIQUID	QL= 473ml/month
MARINOL CAP	QL= 2 caps/day
MAVENCLAD THERAPY PAK 10MG	QL= 7 tabs/fill, 2 fills/year
MAVYRET PAK	QL= 5 packets/day
MAVYRET TAB	QL= 3 tabs/day
MAXALT MLT TAB	QL= 12 tabs/30 days
MAXALT TAB	QL= 12 tabs/30 days
MAYZENT STARTER PACK 0.25MG	QL= 7 tabs/fill, 2 fills/year
MAYZENT TAB	QL= 1 tab/day
MAYZENT TAB STARTER PACK	QL= 12 tabs/fill, 2 fills/year
MECLIZINE CHEW TAB 25MG	QL= 4 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
MEKTOVI TAB	QL= 6 tabs/day; Only available through Onco360 877-662-6633
meloxicam	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
MELOXICAM SUSP	QL= 10ml/day; Step therapy requires trial of naproxen susp AND ibuprofen susp
memantine ER cap	QL= 1 cap/day; Step Therapy requires trial of memantine tab
memantine hcl-donepezil hcl 24hr er cap	QL= 1 cap/day; ST requires trial of 2: donepezil, donepezil ODT, memantine, or NAMENDA XR
memantine soln	QL= 300 ml/30 days
MEMANTINE TITRATION PAK	QL= 49 tablets/28 days

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
mesalamine tab	QL= 9 tabs/1 day; Step Therapy requires trial of generic APRISO or generic LIALDA
metformin hcl tab 625mg	QL= 4 tabs/day; ST req trial of metformin IR (generic Glucophage) 500mg, 850mg, or 1000mg tab AND metformin ER
metformin hcl tab 750mg	QL= 4 tabs/day; ST req trial of metformin IR (generic Glucophage) 500mg, 850mg, or 1000mg tab AND metformin ER
METFORMIN TAB	QL= 3 tabs/day; ST requires trial of metformin 500mg, 850mg, or 1000mg tab AND metformin ER
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 CONC	QL= 4 ml/day
methadose tab	QL= 1 tab/day
methamphetamine hcl tab	QL= 5 tabs/day; ST req trial of dextro-amphet tab, dexmethylph HCl tab, methylphen tab/soln, and dextroamph tab
METHITEST TAB	QL= 150 tablets/30 days
methocarbamol tab 1000mg	QL= 8 tabs/day; ST req trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine
methsuximide cap	QL= 4 caps/day; ST requires trial of ethosuximide tab/soln
methyldopa tab	QL= 6 tabs/day; ST req trial of hydralazine tab, labetalol tab, nifedipine cap/SR tab
methylphenidate 10mg ER caps	QL= 60 caps/30 days
methylphenidate 20mg ER caps	QL= 60 caps/30 days
methylphenidate 30mg ER caps	QL= 60 caps/30 days
methylphenidate CD cap	QL= 1 cap/day
methylphenidate chew tab	QL= 3 tabs/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 cap	QL= 60 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylp ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 10mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 15mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
methylphenidate er cap 20mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 30mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 40mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 50mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate er cap 60mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
METHYLPHENIDATE ER TAB	QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate ER tab 10mg	QL= 3 tabs/day
methylphenidate ER tab 20mg	QL= 3 tabs/day
METHYLPHENIDATE ER TAB 27MG	QL= 1 tab/day
METHYLPHENIDATE ER TAB 36MG	QL= 1 tab/day
METHYLPHENIDATE ER TAB 45MG/RELEXXII TAB 45MG	QL= 1 tab/day
METHYLPHENIDATE ER TAB 54MG	QL= 1 tab/day
METHYLPHENIDATE ER TAB 63MG/RELEXXII TAB 63MG	QL= 1 tab/day
methylphenidate ER tab 72mg	QL= 1 tab/day; Step Therapy requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (generic Concerta)
METHYLPHENIDATE HCL TAB ER 24HR 18MG	QL= 60 tabs/30 days
METHYLPHENIDATE HCL TAB ER 24HR 27MG	QL= 60 tabs/30 days
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
methylphenidate td patch	QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER methylphen ER 27/36/54 (non-OSM)
methyltestosterone cap	QL= 150 tablets/30 days
METOPROLOL TARTRATE TAB	QL= 60 tabs/30 days; ST req trial of 1: carvedilol, metoprolol succ, metoprolol tart 25/37.5/50/75/100mg, bisoprolol
metyrosine cap	QL= 448 caps/28 days
MICORT HC CREAM	QL= 360g/30 day; ST req trial of 1: hydrocortisone 0.5%,1% cream/ 0.5%,1%, 2.5% ointment/ 1%, 2.5% lotion
MIDAZOLAM INJ	QL= 4 doses/fill, 5 fills/month; ST req trial of 2: diazepam rectal gel, Nayzilam, and Valtoco
MIEBO OPHTH SOLN	QL= 3ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
MIGRANAL SPRAY	QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan
milnacipran hcl tab	QL= 2 tabs/day; ST req trial of duloxetine and gabapentin
MINOCYCLINE ER CAP	QL= 1 cap/day; Step Therapy requires trial of minocycline
minocycline ER tab	QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab
MINOLIRA TAB	QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab
MIPLYFFA CAP	QL= 90 caps/30 days; Only available through Orsini 800-410-8575
mirabegron granules for oral extended release susp	QL= 188mL/30 days; ST req trial of 2: oxybutynin syrup/tab/ER tab, solifenacin, tolterodine IR tab, trospium IR tab
MIRAPEX ER TAB	QL= 1 tab/day
MITIGARE CAP	QL= 2 caps/day
modafinil tab	QL= 2 tabs/day
MODEYSO CAP	QL= 4 caps/28 days; Only available through Onco360 877-662-6633
MOLNUPIRAVIR CAP	QL= 40 caps/fill
MONODOX CAP	QL= 2 caps/day
MORGIDOX KIT	QL= 1 kit/30 days
MORPHABOND TAB	QL= 2 tabs/day
MORPHINE SULFATE ER BEAD CAP	QL= 2 caps/day
MORPHINE SULFATE ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 10mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 20mg	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 cap 50mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 60mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 80mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER tab	QL= 3 tabs/day
MOTEGRITY TAB	QL= 1 tab/day; Step therapy requires trial of Trulance, Linzess, AND lubiprostone
MOTPOLY XR CAP 100MG	QL= 1 cap/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap
MOTPOLY XR CAP 150MG	QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap
MOTPOLY XR CAP 200MG	QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap
MOUNJARO INJ	QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
MOVANTIK TAB	QL= 30 tabs/30 days
MOXIFLOXACIN SOLN	QL= 1 bottle/30 days; Step therapy requires trial of 2: ciprofloxacin hcl drops, levofloxacin drops, ofloxacin drops
MRESVIA INJ	QL= 0.5 mL/fill, 1 fill/lifetime; Covered for members 50 years of age and older
MS CONTIN TAB	QL= 3 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
MULPLETA TAB	QL= 7 tablets/365 days
MYALEPT INJ	QL= 1 inj/30 days; Only available through Accredo 888-773-7376
MYDAYIS CAP 12.5MG	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
MYDAYIS CAP 25MG	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
MYDAYIS CAP 37.5MG	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
MYDAYIS CAP 50MG	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
MYFEMBREE TAB	QL= 28 tabs/28 days
MYQORZO TAB	QL= 30 tabs/30 days; Only available through Orsini 800-410-8575
MYRBETRIQ SUSP	QL= 188mL/30 days; ST req trial of 2: oxybutynin syrup/tab/ER tab, solifenacin, tolterodine IR tab, trospium IR tab
NAFLON CAP	QL= 8 tabs/day; ST req trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
naftifine cream	QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products
naftifine hcl gel 2%	QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream
NAFTIN GEL	QL= 1 tube/30 days; Step therapy requires trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream
NAFTIN GEL 2%	QL= 60 grams/30 days
NALOXONE PREFILLED INJ	QL= 2 inj/fill, 2 fills/month
NAMENDA TITRAPAK	QL= 49 tabs/28 days
NAMENDA XR CAP	QL= 1 cap/day; Step Therapy requires trial of memantine tab
NAMENDA XR TITRATION PACK	QL= 28 caps/28 days; Step Therapy requires trial of memantine tab
NAMZARIC CAP	QL= 1 cap/day; ST requires trial of 2: donepezil, donepezil ODT, memantine, or NAMENDA XR
NAMZARIC STARTER PACK	QL= 28 caps/28 days; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er
naratriptan tab	QL= 9 tabs/30 days
NARDIL TAB 15MG	QL= 4 tabs/day
NATACYN OPHTH SUSP	QL= 45ml/30 days
NATESTO GEL	QL= 3 bottles/30 days
NATESTO NASAL GEL	QL= 3 bottles/30 days
NATROBA SUSP	QL= 1 bottle/fill, 1 fill/month
NATROBA SUSP 0.9%	QL= 1 bottle/fill, 1 fill/month
NAYZILAM SPRAY	QL= 4 units/fill, 5 fills/month
nebivolol hcl tab	QL= 1 tab/day
NEFFY SPRAY	QL= 2 doses/fill
NEMLUVIO INJ	QL= 1 auto-injector/28 days; Only available through Accredo 888-773-7376
NEREUS CAP	QL= 8 caps/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
NERLYNX TAB	QL= 6 tabs/day; Only available through Onco360 877-662-6633
NEULASTA INJ	QL= 1.2 units/28 days
NEUPOGEN INJ	QL= 15 syringes/30 days
NEUPRO PATCH	QL= 1 patch/day
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
NEXICLON XR TAB	QL= 3 tabs/day
NEXLETOL TAB	QL= 1 tab/day
NEXLIZET TAB	QL= 1 tab/day
NEXTSTELLIS TAB	QL= 28 tabs/24 days
NGENLA INJ	QL= 1.2ml/28 days
niacin ER tab	QL= 2 tabs/day
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
NILANDRON TAB	QL= 150mg/day after the first 30 days
NILOTINB TAR CAP	QL= 4 caps/day
NILOTINIB D-TAR CAP	QL= 4 caps/day
NILUTAMIDE TAB	QL= 2 tabs/day
nintedanib esylate cap	QL= 2 caps/day
NISOLDIPINE ER TAB	QL= 1 tab/day; ST req trial of 2: amlodipine, nicardipine, nifedipine, felodipine, diltiazem, verapamil tab
nitazoxanide tab	QL= 6 tabs/3 days; ST req trial of metronidazole AND tinidazole
NIVESTYM INJ	QL= 15 syringes/30 days
NOCTIVA EMULSION SPRAY	QL= 3.8gm/30 days
NORCO 10-325mg	QL= 12 tabs/day
NORCO 5-325mg	QL= 12 tabs/day
NORCO TAB 7.5MG-325MG	QL= 12 tabs/day
NORLIQVA ORAL SOLN	QL= 300ml/30 days
NORTHERA CAP	QL= 180 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416
NORTHERA CAP 100MG	QL= 90 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416
NORVIR CAP	QL= 12 caps/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
NORVIR TAB	QL= 12 tabs/day
NOURIANZ TAB	QL= 1 tab/day; ST: Trial of 2: dopamine agonist(ropinir-, pramip-), COMT inhib(entacapone), MAOB inhib(rasag-, seleg-)
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
NOXAFIL PAK	QL= 31 packets/30 days; Step Therapy requires trial of 1: fluconazole tab, fluconazole susp, itraconazole cap, itraconazole soln, voriconazole susp, or voriconazole tab
NOXAFIL TAB	QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND
NUBEQA TAB	QL= 4 tabs/day; Only available through Onco360 877-662-6633
NUCALA INJ	QL= 1 inj/28 days
NUCYNTA ER TAB	QL= 2 tabs/day; ST req trial of 2: morphine sulfate ER tab AND tramadol ERT
NUCYNTA TAB	QL= 6 tabs/day; ST req trial of 2: oxycodone, tramadol, morphine tab/soln, hydrocodone/apap, oxycodone/apap
NUEDEXTA CAP	QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA
NUPLAZID CAP	QL= 1 cap/day; Only available through Walgreens 888-347-3416
NUPLAZID TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
NURTEC ODT	QL= 8 tabs/30 days
NUVESSA VAGINAL GEL, VANDAZOLE GEL	QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln
NUVIGIL TAB 150MG	QL= 1 tab/day
NUVIGIL TAB 200G	QL= 1 tab/day
NUVIGIL TAB 250MG	QL= 1 tab/day
NUVIGIL TAB 50MG	QL= 3 tabs/day
NUZYRA TAB	QL= 30 tabs/fill, 1 fill/month; Only available through Walgreens 888-347-3416
NYPOZI INJ	QL= 7.5ml/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
NYSTATIN SUSP	QL= 720ml/30 days
NYVEPRIA INJ	QL= 2 inj/28 days
OBREDON SOLN	QL= 1800ml/30 days
OCALIVA TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
OCREVUS INJ	QL= 60ml/365 days; Only available through Emerging Health 971-290-2010
OCREVUS ZUNOVO INJ	QL= 23ml/180 days; Only available through Emerging Health 971-290-2010
ODACTRA SL TAB	QL= 30 tabs/30 days
ODEFSEY TAB	QL= 1 tab/day
ODOMZO CAP	QL= 1 cap/day
OFEV CAP	QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
OGSIVEO TAB	QL= 168 tabs/28 days; Only available through Onco360 877-662-6633
OGSIVEO TAB 100MG	QL= 2 tabs/day; Only available through Onco360 877-662-6633
OGSIVEO TAB 150MG	QL= 2 tabs/day; Only available through Onco360 877-662-6633
OHTUVAYRE SUSP	QL= 150 mL/30 days; Only available through AcariaHealth 800-511-5144 or Caremark/CVS Specialty 800-378-0695
OJEMDA SUSP	QL= 96 mL/28 days; Only available through Onco360 877-662-6633
OJEMDA TAB	QL= 24 tabs/28 days; Only available through Onco360 877-662-6633
OJJAARA TAB	QL= 1 tab/day; Only available through Onco360 877-662-6633
olanzapine ODT	QL= 1 tab/day
olanzapine/fluoxetine cap	QL= 1 cap/day
olmesartan/amlodipine/hydrochlorothiazide tab	QL= 30 tabs/30 days
olopatadine nasal spray	QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray
OLPRUVA PACK	QL= 3 packets/day; Only available through CVS Specialty 800-237-2767
OLUMIANT TAB	QL= 1 tab/day
OLUX FOAM	QL= 200 gm/30 days
OMECLAMOX	QL= 80 tabs/10 days
omega-3-acid ethyl esters cap	QL= 4 caps/day
OMLONTI OPHTH SOLN	QL= 2.5mL/25 days; ST requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost
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
OMNITROPE INJ	QL= 13.5 mL/28 days
OMNITROPE INJ 5.8MG	QL= 8 vials/28 days
OMVOH INJ	QL= 2ml/28 days
OMVOH INJ 100MG/ML, 200MG/2ML	QL= 3ml/28 days
ONAPGO INJ 98MG/20ML	QL= 20ml/day; Only available through CVS Specialty 800-238-7828

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ondansetron inj	QL= 24ml/fill, 1 fill/15 days
ondansetron soln	QL= 50ml/fill, 1 fill/15 days
ONDANSETRON TAB 24MG	QL= 1 tab/day; Trial of ondansetron ODT (4mg, 8mg) AND trial of 1: ondansetron tab, ondansetron soln
ONDANSETRON TAB ODT 16MG	QL= 1 tab/day; Trial of ondansetron ODT (4mg, 8mg) AND trial of 1: ondansetron tab, ondansetron soln
ONFI SUSP	QL= 480ml/30 days
ONFI TAB	QL= 2 tabs/day
ONGLYZA TAB	QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto
ONUREG TAB	QL= 14 tabs/28 days
ONYDA XR SUSP	QL= 4ml/day; ST req trial of ALL: clonidine ER tab, guanfacine ER tab, and atomoxetine cap
ONZETRA XSAIL	QL= 16 nosepieces/30 days; Trial of 2: nara, riza tab/ODT, zolm tab, suma tab, elet tab FOLLOWED BY 1: suma nasal, zolm nasal
OPFOLDA CAP	QL= 3 caps/14 days; Only available through Orsini Pharmacy 800-410-8575
OPIPZA FILM	QL= 30 films/30 days; Step Therapy requires trial of two of the following: aripiprazole ODT and aripiprazole oral soln
OPIPZA FILM 10MG	QL= 90 films/30 days; Step Therapy requires trial of two of the following: aripiprazole ODT and aripiprazole oral soln
OPSUMIT TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
OPSYNVI TAB	QL= 1 tab/day; Only available through Accredo 888-773-7376
OPZELURA CREAM	QL= 120 grams/28 days
ORACEA CAP	QL= 1 cap/day
ORALAIR SL TAB	QL= 30 tabs/30 days
ORENCIA CLICK INJ	QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days
ORGOVYX TAB	QL= 30 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ORIAHNN CAP	QL= 2 caps/day
ORILISSA TAB 150MG	QL= 1 tab/day
ORILISSA TAB 200MG	QL= 2 tabs/day
ORKAMBI GRANULES PACKET	QL= 2 packets/day; Only available through Walgreens 888-347-3416
ORKAMBI TAB	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
ORLADEYO CAP	QL= 28 caps/28 days; Only available through Optime Care 1-888-287-2017
ORLADEYO PACK	QL= 28 pellet pack/28 days; Only available through Optime Care 1-888-287-2017
ORLYNVAH TAB	QL= 10 tabs/fill, 6 fills/year; ST req trial of 2: nitrofurantoin, sulfa-trimeth, cephalexin, ciprofloxacin, amox-clav
ormalvi tab 50mg	QL= 4 tabs/day; Only available through LeMed 347-913-4656 or Vanscoy 855-826-72
ORSERDU TAB 345MG	QL= 1 tab/day; Only available through Onco360 877-662-6633
ORSERDU TAB 86MG	QL= 3 tabs/day; Only available through Onco360 877-662-6633
oseltamivir cap 30mg	QL= 40 caps/183 days

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
oseltamivir cap 45mg	QL= 40 caps/183 days
oseltamivir cap 75mg	QL= 20 caps/183 days
oseltamivir susp	QL= 360ml/183 days
OSMOLEX ER TAB	QL= 1 tab/day; Step Therapy requires trial of amantadine
OSPHENA TAB	QL= 1 tab/day
OSPOMYV INJ	QL= 1mL (1 syringe)/180 days
OSVYRTI INJ	QL= 1mL/180 days
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
OTEZLA XR TAB	QL= 1 tab/day
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	QL= 1 bottle/fill, 2 fills/month; Step Therapy requires trial of neomycin/polymixin/hydrocoritisone otic
OTREXUP INJ 10MG	QL= 1.6ml/28 days
OTREXUP INJ 12.5MG/0.4ML	QL= 1.6ml/28 days
OTREXUP INJ 15MG	QL= 1.6ml/28 days
OTREXUP INJ 17.5MG/0.4ML	QL= 1.6ml/28 days
OTREXUP INJ 22.5MG/0.4ML	QL= 1.6ml/28 days
OTREXUP INJ, RASUVO INJ 20MG	QL= 1.6ml/28 days
OTREXUP INJ, RASUVO INJ 25MG	QL= 1.6ml/28 days
OTULFI INJ	QL= 1mL/84 days
OTULFI SYRINGE 45MG/0.5ML	QL= 1 inj/84 days
OTULFI SYRINGE 90MG/ML	QL= 1 inj/84 days
oxcarbazepine er tab 150mg	QL= 1 tab/day
oxcarbazepine er tab 300mg	QL= 1 tab/day
oxcarbazepine er tab 600mg	QL= 4 tabs/day
OXERVATE OPHTH SOLN	QL= 28ml/28 days; Only available through Accredo 800-803-2523
OXTELLAR XR TAB 150MG	QL= 1 tab/day
OXTELLAR XR TAB 300MG	QL= 1 tab/day
OXTELLAR XR TAB 600MG	QL= 4 tabs/day
oxybutynin chloride tab 2.5mg	QL= 1 tab/day; Step therapy requires trial of: oxybutynin syrup or solifenacin
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 2.5-300MG	QL=12 tabs/day
oxycodone/acetaminophen tab 2.5-325mg	QL= 12 tabs/day
oxycodone/acetaminophen tab 5-325mg	QL= 12 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
oxycodone/acetaminophen tab 7.5-325mg	QL= 12 tabs/day
OXYCONTIN CR TAB	QL= 2 tabs/day; Step therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
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
PALSONIFY TAB	QL= 60 tabs/30 days; Only available through Orsini 800-410-8575
PALYNZIQ INJ	QL= 1 inj/day; Only available through Accredo 800-803-2523
paroxetine cap	QL= 1 cap/day
PAROXETINE SUSP	QL= 900 mL/30 days; ST req trial of 2: SSRI (eg. paroxetine tab, fluoxetine, sertraline) SNRI (eg. venlafaxine)
PATANASE NASAL SPRAY	QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray
PAXIL ORAL SUSP	QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs
PAXLOVID PAK	QL= 11 tabs/5 days
PAXLOVID TAB 150-100	QL= 20 tabs/5 days; 20 tabs/fill; 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
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
PEMAZYRE TAB	QL= 14 tabs/21 days; Only available through Biologics 800-850-4306
penciclovir cream	QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB
penicillamine tab	QL= 480 tabs/30 days
PENTASA CR CAP	QL= 8 caps/day; Diagnosis Restricted - Crohn's Disease (K50.9), UC (K51.9); For UC ST req trial of generic APRISO or generic LIALDA
PENTAZOCINE/NALOXONE TAB	QL= 12 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
perampanel tab	QL= 4 tabs/day; ST req trial of 2: levetiracetam, lamotrigine, valproic acid, divalproex, topiramate
PERCOCET TAB 10-325MG	QL= 12 tabs/day
PERCOCET TAB 2.5-325mg	QL= 12 tabs/day
PERCOCET TAB 5-325MG	QL= 12 tabs/day
PERCOCET TAB 7.5-325MG	QL= 12 tabs/day
PERFOROMIST NEB SOLN	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln
PEXEVA TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
PHENELZINE SULFATE TAB	QL= 4 tabs/day
PHEXXI GEL	QL= 180gm/30 days
PICATO GEL	QL= 2 tubes/60 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
pitavastatin calcium tab	QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prav OR Simvastatin tabs
PIVOT SUPPLY KIT	QL= 10 reservoir/30 days
PIVYA TAB	QL= 21 tabs/7 days, no roll up, 6 fills/year; Step therapy req trial of 2: nitrofurantoin, trimethoprim-sulfamethoxazole, cephalexin
PLAVIX TAB 300MG	QL= 4 tabs/30 days
PLEGRIDY INJ	QL= 1 kit/28 days
PLEGRIDY PEN INJ	QL= 1 kit/28 days
podofilox gel	QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream
PODOFILOX SOLN	QL= 0.5ml/day
POKONZA POWDER	QL= 60 packets/30 days; ST req trial of 2: KCL ER tab, KCL micro tab (K-DUR), KCL sprinkle cap (Klor-Con)
pomalidomide cap	QL= 21 caps/28 days; Only available through Optum 877-445-6874 or Biologics 800-850-4306
POMALYST CAP	QL= 21 caps/28 days; Only available through Onco360 877-662-6633
PONVORY TAB	QL= 30 tabs/30 days
PONVORY TAB STARTER PACK	QL= 14 tabs/14 days
posaconazole DR tab	QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND
PRADAXA CAP 75MG, 150MG	QL= 2 caps/day, Step therapy requires trial of Eliquis and Xarelto
PRADAXA PELLET PACK	QL= 2 packets/day
PRALUENT INJ	QL= 2 inj/28 days
pramipexole ER tab	QL= 1 tab/day
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
pravastatin tab	QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
PRECISION XTRA TEST STRIP	QL= 300 test strips/30 days
PREDNISONE DR TAB	QL= 3 tabs/day; ST req trial of ALL: prednisone tab, methylprednisolone tab, prednisolone tab
pregabalin ER tab	QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln
pregabalin soln	QL= 30ml/day
PRETOMANID TAB	QL= 1 tab/day
PREVYMIS PAK	QL= 1 packet/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
PREZISTA TAB 800MG	QL= 1 tab/day
PRIMIDONE TAB	QL= 4 tabs/day
PRIMLEV TAB 10-300MG	QL= 13 tabs/day
PRIMLEV TAB 5-300MG	QL= 13 tabs/day
PRISTIQ TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
PROAIR HFA INHALER	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler
PROLATE TAB	QL= 13 tabs/day; Step therapy requires trial of oxycodone/acetaminophen 7.5-325mg tab
PROLENSA OPHTH SOLN 0.07%	QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
PROMACTA POWDER	QL= 6 packets/day
PROMACTA TAB	QL= 2 tabs/day
PROMETHAZINE VC SYRUP	QL= 30ml/day
PROVENTIL AERO HFA	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol HFA inhaler
PROVENTIL HFA INHALER	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler
PROVIGIL TAB	QL= 2 tabs/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
PULMICORT FLEXHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR
PULMICORT INH SUSP 0.25MG/2ML, 0.5MG/2ML	QL= 120 units/30 days
PULMICORT INH SUSP 1MG/2ML	QL= 60 units/30 days
PULMOZYME INH SOLN	QL= 30 ampules/30 days

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
PYLERA CAP	QL= 120 tabs/10 days
pyrimethamine tab	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
PYRUKYND THERAPY PACK	QL= 7 tabs/7 days; Only available through Biologics by McKesson 800-850-4306
PYZCHIVA INJ	QL= 0.5mL/84 days
PYZCHIVA INJ 45MG/0.5ML	QL= 1 inj/84 days
PYZCHIVA INJ 90MG/ML	QL= 1mL/84 days
QBREXZA PAD	QL= 1 pad/day
QDOLO SOLN	QL= 80ml/day
QELBREE ER CAP 100MG	QL= 30 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine
QELBREE ER CAP 150MG	QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine
QELBREE ER CAP 200MG	QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine
QFITLIA INJ	QL= 0.5ml/56 days; Only available through Soleo Health 844-747-3030
QINLOCK TAB	QL= 90 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
QUAZEPAM TAB	QL= 1 tab/day; Step Therapy requires trial of 2: estazolam, temazepam, and triazolam
QUDEXY XR CAP 100MG	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 150MG	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 200MG	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 25MG	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 50MG	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
quetiapine tab	QL= 3 tabs/day
QUETIAPINE TAB 150MG	QL= 1 tab/day; Step therapy requires trial of quetiapine 25, 50, 100, 200, 300, or 400mg IR tabs
quetiapine XR tab	QL= 1 tab/day
QUILLICHEW ER TAB	QL= 1 tab/day
QUILLIVANT XR SUSP	QL= 360ml/30 days
quinidine sulfate tab	QL= 8 tabs/day
QUINIDINE SULFATE TAB 200MG	QL= 8 tabs/day
QUINIDINE SULFATE TAB 300MG	QL= 5 tabs/day
QULIPTA TAB	QL= 30 tabs/30 days
QUVIVIQ TAB	QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate
QVAR REDIHALER	QL= 21.2gm/30 days
RADICAVA ORS SUSP	QL= 70ml/28 days; Only available through Accredo 800-803-2523
RAGWITEK SL TAB	QL= 30 tabs/30 days
RALDESY SOLN	QL= 40ml/day; Req trial of 2: cital- tab/sol, escita- tab/sol, fluox- tab/cap/sol, mirta- tab/ODT, sertr- tab/con
raloxifene tab	QL= 1 tab/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ramelteon tab	QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, or zolpidem ER tab
RANEXA TAB	QL= 120 tabs/30 days
ranolazine tab	QL= 120 tabs/30 days
rasagiline tab	QL= 1 tab/day
RASUVO INJ 10MG	QL= 0.8ml/28 days
RASUVO INJ 12.5MG	QL= 1ml/28 days
RASUVO INJ 15MG	QL= 1.2ml/28 days
RASUVO INJ 17.5MG	QL= 1.4ml/28 days
RASUVO INJ 22.5MG	QL= 1.8ml/28 days
RASUVO INJ 25MG	QL= 2ml/28 days
RASUVO INJ 27.5MG	QL= 2.2ml/28 days
RASUVO INJ 30MG	QL= 2.4ml/28 days
RASUVO INJ 7.5MG	QL= 0.6ml/28 days
RAYALDEE CAP	QL= 2 caps/day
RAZADYNE TAB	QL= 60 tabs/30 days
REBIF INJ	QL= 6ml/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
RECORLEV TAB	QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
REDEMPLO PFS INJ	QL= 0.5mL/90 days; Only available through Vanscoy Rare Pharmacy 855-826-7269
REGRANEX GEL	QL= 30gm/30 days
RELAFEN DS TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, buprofen, or nabumetone
RELENZA DISKHALER	QL= 1 inhaler/fill, 1 fill/month
RELEUKO INJ	QL= 15 vials/30 days
RELEXXII ER TAB 18MG	QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
RELEXXII ER TAB 27MG	QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
RELEXXII ER TAB 36MG	QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
RELEXXII ER TAB 54MG	QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
RELISTOR INJ	QL= 0.4ml/day
RELISTOR INJ KIT	QL= 0.6ml/day
RELISTOR TAB	QL= 3 tabs/day
RELPAX TAB	QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
RELYVRIO PAK	QL= 56 packs/28 days; Only available through Accredo 888-773-7376
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
REQUIP XL TAB	QL= 1 tab/day; Step Therapy requires trial of ropinirole
RESTASIS MULTI-DOSE	QL= 5.5ml/30 days
RESTASIS OPHTH EMULSION	QL= 60 vials/30 days
RESTASIS OPHTH EMULSION 0.05%	QL= 60 vials/30 days
RETACRIT INJ	QL= 4 vials/30 days
RETEVMO CAP 40MG	QL= 3 caps/day
RETEVMO CAP 80MG	QL= 2 caps/day
RETEVMO TAB	QL= 60 tabs/30 days
RETEVMO TAB 40MG	QL= 90 tabs/30 days
RETIN-A CREAM	QL= 360g/30 days
RETIN-A MICRO GEL 0.04%, 0.1%	QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
RETIN-A MICRO GEL 0.08%, 0.06%	QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
RETIN-A MICRO GEL, RETIN-A MICRO GEL PUMP	QL= 300g/30 days; ST req trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
RETROVIR CAP	QL= 6 caps/day
RETROVIR SYRUP	QL= 1920ml/30 days
RETROVIR TAB	QL= 2 tabs/day
REVATIO SUSP	QL= 224ml/30 days
REVATIO TAB	QL= 3 tabs/day
REVLIMID CAP	QL= 1 cap/day; Only available through Onco360 877-662-6633
REVUFORJ TAB	QL= 60 tabs/30 days; Only available through Onco360 877-662-6633
REXULTI TAB	QL= 1 tab/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
REYATAZ CAP 150 MG	QL= 2 caps/day
REYATAZ CAP 200MG	QL= 2 caps/day
REYATAZ CAP 300MG	QL= 1 cap/day
REYATAZ POWDER PACK	QL= 5 packets/day
REYVOW TAB 100MG	QL= 4 tabs/30 days; Trial of 2: naratriptan, rizatriptan, rizatriptan ODT, sumatriptan, or eletriptan
REYVOW TAB 50MG	QL= 8 tabs/30 days; Trial of 2: naratriptan, rizatriptan, rizatriptan ODT, sumatriptan, or eletriptan
REZDIFFRA TAB	QL= 30 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
REZLIDHIA CAP	QL= 60 caps/30 days; Only available through Biologics 800-850-4306
REZUROCK TAB	QL= 30 tabs/30 days; Only available through Biologics 800-850-4306
REZVOGLAR INJ	QL= 60mL/30 days; ST req Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
RHAPSIDO TAB	QL= 60 tabs/30 days
RHOPRESSA OPHTH SOLN	QL= 2.5ml/30 days; Step therapy requires trial of 2 prostaglandins (latan-, bimat-, travo-, taflu-prost) AND timolol
rilpivirine hcl tab	QL= 1 tab/day

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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 DR tab	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate
risedronate tab 150mg	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
risedronate tab 30mg	QL= 1 tab/day
risedronate tab 35mg	QL= 4 tabs/28 days
risedronate tab 5mg	QL= 1 tab/day
RITALIN LA CAP	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
RITALIN TAB	QL= 3 tabs/day
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
rivastigmine patch	QL= 1 patch/day
RIVFLOZA INJ	QL= 1 syringe/28 days; Only available through CVS Specialty 800-237-2767
rizatriptan ODT	QL= 12 tabs/30 days
rizatriptan tab	QL= 12 tabs/30 days
roflumilast tab	QL= 1 tab/day
ROMVIMZA CAP	QL= 8 caps/28 days; Only available through Biologics 800-850-4306
ropinirole ER tab	QL= 1 tab/day; Step Therapy requires trial of ropinirole
rosuvastatin tab	QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
rosuvastatin tab 10mg	QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
ROSZET TAB	QL= 1 tab/day; Step Therapy requires trial of rosuvastatin and ezetimibe
ROZEREM TAB	QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, or zolpidem ER tab
ROZLYTREK CAP 100MG	QL= 1 cap/day
ROZLYTREK CAP 200MG	QL= 3 caps/day
ROZLYTREK PAK	QL= 360 packets/30 days
RUBRACA TAB	QL= 4 tabs/day; Only available through Optum 877-445-6874
RUCONEST INJ	QL= 16 vials/30 days; Only available through Accredo 800-803-2523
rufinamide susp	QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
rufinamide tab	QL= 240 tabs/30 days; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
RUKOBIA ER TAB	QL= 60 tabs/30 days
RUZURGI TAB	QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
RYTARY CAP 23.75-95MG	QL= 750 caps/30 days; ST req trial of one: carbidopa-levodopa IR/ER/ODT, OR carbidopa-levodopa-entacapone

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
RYTARY CAP 36.25-145MG	QL= 480 caps/30 days; ST req trial of one: carbidopa-levodopa IR/ER/ODT, OR carbidopa-levodopa-entacapone
RYTARY CAP 48.75-195MG	QL= 360 caps/30 days; ST req trial of one: carbidopa-levodopa IR/ER/ODT, OR carbidopa-levodopa-entacapone
RYTARY CAP 61.25-245MG	QL= 300 caps/30 days; ST req trial of one: carbidopa-levodopa IR/ER/ODT, OR carbidopa-levodopa-entacapone
RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB	QL= 4 tabs/day; Step therapy req trial of carbinoxamine 4mg tab
SABRIL POWDER PACK	QL= 6 packs/day; Only available through Walgreens 888-347-3416
SABRIL TAB	QL= 6 tabs/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
sacubitril-valsartan tab	QL= 60 tabs/30 days
SAMSCA TAB 30MG	QL= 1 tab/day; Only available through Walgreens 888-347-3416
SANCUSO PATCH	QL= 4 patches/28 days; Step Therapy requires trial of granisetron
SANTYL OINT	QL= 90gm/30 days
SAPHRIS SL TAB	QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapin quetiapine XR, risperidone, or risperidone ODT
SAVAYSA TAB	QL= 1 tab/day; Step Therapy requires trial of ELIQUIS and XARELTO
SAVELLA TAB	QL= 2 tabs/day; ST req trial of duloxetine and gabapentin
saxagliptin hcl tab	QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto
saxagliptin-metformin hcl tab er 24hr	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue
SCEMBLIX TAB 100MG	QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
SCEMBLIX TAB 20MG	QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
SCEMBLIX TAB 40MG	QL= 8 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
scopolamine patch	QL= 10 patches/30 days
SDAMLO SOLN	QL= 3 units/30 days; Step requires trial of amlodipine tablet
SEASONIQUE TAB	QL= 91 tabs/84 days
SECUADO PATCH	QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT
SEGLENTIS TAB	QL= 10 tabs/day; Trial of 3: tramadol IR, celecoxib cap, oxycodone tab/cap/sol, hydromorphone tab/sol, oxymorphone tab, morphine sol
SEGLUROMET TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANC SYNJARDY, or SYNJARDY XR
SELARSDI INJ	QL= 0.5 mL/84 days
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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SELZENTRY TAB 300MG	QL= 4 tabs/day
SELZENTRY TAB 75MG	QL= 2 tabs/day
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv)	QL= 60ml/30 days
SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv)	QL= 60ml/30 days
SENSIPAR TAB 30MG	QL= 2 tabs/day
SENSIPAR TAB 60MG	QL= 2 tabs/day
SENSIPAR TAB 90MG	QL= 4 tabs/day
SEPHIENCE POWDER 1000MG	QL= 180 powder packs/30 days; Only available through Optum Frontier Therapies 855-768-9727 or Orsini 800-410-8575
SEPHIENCE POWDER 250MG	QL= 90 powder packs/30 days; Only available through Optum Frontier Therapies 855-768-9727 or Orsini 800-410-8575
SEREVENT DISKUS INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of Striverdi
SERNIVO SPRAY	QL= 200 mL/30 days; Step Therapy requires trial of 2 med potency steroids: betameth (crm, lot), desonide oint, momet-, or triamcin-
SEROQUEL TAB	QL= 3 tabs/day
SEROQUEL XR TAB	QL= 1 tab/day
SERTRALINE CAP	QL= 30 caps/30 days; Step therapy requires trial of sertraline tab
sertraline hcl cap	QL= 30 caps/30 days; Step therapy requires trial of sertraline tab
SFROWASA ENEMA	QL= 60mL/day
SIGNIFOR INJ	QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
sildenafil susp	QL= 224ml/30 days
sildenafil tab 20mg	QL= 3 tabs/day
SILENOR TAB	QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zaleplon cap, zolpidem IR/ER tab, doxepin 10mg, trazodone tab
SILIQ INJ	QL= 4 inj/28 days
SIMCOR TAB	QL= 1 tab/day
SIMLANDI 1-PEN KIT	QL= 1 inj/28 days
SIMLANDI INJ	QL= 2 inj/28 days
SIMLANDI KIT	QL= 2 inj/28 days
SIMLANDI KIT (adalimumab-ryvk)	QL= 2 inj/28 days
SIMPONI SC INJ	QL= 1 inj/28 days
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
simvastatin tab 80mg	QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
sitagliptin phosphate tab	QL= 30 tabs/30 days; Step Therapy requires trial of metformin
sitagliptin phosphate-metformin hcl tab	QL= 30 tabs/30 days; Step Therapy requires trial of metformin
SITAGLIPTIN/METFORMIN TAB	QL= 2 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SITAVIG TAB	QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir
SIVEXTRO TAB	QL= 6 tabs/fill
SKYCLARYS CAP 50MG	QL= 90 caps/30 days; Only available through Biologics 800-850-4306
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
SOAANZ TAB	QL= 5 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab
SOAANZ TAB 60MG	QL= 3 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab
sodium oxybate oral solution	QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-368
SODIUM OXYBATE SOLN	QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-368
SODIUM OXYBATE SOLN, XYREM SOLN	QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-368
sodium/potassium/magnesium soln	QL= 2 fills/year
SOFDRA GEL	QL= 40.2 mL/30 days; Only available through Lombard Pharmacy 630-495-2333
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day
SOGROYA INJ	QL= 6ml/28 days
SOHONOS CAP	QL= 30 caps/30 days; Only available through CVS Specialty 800-237-2767
solifenacin tab	QL= 1 tab/day
SOLIQUA INJ	QL= 18ml/30 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC a RYBELSUS
SOLODYN TAB	QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab
SOLOSEC GRANULES PACKET	QL= 2 packets/28 days; Step Therapy requires trial of clindamycin or metronidazole
SOMA TAB	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
SONATA CAP	QL= 1 cap/day
SONATA CAP 10MG	QL= 2 caps/day
SOOLANTRA CREAM	QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole
SOTYKTU TAB	QL= 1 tab/day
SOVALDI TAB	QL= 28 tabs/28 days
SPEVIGO INJ	QL= 2 mL/28 days; Only available through Accredo 888-773-7376
SPIKEVAX INJ	QL= 1 dose/24 days
SPINOSAD SUSP	QL= 1 bottle/fill, 1 fill/month

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SPIRIVA HANDIHALER	QL= 1 cap/day; For use with Handihaler device
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
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	QL= 1 inhaler/30 days
spironolactone susp	QL= 600ml/30 days; ST req trial of furosemide oral soln
SPRAVATO NASAL SOLN	QL= 4 kits/28 days; Only available through Walgreens 888-347-3416
SPRIX NASAL SPRAY	QL= 5 units/30 days
STAHIST AD TAB 25-60MG	QL= 4 tabs/day
STALEVO TAB 12.5-50-200MG	QL= 8 tabs/day
STALEVO TAB 18.75-75-200MG	QL= 8 tabs/day
STALEVO TAB 25-100-200MG	QL= 8 tabs/day
STALEVO TAB 31.25-125-200MG	QL= 8 tabs/day
STALEVO TAB 37.5-150-200MG	QL= 8 tabs/day
STALEVO TAB 50-200-200MG	QL= 6 tabs/day
STARJEMZA INJ	QL= 0.5mL/84 days
STARJEMZA PFS INJ 45MG/0.5ML	QL= 0.5mL/84 days
STARJEMZA PFS INJ 90MG/ML	QL= 1 mL/84 days
stavudine cap	QL= 2 caps/day
STEGLATRO TAB	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA TAB, XIGDUO XR TAB, JARDIANCE TAB, SYNJARDY TAB, or SYNJARDY XR TAB
STELARA INJ	QL= 1 inj/84 days
STEQEYMA INJ 45MG/0.5ML	QL= 1 inj/84 days
STEQEYMA INJ 90MG/ML	QL= 1 inj/84 days
STEQEYMA VIAL	QL= 0.5 mL/84 days
STIMUFEND INJ	QL= 1.2 units/28 days; Only available through Walgreens 888-347-3416
STIOLTO INHALER	QL= 1 inhaler/30 days
STIVARGA TAB	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
STOBOCLO INJ	QL= 1 mL/180 days
STRATTERA CAP 10MG	QL= 2 caps/day
STRATTERA CAP 18MG	QL= 2 caps/day
STRATTERA CAP 25MG	QL= 2 caps/day
STRATTERA CAP 40MG	QL= 2 caps/day
STRATTERA CAP 60MG	QL= 1 cap/day
STRIANT FILM	QL= 60 films/30 days
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 2-0.5MG	QL= 4 films/day
SUBOXONE SL FILM 4-1MG	QL= 4 films/day
SUBOXONE SL FILM 8-2MG	QL= 3 films/day
SUBVENITE SUSP	QL= 20ml/day; Step Therapy requires trial of lamotrigine chew
SUDAFD SINUS TAB 30MG	QL= 8 tabs/day

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SUDAFED CHILDRENS LIQUID 15MG/5M	QL= 2400ml/30 days
SUFLAVE SOLN	QL= 2 fills/year
SULAR ER TAB 17MG	QL= 2 tabs/day; ST req trial of 2: amlodipine, nicardipine, nifedipine, felodipine, diltiazem, verapamil tab
SULAR ER TAB 8.5MG	QL= 2 tabs/day; ST req trial of 2: amlodipine, nicardipine, nifedipine, felodipine, diltiazem, verapamil tab
sulfadiazine tab	QL= 8 tabs/day
sumatriptan inj	QL= 8 inj/30 days
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; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
sumatriptan/naproxen tab	QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
sunitinib malate cap	QL= 28 caps/42 days
SUNOSI TAB 150MG	QL= 1 tab/day
SUNOSI TAB 75 MG	QL= 2 tabs/day
SUPREP BOWEL PREP PACK	QL= 2 fills/year
SUTENT CAP	QL= 28 caps/42 days; Only available through Walgreens 888-347-3416
SYMBICORT INHALER	QL= 10.2g/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
SYMBRAVO TAB	QL= 1 tab/day; ST req trial of meloxicam tab AND all of the following triptans: riza-, suma-, nara-, zolmi-
SYMBYAX CAP	QL= 1 cap/day
SYMDEKO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
SYMLINPEN INJ 120	QL= 11ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart
SYMLINPEN INJ 60	QL= 6ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart
SYMPROIC TAB	QL= 30 tabs/30 days
SYNAGIS INJ	QL= 2 inj/28 days
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day
TABLOID TAB	QL= 4 tabs/day
TABRECTA TAB	QL= 112 tabs/28 days
tadalafil tab	QL= 1 tab/day
tadalafil tab (PAH)	QL= 2 tabs/day
TADLIQ SUSP	QL= 10ml/day

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TAFINLAR CAP	QL= 4 caps/day
TAFINLAR TAB	QL= 12 tabs/day
tafluprost preservative free (pf) ophth soln	QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln
TAGRISSO TAB	QL= 1 tab/day
TAKHZYRO INJ	QL= 2 inj/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
TALICIA CAP	QL= 168 caps/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole)
TALTZ INJ	QL= 1 inj/28 days
TALTZ INJ 20MG/0.25ML	QL= 1 inj/28 days
TALTZ INJ 40MG/0.5ML	QL= 1 inj/28 days
TALZENNA CAP	QL= 1 cap/day; Only available through Onco360 877-662-6633
TAMIFLU CAP 30MG	QL= 40 caps/183 days
TAMIFLU CAP 45MG	QL= 40 caps/183 days
TAMIFLU CAP 75MG	QL= 20 caps/183 days
TAMIFLU SUSP	QL= 360ml/183 days
tapentadol hcl tab	QL= 6 tabs/day; ST req trial of 2: oxycodone, tramadol, morphine tab/soln, hydrocodone/apap, oxycodone/apap
TAPENTADOL SOLN	QL= 30mL/day; ST req trial of 2: oxycodone, tramadol, morphine tab/soln, hydrocodone/apap, oxycodone/apap
TARCEVA TAB 100MG	QL= 3 tabs/day
TARCEVA TAB 150MG	QL= 3 tabs/day
TARCEVA TAB 25MG	QL= 2 tabs/day
TARPEYO CAP	QL= 120 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479
TASCENSO ODT TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
TASMAR TAB	QL= 3 tabs/day
TAVALISSE TAB	QL= 2 tab/day; Only available through Biologics 800-850-4306
TAVNEOS CAP	QL= 180 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479
tazarotene cream 0.05%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
tazarotene cream 0.1%	QL= 360g/30 days
tazarotene gel	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream
tazarotene gel 0.1%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream
TAZORAC CREAM	QL= 360g/30 days
TAZORAC CREAM 0.05%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
TAZORAC GEL	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
TAZORAC GEL 0.1%	QL= 100g/30 days; Step Therapy requires trial of tazarotene cream
TAZVERIK TAB	QL= 8 tabs/day; Only available through Onco360 877-662-6633
TECFIDERA CAP	QL= 60 caps/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TECFIDERA STARTER PACK	QL= 60 caps/30 days
TECHNIVIE TAB	QL= 1 pack/28 days; Only available through Walgreens 888-347-3416
TEGSEDI INJ	QL= 4 inj/28 days; Only available through Accredo 800-803-2523
TELMISARTAN/AMLODIPINE TAB	QL= 1 tab/day; Step therapy requires trial of amlodpine-olmesartan OR amlodipine-valsartan
TENCON TAB	QL= 6 tabs/day
tenofovir disoproxil fumarate tab	QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
TEPMETKO TAB	QL= 60 tabs/30 days; Only available through Biologics 800-850-4306
teriflunomide tab	QL= 30 tabs/30 days
teriparatide (recombinant) soln pen-inj 560mcg/2.24ml	QL= 2.24 mL/28 days
teriparatide 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 1.62% 1.25gm	QL= 1 packet/day
testosterone gel 1.62% 2.5gm	QL= 2 packets/day
TESTOSTERONE GEL 10MG/ACT	QL= 2 bottles/30 days
testosterone gel 2%	QL= 2 bottles/30 days
TESTOSTERONE GEL 20.25MG/1.25GM	QL= 1 packet/day
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 150gm/30 days
TESTOSTERONE GEL PUMP, VOGELXO GEL PUMP	QL= 300g/30 days
TESTOSTERONE GEL, VOGELXO GEL	QL= 2 packets/day
TESTOSTERONE INJ	QL= 1 vial/28 days
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ	QL= 1 vial/28 days
testosterone soln	QL= 2 bottles/30 days
TETRACYCLINE TAB	QL= 4 tabs/day; ST req trial of tetracycline caps followed by minocycline IR OR doxycycline monohydrate
TEZRULY SOLN	QL= 20ml/day; ST req trial of terazosin capsules
TEZSPIRE INJ	QL= 1 pen/30 days
TEZSPIRE SOLN	QL= 1 syringe/30 days
THALITONE TAB	QL= 1 tab/day; Step therapy requires trial of chlorthalidone 25mg or chlorthalidone 50mg
THALOMID CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
THEOPHYLLINE TAB ER	QL= 1 tab/day
THIOLA EC TAB	QL= 8 tabs/day; Only available through Eversana 636-519-2400

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
THIOLA TAB	QL= 8 tabs/day; Only available through Eversana 636-519-2400
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
TIBSOVO TAB	QL= 2 tabs/day; Only available through Onco360 877-662-6633
ticagrelor tab	QL= 2 tabs/day
timolol maleate (pf) ophth soln 0.5%	QL= 2ml/day
timolol maleate preservative free ophth soln	QL= 2ml/day
timolol ophth soln	QL= 15ml/30 days
TIMOPTIC OCUDOSE OPHTH SOLN	QL= 2ml/day
TIMOPTIC OCUDOSE OPHTH SOLN 0.5%	QL= 2ml/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
tolcapone tab	QL= 3 caps/day
TOLSURA CAP	QL= 4 caps/day; Step Therapy requires trial of itraconazole
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
TONMYA SUB	QL= 60 tab/30 days; ST req trial of cyclobenzaprine 5mg/10mg AND trial of 3: duloxe, venlafax, gabapn, pregab, amitrip
TOPICORT GEL	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
topiramate cap er 200mg	QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle (generic Qudexy XR)
topiramate ER cap	QL = 2 caps/day; Step Therapy requires trial of generic topiramate IR
topiramate oral soln	QL= 480mL/30 days; Step therapy requires trial of topiramate sprinkle caps
topiramate sprinkle cap 50mg	QL= 8 caps/day; Step therapy requires trial of topiramate 15mg/25mg sprinkle cap
TOSYMRA SOLN	QL= 6 sprays/30 days; Trial of 2: nara, riza tab/ODT, zolm tab, suma tab, elet tab FOLLOWED BY 1: suma nasal, zolm nasal
TOUJEO MAX SOLOSTAR INJ	QL= 18ml/30 days
TOUJEO SOLOSTAR INJ	QL= 18ml/30 days

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TOVIAZ TAB	QL= 1 tab/day
TRACLEER TAB	QL= 4 tabs/day; Only available through Accredo 800-803-2523
TRADJENTA TAB	QL= 1 tab/day
TRAMADOL ER CAP	QL= 1 cap/day; Step Therapy requires trial of tramadol tab
TRAMADOL HCL ER TAB 100MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
TRAMADOL HCL ER TAB 200MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
TRAMADOL HCL ER TAB 300MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
TRAMADOL HCL TAB	QL= 30 tabs/30 days
tramadol hcl tab 100mg	QL= 4 tabs/day
TRAMADOL HCL TAB 75MG	QL= 30 tabs/30 days; Step Therapy requires trial of tramadol 50mg tab or tramadol 100mg tab
tranexamic acid tab	QL= 180 tabs/30 days
TRANSDERM-SCOP PATCH	QL= 10 patches/30 days
TRAVATAN Z DROPS	QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost
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= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
TRETIN-X CREAM	QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream
TREXIMET TAB	QL= 9 tabs/30 days; Trial of 2: naratriptan, rizatriptan, rizatriptan ODT, sumatriptan, or eletriptan
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROC ODEINE CAP	QL= 10 caps/day
triamcinolone spray	QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- crm/lot/oint
TRIJARDY XR TAB 10-5-1000MG	QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab
TRIJARDY XR TAB 12.5-2.5-1000MG	QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab
TRIJARDY XR TAB 25-5-1000MG	QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab
TRIJARDY XR TAB 5-2.5-1000MG	QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab
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

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
trilyte soln	Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
TRINTELLIX TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
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
TRIZIVIR TAB	QL= 2 tabs/day
TROKENDI XR CAP	QL= 1 cap/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR)
TROKENDI XR CAP 200MG	QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle (generic Qudexy XR)
trospium chloride SR cap	QL= 1 cap/day; Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR, trospium IR/ER, solifenacin
TRUDHESA NASAL SPRAY	QL= 8ml/28 days; Step therapy requires trial of 2: dihydroergotamine mesylate, sumatriptan tab, rizatriptan, naratriptan
TRULANCE TAB	QL= 30 tabs/30 days
TRULICITY INJ	QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
TRUQAP TAB	QL= 64 tabs/28 days
TRUQAP THERAPY PACK	QL= 64 tabs/28 days
TRUSELTIQ PACK 100MG	QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246
TRUSELTIQ PACK 175MG	QL= 63 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246
TRUSELTIQ PACK 50MG, 125MG	QL= 42 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246
TRUVADA TAB	QL= 30 tabs/30 days
TRYNGOLZA INJ	QL= 0.8ml/30 days; Only available through PantheRx Pharmacy 855-726-8479
TRYPTYR SOLN	QL= 60 single dose vials/30 days; ST requires trial of cyclosporine ophth soln
TRYVIO TAB	QL= 30 tabs/30 days; Only available through Walgreens 888-347-3416
TUDORZA PRESSAIR INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER a SPIRIVA RESPIMAT or tiotropium bromide cap inhaler
TUKYSA TAB	QL= 120 tabs/30 days; Only available through Biologics 800-850-4306
TURALIO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
TUSSICAPS	QL= 20 caps/fill, 2 fills/30 days
tussin cf liquid	QL= 1200ml/30 days
TUXARIN ER TAB	QL= 20 tabs/fill, 2 fills/30 days
TUZISTRA XR SUSP	QL= 120ml/fill, 2 fills/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

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
UCERIS RECTAL FOAM	QL= 100.2g/30 days
UDENYCA INJ	QL = 2 injectors/28 days
ULORIC TAB	QL= 1 tab/day
ULTRAVATE LOTION	QL= 200mL/30 days; ST req trial of 2 high potency steroids: betamethasone, clobetasol, halobet- crm/oint, or fluocinonide
UMECLIDINIUM ELLIPTA INHALER 62.5MCG/INH	QL= 30 units/30 days
UMECLIDINIUM/VILANTEROL INHALER 62.5-25MCG/ACT	QL= 60 grams/30 days
UPNEEQ SOLN	QL= 30 droppers/30 days
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
URSOLIGN CAP 150MG	QL= 3 caps/day; ST req trial of ursodiol tablet AND ursodiol 300mg capsule
USTEKIN-AEKN INJ 45/0.5ML	QL= 0.5mL/84 days
USTEKIN-AEKN INJ 90MG/ML	QL= 1.0mL/84 days
USTEKINUMAB INJ 45MG/0.5ML	QL= 0.5 mL/84 days
USTEKINUMAB INJ 90MG/ML	QL= 1 mL/84 days
USTEKINUMAB-AEKN 45MG/0.5ML	QL= 0.5mL/84 days
USTEKINUMAB-AEKN 90MG/ML	QL= 1.0mL/84 days
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
VANCOCIN CAP 125MG	QL= 56 caps/30 days
VANCOCIN CAP 250MG	QL= 112 caps/30 days
vancomycin cap 125mg	QL= 56 caps/30 days
vancomycin cap 250mg	QL= 112 caps/30 days
vancomycin hcl for oral soln 25mg/ml	QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin via for compounded oral solution
vancomycin hcl for oral soln 50mg/ml	QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin via for compounded oral solution
VANFLYTA TAB	QL= 60 tabs/30 days; Only available through Onco360 877-662-6633
VANRAFIA TAB	QL= 30 tabs/30 days; Only available through Onco360 877-662-6633
varenicline tartrate tab	Limited to 180 days/plan year

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
varenicline tartrate tab start pack	Limited to 180 days/plan year
VARUBI TAB	QL= 2 tabs/day; Step Therapy requires trial of ondansetron
VASCEPA CAP 0.5GM	QL= 2 caps/day
VASCEPA CAP 1GM	QL= 4 caps/day
VELPHORO CHEW TAB	QL= 6 tabs/day; Step Therapy requires trial of sevelamer followed by lanthanum
VELSIPITY TAB	QL= 30 tabs/30 days
VELTASSA POWDER	QL= 1 packet/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma
VELTASSA POWDER 1GM	QL= 4 packets/day; ST req trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma
VEMLIDY TAB	QL= 1 tab/day
VENLAFAXINE TAB	QL= 2 tabs/day; Step therapy requires trial of venlafaxine ER HCL cap/tab
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 800-803-2523
VEOZAH TAB	QL= 30 tabs/30 days; ST requires trial of 2: parox, escital, venlafax, desven AND trial 1: gabapen, pregab, clonidine
VERAPAMIL CAP ER	QL= 1 cap/day; Step requires trial of verapamil ER tablets (generic Calan) AND diltiazem ER capsules
VERAPAMIL ER CAP	QL= 1 cap/day; Step requires trial of verapamil ER tablets (generic Calan) AND diltiazem ER capsules
VERKAZIA EMULSION 0.1% OPHTH	QL= 4 vials/day, 6 fills/year; ST requires trial of 1: fluorometholone ophth, dexamethasone ophth, prednisolone ophth or loteprednol ophth
VERQUVO TAB	QL= 30 tabs/30 days
VERZENIO TAB	QL= 2 tabs/day
VESICARE LS SUSP	QL= 2 bottles/30 days; Step Therapy requires trial of oxybutynin IR/ER and solifenacin tabs
VESICARE TAB	QL= 1 tab/day; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine tolterodine ER, trospium, or trospium ER
VEVYE DROP 0.1%	QL= 6ml/30 days; ST req trial of cyclosporine ophthalmic emulsion
V-GO INJ KIT	QL= 1 kit/day
VIBRAMYCIN CAP	QL= 2 caps/day
VICTOZA INJ	QL= 9ml/30 days; ST requires trial of all of the following: Ozempic, Trulicity, Rybelsus; Diagnosis Restricted – Type 2 Diabetes (E11)
VIDEX SOLN	QL= 600ml/30 days
VIEKIRA PAK TAB	QL= 4 tabs/day; Only available through Lumicera 855-847-3553
VIEKIRA XR TAB	QL= 3 tabs/day; Only available through Lumicera 855-847-3553
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
VIGAFYDE SOLN	QL= 750ml/30 days; Only available through PantheRx 855-726-8479
VIIBRYD TAB	QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox
VIJOICE GRANULES PACKET	QL= 1 packet/day; Only available through Biologics 800-850-4306
VIJOICE TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
vilazodone hcl tab	QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox
VIMPAT SOLN	QL= 1200ml/30 days
VIMPAT TAB	QL= 2 tabs/day
VIRAMUNE SUSP	QL= 1200ml/30 days
VIRAMUNE TAB	QL= 2 tabs/day
VIRAMUNE XR TAB	QL= 1 tab/day
VIREAD TAB	QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
VITRAKVI CAP 100MG	QL= 2 caps/day; Only available through Accredo 888-773-7376
VITRAKVI CAP 25MG	QL= 8 caps/day; Only available through Accredo 888-773-7376
VITRAKVI SOLN	QL= 10ml/day; Only available through Accredo 888-773-7376
VIVELLE-DOT PATCH	QL= 8 patches/28 days
VIVJOA CAP	QL= 18 capsules/84 days; Only available through Walgreens 888-347-3416
VIVLODEX CAP	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
VIZIMPRO TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
VONJO CAP	QL= 120 tabs/30 days; Only available through Onco360 877-662-6633
VOQUEZNA DUAL PAK	QL= 1 pack/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole)
VOQUEZNA TRIP PAK	QL= 1 pack/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole)
VORANIGO TAB	QL= 30 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
VORANIGO TAB 10MG	QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
VOSEVI TAB	QL= 1 tab/day
VOTRIENT TAB	QL= 120 tabs/30 days
VOWST CAP	QL= 12 caps/30 days; Only available through Orsini Pharmacy 800-410-8575
VOXZOGO INJ	QL= 30 vials/30 days; Only available through Accredo 800-803-2523
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
VOYXACT INJ	QL= 2 mL/28 days; Only available through PantheRx 855-726-8479
VRAYLAR CAP	QL= 1 cap/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
VRAYLAR PACK	QL= 2 packs/plan year; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
VTAMA CREAM	QL= 60 grams/30 days
VUMERITY CAP	QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer, cladribine
VYJUVEK GEL	QL= 10ml/28 days; Only available through Orsini 800-410-8575
VYKAT XR TAB 150MG	QL= 90 tabs/30 days
VYKAT XR TAB 25MG	QL= 120 tabs/30 days

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
VYKAT XR TAB 75MG	QL= 210 tabs/30 days
VYLEESI INJ	QL= 2.4 ml/28 days
VYNDAMAX CAP	QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
VYNDAQEL CAP	QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
VYSCOXA SUSP	QL= 840 mL/21 days; ST req trial of celecoxib cap [can be opened/sprinkled], ibuprofe susp, and naproxen susp
VYTORIN TAB	QL= 1 tab/day
VYVANSE CAP	QL= 1 cap/day
VYVANSE CHEW TAB	QL= 1 tab/day
VYVGART HYTRULO INJ	QL= 20mL/28 days; Only available through Walgreens 888-347-3416
VYZULTA SOLN	QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost followed by 1: travopros bimatoprost 0.03%, or tafluprost
WAINUA INJ	QL= 0.8ml/28 days; Only available through Orsini Pharmacy 800-410-8575
WAKIX TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
WAYRILZ TAB	QL= 60 tabs/30 days
WEGOVY INJ	QL= 2 mL/28 days; Excluded for weight loss
WEGOVY INJ 1.7MG	QL= 3 ml/28 days; Excluded for weight loss
WEGOVY INJ 2.4MG	QL= 3 ml/28 days; Excluded for weight loss
WEGOVY TAB	QL= 1 tab/day
WELIREG TAB	QL= 90 tabs/30 days; Only available through Onco360 877-662-6633
WEZLANA INJ	QL = 0.5ml/84 days; Only available through Optum 877-445-6874
WEZLANA SYRINGE 45MG/0.5ML	QL = 0.5ml/84 days; Only available through Optum 877-445-6874
WEZLANA SYRINGE 90MG/ML	QL = 1ml/84 days; Only available through Optum 877-445-6874
WIDAPLIK TAB	QL= 2 tabs/day; ST req trial of 1: olmesartan-amlodipine-HCTZ
WINLEVI CREAM	QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial o 1: clindamycin or erythromycin
WINREVAIR INJ	QL= 1 kit/21 days; Only available through Accredo 800-803-2523 or Caremark/CVS Specialty 800-378-0695
WYNZORA CREAM	QL= 400 gm/30 days; Step Therapy requires trial 2 high potent steroids (betameth-oint/crm/lot, clobet-, halobet-, fluocin-), and calcipotri-
XACIATO GEL	QL= 25 grams/30 days; Trial of 2: metronidazole gel, clindamycin vaginal cream AND trial of 1: metronid tab or clinda cap
XADAGO TAB	QL= 30 tabs/30 days; Step therapy requires trial of of carbidopa/levodopa
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

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XARTEMIS XR TAB	QL= 12 tabs/day
XCOPRI PAK 100-150MG	QL= 1 pack/28 days; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI PAK 150-200MG	QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI PAK 50-200MG	QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI TAB 100MG	QL= 1 tab/day
XCOPRI TAB 150MG	QL= 2 tabs/day
XCOPRI TAB 200MG	QL= 2 tabs/day
XCOPRI TAB 25MG	QL= 1 tab/day
XCOPRI TAB 50MG	QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI TITRATION PAK 150-200MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI TITRATION PAK 50-100MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
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)
XELJANZ ORAL SOLN	QL= 10mL/day
XELJANZ TAB	QL= 2 tabs/day
XELJANZ XR TAB	QL= 1 tab/day
XELSTRYM PAD	QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER methylphen ER 27/36/54 (non-OSM)
XENLETA TAB	QL= 10 tabs/fill, 1 fill/month
XEPI CREAM	QL= 30gm/30 days
XERMELO TAB	QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Biologics 800-850-4306
XIFAXAN TAB 200MG	QL= 9 tabs/fill, 2 fills/month
XIFAXAN TAB 550MG	QL= 2 tabs/day
XIGDUO XR TAB	QL= 1 tab/day
XIGDUO XR TAB 2.5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-500MG	QL= 2 tabs/day
XIIDRA OPHTH SOLN	QL= 60ml/30days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis)
XODOL TAB 10MG-300MG	QL= 13 tabs/day
XODOL TAB 5MG-300MG	QL= 13 tabs/day
XODOL TAB 7.5MG-300MG	QL= 13 tabs/day
XOFLUZA TAB	QL= 2 tabs/120 days
XOFLUZA TAB THERAPY PACK 40MG	QL= 2 tabs/120 days

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XOFLUZA TAB THERAPY PACK 80MG	QL= 2 tabs/120 days
XOLAIR INJ	QL= 1 syringe/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
XOLREMDI CAP	QL= 60 caps/20 days; Only available through PantheRx 855-726-8479
XOSPATA TAB	QL= 3 tabs/day; Only available through Onco360 877-662-6633
XPHOZAH TAB	QL= 60 tablets/30 days; Only available through Walgreens 888-347-3416
XPOVIO PAK 10MG	QL= 16 tabs/28 days; Only available through Onco360 877-662-6633
XPOVIO PAK 80MG	QL= 4 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
XPOVIO TAB	QL= 32 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
XTAMPZA ER CAP 13.5MG	QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 18MG	QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 27MG	QL= 4 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 36MG	QL= 8 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 9MG	QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTANDI CAP	QL= 4 caps/day
XTANDI TAB 40MG	QL= 4 tabs/day
XTANDI TAB 80MG	QL= 2 tabs/day
XULTOPHY INJ	QL= 15ml/30 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC a RYBELSUS
XYOSTED INJ	QL= 4ml/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
YONSA TAB	QL= 4 tabs/day
YORVIPATH INJ 168 MCG/0.56ML	QL= 1.12ml/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575
YORVIPATH INJ 294 MCG/0.98ML	QL= 1.96ml/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575
YORVIPATH INJ 420 MCG/1.4ML	QL= 2.80ml/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575
YUFLYMA 2SYR KIT 40MG/0.4ML	QL= 2 inj/28 days
YUFLYMA KIT 40MG/0.4ML	QL= 2 inj/28 days
YUFLYMA KIT 80MG/0.8ML	QL= 2 syringes/28 days
YUPELRI SOLN	QL= 90ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA RESPIMAT or tiotropium bromide cap inhaler
YUSIMRY INJ 40MG/0.8ML	QL= 2 inj/28 days
YUTREPIA CAP	QL= 5 caps/day; Only available through Accredo 800-803-2523
zaleplon cap	QL= 2 caps/day

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ZANAFLEX CAP	QL= 4 caps/day; ST req trial of tizanadine tabs (2,4,6mg) and 2 of: cyclobenzaprine, methocarbamol, orphenadrine
ZARXIO INJ	QL= 15 syringes/30 days
ZARXIO INJ 480/0.8	QL= 15 syringes/30 days
ZAVZPRET SPRAY	QL= 6 sprays/30 days; ST req trial of 2 oral triptan (sumatriptan, naratriptan, rizatriptan followed by sumatriptan nasal
ZECUITY PAD	QL= 4 pads/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
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
ZELSUVMI GEL	QL= 31g/30 days
ZEPATIER TAB	QL= 1 tab/day
ZEPBOUND INJ	QL= 2.4mL/28 days; Excluded for Weight Loss
zephrex-d tab 30mg	QL= 240 tabs/30 days
ZEPOSIA CAP	QL=30 caps/30 days
ZEPOSIA STARTER PACK	QL= 37 caps/37 days
ZERIT CAP	QL= 2 caps/day
ZERVIATE OPHTH SOLN	QL= 30 single use containers/30 days
ZETIA TAB	QL= 1 tab/day
ZIAGEN SOLN	QL= 960ml/30 days
ZIAGEN TAB	QL= 2 tabs/day
ZIANA GEL	QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin
zidovudine cap	QL= 6 caps/day
zidovudine syrup	QL= 1920ml/30 days
zidovudine tab	QL= 2 tabs/day
ZIEXTENZO INJ	QL= 1.2 units/28 days
ZILBRYSQ INJ 16.6MG/0.416ML	QL= 11.65ml/28 days; Only available through PantheRx Pharmacy 855-726-8479
ZILBRYSQ INJ 23MG/0.574ML	QL= 16.07ml/28 days; Only available through PantheRx Pharmacy 855-726-8479
ZILBRYSQ INJ 32.4MG/0.81ML	QL= 22.68ml/28 days; Only available through PantheRx Pharmacy 855-726-8479
zileuton ER tab	QL= 2 tabs/day
ZILXI FOAM	QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
ZIMHI SOLN	QL= 2 syringes/fill, 2 fills/30 days; Step therapy requires trial of 2: naloxone nasal spray, naloxone inj
ZIOPTAN OPHTH SOLN	QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost
ziprasidone cap	QL= 2 caps/day
ZIPSOR CAP	QL= 4 caps/day
ZITUVIMET XR TAB	QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR Jentaduetc
ZITUVIO TAB	QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentaduet
ZOCOR TAB 5MG, 10MG, 20MG, 40MG	QL= 1 tab/day

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.

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ZOCOR TAB 80MG	QL= 1 tab/day
ZOFRAN SOLN	QL= 50ml/fill, 1 fill/15 days
ZOHYDRO ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
zolmitriptan nasal spray	QL= 6 sprays/30 days; Trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab, elet tab FOLLOWED BY suma nasal
zolmitriptan ODT	QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
ZOLMITRIPTAN SPRAY	QL= 6 sprays/fill, 2 fills/30 days
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY	QL= 6 sprays/30 days; Trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab, elet tab FOLLOWED BY suma nasal
zolmitriptan tab	QL= 9 tabs/30 days
ZOLPIDEM CAP	QL= 1 cap/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, or zolpidem ER tab
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
zolpidem tartrate SL tab	QL= 1 tab/day
ZOLYMBUS OPHTH GEL	QL= 1 carton/30 days; ST requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost
ZOMIG SPRAY	QL= 6 sprays/fill, 2 fills/30 days; Trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab, elet tab FOLLOWED BY suma nasal
ZOMIG TAB	QL= 9 tabs/30 days
ZOMIG ZMT	QL= 9 tabs/30 days; Trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, sumatriptan tab, or eletriptan
ZONISADE SUSP	QL= 900ml/30 days
ZORTRESS TAB	QL= 2 tabs/day
ZORVOLEX CAP	QL= 3 caps/day
ZORYVE CREAM	QL= 60 grams/30 days; Step therapy requires trial of calcipotriene cream/oint/soln AN topical tacrolimus oint
ZORYVE CREAM 0.05%	QL= 60 grams/30 days; ST req trial of tacrolimus oint
ZORYVE CREAM 0.15%	QL= 60g/30 days; ST req trial of tacrolimus oint
ZORYVE FOAM 0.3%	QL= 60g/30 days; Step Therapy requires trial of 1 topical steroid (e.g. clobetasol) and topical calcineurin inhibitor (e.g. tacro)
ZTALMY SUSP	QL= 1100ml/30 days; Only available through Orsini Pharmacy 800-410-8575
ZUNVEYL TAB	QL= 2 tabs/day; ST req trial of generic galantamine tab/cap
ZURAMPIC TAB	QL= 1 tab/day
ZURZUVAE CAP 20MG	QL= 28 caps/14 days, 1 fill/365 days
ZURZUVAE CAP 25MG	QL= 28 caps/14 days, 1 fill/365 days
ZURZUVAE CAP 30MG	QL= 14 caps/14 days, 1 fill/365 days
ZYBAN TAB	Limited to 180 days/plan year
ZYBIC SUSP 7.5MG/5ML	QL= 10ml/day; Step requires trial of naproxen suspension ibuprofen suspension AND generic meloxicam tablets

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ZYCLARA CREAM 2.5%	QL= 7.5gm/28 days; Step Therapy requires trial of imiquimod cream
ZYCUBO INJ	QL= 30 vials/30 days; Only available through Biologics 800-850-4306
ZYFLO CR TAB	QL= 2 tabs/day
ZYFLO TAB	QL= 4 tabs/day
ZYKADIA CAP	QL= 3 caps/day
ZYKADIA TAB	QL= 3 tabs/day
ZYLET OPHTH SUSP	QL= 10mL/fill; ST req trial of Tobramycin-Dexamethasone ophth susp AND Neomycin-Polymyxin-Dexamethasone ophth susp
ZYMFENTRA INJ	QL= 2 pens/28 days
ZYPITAMAG TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
ZYPREXA ZYDIS TAB	QL= 1 tab/day
ZYTIGA TAB 250MG	QL= 3 tabs/day
ZYTIGA TAB 500MG	QL= 2 tabs/day

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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

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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)