ArrayRx

# High Performance Formulary

*An evidence-based pharmacy formulary that works for you*

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

## What is the High Performance Formulary?

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

## How does the program work?

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

## Who makes decisions about medications on the prescription drug list?

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

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

## How to read your prescription drug list

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

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

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

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

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

# PEBB High Performance Formulary
## Alphabetical Index
## Last Updated 10/10/2024

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

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| ADACEL/BOOSTRIX INJ | VAC | Preventive | TOXOIDS |
| ADALIMUMAB-ADAZ INJ 40MG/0.4ML (QL= 2 inj/28 days) | AMSP-PA-QL | Brand Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| adapalene cream (DIFFERIN equiv) (QL= 360g/30 days) | QL | Generic | DERMATOLOGICALS |
| adapalene gel 0.3% (DIFFERIN equiv) (QL= 360g/30 days) | QL | Generic | DERMATOLOGICALS |
| ADC/FLUORIDE DROP | - | Preventive | MULTIVITAMINS |
| ADDYI TAB (QL= 30 tabs/30 days) | QL | Brand | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day) | AMSP-QL | Generic Specialty | ANTIVIRALS |
| ADVIL COLD/ TAB SINUS (QL= 240 tabs/30 days) | QL | Generic | COUGH/COLD/ALLERGY |
| AEROCHAMBER (QL= 1 device/365 days) | QL | Brand | MEDICAL DEVICES AND SUPPLIES |
| AFLURIA INJ (QL= 0.5ml/fill) | QL-VAC | Preventive | VACCINES |
| AFLURIA INJ, FLUZONE INJ | VAC | Preventive | VACCINES |
| AFSTYLA KIT (Only available through Walgreens 888-347-3416) | LD-PA | Brand Specialty | HEMATOLOGICAL AGENTS - MISC. |
| AIMOVIG INJ (QL= 1 pack/28 days) | PA-QL | Brand | MIGRAINE PRODUCTS |
| AJOVY INJ (QL= 1 inj/28 days) | PA-QL | Brand | MIGRAINE PRODUCTS |
| ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days) | QL | Generic | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days) | QL | Generic | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days) | QL | Generic | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol neb soln | - | Generic | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ALBUTEROL NEBULIZER SOLN | - | Generic | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate syrup | - | Generic | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate tab | - | Generic | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | Generic | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| alclometasone cream (ACLOVATE equiv) | - | Generic | DERMATOLOGICALS |
| alclometasone oint (ACLOVATE OINT equiv) | - | Generic | DERMATOLOGICALS |
| ALECENSA CAP (QL= 8 caps/day) | AMSP-PA-QL | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| alendronate sodium oral soln (FOSAMAX equiv) (QL= 300ml/28 days) | QL | Generic | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| alendronate tab (FOSAMAX equiv) | - | Value | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALENDRONATE TAB 40MG | - | Value | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| alfuzosin SR tab (UROXATRAL equiv) | - | Generic | GENITOURINARY AGENTS - MISCELLANEOUS |
| allopurinol tab (ZYLOPRIM equiv) | - | Generic | GOUT AGENTS |
| ALOCRIL OPHTH SOLN | - | Brand | OPHTHALMIC AGENTS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| alosetron tab (LOTRONEX equiv) | - | Generic | GASTROINTESTINAL AGENTS - MISC. |
| alprazolam ER tab (XANAX XR equiv) | - | Generic | ANTIANXIETY AGENTS |
| alprazolam tab (XANAX equiv) | - | Generic | ANTIANXIETY AGENTS |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| amantadine cap (SYMMETREL equiv) | - | Generic | ANTIPARKINSON AGENTS |
| amantadine soln | - | Generic | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| amantadine syrup (SYMMETREL equiv) | - | Generic | ANTIPARKINSON AGENTS |
| amantadine tab | - | Generic | ANTIPARKINSON AGENTS |
| ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day) | AMSP-PA-QL | Generic Specialty | CARDIOVASCULAR AGENTS - MISC. |
| AMCINONIDE CREAM 0.1% | - | Generic | DERMATOLOGICALS |
| AMCINONIDE LOTION | - | Brand | DERMATOLOGICALS |
| amethyst tab (LYBREL equiv) | - | Preventi ve | CONTRACEPTIVES |
| amiloride tab (MIDAMOR equiv) | - | Generic | DIURETICS |
| AMILORIDE/HCTZ TAB | - | Generic | DIURETICS |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | Generic | DIURETICS |
| aminocaproic acid soln (AMICAR equiv) | AMSP | Generic Specialty | HEMOSTATICS |
| amiodarone tab (CORDARONE equiv) | - | Generic | ANTIARRHYTHMICS |
| amitriptyline tab (ELAVIL equiv) | - | Value | ANTIDEPRESSANTS |
| amlodipine tab (NORVASC equiv) | - | Value | CALCIUM CHANNEL BLOCKERS |
| amlodipine/benazepril cap (LOTREL equiv) | - | Generic | ANTIHYPERTENSIVES |
| amlodipine/olmesartan tab (AZOR TAB equiv) | - | Generic | ANTIHYPERTENSIVES |
| amlodipine/valsartan tab (EXFORGE equiv) | - | Generic | ANTIHYPERTENSIVES |
| ammonium lactate cream (LAC-HYDRIN equiv) | - | Generic | DERMATOLOGICALS |
| ammonium lactate lotion (LAC-HYDRIN equiv) | - | Generic | DERMATOLOGICALS |
| amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv) | - | Generic | DERMATOLOGICALS |
| amoxapine tab (QL= 4 tabs/day) | QL | Generic | ANTIDEPRESSANTS |
| amoxicillin cap (TRIMOX equiv) | - | Generic | PENICILLINS |
| amoxicillin chew tab (AMOXIL equiv) | - | Generic | PENICILLINS |
| AMOXICILLIN CHEW TAB 250MG | - | Generic | PENICILLINS |
| amoxicillin susp (TRIMOX equiv) | - | Generic | PENICILLINS |
| amoxicillin tab (AMOXIL equiv) | - | Generic | PENICILLINS |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | Generic | PENICILLINS |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | Generic | PENICILLINS |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) | - | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS |
| amphetamine/dextroamphetamine tab 10mg (ADDERALL equiv) (QL= 180 tabs/30 days) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS |
| amphetamine/dextroamphetamine tab 12.5mg (ADDERALL equiv) (QL= 150 tabs/30 days) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS |
| amphetamine/dextroamphetamine tab 15mg (ADDERALL equiv) (QL= 120 tabs/30 days) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS |
| amphetamine/dextroamphetamine tab 20mg (ADDERALL equiv) (QL= 90 tabs/30 days) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ 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 | | | | |

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

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| amphetamine/dextroamphetamine tab 30mg (ADDERALL equiv) (QL= 60 tabs/30 days) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| amphetamine/dextroamphetamine tab 5mg (ADDERALL equiv) (QL= 360 tabs/30 days) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 240 tabs/30 days) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| ampicillin cap (AMPICILLIN equiv) | - | Generic | PENICILLINS |
| anagrelide cap (AGRYLIN equiv) | - | Generic | HEMATOLOGICAL AGENTS - MISC. |
| anastrozole tab (ARIMIDEX equiv) | - | Preventive | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ANNOVERA RING | - | Preventive | CONTRACEPTIVES |
| ANORO ELLIPTA INHALER (QL= 60gm/30 days) | QL | Brand | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| antipyrine/benzocaine otic soln (AURALGAN equiv) | - | Generic | OTIC AGENTS |
| APAP/CODEINE SOLN | - | Generic | ANALGESICS - OPIOID |
| apomorphine inj (APOKYN equiv) (QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767) | LD-QL | Generic Specialty | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron) | QL-ST | Generic | ANTIEMETICS |
| aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron) | QL-ST | Generic | ANTIEMETICS |
| aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron) | QL-ST | Generic | ANTIEMETICS |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron) | QL-ST | Generic | ANTIEMETICS |
| APTIOM TAB (QL= 60 tabs/30 days) | QL | Brand | ANTICONVULSANTS |
| APTIVUS CAP (QL= 4 caps/day) | QL | Brand | ANTIVIRALS |
| APTIVUS SOLN (QL= 380ml/30 days) | QL | Brand | ANTIVIRALS |
| ARANESP INJ (QL= 4 syringes/30 days) | AMSP-QL | Brand Specialty | HEMATOPOIETIC AGENTS |
| ARANESP INJ (QL= 4 vials/30 days) | AMSP-QL | Brand Specialty | HEMATOPOIETIC AGENTS |
| AREXVY INJ (QL= 1 inj/day, 1 fill/lifetime; Covered for members 60 years of age and older) | QL-VAC | Preventive | VACCINES |
| arformoterol tartrate neb soln (BROVANA equiv) (QL= 120ml/30 days; Step therapy requires trial of albuterol neb soln OR levalbuterol neb soln) | QL-ST | Brand | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day) | QL | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day) | QL | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| aripiprazole tab (ABILIFY equiv) | - | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ARISTADA 675MG/2.4ML INJ | AMSP | Brand Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ARISTADA INJ | AMSP | Brand Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| armodafinil tab 250mg (NUVIGIL equiv) (QL= 1 tab/day) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| ARNUITY ELLIPTA INHALER (QL= 1 inhaler/30 days) | QL | Value | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv) | - | Preventive | CONTRACEPTIVES |
| 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 |
| 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 tab (Covered for females only) | OTC | Preventive | ANALGESICS - NONNARCOTIC |
| aspirin/codeine tab | - | Generic | ANALGESICS - OPIOID |
| ASPRUZYO SPRINKLE GRANULES (QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab) | QL-ST | Brand | ANTIANGINAL AGENTS |
| atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day) | QL | Generic | ANTIVIRALS |
| atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day) | QL | Generic | ANTIVIRALS |
| atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day) | QL | Generic | ANTIVIRALS |
| atenolol tab (TENORMIN equiv) | - | Value | BETA BLOCKERS |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | Generic | ANTIHYPERTENSIVES |
| atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| atomoxetine cap 10mg (STRATTERA equiv) (QL= 2 caps/day) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay) | QL | Preventive | ANTIHYPERLIPIDEMICS |
| atovaquone susp (MEPRON equiv) | - | Generic | ANTI-INFECTIVE AGENTS - MISC. |
| atovaquone/proguanil tab (MALARONE equiv) | - | Generic | ANTIMALARIALS |
| ATRIPLA TAB (QL= 1 tab/day) | QL | Brand | ANTIVIRALS |
| atropine ophth oint | - | Generic | OPHTHALMIC AGENTS |
| atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days) | QL | Generic | OPHTHALMIC AGENTS |
| ATROVENT HFA INHALER (QL= 25.8gm/30 days) | QL | Brand | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| AVC VAGINAL CREAM | - | Brand | VAGINAL PRODUCTS |
| AVONEX INJ (QL= 1 kit/28 days) | AMSP-QL | Brand Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AVONEX INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer) | AMSP-QL-ST | Brand Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| azathioprine tab (IMURAN equiv) | - | Generic | ASSORTED CLASSES |
| azelaic acid gel (FINACEA equiv) | - | Generic | DERMATOLOGICALS |
| azelastine ophth soln (OPTIVAR equiv) | - | Generic | OPHTHALMIC AGENTS |
| azithromycin susp (ZITHROMAX equiv) | - | Generic | MACROLIDES |
| azithromycin tab (ZITHROMAX equiv) | - | Generic | MACROLIDES |
| BACITRACIN OPHTH OINT | - | Brand | OPHTHALMIC AGENTS |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | Generic | OPHTHALMIC AGENTS |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | Generic | OPHTHALMIC AGENTS |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | Generic | OPHTHALMIC AGENTS |
| baclofen tab (BACLOFEN equiv) | - | Generic | MUSCULOSKELETAL THERAPY AGENTS |
| BACLOFEN TAB 5MG | - | Brand | MUSCULOSKELETAL THERAPY AGENTS |
| balsalazide cap (COLAZAL equiv) | - | Generic | GASTROINTESTINAL AGENTS - MISC. |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/month) | QL | Brand | ANTIDIABETICS |
| BARACLUDE SOLN (QL= 630ml/30 days) | AMSP-PA-QL | Brand Specialty | ANTIVIRALS |
| B-D INSULIN SYRINGE | --OTC | DIAB 1 | MEDICAL DEVICES AND SUPPLIES |
| BD NEEDLES | OTC | DIAB 1 | MEDICAL DEVICES AND SUPPLIES |
| B-D PEN NEEDLE | OTC | DIAB 1 | MEDICAL DEVICES AND SUPPLIES |
| BELLADONNA ALKALOID/OPIUM SUPP | - | Brand | ULCER DRUGS |
| benazepril tab (LOTENSIN equiv) | - | Generic | ANTIHYPERTENSIVES |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | Generic | ANTIHYPERTENSIVES |
| BENEFIX INJ | AMSP-PA | Brand Specialty | HEMATOLOGICAL AGENTS - MISC. |
| BENZNIDAZOLE TAB | - | Brand | ANTHELMINTICS |
| benzonatate cap (TESSALON equiv) | - | Generic | COUGH/COLD/ALLERGY |
| benztropine tab | - | Generic | ANTIPARKINSON AGENTS |
| betaine powder for oral solution (CYSTADANE equiv) (QL= 540 grams/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | Generic | DERMATOLOGICALS |
| BETAMETHASONE AUGMENTED GEL | - | Generic | DERMATOLOGICALS |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | Generic | DERMATOLOGICALS |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | Generic | DERMATOLOGICALS |
| betamethasone diproprionate cream (DIPROSONE CREAM equiv) | - | Generic | DERMATOLOGICALS |
| betamethasone diproprionate lotion | - | Generic | DERMATOLOGICALS |
| betamethasone diproprionate oint (DIPROSONE OINT equiv) | - | Generic | DERMATOLOGICALS |
| betamethasone valerate cream | - | Generic | DERMATOLOGICALS |
| betamethasone valerate lotion | - | Generic | DERMATOLOGICALS |
| betamethasone valerate oint | - | Generic | DERMATOLOGICALS |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | Generic | OPHTHALMIC AGENTS |
| betaxolol tab (KERLONE equiv) | - | Generic | BETA BLOCKERS |
| bethanechol tab (URECHOLINE equiv) | - | Generic | URINARY ANTISPASMODICS |
| bexarotene cap (TARGRETIN equiv) | AMSP-PA-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| bexarotene gel (TARGRETIN equiv) (QL= 60g/30 days) | AMSP-PA-QL | Generic Specialty | DERMATOLOGICALS |
| BEXSERO INJ | VAC | Preventi ve | VACCINES |
| bicalutamide tab (CASODEX equiv) | - | Generic | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| BIKTARVY TAB (QL= 1 tab/day) | QL | Brand | ANTIVIRALS |
| bimatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln) | QL-ST | Generic | OPHTHALMIC AGENTS |
| BIOTHRAX INJ | - | Preventive | VACCINES |
| bisoprolol tab (ZEBETA equiv) | - | Generic | BETA BLOCKERS |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | Value | ANTIHYPERTENSIVES |
| BLEPHAMIDE OPHTH SOLN | - | Brand | OPHTHALMIC AGENTS |
| bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | Generic Specialty | CARDIOVASCULAR AGENTS - MISC. |
| BOSULIF CAP (QL= 5 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BOSULIF TAB (Only available through Walgreens 888-347-3416) | LD-PA-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| BREO ELLIPTA INHALER (QL= 1 inhaler/30 days) | QL | Brand | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| BREZTRI AEROSPHERE INHALER (QL= 1 inhaler/30 days) | QL | Brand | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| brimonidine ophth soln 0.2% (ALPHAGAN equiv) | - | Generic | OPHTHALMIC AGENTS |
| bromocriptine cap (PARLODEL equiv) | - | Generic | ANTIPARKINSON AGENTS |
| bromocriptine tab (PARLODEL equiv) | - | Generic | ANTIPARKINSON AGENTS |
| budesonide inh susp 0.25mg/2ml, 0.5mg/2ml (PULMICORT equiv) (QL= 120 units/30 days) | QL | Value | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| budesonide inh susp 1mg/2ml (QL= 60 units/30 days) | QL | Value | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| budesonide SR cap (ENTOCORT EC equiv) | - | Generic | CORTICOSTEROIDS |
| bumetanide tab (BUMEX equiv) | - | Generic | DIURETICS |
| buprenorphine patch (BUTRANS equiv) | - | Generic | ANALGESICS - OPIOID |
| buprenorphine SL tab (SUBUTEX equiv) | - | Generic | ANALGESICS - OPIOID |
| buprenorphine/naloxone sl film (SUBOXONE equiv) | - | Generic | ANALGESICS - OPIOID |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | Generic | ANALGESICS - OPIOID |
| bupropion ER tab (WELLBUTRIN equiv) | - | Generic | ANTIDEPRESSANTS |
| bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year) | QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| bupropion tab (WELLBUTRIN equiv) | - | Generic | ANTIDEPRESSANTS |
| bupropion XL tab (WELLBUTRIN XL equiv) | - | Generic | ANTIDEPRESSANTS |
| buspirone tab (BUSPAR equiv) | - | Generic | ANTIANXIETY AGENTS |
| butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day) | QL | Generic | ANALGESICS - NONNARCOTIC |
| butalbital/acetaminophen/caffeine soln | - | Generic | ANALGESICS - NONNARCOTIC |
| butorphanol nasal spray (QL= 5ml/30 days) | QL | Generic | ANALGESICS - OPIOID |
| cabergoline tab (DOSTINEX equiv) | - | Generic | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CABOMETYX TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| caffeine citrate soln (CAFCIT equiv) | - | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| calcipotriene cream (DOVONEX CREAM equiv) | - | Generic | DERMATOLOGICALS |
| calcipotriene oint | - | Generic | DERMATOLOGICALS |
| CALCIPOTRIENE SOLN | - | Generic | DERMATOLOGICALS |
| calcipotriene soln (DOVONEX SOLN equiv) | - | Generic | DERMATOLOGICALS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| calcitonin nasal spray (MIACALCIN equiv) | - | Generic | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol cap (ROCALTROL equiv) | - | Generic | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol soln (CALCITRIOL equiv) | - | Generic | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcium acetate cap (PHOSLO equiv) | - | Generic | GASTROINTESTINAL AGENTS - MISC. |
| CALIBRATION LIQUID | OTC | Brand | MEDICAL DEVICES AND SUPPLIES |
| CALQUENCE CAP (QL= 2 caps/day) | AMSP-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CALQUENCE TAB (QL= 2 tabs/day) | AMSP-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| candesartan tab (ATACAND equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz) | ST | Generic | ANTIHYPERTENSIVES |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz) | ST | Generic | ANTIHYPERTENSIVES |
| capecitabine tab (XELODA equiv) | AMSP | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAPMIST DM TAB (QL= 4 tabs/day) | QL | Brand | COUGH/COLD/ALLERGY |
| CAPRELSA TAB 100MG (QL= 2 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug) | ST | Brand | ANTIHYPERTENSIVES |
| captopril/hydrochlorothiazide tab (CAPOZIDE equiv) | ST-- | Generic | ANTIHYPERTENSIVES |
| CAPVAXIVE INJ (QL= 0.5 mL/fill; Covered for ages 19 years and older) | QL-VAC | Preventive | VACCINES |
| carbamazepine chew tab (TEGRETOL equiv) | - | Generic | ANTICONVULSANTS |
| carbamazepine ER cap (CARBATROL equiv) | - | Generic | ANTICONVULSANTS |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | Generic | ANTICONVULSANTS |
| carbamazepine susp (TEGRETOL equiv) | - | Generic | ANTICONVULSANTS |
| carbamazepine tab (TEGRETOL equiv) | - | Generic | ANTICONVULSANTS |
| carbidopa tab (LODOSYN equiv) | - | Generic | ANTIPARKINSON AGENTS |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | Generic | ANTIPARKINSON AGENTS |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | Generic | ANTIPARKINSON AGENTS |
| carbidopa/levodopa tab (SINEMET equiv) | - | Generic | ANTIPARKINSON AGENTS |
| carbidopa-levodopa-entacapone tab 12.5-50-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Generic | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbidopa-levodopa-entacapone tab 18.75-75-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Generic | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbidopa-levodopa-entacapone tab 25-100-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Generic | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbidopa-levodopa-entacapone tab 31.25-125-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Generic | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbidopa-levodopa-entacapone tab 37.5-150-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Generic | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| carbidopa-levodopa-entacapone tab 50-200-200mg (STALEVO equiv) (QL= 6 tabs/day) | QL | Generic | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| CARBINOXAMINE SOLN (QL= 40ml/day) | QL | Generic | ANTIHISTAMINES |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

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

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| chlorhexidine gluconate soln (PERIDEX equiv) | - | Generic | MOUTH/THROAT/DENTAL AGENTS |
| chloroquine tab (ARALEN equiv) | - | Generic | ANTIMALARIALS |
| CHLOROTHIAZIDE TAB | - | Generic | DIURETICS |
| chlorothiazide tab (DIURIL equiv) | - | Generic | DIURETICS |
| chlorpromazine tab (THORAZINE equiv) | - | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| chlorthalidone tab | - | Value | DIURETICS |
| chlorzoxazone tab (QL= 4 tabs/day) | QL | Generic | MUSCULOSKELETAL THERAPY AGENTS |
| chlorzoxazone tab 500mg | - | Generic | MUSCULOSKELETAL THERAPY AGENTS |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | Generic | ANTIHYPERLIPIDEMICS |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | Generic | ANTIHYPERLIPIDEMICS |
| cholestyramine powder (QUESTRAN equiv) | - | Generic | ANTIHYPERLIPIDEMICS |
| cholestyramine powder pack (QUESTRAN equiv) | - | Generic | ANTIHYPERLIPIDEMICS |
| CIALIS TAB (QL= 6 tabs/30 days) | QL | Brand | CARDIOVASCULAR AGENTS - MISC. |
| ciclopirox cream (LOPROX CREAM equiv) | - | Generic | DERMATOLOGICALS |
| ciclopirox gel (LOPROX GEL equiv) | - | Generic | DERMATOLOGICALS |
| ciclopirox nail soln (PENLAC SOLN equiv) | - | Generic | DERMATOLOGICALS |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | Generic | DERMATOLOGICALS |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | Generic | DERMATOLOGICALS |
| cilostazol tab (PLETAL equiv) | - | Generic | HEMATOLOGICAL AGENTS - MISC. |
| CIMDUO TAB | - | Brand | ANTIVIRALS |
| cimetidine soln (CIMETIDINE equiv) | - | Generic | ULCER DRUGS |
| cimetidine tab (TAGAMET equiv) | - | Generic | ULCER DRUGS |
| CIMZIA INJ (QL= 2 inj/28 days) | AMSP-PA-QL | Brand Specialty | GASTROINTESTINAL AGENTS - MISC. |
| cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day) | QL | Generic | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day) | QL | Generic | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day) | QL | Generic | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ciporofloxacin/dexamethasone otic susp (CIPRODEX equiv) | - | Generic | OTIC AGENTS |
| CIPRO SUSP | - | Generic | FLUOROQUINOLONES |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | Generic | OPHTHALMIC AGENTS |
| CIPROFLOXACIN OTIC SOLN | - | Brand | OTIC AGENTS |
| ciprofloxacin susp (CIPRO equiv) | - | Generic | FLUOROQUINOLONES |
| ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv) | - | Generic | FLUOROQUINOLONES |
| citalopram soln (CELEXA equiv) | - | Generic | ANTIDEPRESSANTS |
| citalopram tab (CELEXA equiv) | - | Value | ANTIDEPRESSANTS |
| CLARITHROMYC SUSP | - | Brand | MACROLIDES |
| clarithromycin ER tab (BIAXIN XL equiv) | - | Generic | MACROLIDES |
| clarithromycin tab (BIAXIN equiv) | - | Generic | MACROLIDES |
| clindamycin cap (CLEOCIN equiv) | - | Generic | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin gel (CLEOCIN GEL equiv) | - | Generic | DERMATOLOGICALS |
| clindamycin lotion (CLEOCIN- T equiv) | - | Generic | DERMATOLOGICALS |
| clindamycin pad (CLEOCIN-T equiv) | - | Generic | DERMATOLOGICALS |
| clindamycin soln (CLEOCIN equiv) | - | Generic | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin topical soln (CLEOCIN-T equiv) | - | Generic | DERMATOLOGICALS |
| clindamycin vaginal cream (CLEOCIN equiv) (QL= 1 tube/fill) | QL | Generic | VAGINAL PRODUCTS |
| clobazam susp (ONFI equiv) (QL= 480ml/30 days) | QL | Generic | ANTICONVULSANTS |
| clobazam tab (ONFI equiv) | - | Generic | ANTICONVULSANTS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| clobetasol foam (OLUX equiv) | - | Generic | DERMATOLOGICALS |
| clobetasol lotion (CLOBEX equiv) | - | Generic | DERMATOLOGICALS |
| clobetasol propionate cream (TEMOVATE equiv) | - | Generic | DERMATOLOGICALS |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | Generic | DERMATOLOGICALS |
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | Generic | DERMATOLOGICALS |
| clobetasol propionate oint (TEMOVATE equiv) | - | Generic | DERMATOLOGICALS |
| clobetasol propionate soln (TEMOVATE equiv) | - | Generic | DERMATOLOGICALS |
| clobetasol shampoo (CLOBEX equiv) | - | Generic | DERMATOLOGICALS |
| clobetasol spray (CLOBEX equiv) | - | Generic | DERMATOLOGICALS |
| CLOMID TAB | PA | INF | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| clomipramine cap (ANAFRANIL equiv) | - | Generic | ANTIDEPRESSANTS |
| clonazepam ODT (KLONOPIN equiv) | - | Generic | ANTICONVULSANTS |
| clonazepam tab (KLONOPIN equiv) | - | Generic | ANTICONVULSANTS |
| clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| clonidine tab (CATAPRES equiv) | - | Generic | ANTIHYPERTENSIVES |
| clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days) | QL | Generic | HEMATOLOGICAL AGENTS - MISC. |
| clopidogrel tab 75mg (PLAVIX equiv) | - | Generic | HEMATOLOGICAL AGENTS - MISC. |
| clorazepate tab (TRANXENE-T equiv) | - | Generic | ANTIANXIETY AGENTS |
| clotrimazole cream (LOTRIMIN AF CREAM equiv) | - | Generic | DERMATOLOGICALS |
| clotrimazole troches (MYCELEX TROCHES equiv) | - | Generic | MOUTH/THROAT/DENTAL AGENTS |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | Generic | DERMATOLOGICALS |
| CLOTRIMAZOLE/BETAMETHASONE LOTION | - | Generic | DERMATOLOGICALS |
| clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv) | - | Generic | DERMATOLOGICALS |
| CLOZAPINE ODT (QL= 3 tabs/day) | QL | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day) | QL | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day) | QL | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| codeine sulfate tab | - | Generic | ANALGESICS - OPIOID |
| CODITUSSIN LIQUID DAC (QL= 1200ml/30 days) | QL | Brand | COUGH/COLD/ALLERGY |
| colchicine tab (COLCRYS equiv) (QL= 4 tabs/day) | QL | Generic | GOUT AGENTS |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | Generic | GOUT AGENTS |
| cold/allergy elx children (QL= 2400ml/30 days) | QL | Generic | COUGH/COLD/ALLERGY |
| colesevelam tab (WELCHOL equiv) | - | Generic | ANTIHYPERLIPIDEMICS |
| colestipol granule (COLESTID equiv) | - | Generic | ANTIHYPERLIPIDEMICS |
| colestipol powder packet (COLESTID equiv) | - | Generic | ANTIHYPERLIPIDEMICS |
| colestipol tab (COLESTID equiv) | - | Generic | ANTIHYPERLIPIDEMICS |
| colistimethate inj (COLY-MYCIN M equiv) | - | Generic | ANTI-INFECTIVE AGENTS - MISC. |
| COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30 days) | QL | Brand | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| COMETRIQ KIT (Only available through Optum 877-445-6874) | LD-PA | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| COMIRNATY INJ | VAC | Preventi ve | VACCINES |
| COMIRNATY INJ 30MCG/0.3ML | VAC | Preventi ve | VACCINES |
| COMPLERA TAB (QL= 1 tab/day) | QL | Brand | ANTIVIRALS |
| CONCEPT DHA CAP | - | Brand | MULTIVITAMINS |
| CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days) | QL | DIAB 1 | DIAGNOSTIC PRODUCTS |
| CONTOUR TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | DIAB 1 | DIAGNOSTIC PRODUCTS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| CONTRACEPTIVE FILM | OTC | Preventive | VAGINAL PRODUCTS |
| CONTRACEPTIVE FOAM | OTC | Preventive | VAGINAL PRODUCTS |
| CONTRACEPTIVE GEL | OTC | Preventive | VAGINAL PRODUCTS |
| CONTRACEPTIVE SUPP | OTC | Preventive | VAGINAL PRODUCTS |
| CORTISONE ACETATE TAB | - | Brand | CORTICOSTEROIDS |
| COSENTYX INJ (1-PACK) (QL= 1 inj/28 days) | AMSP-PA-QL | Brand Specialty | DERMATOLOGICALS |
| COSENTYX INJ (2-PACK) (QL= 2 inj/56 days) | AMSP-PA-QL | Brand Specialty | DERMATOLOGICALS |
| COSENTYX INJ 300MG/2ML (QL= 1 inj/28 days) | AMSP-PA-QL | Brand Specialty | DERMATOLOGICALS |
| COTELLIC TAB (QL= 3 tabs/day) | LMSP-PA-QL | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL=1 inj/fill) | QL | Preventive | VACCINES |
| COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill) | QL | Preventive | VACCINES |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill) | QL | Preventive | VACCINES |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill) | QL | Preventive | VACCINES |
| COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill) | QL | Preventive | VACCINES |
| COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days) | QL | Preventive | VACCINES |
| COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days) | QL | Preventive | VACCINES |
| COVID-19 VACCINE INJ 5-11Y (PFIZER) | VAC | Preventive | VACCINES |
| COVID-19 VACCINE INJ 6M-11Y (MODERNA) | VAC | Preventive | VACCINES |
| COVID-19 VACCINE INJ 6M-4Y (PFIZER) | VAC | Preventive | VACCINES |
| CREON CAP | - | Brand | DIGESTIVE AIDS |
| CRIXIVAN CAP | - | Brand | ANTIVIRALS |
| cromolyn conc (GASTROCROM equiv) | - | Generic | GASTROINTESTINAL AGENTS - MISC. |
| cromolyn neb soln (INTAL equiv) | - | Generic | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| cromolyn ophth soln (CROLOM equiv) | - | Generic | OPHTHALMIC AGENTS |
| CROMOLYN SODIUM OPHTH SOLN | - | Generic | OPHTHALMIC AGENTS |
| cryselle tab | - | Preventive | CONTRACEPTIVES |
| CUE HEALTH MIS MONITOR (QL= 1 kit/year) | QL | Preventive | DIAGNOSTIC PRODUCTS |
| CUVITRU INJ (Only available through AllianceRx Walgreens Prime 855-244-2555) | LD-PA | Brand Specialty | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| cyanocobalamin inj | - | Generic | HEMATOPOIETIC AGENTS |
| cyclobenzaprine tab (FLEXERIL equiv) | - | Generic | MUSCULOSKELETAL THERAPY AGENTS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | Generic | OPHTHALMIC AGENTS |
| cyclophosphamide cap | - | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| cycloserine cap (CYCLOSERINE equiv) | - | Generic | ANTIMYCOBACTERIAL AGENTS |
| cyclosporine modified cap (NEORAL equiv) | - | Generic | ASSORTED CLASSES |
| cyclosporine modified soln (NEORAL equiv) | - | Generic | ASSORTED CLASSES |
| cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days) | QL | Generic | OPHTHALMIC AGENTS |
| cyproheptadine syrup | - | Generic | ANTIHISTAMINES |
| cyproheptadine tab | - | Generic | ANTIHISTAMINES |
| CYSTADANE POWDER (QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through AnovoRx 844-288-5007) | LD-QL-ST | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CYSTAGON CAP 150MG (Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04)) | LD-RDX | Brand Specialty | GENITOURINARY AGENTS - MISCELLANEOUS |
| CYSTAGON CAP 50MG (QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04)) | LD-QL-RDX | Brand Specialty | GENITOURINARY AGENTS - MISCELLANEOUS |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416) | LD-QL-RDX | Brand Specialty | OPHTHALMIC AGENTS |
| CYTRA K CRYSTALS | - | Generic | GENITOURINARY AGENTS - MISCELLANEOUS |
| CYTRA-3 SYRUP | - | Generic | GENITOURINARY AGENTS - MISCELLANEOUS |
| dabigatran etexilate mesylate cap (PRADAXA equiv) (QL= 2 caps/day) | QL | Generic | ANTICOAGULANTS |
| dalfampridine ER tab (AMPYRA equiv) | AMSP-PA | Generic Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| danazol cap (DANOCRINE equiv) (QL= 4 caps/day) | QL | Generic | ANDROGENS-ANABOLIC |
| dapsone tab | - | Generic | ANTI-INFECTIVE AGENTS - MISC. |
| darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Generic | ANTIVIRALS |
| darunavir tab 800mg (PREZISTA equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Generic | ANTIVIRALS |
| dasatinib tab (SPRYCEL equiv) | AMSP-PA-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| deferasirox granules packet (JADENU equiv) | AMSP-PA | Generic Specialty | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab (EXJADE equiv) | AMSP-PA | Generic Specialty | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferasirox tab 90mg, 360mg (JADENU equiv) | AMSP-PA | Generic Specialty | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553) | LD-PA | Generic Specialty | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deferiprone tab 1000mg (FERRIPROX equiv) (Only available through Lumicera 855-847-3553) | LD-PA | Generic Specialty | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| deflazacort susp (EMFLAZA equiv) (Only available through Accredo 888-773-7376) | LD-PA | Brand Specialty | CORTICOSTEROIDS |
| deflazacort tab (EMFLAZA equiv) | AMSP-PA | Brand Specialty | CORTICOSTEROIDS |
| DELSTRIGO TAB | - | Brand | ANTIVIRALS |
| demeclocycline tab (DECLOMYCIN equiv) | - | Generic | TETRACYCLINES |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days) | QL | Preventive | CONTRACEPTIVES |
| dermawerx pak (DERMACINRX KIT equiv) (QL= 1 kit/30 days) | QL | Generic | DERMATOLOGICALS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| DESCOVY TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | PA-QL-RDX | Brand | ANTIVIRALS |
| desipramine tab (NORPRAMIN equiv) | - | Generic | ANTIDEPRESSANTS |
| desmopressin acetate nasal spray (DDAVP equiv) | - | Generic | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin acetate tab (DDAVP equiv) | - | Generic | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desonide cream | - | Generic | DERMATOLOGICALS |
| desonide lotion | - | Generic | DERMATOLOGICALS |
| desonide oint | - | Generic | DERMATOLOGICALS |
| desoximetasone cream (TOPICORT CREAM equiv) | - | Generic | DERMATOLOGICALS |
| desoximetasone gel (TOPICORT equiv) | - | Generic | DERMATOLOGICALS |
| desoximetasone oint (TOPICORT equiv) | - | Generic | DERMATOLOGICALS |
| desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day) | QL | Generic | ANTIDEPRESSANTS |
| DEXAMETHASONE CONC | - | Brand | CORTICOSTEROIDS |
| dexamethasone elixir | - | Generic | CORTICOSTEROIDS |
| dexamethasone pak (DEXPAK equiv) | - | Generic | CORTICOSTEROIDS |
| DEXAMETHASONE SOLN | - | Brand | CORTICOSTEROIDS |
| dexamethasone tab (DEXAMETHASONE equiv) | - | Generic | CORTICOSTEROIDS |
| DEXAMETHASONE TAB 20MG (QL= 8 tabs/30 days) | QL | Brand | CORTICOSTEROIDS |
| DEXCOM G6 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product) | QL-ST | DIAB 1 | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product) | QL-ST | DIAB 1 | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product) | QL-ST | DIAB 1 | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G7 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product) | QL-ST | Brand | MEDICAL DEVICES AND SUPPLIES |
| DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product) | QL-ST | Brand | MEDICAL DEVICES AND SUPPLIES |
| dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 60 tabs/30 days) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| dexmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 240 tabs/30 days) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| dexmethylphenidate tab 5mg (FOCALIN equiv) (QL= 120 tabs/30 days) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| DEXPAK TAB (Step Therapy requires trial of dexamethasone) | ST | Brand | CORTICOSTEROIDS |
| dextroamphetamine 5mg tab (QL= 180 tabs/30 days) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| dextroamphetamine tab 10mg (QL= 6 tabs/day) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| DIALYVITE TAB | - | Generic | MULTIVITAMINS |
| DIALYVITE/ZINC TAB | - | Generic | MULTIVITAMINS |
| DIAPHRAGM | - | Preventive | MEDICAL DEVICES AND SUPPLIES |
| diazepam conc (VALIUM equiv) | - | Generic | ANTIANXIETY AGENTS |
| DIAZEPAM GEL (QL= 4 doses/fill) | QL | Brand | ANTICONVULSANTS |
| diazepam oral soln (QL= 360ml/30 days) | QL | Generic | ANTIANXIETY AGENTS |
| diazepam rectal gel (QL= 4 doses/fill) | QL | Value | ANTICONVULSANTS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| diazepam tab (VALIUM equiv) | - | Generic | ANTIANXIETY AGENTS |
| diazoxide susp (PROGLYCEM equiv) | - | Generic | ANTIDIABETICS |
| dichlorphenamide tab (KEVEYIS equiv) (QL= 4 tabs/day) | AMSP-PA-QL | Generic Specialty | DIURETICS |
| diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month) | QL | Generic | DERMATOLOGICALS |
| diclofenac gel 1% (VOLTAREN equiv) | - | Generic | DERMATOLOGICALS |
| diclofenac potassium tab (CATAFLAM equiv) (QL= 4 tabs/day) | QL | Generic | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | Generic | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | Generic | OPHTHALMIC AGENTS |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | Generic | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac soln 1.5% (PENNSAID equiv) | - | Generic | DERMATOLOGICALS |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | Generic | ANALGESICS - ANTI-INFLAMMATORY |
| dicloxacillin cap (DYNAPEN equiv) | - | Generic | PENICILLINS |
| dicyclomine cap (BENTYL equiv) | - | Generic | ULCER DRUGS |
| dicyclomine soln (BENTYL equiv) | - | Generic | ULCER DRUGS |
| dicyclomine tab (BENTYL equiv) | - | Generic | ULCER DRUGS |
| DIDANOSINE DR CAP (QL= 2 caps/day) | QL | Brand | ANTIVIRALS |
| didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day) | QL | Generic | ANTIVIRALS |
| DIFICID SUSP (QL= 136 mL/30 days) | QL | Brand | MACROLIDES |
| DIFICID TAB (QL= 20 tabs/30 days) | QL | Brand | MACROLIDES |
| diflunisal tab (DOLOBID equiv) | - | Generic | ANALGESICS - NONNARCOTIC |
| digoxin tab (LANOXIN equiv) | - | Generic | CARDIOTONICS |
| digoxin tab 62.5mcg (LANOXIN equiv) (QL= 1 tab/day) | QL | Generic | CARDIOTONICS |
| DILANTIN CAP 30MG | - | Brand | ANTICONVULSANTS |
| diltiazem ER cap (CARDIZEM CD equiv) | - | Generic | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (CARDIZEM SR equiv) | - | Generic | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (DILACOR XR equiv) | - | Generic | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (TIAZAC equiv) | - | Generic | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER tab (CARDIZEM LA equiv) | - | Generic | CALCIUM CHANNEL BLOCKERS |
| diltiazem tab (CARDIZEM equiv) | - | Generic | CALCIUM CHANNEL BLOCKERS |
| dimethyl fumarate DR cap (TECFIDERA equiv) (QL= 60 caps/30 days) | AMSP-QL | Generic Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= 60 caps/30 days) | AMSP-QL | Generic Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | Generic | ANTIHISTAMINES |
| diphenhydramine inj | - | Generic | ANTIHISTAMINES |
| DIPHENOXYLATE/ATROPINE LIQUID | - | Brand | ANTIDIARRHEAL/PROBIOTIC AGENTS |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | Generic | ANTIDIARRHEALS |
| dipyridamole tab (PERSANTINE equiv) | - | Generic | HEMATOLOGICAL AGENTS - MISC. |
| disopyramide cap (NORPACE equiv) | - | Generic | ANTIARRHYTHMICS |
| disulfiram tab (ANTABUSE equiv) | - | Generic | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DIURIL SUSP | - | Brand | DIURETICS |
| divalproex ER tab (DEPAKOTE ER equiv) | - | Generic | ANTICONVULSANTS |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | Generic | ANTICONVULSANTS |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | Generic | ANTICONVULSANTS |
| donepezil ODT (ARICEPT equiv) | - | Generic | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab 10mg (ARICEPT equiv) (QL= 1 tab/day) | QL | Generic | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day) | QL | Generic | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab 5mg (ARICEPT equiv) (QL= 1 tab/day) | QL | Generic | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty | HEMATOPOIETIC AGENTS |
| dorzolamide ophth soln (TRUSOPT equiv) | - | Generic | OPHTHALMIC AGENTS |
| dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln) | ST | Generic | OPHTHALMIC AGENTS |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | - | Brand | OPHTHALMIC AGENTS |
| dorzolamide/timolol ophth soln (COSOPT equiv) | - | Generic | OPHTHALMIC AGENTS |
| doxazosin tab (CARDURA equiv) | - | Generic | ANTIHYPERTENSIVES |
| doxepin cap (SINEQUAN equiv) (QL= 2 tabs/day) | QL | Generic | ANTIDEPRESSANTS |
| doxepin conc (SINEQUAN equiv) | - | Generic | ANTIDEPRESSANTS |
| doxycycline hyclate cap (QL= 2 caps/day) | QL | Generic | TETRACYCLINES |
| doxycycline hyclate cap 50mg (VIBRAMYCIN equiv) (QL= 2 caps/day) | QL | Generic | TETRACYCLINES |
| doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate) | QL-ST | Generic | TETRACYCLINES |
| doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day) | QL | Generic | TETRACYCLINES |
| doxycycline monohydrate cap 100mg (MONODOX equiv) | - | Generic | TETRACYCLINES |
| doxycycline monohydrate cap 50mg (MONODOX equiv) | - | Generic | TETRACYCLINES |
| doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day) | QL | Generic | TETRACYCLINES |
| doxycycline susp (VIBRAMYCIN equiv) | - | Generic | TETRACYCLINES |
| doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days) | QL | Generic | ANTIEMETICS |
| D-PENAMINE TAB | - | Brand | ASSORTED CLASSES |
| dronabinol cap (MARINOL equiv) (QL= 2 caps/day) | QL | Generic | ANTIEMETICS |
| drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | - | Preventive | CONTRACEPTIVES |
| DROXIA CAP | - | Brand | HEMATOPOIETIC AGENTS |
| droxidopa cap (NORTHERA equiv) | AMSP | Generic Specialty | VASOPRESSORS |
| DRYSOL SOLN | - | Brand | DERMATOLOGICALS |
| DULERA INHALER (QL= 1 inhaler/30 days) | QL | Brand | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| duloxetine EC cap 20mg (QL= 6 caps/day) | QL | Generic | ANTIDEPRESSANTS |
| duloxetine EC cap 30mg (QL= 4 caps/day) | QL | Generic | ANTIDEPRESSANTS |
| duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day) | QL | Generic | ANTIDEPRESSANTS |
| DUPIXENT INJ (QL= 2 inj/28 days) | AMSP-PA-QL | Brand Specialty | DERMATOLOGICALS |
| DUPIXENT PEN INJ (QL= 2 inj/28 days) | AMSP-PA-QL | Brand Specialty | DERMATOLOGICALS |
| DUPIXENT PEN INJ (QL= 2 syringes/28 days) | AMSP-PA-QL | Brand Specialty | DERMATOLOGICALS |
| dutasteride cap (AVODART equiv) | - | Generic | GENITOURINARY AGENTS - MISCELLANEOUS |
| econazole cream (SPECTAZOLE equiv) | - | Generic | DERMATOLOGICALS |
| EDEX INJ (QL= three 2-pack containers/30 days or one 6-pack/30 days) | QL | Brand | CARDIOVASCULAR AGENTS - MISC. |
| EDURANT TAB (QL= 1 tab/day) | QL | Brand | ANTIVIRALS |
| EFAVIRENZ CAP | - | Generic | ANTIVIRALS |
| efavirenz tab (SUSTIVA equiv) | - | Generic | ANTIVIRALS |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day) | QL | Generic | ANTIVIRALS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) | - | Generic | ANTIVIRALS |
| ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days) | QL | Brand | ANTICOAGULANTS |
| ELIQUIS TAB 2.5MG (QL= 60 tabs/30 days) | QL | Brand | ANTICOAGULANTS |
| ELIQUIS TAB 5MG (QL= 74 tabs/30 days) | QL | Brand | ANTICOAGULANTS |
| ELIXOPHYLLIN ELIXIR | - | Brand | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ELLA TAB | - | Preventive | CONTRACEPTIVES |
| ELMIRON CAP | - | Brand | GENITOURINARY AGENTS - MISCELLANEOUS |
| eluryng vaginal ring (NUVARING equiv) | - | Preventive | CONTRACEPTIVES |
| EMGALITY INJ (QL= 1 inj/28 days) | PA-QL | Brand | MIGRAINE PRODUCTS |
| emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Generic | ANTIVIRALS |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Generic | ANTIVIRALS |
| emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preventive | ANTIVIRALS |
| EMTRIVA SOLN (QL= 850ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand | ANTIVIRALS |
| enalapril tab (VASOTEC equiv) | - | Value | ANTIHYPERTENSIVES |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | Value | ANTIHYPERTENSIVES |
| ENBREL INJ (QL= 8 inj/28 days) | AMSP-PA-QL | Brand Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | AMSP-PA-QL | Brand Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | AMSP-PA-QL | Brand Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL MINI INJ (QL= 4 inj/28 days) | AMSP-PA-QL | Brand Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | AMSP-PA-QL | Brand Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| ENDOMETRIN INSERT | PA | Brand | VAGINAL PRODUCTS |
| ENGERIX-B INJ, RECOMBIVAX-HB INJ | VAC | Preventive | VACCINES |
| enoxaparin inj (LOVENOX equiv) | - | Generic | ANTICOAGULANTS |
| enoxaparin inj 300mg (LOVENOX equiv) | - | Generic | ANTICOAGULANTS |
| enpresse tab (TRI-LEVELEN equiv) | - | Preventive | CONTRACEPTIVES |
| entacapone tab (COMTAN equiv) | - | Generic | ANTIPARKINSON AGENTS |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | QL | Generic Specialty | ANTIVIRALS |
| ENTRESTO CAP (QL= 8 caps/day) | QL | Brand | CARDIOVASCULAR AGENTS - MISC. |
| ENTRESTO TAB (QL= 2 tabs/day) | QL | Brand | CARDIOVASCULAR AGENTS - MISC. |
| ENTYVIO INJ (QL= 1.36ml/28 days; Only available through Optum 877-445-6874) | LD-PA-QL | Brand Specialty | GASTROINTESTINAL AGENTS - MISC. |
| EOHILIA SUS 2MG/10ML (Step therapy requires trial of fluticasone MDI AND budesonide vials; Diagnosis Restricted – Eosinophilic esophagitis (K20.0)) | RDX-ST | Brand | CORTICOSTEROIDS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553) | LD-PA | Brand Specialty | ANTICONVULSANTS |
| EPINEPHRINE INJ | - | Brand | VASOPRESSORS |
| epinephrine inj (ADRENALIN equiv) | - | Generic | VASOPRESSORS |
| EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill) | QL | Value | VASOPRESSORS |
| EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill) | QL | Value | VASOPRESSORS |
| epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill) | QL | Value | VASOPRESSORS |
| EPIVIR HBV SOLN (QL= 720ml/30 days) | AMSP-QL | Brand Specialty | ANTIVIRALS |
| eplerenone tab (INSPRA equiv) | - | Generic | ANTIHYPERTENSIVES |
| ERIVEDGE CAP (QL= 1 cap/day) | AMSP-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERLEADA TAB (QL= 4 tabs/day) | AMSP-PA-QL | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERLEADA TAB 240MG (QL= 1 tab/day) | AMSP-PA-QL | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| erlotinib tab 100mg (TARCEVA equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| erlotinib tab 150mg (TARCEVA equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERY PAD | - | Generic | DERMATOLOGICALS |
| erythromycin DR cap (ERYC equiv) | - | Generic | MACROLIDES |
| ERYTHROMYCIN EC CAP | - | Brand | MACROLIDES |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | Generic | MACROLIDES |
| erythromycin gel | - | Generic | DERMATOLOGICALS |
| erythromycin ophth oint | - | Generic | OPHTHALMIC AGENTS |
| erythromycin pad | - | Generic | DERMATOLOGICALS |
| erythromycin soln | - | Generic | DERMATOLOGICALS |
| erythromycin tab (ERY-TAB equiv) | - | Generic | MACROLIDES |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | Generic | MACROLIDES |
| escitalopram soln (LEXAPRO equiv) | - | Generic | ANTIDEPRESSANTS |
| escitalopram tab (LEXAPRO equiv) | - | Value | ANTIDEPRESSANTS |
| estazolam tab (PROSOM equiv) | - | Generic | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | Generic | ESTROGENS |
| estradiol cream (ESTRACE equiv) | - | Generic | VAGINAL PRODUCTS |
| estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days) | QL | Generic | ESTROGENS |
| estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days) | QL | Generic | ESTROGENS |
| estradiol tab (ESTRACE equiv) | - | Generic | ESTROGENS |
| estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) | - | Generic | VAGINAL PRODUCTS |
| estradiol/norethindrone tab (ACTIVELLA equiv) | - | Generic | ESTROGENS |
| ESTRING (QL= 1 ring/90 days; 3 copays per Rx) | QL | Brand | VAGINAL PRODUCTS |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | Generic | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| ethambutol tab (MYAMBUTOL equiv) | - | Generic | ANTIMYCOBACTERIAL AGENTS |
| ethosuximide cap (ZARONTIN equiv) | - | Generic | ANTICONVULSANTS |
| ethosuximide soln (ZARONTIN equiv) | - | Generic | ANTICONVULSANTS |
| etodolac cap (LODINE equiv) | - | Generic | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac ER tab (LODINE XL equiv) | - | Generic | ANALGESICS - ANTI-INFLAMMATORY |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| etodolac tab | - | Generic | ANALGESICS - ANTI-INFLAMMATORY |
| ETOPOSIDE CAP | - | Brand | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| etoposide cap (VEPESID equiv) | - | Generic | ANTINEOPLASTICS |
| etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day) | QL | Generic | ANTIVIRALS |
| etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day) | QL | Generic | ANTIVIRALS |
| everolimus tab (AFINITOR equiv) (QL= 1 tab/day) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| everolimus tab for oral susp (AFINITOR equiv) (QL= 1 tab/day) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EVOTAZ TAB (QL= 1 tab/day) | QL | Brand | ANTIVIRALS |
| exemestane tab (AROMASIN equiv) | - | Preventive | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Brand Specialty | NEUROMUSCULAR AGENTS |
| ezetimibe tab (ZETIA equiv) (QL= 1 tab/day) | QL | Generic | ANTIHYPERLIPIDEMICS |
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day) | QL | Generic | ANTIHYPERLIPIDEMICS |
| famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day) | QL | Generic | ANTIVIRALS |
| famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day) | QL | Generic | ANTIVIRALS |
| famciclovir tab 500mg (FAMVIR equiv) (QL= 21 tabs/fill, 2 fills/month) | QL | Generic | ANTIVIRALS |
| FARXIGA TAB (QL= 1 tab/day) | QL | Brand | ANTIDIABETICS |
| febuxostat tab (ULORIC equiv) (QL= 1 tab/day) | QL | Generic | GOUT AGENTS |
| felbamate susp (FELBATOL equiv) (QL= 30ml/day) | QL | Generic | ANTICONVULSANTS |
| felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day) | QL | Generic | ANTICONVULSANTS |
| felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day) | QL | Generic | ANTICONVULSANTS |
| felodipine ER tab (PLENDIL equiv) | - | Generic | CALCIUM CHANNEL BLOCKERS |
| FEMALE CONDOMS | OTC | Preventive | MEDICAL DEVICES AND SUPPLIES |
| fenofibrate cap 43mg, 130mg (ANTARA equiv) | - | Generic | ANTIHYPERLIPIDEMICS |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | Generic | ANTIHYPERLIPIDEMICS |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG | - | Brand | ANTIHYPERLIPIDEMICS |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | Generic | ANTIHYPERLIPIDEMICS |
| fenofibric acid DR cap (TRILIPIX equiv) | - | Generic | ANTIHYPERLIPIDEMICS |
| FIASP FLEXTOUCH INJ (QL= 60 units/30 days) | QL | DIAB 1 | ANTIDIABETICS |
| FIASP INJ (QL= 60 units/30 days) | QL | DIAB 1 | ANTIDIABETICS |
| FIASP PENFILL INJ (QL= 60 units/30 days) | QL | DIAB 1 | ANTIDIABETICS |
| finasteride tab (PROSCAR equiv) | - | Generic | GENITOURINARY AGENTS - MISCELLANEOUS |
| fingolimod hcl cap (GILENYA equiv) (QL= 30 caps/30 days) | AMSP-QL | Generic Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| FLAREX OPHTH SUSP | - | Brand | OPHTHALMIC AGENTS |
| flecainide tab (TAMBOCOR equiv) | - | Generic | ANTIARRHYTHMICS |
| FLORIVA DROPS | - | Brand | MINERALS & ELECTROLYTES |
| FLORIVA PLUS DROPS | - | Preventive | MULTIVITAMINS |
| FLUAD INJ | VAC | Preventive | VACCINES |
| FLUAD QUAD INJ | VAC | Preventive | VACCINES |
| FLUBLOK INJ | VAC | Preventive | VACCINES |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| FLUBLOK INJ (QL= 0.5ml/fill) | VAC-QL | Preventive | VACCINES |
| FLUBLOK QUAD PF INJ | VAC | Preventive | VACCINES |
| FLUCELVAX INJ (QL= 0.5ml/fill) | QL-VAC | Preventive | VACCINES |
| FLUCELVAX QUAD INJ | VAC | Preventive | VACCINES |
| fluconazole susp (DIFLUCAN equiv) | - | Generic | ANTIFUNGALS |
| fluconazole tab (DIFLUCAN equiv) | - | Generic | ANTIFUNGALS |
| flucytosine cap (ANCOBON equiv) | - | Generic | ANTIFUNGALS |
| fludrocortisone tab (FLORINEF equiv) | - | Generic | CORTICOSTEROIDS |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ | VAC | Preventive | VACCINES |
| FLUMIST NASAL (QL= 1 dose/fill; Limited to members aged 2 to 49 years old) | QL-VAC | Preventive | VACCINES |
| FLUMIST QUADRIVALENT NASAL SUSP | VAC | Preventive | VACCINES |
| fluocinolone acetonide cream | - | Generic | DERMATOLOGICALS |
| fluocinolone acetonide oil | - | Generic | DERMATOLOGICALS |
| fluocinolone acetonide oint | - | Generic | DERMATOLOGICALS |
| fluocinolone acetonide soln | - | Generic | DERMATOLOGICALS |
| fluocinolone otic oil (DERMOTIC equiv) | - | Generic | OTIC AGENTS |
| fluocinonide cream 0.05% (LIDEX equiv) | - | Generic | DERMATOLOGICALS |
| fluocinonide emollient cream | - | Generic | DERMATOLOGICALS |
| FLUOCINONIDE GEL | - | Generic | DERMATOLOGICALS |
| fluocinonide oint | - | Generic | DERMATOLOGICALS |
| fluocinonide soln | - | Generic | DERMATOLOGICALS |
| FLUORABON SOLN (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay) | - | Preventive | MINERALS & ELECTROLYTES |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | Generic | OPHTHALMIC AGENTS |
| fluorouracil cream (EFUDEX CREAM equiv) | - | Generic | DERMATOLOGICALS |
| FLUOROURACIL SOLN | - | Brand | DERMATOLOGICALS |
| fluorouracil soln (FLUOROURACIL equiv) | - | Generic | DERMATOLOGICALS |
| fluoxetine cap (PROZAC equiv) | - | Value | ANTIDEPRESSANTS |
| FLUOXETINE CAP (PMDD) | - | Value | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| fluoxetine cap 90mg (QL= 4 caps/28 days) | QL | Generic | ANTIDEPRESSANTS |
| fluoxetine soln (PROZAC equiv) | - | Value | ANTIDEPRESSANTS |
| FLUOXETINE TAB | - | Brand | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| fluoxetine tab 10mg, 20mg (PROZAC equiv) | - | Value | ANTIDEPRESSANTS |
| fluphenazine tab (PROLIXIN equiv) | - | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln) | ST | Brand | OPHTHALMIC AGENTS |
| FLURBIPROFEN TAB | - | Generic | ANALGESICS - ANTI-INFLAMMATORY |
| flurbiprofen tab (ANSAID equiv) | - | Generic | ANALGESICS - ANTI-INFLAMMATORY |
| flutamide cap (EULEXIN equiv) | - | Generic | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| fluticasone propionate cream (CUTIVATE equiv) | - | Generic | DERMATOLOGICALS |
| fluticasone propionate oint (CUTIVATE equiv) | - | Generic | DERMATOLOGICALS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days) | QL | Generic | 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 | Preventive | 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 | Preventive | ANTIHYPERLIPIDEMICS |
| FLUVIRIN INJ | VAC | Preventive | VACCINES |
| fluvoxamine tab (LUVOX equiv) | - | Generic | ANTIDEPRESSANTS |
| FLUZONE HD PF INJ | VAC | Preventive | VACCINES |
| FLUZONE HIGH DOSE PF INJ | VAC | Preventive | VACCINES |
| FLUZONE QUAD INJ | VAC | Preventive | VACCINES |
| FLUZONE/FLUARIX QUAD INJ | VAC | Preventive | VACCINES |
| FOLBEE PLUS CZ TAB | - | Generic | MULTIVITAMINS |
| folic acid cap (Covered at $0 for females only; All other members covered at generic copay) | - | Preventive | HEMATOPOIETIC AGENTS |
| folic acid tab 1mg (Covered at $0 for females only; All other members covered at generic copay) | - | Preventive | HEMATOPOIETIC AGENTS |
| folic acid tab 400mcg (Covered for females only) | OTC | Preventive | HEMATOPOIETIC AGENTS |
| folic acid tab 800mcg (Covered for females only) | OTC | Preventive | HEMATOPOIETIC AGENTS |
| fondaparinux inj 10mg/0.8ml (ARIXTRA equiv) | - | Generic | ANTICOAGULANTS |
| fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv) | - | Generic | ANTICOAGULANTS |
| fondaparinux inj 5mg/0.4ml (ARIXTRA equiv) | - | Generic | ANTICOAGULANTS |
| fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv) | - | Generic | ANTICOAGULANTS |
| fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day) | QL | Generic | ANTIVIRALS |
| fosinopril tab (MONOPRIL equiv) | - | Generic | ANTIHYPERTENSIVES |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | Generic | ANTIHYPERTENSIVES |
| FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | DIAB 1 | DIAGNOSTIC PRODUCTS |
| FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year) | PA-QL | DIAB 1 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product) | QL-ST | DIAB 1 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 3 READER (QL= 1 receiver/1 year) | QL | Brand | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product) | QL-ST | DIAB 1 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product) | QL-ST | DIAB 1 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product) | QL-ST | DIAB 1 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | DIAB 1 | DIAGNOSTIC PRODUCTS |
| FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | DIAB 1 | DIAGNOSTIC PRODUCTS |
| FREESTYLE TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | DIAB 1 | DIAGNOSTIC PRODUCTS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| FREESTYLE TEST STRIPS (QL= 300 strips/30 days) | QL | DIAB 1 | DIAGNOSTIC PRODUCTS |
| FULPHILA INJ (QL= 2 syringes/28 days) | AMSP-QL | Brand Specialty | HEMATOPOIETIC AGENTS |
| FUROSEMIDE SOLN | - | Value | DIURETICS |
| furosemide soln (LASIX equiv) | - | Value | DIURETICS |
| furosemide tab (LASIX equiv) | - | Value | DIURETICS |
| FUZEON INJ | AMSP | Brand Specialty | ANTIVIRALS |
| gabapentin cap (NEURONTIN equiv) | - | Generic | ANTICONVULSANTS |
| gabapentin tab (NEURONTIN equiv) | - | Generic | ANTICONVULSANTS |
| galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day) | QL | Generic | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALANTAMINE SOLN | - | Generic | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days) | QL | Generic | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GARDASIL 9 INJ | VAC | Preventive | VACCINES |
| GARDASIL INJ | VAC | Preventive | VACCINES |
| GAVILYTE-C SOLN (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | Preventive | LAXATIVES |
| gefitinib tab (QL= 1 tab/day) | AMSP-PA-QL | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| gemfibrozil tab (LOPID equiv) | - | Generic | ANTIHYPERLIPIDEMICS |
| GENOTROPIN INJ 0.2MG (QL= 35 syringes/28 days) | AMSP-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 0.4MG (QL= 35 syringes/28 days) | AMSP-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 0.6MG (QL= 35 syringes/28 days) | AMSP-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 0.8MG (QL= 35 syringes/28 days) | AMSP-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 1.2MG (QL= 35 syringes/28 days) | AMSP-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 1.4MG (QL= 35 syringes/28 days) | AMSP-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 1.6MG (QL= 35 syringes/28 days) | AMSP-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 1.8MG (QL= 35 syringes/28 days) | AMSP-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 12MG (QL= 4 cartridges/28 days) | AMSP-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 1MG (QL= 35 syringes/28 days) | AMSP-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 2MG (QL= 21 syringes/28 days) | AMSP-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days) | AMSP-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENTAK OPHTH OINT | - | Generic | OPHTHALMIC AGENTS |
| gentamicin ophth soln (GARAMYCIN equiv) | - | Generic | OPHTHALMIC AGENTS |
| gentamicin sulfate cream | - | Generic | DERMATOLOGICALS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| gentamicin sulfate oint | - | Generic | DERMATOLOGICALS |
| GENVOYA TAB (QL= 1 tab/day) | QL | Brand | ANTIVIRALS |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | Preventi ve | CONTRACEPTIVES |
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| glatiramer inj 20mg/ml (COPAXONE equiv) (QL= 30 syringes/30 days) | AMSP-QL | Generic Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| glatiramer inj 40mg/ml (COPAXONE equiv) (QL= 12 syringes/28 days) | AMSP-QL | Generic Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| glimepiride tab (AMARYL equiv) | - | Value | ANTIDIABETICS |
| glipizide ER tab (GLUCOTROL XL equiv) | - | Value | ANTIDIABETICS |
| glipizide tab (GLUCOTROL equiv) | - | Value | ANTIDIABETICS |
| glipizide/metformin tab (METAGLIP equiv) | - | Generic | ANTIDIABETICS |
| GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill, 2 fills/month) | QL | Brand | ANTIDIABETICS |
| GLUCAGEN INJ | - | Brand | DIAGNOSTIC PRODUCTS |
| GLUCAGON DIAGNOSTIC INJ | - | Brand | DIAGNOSTIC PRODUCTS |
| GLUCAGON EMR INJ (QL= 2 inj/fill) | QL | Brand | ANTIDIABETICS |
| GLYBURID MCR TAB | - | Generic | ANTIDIABETICS |
| glyburide tab (MICRONASE equiv) | - | Value | ANTIDIABETICS |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | Value | ANTIDIABETICS |
| glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day) | QL | Generic | ULCER DRUGS |
| glycopyrrolate tab (ROBINUL equiv) | - | Generic | ULCER DRUGS |
| GLYXAMBI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab) | QL-ST | Brand | ANTIDIABETICS |
| granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days) | QL | Generic | ANTIEMETICS |
| GRASTEK SL TAB (QL= 30 tabs/30 days) | QL | Brand | BIOLOGICALS MISC |
| griseofulvin susp (GRIFULVIN equiv) | - | Generic | ANTIFUNGALS |
| GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month) | OTC-QL | Brand | COUGH/COLD/ALLERGY |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month) | OTC-QL | Generic | COUGH/COLD/ALLERGY |
| guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS |
| guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS |
| guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS |
| guanfacine IR tab (TENEX equiv) | - | Generic | ANTIHYPERTENSIVES |
| GUANIDINE TAB | - | Generic | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| GVOKE INJ (QL= 2 inj/fill, 2 fills/month) | QL | Brand | ANTIDIABETICS |
| GVOKE INJ KIT (QL= 2 vials/fill, 2 fills/30 days) | QL | Brand | ANTIDIABETICS |
| GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month) | QL | Brand | ANTIDIABETICS |
| HADLIMA INJ 40MG/0.4ML (QL= 2 inj/28 days) | AMSP-PA-QL | Brand Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days) | AMSP-PA-QL | Brand Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HADLIMA PUSH INJ 40MG/0.4ML (QL= 2 inj/28 days) | AMSP-PA-QL | Brand Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days) | AMSP-PA-QL | Brand Specialty | ANALGESICS - ANTI-INFLAMMATORY |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty | HEMATOLOGICAL AGENTS - MISC. |
| HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty | HEMATOLOGICAL AGENTS - MISC. |
| HALDOL DECANOATE INJ | - | Brand Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| halobetasol propionate cream (ULTRAVATE equiv) | - | Generic | DERMATOLOGICALS |
| halobetasol propionate oint (ULTRAVATE equiv) | - | Generic | DERMATOLOGICALS |
| halonate pac kit (ULTRAVATE KIT equiv) | - | Generic | DERMATOLOGICALS |
| haloperidol decanoate inj | AMSP | Generic Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| haloperidol lactate conc (HALDOL equiv) | - | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| haloperidol tab (HALDOL equiv) | - | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| HAVRIX INJ, VAQTA INJ | VAC | Preventive | VACCINES |
| HC BUTYRATE CREAM | - | Generic | DERMATOLOGICALS |
| HC BUTYRATE SOLN | - | Brand | DERMATOLOGICALS |
| HEMLIBRA INJ | AMSP-PA | Brand Specialty | HEMATOLOGICAL AGENTS - MISC. |
| heparin porcine inj | - | Generic | ANTICOAGULANTS |
| HEPLISAV-B INJ | VAC | Preventive | VACCINES |
| HEXALEN CAP (Only available through Walgreens 888-347-3416) | LD | Brand Specialty | ANTINEOPLASTICS |
| HIZENTRA INJ (Only available through Emerging Health 971-290-2010) | LD-PA | Brand Specialty | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| HIZENTRA INJ, VIVAGLOBIN INJ (Only available through Emerging Health 971-290-2010) | LD-PA | Brand Specialty | PASSIVE IMMUNIZING AGENTS |
| HOMATROPINE OPHTH SOLN | - | Brand | OPHTHALMIC AGENTS |
| HUMULIN R INJ U-500 (QL= 40ml/28 days) | QL | DIAB 1 | ANTIDIABETICS |
| HUMULIN R U-500 KWIKPEN INJ (QL= 24ml/28 days) | QL | DIAB 1 | ANTIDIABETICS |
| HYCAMTIN CAP | LMSP-PA | Brand Specialty | ANTINEOPLASTICS |
| HYD POL/CPM SUSP (QL= 10ml/day) | QL | Generic | COUGH/COLD/ALLERGY |
| hydralazine tab (APRESOLINE equiv) | - | Generic | ANTIHYPERTENSIVES |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | Value | DIURETICS |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | Value | DIURETICS |
| hydrocodone/acetaminophen cap (LORCET equiv) | - | Generic | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 180ml/day) | QL | Generic | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 10-325mg (QL= 12 tabs/day) | QL | Generic | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 12 tabs/day) | QL | Generic | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 5-325mg (QL= 12 tabs/day) | QL | Generic | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 12 tabs/day) | QL | Generic | ANALGESICS - OPIOID |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) | - | Generic | COUGH/COLD/ALLERGY |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | Generic | COUGH/COLD/ALLERGY |
| HYDROCODONE/IBUPROFEN TAB (QL= 5 tabs/day) | QL | Generic | ANALGESICS - OPIOID |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) | QL-- | Generic | ANALGESICS - OPIOID |
| hydrocortisone butyrate cream (LOCOID equiv) | - | Generic | DERMATOLOGICALS |
| hydrocortisone butyrate lipocream (LOCOID equiv) | - | Generic | DERMATOLOGICALS |
| hydrocortisone butyrate oint (LOCOID equiv) | - | Generic | DERMATOLOGICALS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| hydrocortisone butyrate soln (LOCOID equiv) | - | Generic | DERMATOLOGICALS |
| hydrocortisone cream (PROCTOCORT equiv) | - | Generic | DERMATOLOGICALS |
| hydrocortisone enema (CORTENEMA equiv) | - | Generic | ANORECTAL AGENTS |
| hydrocortisone lotion (HYTONE equiv) | - | Generic | DERMATOLOGICALS |
| hydrocortisone oint | - | Generic | DERMATOLOGICALS |
| hydrocortisone sodium succinate pf for inj (SOLU-CORTEF equiv) | - | Generic | CORTICOSTEROIDS |
| hydrocortisone tab (CORTEF equiv) | - | Generic | CORTICOSTEROIDS |
| hydrocortisone valerate cream | - | Generic | DERMATOLOGICALS |
| hydrocortisone valerate oint (WESTCORT equiv) | - | Generic | DERMATOLOGICALS |
| hydromorphone liquid (DILAUDID equiv) | - | Generic | ANALGESICS - OPIOID |
| HYDROMORPHONE SUPP | - | Generic | ANALGESICS - OPIOID |
| hydromorphone tab (DILAUDID equiv) | - | Generic | ANALGESICS - OPIOID |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | Generic | ANTIMALARIALS |
| HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days) | AMSP-PA-QL | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| hydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days) | AMSP-PA-QL | Brand Specialty | PROGESTINS |
| hydroxyurea cap (HYDREA equiv) | - | Generic | ANTINEOPLASTICS |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | Generic | ANTIANXIETY AGENTS |
| hydroxyzine syrup (ATARAX equiv) | - | Generic | ANTIANXIETY AGENTS |
| hydroxyzine tab (ATARAX equiv) | - | Generic | ANTIANXIETY AGENTS |
| HYOPHEN TAB | - | Brand | ANTI-INFECTIVE AGENTS - MISC. |
| HYPODERMIC NEEDLES | OTC | Brand | MEDICAL DEVICES |
| HYQVIA INJ (Only available through Walgreens 888-347-3416) | LD-PA | Brand Specialty | PASSIVE IMMUNIZING AGENTS |
| ibandronate tab 150mg (BONIVA equiv) | - | Generic | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv) | - | Generic | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab | - | Generic | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab cold/sinus (QL= 240 tabs/30 days) | QL | Generic | COUGH/COLD/ALLERGY |
| icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days) | AMSP-PA-QL | Generic Specialty | HEMATOLOGICAL AGENTS - MISC. |
| icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days; Only available through Accredo 888-773-7376) | AMSP-PA-QL-LD | Generic Specialty | HEMATOLOGICAL AGENTS - MISC. |
| ICLUSIG TAB (Only available through AcariaHealth 800-511-5144) | LD-PA-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| icosapent ethyl cap 0.5gm (VASCEPA equiv) (QL= 2 caps/day) | QL | Generic | ANTIHYPERLIPIDEMICS |
| icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day) | QL | Generic | ANTIHYPERLIPIDEMICS |
| imatinib tab 100mg (GLEEVEC equiv) (QL= 3 tabs/day) | AMSP-PA-QL | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| imatinib tab 400mg (GLEEVEC equiv) (QL= 2 tabs/day) | AMSP-PA-QL | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA SUSP (QL= 2 bottles/30 days; Only available through Optum 877-445-6874) | LD-PA-QL | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| IMBRUVICA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874) | LD-PA-QL | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| imipramine tab (TOFRANIL equiv) | - | Generic | ANTIDEPRESSANTS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days) | QL | Generic | DERMATOLOGICALS |
| IMOVAX INJ | - | Preventive | VACCINES |
| IMPAVIDO CAP (QL= 3 caps/day) | AMSP-QL | Brand Specialty | ANTI-INFECTIVE AGENTS - MISC. |
| IMPLANON IMPLANT, NEXPLANON IMPLANT | - | Preventive | CONTRACEPTIVES |
| IMVEXXY SUPP | - | Brand | VAGINAL AND RELATED PRODUCTS |
| INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| INCRUSE ELLIPTA INHALER (QL= 30 units/30 days) | QL | Brand | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| indapamide tab (LOZOL equiv) | - | Generic | DIURETICS |
| indomethacin cap (INDOCIN equiv) | - | Generic | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin CR cap (INDOCIN SR equiv) | - | Generic | ANALGESICS - ANTI-INFLAMMATORY |
| INFANRIX INJ | VAC | Preventive | TOXOIDS |
| INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | DIAB 1 | ANTIDIABETICS |
| INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | DIAB 1 | ANTIDIABETICS |
| INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days | QL | DIAB 1 | ANTIDIABETICS |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | DIAB 1 | ANTIDIABETICS |
| INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | DIAB 1 | ANTIDIABETICS |
| INTELENCE TAB (QL= 4 tabs/day) | QL | Brand | ANTIVIRALS |
| INTELENCE TAB 25MG (QL= 4 tabs/day) | QL | Brand | ANTIVIRALS |
| INTRAROSA SUPP (QL= 28 inserts/28 days ) | QL | Brand | VAGINAL AND RELATED PRODUCTS |
| INTRON-A INJ | AMSP | Brand Specialty | ANTINEOPLASTICS |
| INVEGA HAFYERA INJ | AMSP | Brand Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| INVEGA INJ | AMSP | Brand Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| INVIRASE CAP (QL= 10 caps/day) | QL | Brand | ANTIVIRALS |
| INVIRASE TAB (QL= 4 tabs/day) | QL | Brand | ANTIVIRALS |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv) | - | Generic | DERMATOLOGICALS |
| IPOL INJ | - | Preventive | VACCINES |
| ipratropium nasal spray (ATROVENT equiv) | - | Generic | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| ipratropium neb soln (ATROVENT equiv) | - | Generic | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| irbesartan tab (AVAPRO equiv) | - | Generic | ANTIHYPERTENSIVES |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | Generic | ANTIHYPERTENSIVES |
| ISENTRESS (HD) TAB (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand | ANTIVIRALS |
| ISENTRESS CHEW TAB (QL= 6 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand | ANTIVIRALS |
| ISENTRESS POWDER PACK (QL= 2 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand | ANTIVIRALS |
| isibloom tab, enskyce tab, apri tab (DESOGEN equiv) | - | Preventive | CONTRACEPTIVES |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB | - | Brand | MIGRAINE PRODUCTS |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv) | - | Generic | MIGRAINE PRODUCTS |
| ISONIAZID TAB | - | Generic | ANTIMYCOBACTERIAL AGENTS |
| isosorbide dinitrate tab 5mg (ISORDIL equiv) | - | Generic | ANTIANGINAL AGENTS |
| isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day) | QL | Generic | CARDIOVASCULAR AGENTS - MISC. |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | Generic | ANTIANGINAL AGENTS |
| isosorbide mononitrate tab (MONOKET equiv) | - | Generic | ANTIANGINAL AGENTS |
| ISOXSUPRINE TAB (QL= 120 tabs/30 days) | QL | Brand | CARDIOVASCULAR AGENTS - MISC. |
| isradipine cap (DYNACIRC equiv) | - | Generic | CALCIUM CHANNEL BLOCKERS |
| itraconazole cap (SPORANOX equiv) | - | Generic | ANTIFUNGALS |
| ivabradine hcl tab (CORLANOR equiv) (QL= 60 tabs/30 days) | PA-QL | Generic | CARDIOVASCULAR AGENTS - MISC. |
| ivermectin tab (STROMECTOL equiv) | - | Generic | ANTHELMINTICS |
| IXCHIQ INJ | VAC | Preventive | VACCINES |
| IXIARO INJ | - | Preventive | VACCINES |
| IYUZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln) | QL-ST | Brand | OPHTHALMIC AGENTS |
| JAKAFI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| JARDIANCE TAB (QL= 1 tab/day) | QL | Brand | ANTIDIABETICS |
| JENTADUETO TAB (QL= 2 tabs/day) | QL | Brand | ANTIDIABETICS |
| JENTADUETO XR TAB (QL= 2 tabs/day) | QL | Brand | ANTIDIABETICS |
| jinteli tab (FEMHRT equiv) | - | Generic | ESTROGENS |
| JULUCA TAB (QL= 1 tab/day) | QL | Brand | 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 | Brand Specialty | ANTIHYPERLIPIDEMICS |
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| JYNARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| JYNARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| JYNNEOS INJ | - | Preventive | VACCINES |
| KALETRA TAB 100-25MG (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand | ANTIVIRALS |
| KALETRA TAB 200-50MG (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand | ANTIVIRALS |
| KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty | RESPIRATORY AGENTS - MISC. |
| KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty | RESPIRATORY AGENTS - MISC. |
| kelnor tab (DEMULEN equiv) | - | Preventive | CONTRACEPTIVES |
| KESIMPTA INJ (QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer) | AMSP-QL-ST | Brand Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

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

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day) | AMSP-QL | Brand Specialty | ANTIVIRALS |
| leflunomide tab (ARAVA equiv) | - | Generic | 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 |
| LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| letrozole tab (FEMARA equiv) | - | Preventive | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| leucovorin tab | - | Generic | ANTINEOPLASTICS |
| LEUPROLIDE INJ (QL= 1 kit/90 days) | AMSP-PA-QL | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| levalbuterol neb soln (XOPENEX equiv) | - | Generic | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| LEVEMIR FLEXTOUCH INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | DIAB 1 | ANTIDIABETICS |
| LEVEMIR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | DIAB 1 | ANTIDIABETICS |
| levetiracetam ER tab (KEPPRA XR equiv) | - | Generic | ANTICONVULSANTS |
| levetiracetam soln (KEPPRA equiv) | - | Generic | ANTICONVULSANTS |
| levetiracetam tab (KEPPRA equiv) | - | Generic | ANTICONVULSANTS |
| LEVITRA TAB (QL= 6 tabs/30 days) | QL | Brand | CARDIOVASCULAR AGENTS - MISC. |
| LEVOBUNOLOL OPHTH SOLN | - | Generic | OPHTHALMIC AGENTS |
| levobunolol ophth soln (BETAGAN equiv) | - | Generic | OPHTHALMIC AGENTS |
| levocarnitine soln (CARNITOR equiv) | - | Generic | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levocarnitine tab (CARNITOR equiv) | - | Generic | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levofloxacin ophth soln (QUIXIN equiv) | - | Generic | OPHTHALMIC AGENTS |
| levofloxacin oral soln 25mg/ml (LEVOFLOXACIN equiv) | - | Generic | FLUOROQUINOLONES |
| levofloxacin tab (LEVAQUIN equiv) | - | Generic | FLUOROQUINOLONES |
| levonorgestrel tab (PLAN B equiv) | OTC | Preventive | CONTRACEPTIVES |
| levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv) | - | Preventive | CONTRACEPTIVES |
| levothyroxine tab (SYNTHROID equiv) | - | Generic | THYROID AGENTS |
| l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps) | AMSP-QL-ST | Generic Specialty | HEMATOPOIETIC AGENTS |
| LIDOCAINE GEL | - | Generic | DERMATOLOGICALS |
| lidocaine gel (GLYDO equiv) | - | Generic | DERMATOLOGICALS |
| lidocaine oint (QL= 8gm/day) | QL | Generic | DERMATOLOGICALS |
| LIDOCAINE ORAL SOLN 4% | - | Brand | MOUTH/THROAT/DENTAL AGENTS |
| lidocaine soln (XYLOCAINE equiv) | - | Generic | DERMATOLOGICALS |
| lidocaine viscous soln 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv) | - | Generic | MOUTH/THROAT/DENTAL AGENTS |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | Generic | ANORECTAL AGENTS |
| lidocaine/hydrocortisone kit (ANALPRAM equiv) | - | Generic | ANORECTAL AGENTS |
| LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT | - | Generic | ANORECTAL AGENTS |
| lidocaine/prilocaine cream (EMLA equiv) | - | Generic | DERMATOLOGICALS |
| LIKMEZ SUSP (QL= 210ml/14 days) | QL | Brand | ANTI-INFECTIVE AGENTS - MISC. |
| linezolid susp | - | Generic | ANTI-INFECTIVE AGENTS - MISC. |
| linezolid tab (ZYVOX equiv) | - | Generic | ANTI-INFECTIVE AGENTS - MISC. |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| liothyronine tab (CYTOMEL equiv) | - | Generic | THYROID AGENTS |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | Value | ANTIHYPERTENSIVES |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | Value | ANTIHYPERTENSIVES |
| lithium carbonate cap (ESKALITH ER equiv) | - | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate ER tab (LITHOBID equiv) | - | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate tab | - | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium oral solution (LITHIUM equiv) | - | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LO LOESTRIN TAB | - | Preventive | CONTRACEPTIVES |
| LOCOID LIPOCREAM | - | Generic | DERMATOLOGICALS |
| lofexidine hcl tab (LUCEMYRA equiv) (QL= 224 tabs/fill, 1 fill/month) | QL | Generic | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| LOKELMA PAK (QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone) | QL-ST | Brand | MISCELLANEOUS THERAPEUTIC CLASSES |
| LONSURF TAB (Only available through Optum 877-445-6874 or Walgreens 888-347-3416) | LD-PA | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| loperamide cap (IMODIUM equiv) | - | Generic | ANTIDIARRHEALS |
| lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Generic | ANTIVIRALS |
| lopinavir-ritonavir tab 100-25mg (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Generic | ANTIVIRALS |
| lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Generic | ANTIVIRALS |
| lorazepam conc (ATIVAN equiv) | - | Generic | ANTIANXIETY AGENTS |
| lorazepam tab (ATIVAN equiv) | - | Generic | ANTIANXIETY AGENTS |
| LORTUSS EX LIQUID (QL= 1200ml/30 days) | QL | Generic | COUGH/COLD/ALLERGY |
| LORTUSS LIQUID (QL= 1200ml/30 days) | QL | Brand | COUGH/COLD/ALLERGY |
| losartan tab (COZAAR equiv) | - | Value | ANTIHYPERTENSIVES |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | Value | ANTIHYPERTENSIVES |
| LOTEMAX OPHTH OINT 0.5% (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%) | ST | Brand | OPHTHALMIC AGENTS |
| LOTEMAX SM GEL | - | Brand | OPHTHALMIC AGENTS |
| loteprednol ophth susp (LOTEMAX equiv) | - | Generic | OPHTHALMIC AGENTS |
| lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay) | QL | Preventive | ANTIHYPERLIPIDEMICS |
| loxapine cap (LOXITANE equiv) | - | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lubiprostone cap (AMITIZA equiv) (QL= 60 caps/30 days) | QL | Generic | GASTROINTESTINAL AGENTS - MISC. |
| LUPRON DEPOT INJ | AMSP-PA | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days) | AMSP-PA-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| LUPRON DEPOT-PED INJ (1-MONTH) (QL= 1 syringe kit/30 days) | AMSP-PA-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| LUPRON DEPOT-PED INJ (3-MONTH) (QL= 1 syringe kit/90 days) | AMSP-PA-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day) | QL | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| LYSODREN TAB (Only available through Walgreens 888-347-3416) | LD | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| malathion lotion (OVIDE equiv) | - | Generic | DERMATOLOGICALS |
| MAPROTILINE TAB | - | Generic | ANTIDEPRESSANTS |
| maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 tabs/day) | QL | Generic | ANTIVIRALS |
| maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 tabs/day) | QL | Generic | ANTIVIRALS |
| MAR-COF CG LIQUID (QL= 473ml/month) | QL | Brand | COUGH/COLD/ALLERGY |
| MATULANE CAP (Only available through Walgreens 888-347-3416) | LD | Brand Specialty | ANTINEOPLASTICS |
| MAVYRET PAK (QL= 5 packets/day) | AMSP-QL | Brand Specialty | ANTIVIRALS |
| MAVYRET TAB (QL= 3 tabs/day) | AMSP-QL | Brand Specialty | ANTIVIRALS |
| MAXIDEX OPHTH SOLN | - | Brand | OPHTHALMIC AGENTS |
| meclizine chew tab (BONINE equiv) | OTC | Generic | ANTIEMETICS |
| MECLOFENAMATE CAP | - | Brand | ANALGESICS - ANTI-INFLAMMATORY |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days) | QL | Preventive | CONTRACEPTIVES |
| medroxyprogesterone tab (PROVERA equiv) | - | Generic | PROGESTINS |
| megestrol ES susp (MEGACE ES equiv) | - | Generic | PROGESTINS |
| MEGESTROL SUSP | - | Generic | PROGESTINS |
| megestrol susp (MEGACE equiv) | - | Generic | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| megestrol tab (MEGACE equiv) | - | Generic | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST SOLN (QL= 40ml/day) | LMSP-PA-QL | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day) | AMSP-PA-QL | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MEKINIST TAB 2MG (QL= 1 tab/day) | AMSP-PA-QL | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| meloxicam tab (MOBIC equiv) | - | Generic | ANALGESICS - ANTI-INFLAMMATORY |
| MELPHALAN TAB | AMSP | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab) | QL-ST | Generic | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine tab (NAMENDA equiv) | - | Generic | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| memantine titrapak (NAMENDA equiv) (QL= 49 tabs/28 days) | QL | Generic | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MENACTRA INJ | VAC | Preventive | VACCINES |
| M-END DMX LIQUID (QL= 1800ml/30 days) | QL | Brand | COUGH/COLD/ALLERGY |
| MENEST TAB | - | Brand | ESTROGENS |
| MENHIBRIX INJ | VAC | Preventive | VACCINES |
| MENOMUNE INJ | VAC | Preventive | VACCINES |
| MENQUADFI INJ | VAC | Preventive | VACCINES |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| MENVEO INJ | VAC | Preventive | VACCINES |
| MENVEO SOLN | VAC | Preventive | VACCINES |
| MEPERIDINE SOLN | - | Brand | ANALGESICS - OPIOID |
| meperidine tab (DEMEROL equiv) (QL= 6 tabs/day) | QL | Generic | ANALGESICS - OPIOID |
| mercaptopurine tab (PURINETHOL equiv) | - | Generic | ANTINEOPLASTICS |
| mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day) | QL | Generic | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day) | QL | Generic | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine enema (ROWASA equiv) (QL= 60mL/day) | QL | Generic | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine ER cap (APRISO equiv) (QL= 8 caps/day) | QL | Generic | GASTROINTESTINAL AGENTS - MISC. |
| mesalamine supp (CANASA equiv) (QL= 1 supp/day) | QL | Generic | GASTROINTESTINAL AGENTS - MISC. |
| MESNEX TAB | AMSP | Brand Specialty | ANTINEOPLASTICS |
| metformin ER tab (GLUCOPHAGE XR equiv) | - | Value | ANTIDIABETICS |
| metformin tab (GLUCOPHAGE equiv) | - | Value | ANTIDIABETICS |
| methadone sol 10mg/5ml (QL= 20ml/day) | QL | Generic | ANALGESICS - OPIOID |
| methadone soln (QL= 4 ml/day) | QL | Generic | ANALGESICS - OPIOID |
| methadone soln 5mg/5ml (QL= 40ml/day) | QL | Generic | ANALGESICS - OPIOID |
| methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day) | QL | Generic | ANALGESICS - OPIOID |
| methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day) | QL | Generic | ANALGESICS - OPIOID |
| methadose tab (QL= 1 tab/day) | QL | Generic | ANALGESICS - OPIOID |
| methenamine hippurate tab (HIPREX equiv) | - | Generic | ANTI-INFECTIVE AGENTS - MISC. |
| methenamine mandelate tab | - | Generic | ANTI-INFECTIVE AGENTS - MISC. |
| methimazole tab (TAPAZOLE equiv) | - | Generic | THYROID AGENTS |
| methocarbamol tab (ROBAXIN equiv) | - | Generic | MUSCULOSKELETAL THERAPY AGENTS |
| methotrexate inj | - | Generic | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| methotrexate tab (TREXALL equiv) | - | Generic | ANTINEOPLASTICS |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | Generic | DERMATOLOGICALS |
| methscopolamine tab (PAMINE equiv) | - | Generic | ULCER DRUGS |
| METHYCLOTHIAZIDE TAB | - | Generic | DIURETICS |
| METHYLDOPA TAB | - | Brand | ANTIHYPERTENSIVES |
| methyldopa tab (ALDOMET equiv) | - | Generic | ANTIHYPERTENSIVES |
| methyldopa/hydrochlorothiazide tab (ALDORIL equiv) | - | Generic | ANTIHYPERTENSIVES |
| methylergonovine tab (METHERGINE equiv) | - | Generic | OXYTOCICS |
| METHYLPHENIDATE ER TAB (QL= 1 tab/day) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| methylphenidate ER tab 10mg (QL= 3 tabs/day) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| methylphenidate ER tab 20mg (QL= 3 tabs/day) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| methylphenidate soln (METHYLIN equiv) | - | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| methylphenidate tab 10mg (RITALIN equiv) (QL= 180 tabs/30 days) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| methylphenidate tab 20mg (RITALIN equiv) (QL= 90 tabs/30 days) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| methylphenidate tab 5mg (RITALIN equiv) (QL= 360 tabs/30 days) | QL | Generic | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS |
| methylprednisolone dose pack (MEDROL equiv) | - | Generic | CORTICOSTEROIDS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| methylprednisolone tab (MEDROL equiv) | - | Generic | CORTICOSTEROIDS |
| METIPRANOLOL OPHTH SOLN | - | Brand | OPHTHALMIC AGENTS |
| metoclopramide soln (REGLAN equiv) | - | Generic | GASTROINTESTINAL AGENTS - MISC. |
| metoclopramide tab (REGLAN equiv) | - | Generic | GASTROINTESTINAL AGENTS - MISC. |
| metolazone tab (ZAROXOLYN equiv) | - | Generic | DIURETICS |
| metoprolol ER tab (TOPROL XL equiv) | - | Value | BETA BLOCKERS |
| metoprolol tab (LOPRESSOR equiv) | - | Value | BETA BLOCKERS |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | Generic | ANTIHYPERTENSIVES |
| metronidazole cream (METROCREAM equiv) | - | Generic | DERMATOLOGICALS |
| metronidazole gel (METROGEL equiv) | - | Generic | DERMATOLOGICALS |
| metronidazole lotion (METROLOTION equiv) | - | Generic | DERMATOLOGICALS |
| metronidazole tab (FLAGYL equiv) | - | Generic | ANTI-INFECTIVE AGENTS - MISC. |
| metronidazole vaginal gel (METROGEL equiv) | - | Generic | VAGINAL PRODUCTS |
| mexiletine hcl cap | - | Generic | ANTIARRHYTHMICS |
| mibelas chew tab (MINASTRIN equiv) | - | Preventi ve | CONTRACEPTIVES |
| MICORT-HC CREAM | - | Brand | DERMATOLOGICALS |
| midazolam hcl syrup | - | Generic | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| midazolam inj (MIDAZOLAM equiv) | - | Generic | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| midodrine tab (PROAMATINE equiv) | - | Generic | VASOPRESSORS |
| mifepristone tab (MIFEPREX equiv) | - | Generic | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| mifepristone tab (KORLYM equiv) (QL= 4 tabs/day) | --AMSP-PA-QL | Generic Specialty | ANTIDIABETICS |
| MIGERGOT SUPP (QL= 20 supp/28 days) | QL | Brand | MIGRAINE PRODUCTS |
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523) | LD-PA | Generic Specialty | HEMATOPOIETIC AGENTS |
| minocycline cap (MINOCIN equiv) | - | Generic | TETRACYCLINES |
| minoxidil tab (LONITEN equiv) | - | Generic | ANTIHYPERTENSIVES |
| MIRENA IUD | - | Preventi ve | CONTRACEPTIVES |
| mirtazapine ODT (REMERON equiv) | - | Generic | ANTIDEPRESSANTS |
| mirtazapine tab (REMERON equiv) | - | Generic | ANTIDEPRESSANTS |
| misoprostol tab (CYTOTEC equiv) | - | Generic | ULCER DRUGS |
| M-M-R II INJ | VAC | Preventi ve | VACCINES |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | QL | Value | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS |
| moexipril tab (UNIVASC equiv) | - | Generic | ANTIHYPERTENSIVES |
| MOLINDONE TAB | - | Brand | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| MOLNUPIRAVIR CAP (QL= 40 caps/fill) | QL | Preventi ve | ANTIVIRALS |
| mometasone cream (ELOCON equiv) | - | Generic | DERMATOLOGICALS |
| mometasone oint (ELOCON equiv) | - | Generic | DERMATOLOGICALS |
| mometasone soln (ELOCON equiv) | - | Generic | DERMATOLOGICALS |
| montelukast chew tab (SINGULAIR equiv) | - | Generic | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| montelukast granule pack (SINGULAIR equiv) | - | Generic | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| montelukast tab (SINGULAIR equiv) | - | Generic | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Generic | ANALGESICS - OPIOID |
| morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Generic | ANALGESICS - OPIOID |
| morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day) | QL | Generic | ANALGESICS - OPIOID |
| MORPHINE SULFATE ORAL SOLN 100MG/5ML (QL= 90ml/fill for members ag 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days) | QL | Generic | ANALGESICS - OPIOID |
| morphine sulfate oral soln 10mg/5ml (MORPHINE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days) | QL | Generic | ANALGESICS - OPIOID |
| MORPHINE SULFATE SOLN | - | Brand | ANALGESICS - OPIOID |
| MORPHINE SULFATE SOLN | - | Generic | ANALGESICS - OPIOID |
| morphine sulfate soln (MORPHINE equiv) | - | Generic | ANALGESICS - OPIOID |
| MORPHINE SULFATE SUPP | - | Brand | ANALGESICS - OPIOID |
| morphine sulfate tab | - | Generic | ANALGESICS - OPIOID |
| MOVANTIK TAB (QL= 30 tabs/30 days) | PA-QL | Brand | GASTROINTESTINAL AGENTS - MISC. |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | Generic | OPHTHALMIC AGENTS |
| moxifloxacin tab (AVELOX equiv) | - | Generic | FLUOROQUINOLONES |
| MRESVIA INJ (QL= 0.5 mL/fill; Covered for ages 60 years and older) | QL-VAC | Preventi ve | VACCINES |
| multigen plus tab (CHROMAGEN FORTE equiv) | - | Generic | HEMATOPOIETIC AGENTS |
| multigen tab (CHROMAGEN equiv) | - | Generic | HEMATOPOIETIC AGENTS |
| mupirocin cream (BACTROBAN CREAM equiv) | - | Generic | DERMATOLOGICALS |
| mupirocin oint (BACTROBAN OINT equiv) | - | Generic | DERMATOLOGICALS |
| MUSE SUPP (QL= 1 carton (6 systems)/30 days) | QL | Brand | CARDIOVASCULAR AGENTS - MISC. |
| mycophenolate DR tab (MYFORTIC equiv) | - | Generic | ASSORTED CLASSES |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | Generic | ASSORTED CLASSES |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | Generic | ASSORTED CLASSES |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | Generic | ASSORTED CLASSES |
| MYHIBBIN SUSP | - | Brand | MISCELLANEOUS THERAPEUTIC CLASSES |
| MYLERAN TAB | AMSP | Brand Specialty | ANTINEOPLASTICS |
| nabumetone tab (RELAFEN equiv) | - | Generic | ANALGESICS - ANTI-INFLAMMATORY |
| nadolol tab (CORGARD equiv) | - | Generic | BETA BLOCKERS |
| NAFTIFINE CREAM 1% | - | Brand | DERMATOLOGICALS |
| naloxone hcl nasal spray (NARCAN equiv) | - | Generic | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naloxone inj | - | Generic | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NALOXONE NASAL SPRAY | - | Generic | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naloxone prefilled inj | - | Generic | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fills/month) | --QL | Generic | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naltrexone tab (REVIA equiv) | - | Generic | ANTIDOTES |
| NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab) | QL-ST | Brand | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NAMZARIC CAP (QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er) | QL-ST | Brand | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| naproxen EC tab (NAPROSYN EC equiv) | - | Generic | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen sodium tab (ANAPROX equiv) | - | Generic | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROXEN SUSP | - | Brand | ANALGESICS - ANTI-INFLAMMATORY |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| naproxen susp (NAPROSYN equiv) | - | Generic | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen tab (NAPROSYN equiv) | - | Generic | ANALGESICS - ANTI-INFLAMMATORY |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days) | QL | Generic | MIGRAINE PRODUCTS |
| NARCAN HCL SPRAY (OTC) | OTC | Generic | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| NATACYN OPHTH SUSP (QL= 45ml/30 days) | QL | Brand | OPHTHALMIC AGENTS |
| NATAZIA TAB | - | Preventive | CONTRACEPTIVES |
| nateglinide tab (STARLIX equiv) | - | Generic | ANTIDIABETICS |
| NAYZILAM SPRAY (QL= 4 units/fill, 5 fills/month) | QL | Brand | ANTICONVULSANTS |
| nebivolol hcl tab (BYSTOLIC equiv) (QL= 1 tab/day) | QL | Generic | BETA BLOCKERS |
| NEFAZODONE TAB | - | Generic | ANTIDEPRESSANTS |
| nefazodone tab 50mg, 250mg | - | Generic | ANTIDEPRESSANTS |
| neomycin tab | - | Generic | AMINOGLYCOSIDES |
| NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN | - | Generic | OPHTHALMIC AGENTS |
| neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv) | - | Generic | OTIC AGENTS |
| neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv) | - | Generic | OTIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | Generic | OPHTHALMIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | Generic | OPHTHALMIC AGENTS |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN | - | Brand | OPHTHALMIC AGENTS |
| NEPHRON FA TAB | - | Brand | HEMATOPOIETIC AGENTS |
| NEVIRAPINE ER TAB (QL= 3 tabs/day) | QL | Brand | ANTIVIRALS |
| nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day) | QL | Generic | ANTIVIRALS |
| NEVIRAPINE SUSP (QL= 1200ml/30 days) | QL | Brand | ANTIVIRALS |
| nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day) | QL | Generic | ANTIVIRALS |
| NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days) | QL | Brand | COUGH/COLD/ALLERGY |
| NEXPLANON IMPLANT | - | Preventive | CONTRACEPTIVES |
| NEXTSTELLIS TAB (QL= 28 tabs/24 days) | QL | Preventive | CONTRACEPTIVES |
| niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day) | QL | Generic | ANTIHYPERLIPIDEMICS |
| nicardipine cap (CARDENE equiv) | - | Generic | CALCIUM CHANNEL BLOCKERS |
| NICAZELDOXY KIT | - | Brand | TETRACYCLINES |
| NICODERM PATCH (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICORETTE GUM (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICORETTE LOZENGE (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine gum (NICORETTE equiv) (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 lozenge (COMMIT equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nicotine 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) | - | Generic | CALCIUM CHANNEL BLOCKERS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| nifedipine ER tab (ADALAT CC equiv) | - | Generic | CALCIUM CHANNEL BLOCKERS |
| nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days) | AMSP-PA-QL | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NINLARO CAP | AMSP-PA | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| nitisinone cap (ORFADIN equiv) | LMSP-PA | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| NITRO-BID OINT | - | Brand | ANTIANGINAL AGENTS |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | Generic | ANTI-INFECTIVE AGENTS - MISC. |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | Generic | ANTI-INFECTIVE AGENTS - MISC. |
| nitrofurantoin susp (FURADANTIN equiv) | - | Generic | ANTI-INFECTIVE AGENTS - MISC. |
| NITROGLYCERIN ER CAP | - | Generic | ANTIANGINAL AGENTS |
| nitroglycerin oint (RECTIV equiv) (Diagnosis Restricted – Anal Fissure (K60.2)) | RDX | Generic | ANORECTAL AND RELATED PRODUCTS |
| nitroglycerin patch (NITRO-DUR equiv) | - | Generic | ANTIANGINAL AGENTS |
| nitroglycerin SL tab (NITROSTAT equiv) | - | Generic | ANTIANGINAL AGENTS |
| NIZATIDINE CAP | - | Brand | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS |
| nizatidine cap (AXID equiv) | - | Generic | ULCER DRUGS |
| nizoral a-d shampoo (NIZORAL equiv) | OTC | Generic | DERMATOLOGICALS |
| norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv) | - | Preventive | CONTRACEPTIVES |
| norethindrone tab (AYGESTIN equiv) | - | Generic | PROGESTINS |
| norethindrone tab (NORA-QD equiv) | - | Preventive | CONTRACEPTIVES |
| norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv) | - | Preventive | CONTRACEPTIVES |
| NORPACE CR CAP | - | Brand | ANTIARRHYTHMICS |
| 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) | - | Generic | ANTIDEPRESSANTS |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | Generic | ANTIDEPRESSANTS |
| NORVIR CAP (QL= 12 caps/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand | ANTIVIRALS |
| NORVIR POWDER PACK (QL= 12 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand | ANTIVIRALS |
| NORVIR SOLN (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand | ANTIVIRALS |
| NOVAVAX INJ | VAC | Preventive | VACCINES |
| NOVOFINE PEN NEEDLE | OTC | DIAB 1 | MEDICAL DEVICES AND SUPPLIES |
| NOVOLIN 70/30 FLEXPEN INJ (QL= 60 units/30 days) | OTC-QL | DIAB 1 | ANTIDIABETICS |
| NOVOLIN 70/30 INJ (QL= 60 units/30 days) | QL | DIAB 1 | ANTIDIABETICS |
| NOVOLIN N FLEXPEN INJ (QL= 60 units/30 days) | QL | DIAB 1 | ANTIDIABETICS |
| NOVOLIN N INJ (QL= 60 units/30 days) | QL | DIAB 1 | ANTIDIABETICS |
| NOVOLIN N RELION INJ (QL= 60 units/30 days) | QL | DIAB 1 | ANTIDIABETICS |
| NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days) | QL | DIAB 1 | ANTIDIABETICS |
| NOVOLIN R INJ (QL= 60 units/30 days) | QL | DIAB 1 | ANTIDIABETICS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| NOVOLIN RELION INJ 70/30 (QL= 60 units/30 days) | QL | DIAB 1 | ANTIDIABETICS |
| NOVOLIN VIAL (QL= 60 units/30 days) | QL | DIAB 1 | ANTIDIABETICS |
| NOVOLOG FLEXPEN INJ (QL= 60 units/30 days) | QL | DIAB 1 | ANTIDIABETICS |
| NOVOLOG INJ (QL= 60 units/30 days) | QL | DIAB 1 | ANTIDIABETICS |
| NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days) | QL | DIAB 1 | ANTIDIABETICS |
| NOVOLOG MIX INJ (QL= 60 units/30 days) | QL | DIAB 1 | ANTIDIABETICS |
| NOVOLOG PENFILL INJ (QL= 60 units/30 days) | QL | DIAB 1 | ANTIDIABETICS |
| NOVOTWIST PEN NEEDLE | OTC | DIAB 1 | MEDICAL DEVICES AND SUPPLIES |
| NUBEQA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| NUCALA INJ (QL= 1 inj/28 days) | AMSP-PA-QL | Brand Specialty | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| NUEDEXTA CAP (QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA) | QL-ST | Brand | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NUVESSA VAGINAL GEL, VANDAZOLE GEL (QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln) | QL-ST | Brand | VAGINAL PRODUCTS |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | Generic | DERMATOLOGICALS |
| nystatin oint | - | Generic | DERMATOLOGICALS |
| nystatin powder | - | Generic | ANTIFUNGALS |
| nystatin susp | - | Generic | MOUTH/THROAT/DENTAL AGENTS |
| nystatin tab | - | Generic | ANTIFUNGALS |
| nystatin topical powder | - | Generic | DERMATOLOGICALS |
| nystatin/triamcinolone cream | - | Generic | DERMATOLOGICALS |
| nystatin/triamcinolone oint | - | Generic | DERMATOLOGICALS |
| NYVEPRIA INJ (QL= 2 inj/28 days) | AMSP-QL | Brand Specialty | HEMATOPOIETIC AGENTS |
| octreotide inj (SANDOSTATIN equiv) | AMSP-PA | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OCTREOTIDE INJ 100MCG | AMSP-PA | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ODACTRA SL TAB (QL= 30 tabs/30 days) | QL | Brand | ALLERGENIC EXTRACTS/BIOLOGICALS MISC |
| ODEFSEY TAB (QL= 1 tab/day) | QL | Brand | ANTIVIRALS |
| ODOMZO CAP | AMSP-PA-SF | Brand 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 | Brand Specialty | RESPIRATORY AGENTS - MISC. |
| ofloxacin ophth soln (OCUFLOX equiv) | - | Generic | OPHTHALMIC AGENTS |
| ofloxacin otic soln (FLOXIN equiv) | - | Generic | OTIC AGENTS |
| ofloxacin tab (FLOXIN equiv) | - | Generic | FLUOROQUINOLONES |
| olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day) | QL | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine tab (ZYPREXA equiv) | - | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olmesartan tab (BENICAR equiv) | - | Generic | ANTIHYPERTENSIVES |
| olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) (QL= 30 tabs/30 days) | QL | Generic | ANTIHYPERTENSIVES |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | Generic | ANTIHYPERTENSIVES |
| omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day) | QL | Generic | ANTIHYPERLIPIDEMICS |
| OMNIPOD 5 G6 INTRO KIT (QL= 1 kit/year) | QL | DIAB 1 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 G6 KIT (QL= 1 kit/year) | QL | DIAB 1 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 G6 MIS PODS (QL= 15 pods/30 days) | QL | DIAB 1 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 G6 PODS MISC (QL= 15 pods/30 days) | QL | DIAB 1 | MEDICAL DEVICES AND SUPPLIES |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year) | QL | Brand | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 G7 MIS PODS (QL= 15 pods/30 days) | QL | Brand | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD 5 PACK PODS (QL= 15 pods/30 days) | QL | DIAB 1 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD DASH KIT (QL= 1 kit/year) | QL | DIAB 1 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD DASH PODS (QL= 15 pods/30 days) | QL | DIAB 1 | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD GO KIT 10 UNITS/DAY (QL= 10 pods/30 days) | QL | Brand | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD GO KIT 15 UNITS/DAY (QL= 10 pods/30 days) | QL | Brand | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD GO KIT 20 UNITS/DAY (QL= 10 pods/30 days) | QL | Brand | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD GO KIT 25 UNITS/DAY (QL= 10 pods/30 days) | QL | Brand | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD GO KIT 30 UNITS/DAY (QL= 10 pods/30 days) | QL | Brand | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD GO KIT 35 UNITS/DAY (QL= 10 pods/30 days) | QL | Brand | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD GO KIT 40 UNITS/DAY (QL= 10 pods/30 days) | QL | Brand | MEDICAL DEVICES AND SUPPLIES |
| OMNIPOD STARTER KIT (QL= 1 kit/year) | QL | DIAB 1 | MEDICAL DEVICES AND SUPPLIES |
| OMNITROPE INJ (QL= 9 cartridges/28 days) | AMSP-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OMNITROPE INJ 5.8MG (QL= 8 vials/28 days) | AMSP-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ondansetron ODT (ZOFRAN equiv) | - | Generic | ANTIEMETICS |
| ondansetron soln (ZOFRAN equiv) (QL= 50ml/fill, 1 fill/15 days) | QL | Generic | ANTIEMETICS |
| ONDANSETRON TAB | - | Generic | ANTIEMETICS |
| ondansetron tab (ZOFRAN equiv) | - | Generic | ANTIEMETICS |
| OPILL TAB | - | Preventi ve | CONTRACEPTIVES |
| OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty | CARDIOVASCULAR AGENTS - MISC. |
| OPVEE NASAL SPRAY | - | Brand | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| ORACIT SOLN | - | Brand | GENITOURINARY AGENTS - MISCELLANEOUS |
| ORALAIR SL TAB (QL= 30 tabs/30 days) | QL | Brand | BIOLOGICALS MISC |
| ORENITRAM TAB (Only available through Accredo 888-773-7376) | LD-PA | Brand Specialty | CARDIOVASCULAR AGENTS - MISC. |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty | RESPIRATORY AGENTS - MISC. |
| ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty | RESPIRATORY AGENTS - MISC. |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | Generic | MUSCULOSKELETAL THERAPY AGENTS |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days) | QL | Generic | ANTIVIRALS |
| oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days) | QL | Generic | ANTIVIRALS |
| oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days) | QL | Generic | ANTIVIRALS |
| oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days) | QL | Generic | ANTIVIRALS |
| OSPHENA TAB (QL= 30 tabs/30 days) | QL | Brand | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| OTEZLA STARTER PACK (QL= 1 pack/28 days) | AMSP-PA-QL | Brand Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| OTEZLA TAB (QL= 2 tabs/day) | AMSP-PA-QL | Brand Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| otomax-HC otic soln (CORTANE-B equiv) | - | Generic | OTIC AGENTS |
| OVIDREL INJ | PA | INF | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| oxaprozin tab (DAYPRO equiv) | - | Generic | ANALGESICS - ANTI-INFLAMMATORY |
| oxcarbazepine susp (TRILEPTAL equiv) | - | Generic | ANTICONVULSANTS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| oxcarbazepine tab (TRILEPTAL equiv) | - | Generic | ANTICONVULSANTS |
| oxybutynin ER tab (DITROPAN XL equiv) | - | Generic | URINARY ANTISPASMODICS |
| oxybutynin syrup | - | Generic | URINARY ANTISPASMODICS |
| oxybutynin tab (DITROPAN equiv) | - | Generic | URINARY ANTISPASMODICS |
| oxycodone cap (OXYIR equiv) | - | Generic | ANALGESICS - OPIOID |
| OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Brand | ANALGESICS - OPIOID |
| OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Brand | ANALGESICS - OPIOID |
| OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Brand | ANALGESICS - OPIOID |
| OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Brand | ANALGESICS - OPIOID |
| OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Brand | ANALGESICS - OPIOID |
| OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Brand | ANALGESICS - OPIOID |
| OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Brand | ANALGESICS - OPIOID |
| oxycodone soln (ROXICODONE equiv) | - | Generic | ANALGESICS - OPIOID |
| oxycodone tab (ROXICODONE equiv) | - | Generic | ANALGESICS - OPIOID |
| oxycodone/acetaminophen cap (TYLOX equiv) | - | Generic | ANALGESICS - OPIOID |
| oxycodone/acetaminophen tab 10-325mg (PERCOCET equiv) (QL= 12 tabs/day) | QL | Generic | ANALGESICS - OPIOID |
| oxycodone/acetaminophen tab 2.5-325mg (PERCOCET equiv) (QL= 12 tabs/day) | QL | Generic | ANALGESICS - OPIOID |
| oxycodone/acetaminophen tab 5-325mg (PERCOCET equiv) (QL= 12 tabs/day) | QL | Generic | ANALGESICS - OPIOID |
| oxycodone/acetaminophen tab 7.5-325mg (PERCOCET equiv) (QL= 12 tabs/day) | QL | Generic | ANALGESICS - OPIOID |
| OXYCODONE/ASPIRIN TAB | - | Generic | ANALGESICS - OPIOID |
| oxycodone/ibuprofen tab (COMBUNOX equiv) | - | Generic | ANALGESICS - OPIOID |
| OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day) | QL | Brand | ANALGESICS - OPIOID |
| OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day) | QL | Brand | ANALGESICS - OPIOID |
| OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day) | QL | Brand | ANALGESICS - OPIOID |
| OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day) | QL | Brand | ANALGESICS - OPIOID |
| OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day) | QL | Brand | ANALGESICS - OPIOID |
| OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day) | QL | Brand | ANALGESICS - OPIOID |
| OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day) | QL | Brand | ANALGESICS - OPIOID |
| oxymorphone tab (OPANA equiv) | - | Generic | ANALGESICS - OPIOID |
| OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | Brand | ANTIDIABETICS |
| paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day) | QL | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PARAGARD IUD | - | Preventive | CONTRACEPTIVES |
| paramox hc gel (NOVACORT GEL equiv) | - | Generic | DERMATOLOGICALS |
| paricalcitol cap (ZEMPLAR equiv) | - | Generic | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| paromomycin cap (HUMATIN equiv) | - | Generic | AMINOGLYCOSIDES |
| paroxetine tab (PAXIL equiv) | - | Generic | ANTIDEPRESSANTS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 18 years or older) | QL | Brand | ANTIVIRALS |
| PAXLOVID TAB 300-100 (QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 18 years or older) | QL | Brand | ANTIVIRALS |
| pazopanib hcl tab (VOTRIENT equiv) (QL= 120 tabs/30 days) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| PCE TAB | - | Brand | MACROLIDES |
| pediatric multiple vitamins/fluoride soln | - | Preventive | MULTIVITAMINS |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | Preventive | LAXATIVES |
| PEGASYS INJ | AMSP-PA | Brand Specialty | ANTIVIRALS |
| PEG-INTRON INJ (Only available through Lumicera 855-847-3553) | LMSP | Brand Specialty | ANTIVIRALS |
| PENBRAYA INJ (Covered for members age 10 through 25 years) | - | Preventive | VACCINES |
| penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days) | QL | Generic | MISCELLANEOUS THERAPEUTIC CLASSES |
| penicillin vk tab (VEETIDS equiv) | - | Generic | PENICILLINS |
| pentazocine/acetaminophen tab (TALACEN equiv) | - | Generic | ANALGESICS - OPIOID |
| pentazocine/naloxone tab (TALWIN NX equiv) | - | Generic | ANALGESICS - OPIOID |
| pentoxifylline ER tab (TRENTAL equiv) | - | Generic | HEMATOLOGICAL AGENTS - MISC. |
| perindopril tab (ACEON equiv) | - | Generic | ANTIHYPERTENSIVES |
| permethrin cream (ELIMITE CREAM equiv) | - | Generic | DERMATOLOGICALS |
| perphenazine tab (TRILAFON equiv) | - | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | Generic | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| PERSERIS INJ | AMSP | Brand Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| phenazopyridine tab (PYRIDIUM equiv) | - | Generic | GENITOURINARY AGENTS - MISCELLANEOUS |
| PHENELZINE SULFATE TAB (QL= 4 tabs/day) | QL | Generic | ANTIDEPRESSANTS |
| phenelzine tab (NARDIL equiv) | - | Generic | ANTIDEPRESSANTS |
| phenobarbital elixir | - | Generic | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| phenobarbital tab | - | Generic | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| phenylephrine ophth soln (MYDFRIN equiv) | - | Generic | OPHTHALMIC AGENTS |
| phenytoin cap (DILANTIN equiv) | - | Generic | ANTICONVULSANTS |
| phenytoin chew tab (DILANTIN equiv) | - | Generic | ANTICONVULSANTS |
| phenytoin susp (DILANTIN equiv) | - | Generic | ANTICONVULSANTS |
| PHEXXI GEL (QL= 180gm/30 days) | QL | Preventive | VAGINAL AND RELATED PRODUCTS |
| PHOSLYRA SOLN | - | Brand | GASTROINTESTINAL AGENTS - MISC. |
| phytonadione tab (MEPHYTON equiv) | - | Generic | VITAMINS |
| PIFELTRO TAB | - | Brand | ANTIVIRALS |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | Generic | OPHTHALMIC AGENTS |
| pilocarpine tab (SALAGEN equiv) | - | Generic | MOUTH/THROAT/DENTAL AGENTS |
| PIMOZIDE TAB | - | Brand | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| pindolol tab (VISKEN equiv) | - | Generic | BETA BLOCKERS |
| pioglitazone tab (ACTOS equiv) | - | Generic | ANTIDIABETICS |
| pioglitazone/metformin tab (ACTOPLUS MET equiv) | - | Generic | ANTIDIABETICS |
| pirfenidone cap (ESBRIET equiv) (QL= 3 caps/day) | AMSP-PA-QL-SF | Generic Specialty | RESPIRATORY AGENTS - MISC. |
| pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day) | AMSP-PA-QL-SF | Generic Specialty | RESPIRATORY AGENTS - MISC. |
| PIRFENIDONE TAB 534MG (QL= 4 tabs/day; Only available through Lumicera 855-847-3553) | LD-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) | - | Generic | ANALGESICS - ANTI-INFLAMMATORY |
| PNEUMOVAX INJ | VAC | Preventive | VACCINES |
| PODOCON SOLN | - | Brand | DERMATOLOGICALS |
| PODOFILOX SOLN (QL= 0.5ml/day) | QL | Brand | DERMATOLOGICALS |
| podofilox soln (CONDYLOX equiv) | QL-- | Generic | DERMATOLOGICALS |
| POLYETHYLENE GLYCOL 8000 GRANULES | - | Brand | PHARMACEUTICAL ADJUVANTS |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | Generic | OPHTHALMIC AGENTS |
| POMALYST CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| POT/CHLORIDE EFFER TAB | - | Generic | MINERALS & ELECTROLYTES |
| POTABA POWDER PACKET | - | Brand | VITAMINS |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | Generic | MINERALS & ELECTROLYTES |
| potassium chloride ER cap (MICRO-K equiv) | - | Generic | MINERALS & ELECTROLYTES |
| potassium chloride ER tab (K-TAB equiv) | - | Generic | MINERALS & ELECTROLYTES |
| potassium chloride micro tab (K-DUR equiv) | - | Generic | MINERALS & ELECTROLYTES |
| POTASSIUM CHLORIDE TAB ER | - | Generic | MINERALS & ELECTROLYTES |
| potassium citrate CR tab (UROCIT-K TAB equiv) | - | Generic | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | Generic | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | Generic | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium iodide oral soln (SSKI equiv) (QL= 90ml/30 days) | QL | Generic | COUGH/COLD/ALLERGY |
| potassium phosphate monobasic tab (K-PHOS equiv) (QL= 8 tabs/day) | QL | Generic | MINERALS & ELECTROLYTES |
| pramipexole tab (MIRAPEX equiv) | - | Generic | ANTIPARKINSON AGENTS |
| PRAMOSONE CREAM 1-1% | - | Brand | DERMATOLOGICALS |
| PRAMOSONE E CREAM | - | Brand | DERMATOLOGICALS |
| prasugrel tab (EFFIENT equiv) (QL= 1 tab/day) | QL | Generic | HEMATOLOGICAL AGENTS - MISC. |
| pravastatin tab (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 |
| praziquantel tab (BILTRICIDE equiv) | - | Generic | ANTHELMINTICS |
| prazosin cap (MINIPRESS equiv) | - | Generic | ANTIHYPERTENSIVES |
| PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | DIAB 1 | DIAGNOSTIC PRODUCTS |
| PRED MILD OPHTH SOLN | - | Brand | OPHTHALMIC AGENTS |
| PRED-G OPHTH SOLN | - | Brand | OPHTHALMIC AGENTS |
| PREDNICARBATE CREAM | - | Brand | DERMATOLOGICALS |
| PREDNICARBATE OIN | - | Brand | DERMATOLOGICALS |
| PREDNISOLONE OPHTH SUSP | - | Generic | OPHTHALMIC AGENTS |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | Generic | OPHTHALMIC AGENTS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| PREDNISOLONE SOLN | - | Brand | CORTICOSTEROIDS |
| prednisolone soln | - | Generic | CORTICOSTEROIDS |
| prednisolone soln (PEDIAPRED equiv) | - | Generic | CORTICOSTEROIDS |
| prednisone pack | - | Generic | CORTICOSTEROIDS |
| PREDNISONE SOLN | - | Generic | CORTICOSTEROIDS |
| prednisone tab (DELTASONE equiv) | - | Generic | CORTICOSTEROIDS |
| pregabalin cap (LYRICA equiv) | - | Generic | ANTICONVULSANTS |
| pregabalin soln (LYRICA equiv) (QL= 30ml/day) | QL | Generic | ANTICONVULSANTS |
| PREMARIN TAB | - | Brand | ESTROGENS |
| PREMARIN VAGINAL CREAM | - | Brand | VAGINAL PRODUCTS |
| PREMPHASE TAB, PREMPRO TAB | - | Brand | ESTROGENS |
| PRENATABS RX TAB | - | Brand | MULTIVITAMINS |
| PRENATAL 19 CHEW TAB | - | Brand | MULTIVITAMINS |
| PRENATAL 19 TAB | - | Brand | MULTIVITAMINS |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | - | Brand | MULTIVITAMINS |
| PREVIDENT 5000 PLUS CREAM (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay) | - | Preventive | MOUTH/THROAT/DENTAL AGENTS |
| PREVNAR 13 INJ | VAC | Preventive | VACCINES |
| PREVNAR 20 INJ | VAC | Preventive | VACCINES |
| PREZCOBIX TAB (QL= 1 tab/day) | QL | Brand | ANTIVIRALS |
| PREZISTA SUSP (QL= 400ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand | ANTIVIRALS |
| PREZISTA TAB (QL= 1 tab/day) | QL | Brand | ANTIVIRALS |
| PREZISTA TAB 150MG (QL= 8 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand | ANTIVIRALS |
| PREZISTA TAB 600MG (QL= 2 tabs/day) | QL | Brand | ANTIVIRALS |
| PREZISTA TAB 75MG (QL= 16 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand | ANTIVIRALS |
| PRIMIDONE TAB (QL= 4 tabs/day) | QL | Generic | ANTICONVULSANTS |
| primidone tab (MYSOLINE equiv) | QL-- | Generic | ANTICONVULSANTS |
| PRIMSOL SOLN | - | Brand | ANTI-INFECTIVE AGENTS - MISC. |
| PRIORIX INJ | VAC | Preventive | VACCINES |
| probenecid tab (BENEMID equiv) | - | Generic | GOUT AGENTS |
| prochlorperazine supp (COMPAZINE equiv) | - | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| prochlorperazine tab (COMPAZINE equiv) | - | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PROCTOFOAM HC FOAM | - | Brand | ANORECTAL AGENTS |
| proctosol HC cream (ANUSOL HC equiv) | - | Generic | ANORECTAL AGENTS |
| PRODRIN TAB | - | Generic | MIGRAINE PRODUCTS |
| progesterone cap (PROMETRIUM equiv) | - | Generic | PROGESTINS |
| progesterone oil inj | - | Generic | PROGESTINS |
| PROLIA INJ | AMSP-PA | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| PROMACTA POWDER (QL= 6 packets/day) | AMSP-PA-QL | Brand Specialty | HEMATOPOIETIC AGENTS |
| PROMACTA TAB (QL= 2 tabs/day) | AMSP-PA-QL | Brand Specialty | HEMATOPOIETIC AGENTS |
| promethazine DM syrup | - | Generic | COUGH/COLD/ALLERGY |
| promethazine inj (PHENERGAN equiv) | - | Generic | ANTIHISTAMINES |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| promethazine supp (PHENERGAN equiv) | - | Generic | ANTIHISTAMINES |
| promethazine syrup | - | Generic | ANTIHISTAMINES |
| promethazine tab (PHENERGAN equiv) | - | Generic | ANTIHISTAMINES |
| PROMETHAZINE VC SYRUP | - | Generic | COUGH/COLD/ALLERGY |
| promethazine VC syrup (PHENERGAN VC equiv) | - | Generic | COUGH/COLD/ALLERGY |
| PROMETHAZINE VC/CODEINE SYRUP | - | Generic | COUGH/COLD/ALLERGY |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | Generic | COUGH/COLD/ALLERGY |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | Generic | COUGH/COLD/ALLERGY |
| PROMETHEGAN SUPP | - | Generic | ANTIHISTAMINES |
| propafenone tab (RYTHMOL equiv) | - | Generic | ANTIARRHYTHMICS |
| PROPANTHELINE TAB | - | Brand | ULCER DRUGS |
| proparacaine ophth soln (ALCAINE equiv) | - | Generic | OPHTHALMIC AGENTS |
| propranolol ER cap (INDERAL LA equiv) | - | Generic | BETA BLOCKERS |
| propranolol oral soln | - | Generic | BETA BLOCKERS |
| PROPRANOLOL SOLN | - | Generic | BETA BLOCKERS |
| propranolol tab (INDERAL equiv) | - | Generic | BETA BLOCKERS |
| propranolol/hydrochlorothiazide tab (INDERIDE equiv) | - | Generic | ANTIHYPERTENSIVES |
| propylthiouracil tab | - | Generic | THYROID AGENTS |
| PROQUAD INJ | - | Preventive | VACCINES |
| protriptyline tab (VIVACTIL equiv) | - | Generic | ANTIDEPRESSANTS |
| PROZAC WEEKLY CAP | - | Brand | ANTIDEPRESSANTS |
| pseudoephedrine ER tab 120mg (QL= 2 tabs/day) | QL | Generic | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days) | QL | Generic | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| pseudoephedrine tab 30mg (QL= 8 tabs/day) | QL | Generic | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| pseudoephedrine tab 60mg (QL= 4 tabs/day) | QL | Generic | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| PULMOZYME INH SOLN (QL= 30 ampules/30 days) | AMSP-QL-RDX | Brand Specialty | RESPIRATORY AGENTS - MISC. |
| PURIXAN SUSP | AMSP-PA | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| pyrazinamide tab | - | Generic | ANTIMYCOBACTERIAL AGENTS |
| pyridostigmine CR tab (MESTINON equiv) | - | Generic | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyridostigmine tab (MESTINON equiv) | - | Generic | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Generic Specialty | ANTIMALARIALS |
| quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day) | QL | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day) | QL | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| quinapril tab (ACCUPRIL equiv) | - | Generic | ANTIHYPERTENSIVES |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | Generic | ANTIHYPERTENSIVES |
| quinidine sulfate tab (QL= 8 tabs/day) | QL | Generic | ANTIARRHYTHMICS |
| QUINIDINE SULFATE TAB 200MG (QL= 8 tabs/day) | QL | Brand | ANTIARRHYTHMICS |
| QUINIDINE SULFATE TAB 300MG (QL= 5 tabs/day) | QL | Brand | ANTIARRHYTHMICS |
| quinine sulfate cap (QUALAQUIN equiv) | - | Generic | ANTIMALARIALS |
| QVAR REDIHALER (QL= 21.2gm/30 days) | QL | Brand | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| RABAVERT INJ | - | Preventive | VACCINES |
| RADICAVA ORS SUSP (QL= 70ml/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty | NEUROMUSCULAR AGENTS |
| RAGWITEK SL TAB (QL= 30 tabs/30 days) | QL | Brand | BIOLOGICALS MISC |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| raloxifene tab (EVISTA equiv) (QL= 1 tab/day) | QL | Preventive | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ramipril cap (ALTACE equiv) | - | Generic | ANTIHYPERTENSIVES |
| ranitidine cap (ZANTAC equiv) | - | Generic | ULCER DRUGS |
| ranitidine syrup (ZANTAC equiv) | - | Generic | ULCER DRUGS |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | Generic | ULCER DRUGS |
| ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days) | QL | Generic | ANTIANGINAL AGENTS |
| rasagiline tab (AZILECT equiv) (QL= 1 tab/day) | QL | Generic | ANTIPARKINSON AGENTS |
| REBETOL SOLN | AMSP | Brand Specialty | ANTIVIRALS |
| REBIF INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer) | AMSP-QL-ST | Brand Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| REBINYN INJ (Only available through Walgreens 888-347-3416) | LD | Brand Specialty | HEMATOLOGICAL AGENTS - MISC. |
| RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month) | QL | Brand | ANTIVIRALS |
| RELTONE CAP (Step therapy requires trial of ursodiol tab) | ST | Generic | GASTROINTESTINAL AGENTS - MISC. |
| REPAGLINIDE TAB | - | Brand | ANTIDIABETICS |
| repaglinide tab (PRANDIN equiv) | - | Generic | ANTIDIABETICS |
| REPATHA INJ (QL= 2 inj/28 days) | PA-QL | Brand | ANTIHYPERLIPIDEMICS |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) | PA-QL | Brand | ANTIHYPERLIPIDEMICS |
| RESCRIPTOR TAB | - | Brand | ANTIVIRALS |
| RETACRIT INJ (QL= 12 vials/30 days) | AMSP-QL | Brand Specialty | HEMATOPOIETIC AGENTS |
| RETACRIT INJ (QL= 4 vials/30 days) | AMSP-QL | Brand Specialty | HEMATOPOIETIC AGENTS |
| REYATAZ POWDER PACK (QL= 5 packets/day) | QL | Brand | ANTIVIRALS |
| REZYST CHEW TAB | - | Generic | ANTIDIARRHEALS |
| RIBAPAK TAB (Step Therapy requires trial of ribavirin) | AMSP-ST | Brand Specialty | ANTIVIRALS |
| RIBAVIRIN CAP | AMSP | Generic Specialty | ANTIVIRALS |
| ribavirin cap (REBETOL equiv) | AMSP | Generic Specialty | ANTIVIRALS |
| RIBAVIRIN TAB | AMSP | Generic Specialty | ANTIVIRALS |
| rifabutin cap (MYCOBUTIN equiv) | - | Generic | ANTIMYCOBACTERIAL AGENTS |
| rifampin cap (RIFADIN equiv) | - | Generic | ANTIMYCOBACTERIAL AGENTS |
| riluzole tab (RILUTEK equiv) | AMSP | Generic Specialty | NEUROMUSCULAR AGENTS |
| RIMANTADINE TAB | - | Generic | ANTIVIRALS |
| risperidone microspheres inj (RISPERDAL equiv) | AMSP | Generic Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| RISPERIDONE ODT | - | Brand | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone ODT (RISPERDAL M equiv) | - | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone soln (RISPERDAL equiv) | - | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone tab (RISPERDAL equiv) | - | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ritonavir tab (NORVIR equiv) (QL= 12 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Generic | ANTIVIRALS |
| rivastigmine cap (EXELON equiv) | - | Generic | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days) | QL | Generic | MIGRAINE PRODUCTS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days) | QL | Generic | MIGRAINE PRODUCTS |
| roflumilast tab (DALIRESP equiv) (QL= 1 tab/day) | PA-QL | Generic | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ropinirole tab (REQUIP equiv) | - | Generic | ANTIPARKINSON AGENTS |
| rosuvastatin tab (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 |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| RYBELSUS TAB (QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | Brand | ANTIDIABETICS |
| SAFETY SYRINGE | - | Brand | MEDICAL DEVICES AND SUPPLIES |
| salicylic acid shampoo (SALEX equiv) | - | Generic | DERMATOLOGICALS |
| salsalate tab (DISALCID equiv) | - | Generic | ANALGESICS - NONNARCOTIC |
| SANDOSTATIN LAR INJ KIT | AMSP | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SANTYL OINT (QL= 90gm/30 days) | QL | Brand | DERMATOLOGICALS |
| sapropterin dihydrochloride powder packet (KUVAN equiv) | AMSP-PA | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sapropterin dihydrochloride soluble tab (KUVAN equiv) | AMSP-PA | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days) | QL | Generic | ANTIEMETICS |
| selegiline cap (ELDEPRYL equiv) | - | Generic | ANTIPARKINSON AGENTS |
| selegiline tab (ELDEPRYL equiv) (QL= 2 tabs/day) | QL | Generic | ANTIPARKINSON AGENTS |
| selenium sulfide lotion | - | Generic | DERMATOLOGICALS |
| selenium sulfide shampoo (SELSEB equiv) | - | Generic | DERMATOLOGICALS |
| SELZENTRY SOLN (QL= 31ml/day) | QL | Brand | ANTIVIRALS |
| SELZENTRY TAB 150MG (QL= 2 tabs/day) | QL | Brand | ANTIVIRALS |
| SELZENTRY TAB 25MG (QL= 4 tabs/day) | QL | Brand | ANTIVIRALS |
| SELZENTRY TAB 300MG (QL= 4 tabs/day) | QL | Brand | ANTIVIRALS |
| SELZENTRY TAB 75MG (QL= 2 tabs/day) | QL | Brand | ANTIVIRALS |
| SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv) (QL= 60ml/30days) | QL | DIAB 1 | ANTIDIABETICS |
| SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv) (QL= 60ml/30 day | QL | DIAB 1 | ANTIDIABETICS |
| sertraline conc (ZOLOFT equiv) | - | Value | ANTIDEPRESSANTS |
| sertraline tab (ZOLOFT equiv) | - | Value | ANTIDEPRESSANTS |
| sevelamer hydrochloride tab (RENAGEL equiv) | - | Generic | GASTROINTESTINAL AGENTS - MISC. |
| sevelamer powder pak (RENVELA equiv) | - | Generic | GASTROINTESTINAL AGENTS - MISC. |
| sevelamer tab (RENVELA TAB equiv) | - | Generic | GASTROINTESTINAL AGENTS - MISC. |
| SHINGRIX INJ (Covered for members age 18 or older) | VAC | Preventive | VACCINES |
| SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sildenafil susp (REVATIO equiv) (QL= 224ml/30 days) | AMSP-PA-QL | Generic Specialty | CARDIOVASCULAR AGENTS - MISC. |
| sildenafil tab (VIAGRA equiv) (QL= 6 tabs/30 days) | QL | Generic | CARDIOVASCULAR AGENTS - MISC. |
| sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day) | QL | Generic | CARDIOVASCULAR AGENTS - MISC. |
| SILVER NITRATE SOLN | - | Brand | DERMATOLOGICALS |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | Generic | DERMATOLOGICALS |
| SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin) | QL-ST | Brand | ANTIHYPERLIPIDEMICS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| 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 |
| SIRTURO TAB (Only available through MMS Solutions 855-691-0963) | LD | Brand Specialty | ANTIMYCOBACTERIAL AGENTS |
| SIVEXTRO TAB (QL= 6 tabs/fill) | QL | Brand | ANTI-INFECTIVE AGENTS - MISC. |
| SKYLA IUD | - | Preventive | CONTRACEPTIVES |
| SKYTROFA INJ (QL= 4 inj/28 days) | AMSP-PA-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SLYND TAB | - | Preventive | CONTRACEPTIVES |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | Generic | ANTI-INFECTIVE AGENTS - MISC. |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | Generic | ANTI-INFECTIVE AGENTS - MISC. |
| sodium chloride inj | - | Generic | MINERALS & ELECTROLYTES |
| sodium chloride neb soln (HYPER-SAL equiv) | - | Generic | COUGH/COLD/ALLERGY |
| sodium citrate/citric acid soln (BICITRA equiv) | - | Generic | GENITOURINARY AGENTS - MISCELLANEOUS |
| sodium fluoride chew tab (LURIDE equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay) | - | Preventive | MINERALS & ELECTROLYTES |
| sodium fluoride cream (PREVIDENT equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay) | - | Preventive | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride gel (PREVIDENT equiv) | - | Generic | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride paste (PREVIDENT equiv) | - | Generic | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride rinse (PREVIDENT equiv) | - | Generic | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride soln (LURIDE equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay) | - | Preventive | MINERALS & ELECTROLYTES |
| SODIUM FLUORIDE TAB (Covered at $0 for members 5 years or younger; All other members covered at generic copay) | - | Preventive | MINERALS & ELECTROLYTES |
| sodium phenylbutyrate powder (BUPHENYL equiv) | AMSP-PA | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium phenylbutyrate tab (BUPHENYL equiv) | AMSP-PA | Generic Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium sulfacetamide lotion (KLARON equiv) | - | Generic | DERMATOLOGICALS |
| sodium/potassium/magnesium soln (SUPREP equiv) (QL= 2 fills/year) | QL | Generic | LAXATIVES |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day) | AMSP-QL | Brand Specialty | ANTIVIRALS |
| solifenacin tab (VESICARE equiv) (QL= 1 tab/day) | QL | Generic | URINARY ANTISPASMODICS |
| SOLU-CORTEF INJ | - | Brand | CORTICOSTEROIDS |
| SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sorafenib tosylate tab (NEXAVAR equiv) | AMSP-PA-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| sotalol AF tab (BETAPACE AF equiv) | - | Generic | BETA BLOCKERS |
| sotalol tab (BETAPACE equiv) | - | Generic | BETA BLOCKERS |
| SPIKEVAX INJ (QL= 1 dose/24 days) | QL | Preventive | VACCINES |
| SPIKEVAX INJ 50/0.5ML | VAC | Preventive | VACCINES |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| SPIKEVAX INJ 50MCG/0.5ML | VAC | Preventive | VACCINES |
| SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month) | QL | Brand | DERMATOLOGICALS |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler) | QL-ST | Brand | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days) | QL | Brand | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| spironolactone tab (ALDACTONE equiv) | - | Value | DIURETICS |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | Generic | DIURETICS |
| sprintec 28 tab (ORTHO-CYCLEN equiv) | - | Preventive | CONTRACEPTIVES |
| STAHIST AD TAB 25-60MG (QL= 4 tabs/day) | QL | Brand | COUGH/COLD/ALLERGY |
| STAMARIL INJ | - | Preventive | VACCINES |
| stavudine cap (ZERIT equiv) (QL= 2 caps/day) | QL | Generic | ANTIVIRALS |
| STAXYN ODT (QL= 6 tabs/30 days) | QL | Brand | CARDIOVASCULAR AGENTS - MISC. |
| STELARA INJ (QL= 1 inj/84 days ) | AMSP-PA-QL | Brand Specialty | DERMATOLOGICALS |
| STELARA INJ (QL= 1 inj/84 days) | AMSP-PA-QL | Brand Specialty | DERMATOLOGICALS |
| STENDRA TAB (QL= 6 tabs/30 days) | QL | Brand | CARDIOVASCULAR AGENTS - MISC. |
| STIMATE NASAL SOLN | - | Brand | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STIOLTO INHALER (QL= 1 inhaler/30 days) | QL | Brand | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| STIVARGA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479) | LD-PA | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STRIBILD TAB (QL= 1 tab/day) | QL | Brand | ANTIVIRALS |
| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days) | QL | Brand | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| SUBOXONE SL FILM 12-3MG (QL= 2 films/day) | QL | Brand | ANALGESICS - OPIOID |
| SUBOXONE SL FILM 8-2MG (QL= 3 films/day) | QL | Brand | ANALGESICS - OPIOID |
| sucralfate susp (CARAFATE equiv) | - | Generic | ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS |
| sucralfate tab (CARAFATE equiv) | - | Generic | ULCER DRUGS |
| SUFLAVE SOLN (QL= 2 fills/year) | QL | Brand | LAXATIVES |
| SULFACETAMIDE SODIUM OPHTH OINT | - | Brand | OPHTHALMIC AGENTS |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | Generic | OPHTHALMIC AGENTS |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | Generic | OPHTHALMIC AGENTS |
| sulfadiazine tab (SULFADIAZINE equiv) (QL= 8 tabs/day) | QL | Generic | SULFONAMIDES |
| SULFAMYLON CREAM | - | Brand | DERMATOLOGICALS |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | Generic | GASTROINTESTINAL AGENTS - MISC. |
| sulfasalazine tab (AZULFIDINE equiv) | - | Generic | GASTROINTESTINAL AGENTS - MISC. |
| sulindac tab (CLINORIL equiv) | - | Generic | ANALGESICS - ANTI-INFLAMMATORY |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days) | QL | Brand | MIGRAINE PRODUCTS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/30 days; Step therapy requires trial of two: naratriptan tab, rizatriptan tab, rizatriptan ODT, or sumatriptan tab) | QL-ST | Generic | MIGRAINE PRODUCTS |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days) | QL | Generic | MIGRAINE PRODUCTS |
| sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day) | AMSP-PA-QL-SF | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty | RESPIRATORY AGENTS - MISC. |
| SYMJEPI INJ (QL= 2 inj/fill) | QL | Value | VASOPRESSORS |
| SYMPROIC TAB (QL= 30 tabs/30 days) | PA-QL | Brand | GASTROINTESTINAL AGENTS - MISC. |
| SYMTUZA TAB | - | Brand | ANTIVIRALS |
| SYNAGIS INJ (QL= 2 inj/28 days) | LMSP-PA-QL | Brand Specialty | PASSIVE IMMUNIZING AND TREATMENT AGENTS |
| SYNAREL NASAL SOLN | - | Brand | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SYNJARDY TAB (QL= 2 tabs/day) | QL | Brand | ANTIDIABETICS |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) | QL | Brand | ANTIDIABETICS |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | Brand | ANTIDIABETICS |
| SYNRIBO INJ (Only available through US Bioservices 888-518-7246) | LD-PA | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYRINGE LUER-LOK | OTC | Brand | MEDICAL DEVICES AND SUPPLIES |
| TABLOID TAB (QL= 4 tabs/day) | AMSP-QL | Brand Specialty | ANTINEOPLASTICS |
| tacrolimus cap (PROGRAF equiv) | - | Generic | ASSORTED CLASSES |
| tacrolimus oint (PROTOPIC OINT equiv) | - | Generic | DERMATOLOGICALS |
| tadalafil tab (CIALIS equiv) (QL= 1 tab/day) | QL | Generic | CARDIOVASCULAR AGENTS - MISC. |
| tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day) | QL | Generic | CARDIOVASCULAR AGENTS - MISC. |
| TAFINLAR CAP (QL= 4 caps/day) | AMSP-PA-QL | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAFINLAR TAB (QL= 12 tabs/day) | LMSP-PA-QL | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tafluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days) | QL | Generic | OPHTHALMIC AGENTS |
| TAGRISSO TAB (QL= 1 tab/day) | AMSP-PA-QL | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty | HEMATOLOGICAL AGENTS - MISC. |
| TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty | HEMATOLOGICAL AGENTS - MISC. |
| TAKHZYRO INJ 150MG/ML (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty | HEMATOLOGICAL AGENTS - MISC. |
| tamoxifen tab (NOLVADEX equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay) | - | Preventi ve | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tamsulosin cap (FLOMAX equiv) | - | Generic | GENITOURINARY AGENTS - MISCELLANEOUS |
| TASIGNA CAP | AMSP-PA-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tasimelteon capsule (HETLIOZ equiv) | AMSP-PA | Generic Specialty | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| tazarotene cream 0.1% (TAZORAC equiv) (QL= 360g/30 days) | QL | Generic | DERMATOLOGICALS |
| tazarotene gel (TAZORAC equiv) (QL= 360g/30 days) | QL | Generic | DERMATOLOGICALS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| TB SYRINGE | - | Brand | MEDICAL DEVICES AND SUPPLIES |
| telmisartan tab (MICARDIS equiv) | - | Generic | ANTIHYPERTENSIVES |
| temazepam cap 15mg (RESTORIL equiv) | - | Generic | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| temazepam cap 30mg (RESTORIL equiv) | - | Generic | HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS |
| temozolomide cap (TEMODAR equiv) | AMSP | Generic Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Generic | ANTIVIRALS |
| terazosin cap (HYTRIN equiv) | - | Generic | ANTIHYPERTENSIVES |
| terbinafine tab (LAMISIL equiv) | - | Generic | ANTIFUNGALS |
| terbutaline sulfate tab (BRETHINE equiv) | - | Generic | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| terconazole cream (TERAZOL equiv) | - | Generic | VAGINAL PRODUCTS |
| TERCONAZOLE CREAM 0.8% | - | Generic | VAGINAL PRODUCTS |
| terconazole supp (TERAZOL equiv) | - | Generic | VAGINAL PRODUCTS |
| teriflunomide tab (AUBAGIO equiv) (QL= 30 tabs/30 days) | AMSP-QL | Generic Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv) (QL= 2.4 units/28 days) | AMSP-PA-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TERIPARATIDE INJ 620MCG/2.48ML (QL= 2.48 units/28 days) | AMSP-PA-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | Generic | ANDROGENS-ANABOLIC |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 1 vial/28 days | --QL | Generic | ANDROGENS-ANABOLIC |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days) | --QL | Generic | ANDROGENS-ANABOLIC |
| testosterone cypionate inj 200mg/ml (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days) | QL | Generic | ANDROGENS-ANABOLIC |
| TESTOSTERONE ENANTHATE INJ (QL= 5 mL/28 days) | QL | Brand | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | Brand | ANDROGENS-ANABOLIC |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 150gm/30 days) | PA-QL | Generic | ANDROGENS-ANABOLIC |
| testosterone gel 1% 50mg (QL= 300gm/30 days) | QL | Generic | ANDROGENS-ANABOLIC |
| testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 300gm/30 days) | QL | Generic | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days) | PA-QL | Brand | ANDROGENS-ANABOLIC |
| testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 150gm/30 days) | QL | Generic | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL PUMP, VOGELXO GEL PUMP (QL= 300g/30 days) | QL | Generic | ANDROGENS-ANABOLIC |
| TESTOSTERONE INJ (QL= 1 vial/28 days) | QL | Brand | ANDROGENS-ANABOLIC |
| TESTOSTERONE INJ (QL= 4 vials/28 days) | QL | Brand | ANDROGENS-ANABOLIC |
| TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days) | QL | Brand | ANDROGENS-ANABOLIC |
| TETANUS/DIPHTHERIA TOXOID INJ | VAC | Preventive | TOXOIDS |
| tetrabenazine tab (XENAZINE equiv) | AMSP-PA | Generic Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| tetracaine ophth soln | - | Generic | OPHTHALMIC AGENTS |
| tetracycline cap | - | Generic | TETRACYCLINES |
| THALOMID CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416) | LD-QL | Brand Specialty | ASSORTED CLASSES |
| theophylline CR tab (QUIBRON-T equiv) | - | Generic | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| theophylline ER tab (UNIPHYL equiv) | - | Generic | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline soln | - | Generic | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| THEOPHYLLINE TAB ER (QL= 1 tab/day) | QL | Brand | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| thioridazine tab (MELLARIL equiv) | - | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| thiothixene cap (NAVANE equiv) | - | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day) | QL | Generic | ANTICONVULSANTS |
| tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day) | QL | Generic | ANTICONVULSANTS |
| tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day) | QL | Generic | ANTICONVULSANTS |
| tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day) | QL | Generic | ANTICONVULSANTS |
| TIGLUTIK SUSP (Only available through AnovoRx 844-288-5007) | LD-PA | Brand Specialty | NEUROMUSCULAR AGENTS |
| timolol maleate ophth soln 0.25% (TIMOPTIC equiv) | - | Value | OPHTHALMIC AGENTS |
| timolol maleate ophth soln 0.5% (TIMOPTIC equiv) | - | Value | OPHTHALMIC AGENTS |
| timolol maleate tab (BLOCADREN equiv) | - | Generic | BETA BLOCKERS |
| tinidazole tab (TINDAMAX equiv) | - | Generic | ANTI-INFECTIVE AGENTS - MISC. |
| tiopronin tab (THIOLA equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400) | LD-PA-QL | Generic Specialty | GENITOURINARY AGENTS - MISCELLANEOUS |
| tiopronin tab delayed release (THIOLA EC equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400) | LD-PA-QL | Brand Specialty | GENITOURINARY AGENTS - MISCELLANEOUS |
| tiotropium bromide cap inhaler (SPIRIVA equiv) (QL= 1 cap/day; For use with Handihaler device) | QL | Generic | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| TIVICAY PD TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand | ANTIVIRALS |
| TIVICAY TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand | ANTIVIRALS |
| tizanidine tab (ZANAFLEX equiv) | - | Generic | MUSCULOSKELETAL THERAPY AGENTS |
| TOBRADEX OPHTH OINT | - | Brand | OPHTHALMIC AGENTS |
| tobramycin neb soln (BETHKIS equiv) | AMSP-PA | Generic Specialty | AMINOGLYCOSIDES |
| tobramycin neb soln (TOBI equiv) | AMSP-PA | Generic Specialty | AMINOGLYCOSIDES |
| tobramycin ophth soln (TOBREX equiv) | - | Generic | OPHTHALMIC AGENTS |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | Generic | OPHTHALMIC AGENTS |
| TODAY SPONGE | OTC | Preventive | VAGINAL PRODUCTS |
| tolazamide tab (TOLINASE equiv) | - | Generic | ANTIDIABETICS |
| TOLBUTAMIDE TAB | - | Brand | ANTIDIABETICS |
| tolmetin cap (TOLECTIN DS equiv) | - | Generic | ANALGESICS - ANTI-INFLAMMATORY |
| 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. |
| topiramate sprinkle cap (TOPAMAX equiv) | - | Generic | ANTICONVULSANTS |
| topiramate tab (TOPAMAX equiv) | - | Generic | ANTICONVULSANTS |
| toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen) | ST | Generic | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| torsemide tab (DEMADEX equiv) | - | Generic | DIURETICS |
| TOUJEO MAX SOLOSTAR INJ (QL= 18ml/28 days) | QL | DIAB 1 | ANTIDIABETICS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| TOUJEO SOLOSTAR INJ (QL= 18ml/30 days) | QL | DIAB 1 | ANTIDIABETICS |
| TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty | CARDIOVASCULAR AGENTS - MISC. |
| TRADJENTA TAB (QL= 1 tab/day) | QL | Brand | ANTIDIABETICS |
| tramadol ER tab 100mg (ULTRAM ER equiv) | - | Generic | ANALGESICS - OPIOID |
| tramadol ER tab 200mg (ULTRAM ER equiv) | - | Generic | ANALGESICS - OPIOID |
| tramadol ER tab 300mg (ULTRAM ER equiv) | - | Generic | ANALGESICS - OPIOID |
| tramadol hcl tab 100mg (QL= 4 tabs/day) | QL | Generic | ANALGESICS - OPIOID |
| tramadol tab (ULTRAM equiv) | - | Generic | ANALGESICS - OPIOID |
| tramadol/acetaminophen tab (ULTRACET equiv) | - | Generic | ANALGESICS - OPIOID |
| trandolapril tab (MAVIK equiv) | - | Generic | ANTIHYPERTENSIVES |
| trandolapril/verapamil ER tab (TARKA equiv) | - | Generic | ANTIHYPERTENSIVES |
| tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days) | QL | Generic | HEMOSTATICS |
| tranylcypromine tab (PARNATE equiv) | - | Generic | ANTIDEPRESSANTS |
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln) | QL-ST | Generic | OPHTHALMIC AGENTS |
| trazodone tab 50mg, 100mg, 150mg (DESYREL equiv) | - | Generic | ANTIDEPRESSANTS |
| TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days) | QL | Brand | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| TREMFYA INJ (QL= 1ml/56 days) | AMSP-PA-QL | Brand Specialty | DERMATOLOGICALS |
| TREMFYA INJ (QL= 2ml/28 days) | AMSP-PA-QL | Brand Specialty | DERMATOLOGICALS |
| treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416) | LD-PA | Generic Specialty | CARDIOVASCULAR AGENTS - MISC. |
| treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416) | LD-PA | Generic Specialty | CARDIOVASCULAR AGENTS - MISC. |
| treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416) | LD-PA | Generic Specialty | CARDIOVASCULAR AGENTS - MISC. |
| treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416) | LD-PA | Generic Specialty | CARDIOVASCULAR AGENTS - MISC. |
| TRESIBA FLEXTOUCH INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | DIAB 1 | ANTIDIABETICS |
| TRESIBA INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | DIAB 1 | ANTIDIABETICS |
| tretinoin cap (VESANOID equiv) | AMSP | Generic Specialty | ANTINEOPLASTICS |
| tretinoin cream (RETIN-A CREAM equiv) (QL= 360g/30 days) | QL | Generic | DERMATOLOGICALS |
| tretinoin gel (RETIN-A GEL equiv) (QL= 360g/30 days) | QL | Generic | DERMATOLOGICALS |
| triamcinolone acetonide oint 0.025% (TRIANEX equiv) | - | Generic | DERMATOLOGICALS |
| triamcinolone acetonide oint 0.1% (TRIANEX equiv) | - | Generic | DERMATOLOGICALS |
| triamcinolone acetonide oint 0.5% (TRIANEX equiv) | - | Generic | DERMATOLOGICALS |
| triamcinolone cream | - | Generic | DERMATOLOGICALS |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | Generic | MOUTH/THROAT/DENTAL AGENTS |
| triamcinolone lotion | - | Generic | DERMATOLOGICALS |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | Generic | DIURETICS |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | Generic | DIURETICS |
| triazolam tab (HALCION equiv) | - | Generic | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| tricitrates soln (POLYCITRA-LC equiv) | - | Generic | GENITOURINARY AGENTS - MISCELLANEOUS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| trientine cap 250mg (SYPRINE equiv) | - | Generic | MISCELLANEOUS THERAPEUTIC CLASSES |
| trifluoperazine tab (STELAZINE equiv) | - | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| TRIFLURIDINE OPHTH SOLN | - | Generic | OPHTHALMIC AGENTS |
| trihexyphenidyl elixir (ARTANE equiv) | - | Generic | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| TRIHEXYPHENIDYL SOLN (QL= 946ml/28 days) | QL | Generic | ANTIPARKINSON AND RELATED THERAPY AGENTS |
| trihexyphenidyl tab (ARTANE equiv) | - | Generic | ANTIPARKINSON AGENTS |
| tri-legest tab (ESTROSTEP FE equiv) | - | Preventive | CONTRACEPTIVES |
| trilyte soln (NULYTELY equiv) (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | Preventive | LAXATIVES |
| trimethobenzamide cap (TIGAN equiv) | - | Generic | ANTIEMETICS |
| TRIMETHOPRIM TAB | - | Brand | ANTI-INFECTIVE AGENTS - MISC. |
| trimethoprim tab (PROLOPRIM equiv) | - | Generic | ANTI-INFECTIVE AGENTS - MISC. |
| trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | ST | Generic | ANTIDEPRESSANTS |
| triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day) | QL | Generic | COUGH/COLD/ALLERGY |
| trispec pse liquid (QL= 1200ml/30 days) | OTC-QL | Generic | COUGH/COLD/ALLERGY |
| tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv) | - | Preventive | CONTRACEPTIVES |
| TRIUMEQ PD TAB (QL= 6 tabs/day) | QL | Brand | ANTIVIRALS |
| TRIUMEQ TAB (QL= 1 tab/day) | QL | Brand | ANTIVIRALS |
| tropicamide ophth soln (MYDRIACYL equiv) | - | Generic | OPHTHALMIC AGENTS |
| TRULANCE TAB (QL= 30 tabs/30 days) | QL | Brand | GASTROINTESTINAL AGENTS - MISC. |
| TRULICITY INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | Brand | ANTIDIABETICS |
| TRUMENBA INJ | VAC | Preventive | VACCINES |
| tussigon tab (HYCODAN equiv) | - | Generic | COUGH/COLD/ALLERGY |
| tussin cf liquid (QL= 1200ml/30 days) | QL | Generic | COUGH/COLD/ALLERGY |
| TWINRIX INJ | VAC | Preventive | VACCINES |
| TWIRLA PATCH | - | Preventive | CONTRACEPTIVES |
| TYBLUME TAB | - | Preventive | CONTRACEPTIVES |
| TYBOST TAB | - | Brand | ANTIVIRALS |
| TYMLOS INJ (QL= 1.56 units/30 days) | AMSP-PA-QL | Brand Specialty | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| TYPHOID VI MULTI-DOSE | - | Preventive | VACCINES |
| TYRVAYA SOLN (QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis)) | QL-ST | Brand | OPHTHALMIC AGENTS |
| TYVASO DPI POWDER 16-32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty | CARDIOVASCULAR AGENTS - MISC. |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty | CARDIOVASCULAR AGENTS - MISC. |
| TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty | CARDIOVASCULAR AGENTS - MISC. |
| TYZEKA TAB (Only available through Walgreens 888-347-3416) | LD-PA | Brand Specialty | ANTIVIRALS |
| UBRELVY TAB (QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptan ODT, sumatriptan tab) | QL-ST | Brand | MIGRAINE PRODUCTS |
| UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty | CARDIOVASCULAR AGENTS - MISC. |
| ursodiol cap (ACTIGALL equiv) | - | Generic | GASTROINTESTINAL AGENTS - MISC. |
| ursodiol tab (URSO (FORTE) equiv) | - | Generic | GASTROINTESTINAL AGENTS - MISC. |
| UTA cap | - | Generic | ANTI-INFECTIVE AGENTS - MISC. |
| valacyclovir tab (VALTREX equiv) | - | Generic | ANTIVIRALS |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum 877-445-6874) | LD-PA-QL | Brand Specialty | DERMATOLOGICALS |
| valganciclovir soln (VALCYTE equiv) | - | Generic | ANTIVIRALS |
| valganciclovir tab (VALCYTE equiv) | - | Generic | ANTIVIRALS |
| valproic acid cap (DEPAKENE equiv) | - | Generic | ANTICONVULSANTS |
| valproic acid syrup (DEPAKENE equiv) | - | Generic | ANTICONVULSANTS |
| VALSARTAN SOLN (QL= 2400ml/30 days) | QL | Brand | ANTIHYPERTENSIVES |
| valsartan tab (DIOVAN equiv) | - | Generic | ANTIHYPERTENSIVES |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | Generic | ANTIHYPERTENSIVES |
| VALTOCO NASAL SPRAY (QL= 4 doses/fill, 5 fills/month) | QL | Brand | ANTICONVULSANTS |
| vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days) | QL | Generic | ANTI-INFECTIVE AGENTS - MISC. |
| vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days) | QL | Generic | ANTI-INFECTIVE AGENTS - MISC. |
| vancomycin hcl for iv soln (VANCOMYCIN equiv) | - | Generic | ANTI-INFECTIVE AGENTS - MISC. |
| VANCOMYCIN INJ | - | Brand | ANTI-INFECTIVE AGENTS - MISC. |
| VANCOMYCIN INJ | - | Generic | ANTI-INFECTIVE AGENTS - MISC. |
| vardenafil ODT (STAXYN equiv) (QL= 6 tabs/30 days) | QL | Generic | CARDIOVASCULAR AGENTS - MISC. |
| vardenafil tab (LEVITRA equiv) (QL= 6 tabs/30 days) | QL | Generic | CARDIOVASCULAR AGENTS - MISC. |
| varenicline tartrate tab (CHANTIX equiv) (Limited to 180 days/plan year) | QL-SMKG | Preventive | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| varenicline tartrate tab start pack (VARENICLINE 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 | Brand | ANTIEMETICS |
| VAXCHORA SUSP | VAC | Preventive | VACCINES |
| VAXELIS INJ | VAC | Preventive | TOXOIDS |
| VAXNEUVANCE INJ | VAC | Preventive | VACCINES |
| VELIVET PAK | - | Preventive | CONTRACEPTIVES |
| velivet tab (CYCLESSA equiv) | - | Preventive | CONTRACEPTIVES |
| VEMLIDY TAB (QL= 1 tab/day) | AMSP-QL | Brand Specialty | ANTIVIRALS |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| VENCLEXTA STARTER PACK (Only available through Optum 877-445-6874) | LD-PA | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VENCLEXTA TAB (Only available through Optum 877-445-6874) | LD-PA | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | Generic | ANTIDEPRESSANTS |
| VENLAFAXINE ER TAB | - | Brand | ANTIDEPRESSANTS |
| venlafaxine tab (EFFEXOR equiv) | - | Generic | ANTIDEPRESSANTS |
| VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty | CARDIOVASCULAR AGENTS - MISC. |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | Generic | CALCIUM CHANNEL BLOCKERS |
| verapamil tab (CALAN equiv) | - | Generic | CALCIUM CHANNEL BLOCKERS |
| VERZENIO TAB (QL= 2 tabs/day) | AMSP-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VIAGRA TAB (QL= 6 tabs/30 days) | QL | Brand | CARDIOVASCULAR AGENTS - MISC. |
| VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | Brand | ANTIDIABETICS |
| VIDEX SOLN (QL= 600ml/30 days) | QL | Brand | 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 |
| viorele tab, kariva tab (MIRCETTE equiv) | - | Preventive | CONTRACEPTIVES |
| VIRACEPT TAB | - | Brand | ANTIVIRALS |
| VIREAD POWDER (No deductible, coinsurance or other UM edits when used for PEP / PrEP) | RDX | Brand | ANTIVIRALS |
| VIREAD TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand | ANTIVIRALS |
| VISTOGARD PAK (Only available through Biologics 800-850-4306) | LD | Brand Specialty | ANTIDOTES |
| vitamin D cap (RX strength only) | - | Generic | VITAMINS |
| VIVITROL INJ | AMSP | Brand Specialty | ANTIDOTES |
| VIVOTIF CAP | - | Preventive | VACCINES |
| voriconazole susp (VFEND equiv) | - | Generic | ANTIFUNGALS |
| voriconazole tab (VFEND equiv) | - | Generic | ANTIFUNGALS |
| VOSEVI TAB (QL= 1 tab/day) | AMSP-PA-QL | Brand Specialty | ANTIVIRALS |
| VOTRIENT TAB (QL= 120 tabs/30 days) | AMSP-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| VP-PNV-DHA CAP | - | Generic | MULTIVITAMINS |
| VTOL SOLN | - | Generic | ANALGESICS - NONNARCOTIC |
| VUMERITY CAP (QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer) | AMSP-QL-ST | Brand Specialty | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| VYLEESI INJ (QL= 8 syringes/28 days) | QL | Brand | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| warfarin tab (COUMADIN equiv) | - | Generic | ANTICOAGULANTS |
| XALKORI CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XALKORI SPRINKLE CAP (QL= 6 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| XARELTO STARTER PACK 15MG/20MG (QL= 1 pack/30 days) | QL | Brand | ANTICOAGULANTS |
| XARELTO SUSP (QL= 10ml/day) | QL | Brand | ANTICOAGULANTS |
| XARELTO TAB 10MG (QL= 30 tabs/30 days) | QL | Brand | ANTICOAGULANTS |
| XARELTO TAB 15MG (QL= 60 tabs/30 days) | QL | Brand | ANTICOAGULANTS |
| XARELTO TAB 2.5MG (QL= 60 tabs/30 days) | QL | Brand | ANTICOAGULANTS |
| XARELTO TAB 20MG (QL= 30 tabs/30 days) | QL | Brand | ANTICOAGULANTS |
| XDEMVY DROP (QL= 10 units/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Claim requires DX of Demodex blepharitis (acariasis or unspecified blepharitis)) | LD-QL-RDX | Brand Specialty | OPHTHALMIC AGENTS |
| XELJANZ SOLN (QL= 10ml/day) | AMSP-PA-QL | Brand Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| XELJANZ TAB (QL= 2 tabs/day) | AMSP-PA-QL | Brand Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| XELJANZ XR TAB (QL= 1 tab/day) | AMSP-PA-QL | Brand Specialty | ANALGESICS - ANTI-INFLAMMATORY |
| XIGDUO XR TAB (QL= 1 tab/day) | QL | Brand | ANTIDIABETICS |
| XIGDUO XR TAB 2.5-1000MG (QL= 2 tabs/day) | QL | Brand | ANTIDIABETICS |
| XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day) | QL | Brand | ANTIDIABETICS |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day) | QL | Brand | ANTIDIABETICS |
| XOLAIR INJ (QL= 1 syringe/28 days) | AMSP-PA-QL | Brand Specialty | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR INJ (QL= 1 vial/28 days) | AMSP-PA-QL | Brand Specialty | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR INJ 150MG/ML (QL= 1ml/28 days) | AMSP-PA-QL | Brand Specialty | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR INJ 300MG/2ML (QL= 2ml/28 days) | AMSP-PA-QL | Brand Specialty | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| XOLAIR INJ 75MG/0.5ML (QL= 0.5ml/28 days) | AMSP-PA-QL | Brand Specialty | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| YF-VAX INJ | - | Preventive | VACCINES |
| zafemy patch (XULANE equiv) | - | Preventive | CONTRACEPTIVES |
| zafirlukast tab (ACCOLATE equiv) | - | Generic | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| zaleplon cap (SONATA equiv) (QL= 1 cap/day) | QL | Generic | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| zaleplon cap 10mg (SONATA equiv) (QL= 2 caps/day) | QL | Generic | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| ZARXIO INJ (QL= 15 syringes/30 days) | AMSP-QL | Brand Specialty | HEMATOPOIETIC AGENTS |
| ZARXIO INJ 480/0.8 (QL= 15 syringes/30 days) | AMSP-QL | Brand Specialty | HEMATOPOIETIC AGENTS |
| ZEJULA CAP (QL= 30 caps/30 days; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZEJULA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |

| | | | | | |
|---|---|---|---|---|---|
| | **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.

| Drug Name | Special Code | Tier | Category |
|---|---|---|---|
| ZELBORAF TAB (QL= 8 tabs/day) | LMSP-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZERVIATE OPHTH SOLN (QL= 30 single use containers/30 days) | QL | Brand | OPHTHALMIC AGENTS |
| zidovudine cap (RETROVIR equiv) (QL= 6 caps/day) | QL | Generic | ANTIVIRALS |
| zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days) | QL | Generic | ANTIVIRALS |
| zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day) | QL | Generic | ANTIVIRALS |
| ziprasidone cap (GEODON equiv) (QL= 2 caps/day) | QL | Generic | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ZIRGAN OPHTH GEL | - | Brand | OPHTHALMIC AGENTS |
| ZITHROMAX POWDER PACK | - | Brand | MACROLIDES |
| ZOLINZA CAP | LMSP-PA-SF | Brand Specialty | ANTINEOPLASTICS |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days) | QL | Generic | MIGRAINE PRODUCTS |
| zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day) | QL | Generic | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | Generic | HYPNOTICS |
| zonisamide cap (ZONEGRAN equiv) | - | Generic | ANTICONVULSANTS |
| ZYBAN TAB (Limited to 180 days/plan year) | QL-SMKG | Preventi ve | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ZYDELIG TAB (Only available through Optum 877-445-6874) | LD-PA | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYKADIA CAP (QL= 3 caps/day) | AMSP-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYKADIA TAB (QL= 3 tabs/day) | AMSP-PA-QL-SF | Brand Specialty | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ZYLET OPHTH SUSP | - | Brand | OPHTHALMIC AGENTS |
| ZYPREXA RELPREVV INJ | AMSP | Brand Specialty | ANTIPSYCHOTICS/ANTIMANIC AGENTS |

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

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

| DrugName | Special Code | Tier |
|---|---|---|
| **ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS** | | |
| **AMPHETAMINES** | | |
| amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) | - | Generic |
| amphetamine/dextroamphetamine tab 10mg (ADDERALL equiv) (QL= 180 tabs/30 days) | QL | Generic |
| amphetamine/dextroamphetamine tab 12.5mg (ADDERALL equiv) (QL= 150 tabs/30 days) | QL | Generic |
| amphetamine/dextroamphetamine tab 15mg (ADDERALL equiv) (QL= 120 tabs/30 days) | QL | Generic |
| amphetamine/dextroamphetamine tab 20mg (ADDERALL equiv) (QL= 90 tabs/30 days) | QL | Generic |
| amphetamine/dextroamphetamine tab 30mg (ADDERALL equiv) (QL= 60 tabs/30 days) | QL | Generic |
| amphetamine/dextroamphetamine tab 5mg (ADDERALL equiv) (QL= 360 tabs/30 days) | QL | Generic |
| amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 240 tabs/30 days) | QL | Generic |
| dextroamphetamine 5mg tab (QL= 180 tabs/30 days) | QL | Generic |
| dextroamphetamine tab 10mg (QL= 6 tabs/day) | QL | Generic |
| **ANALEPTICS** | | |
| caffeine citrate soln (CAFCIT equiv) | - | Generic |
| **ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS** | | |
| atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day) | QL | Generic |
| atomoxetine cap 10mg (STRATTERA equiv) (QL= 2 caps/day) | QL | Generic |
| atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day) | QL | Generic |
| atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day) | QL | Generic |
| atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day) | QL | Generic |
| atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day) | QL | Generic |
| atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day) | QL | Generic |
| clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day) | QL | Generic |
| guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day) | QL | Generic |
| guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day) | QL | Generic |
| guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day) | QL | Generic |
| **STIMULANTS - MISC.** | | |
| armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day) | QL | Generic |
| armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day) | QL | Generic |
| armodafinil tab 250mg (NUVIGIL equiv) (QL= 1 tab/day) | QL | Generic |
| armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day) | QL | Generic |
| dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day) | QL | Generic |
| dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 60 tabs/30 days) | QL | Generic |
| dexmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 240 tabs/30 days) | QL | Generic |
| dexmethylphenidate tab 5mg (FOCALIN equiv) (QL= 120 tabs/30 days) | QL | Generic |
| METHYLPHENIDATE ER TAB (QL= 1 tab/day) | QL | Generic |
| methylphenidate ER tab 10mg (QL= 3 tabs/day) | QL | Generic |
| methylphenidate ER tab 20mg (QL= 3 tabs/day) | QL | Generic |
| methylphenidate soln (METHYLIN equiv) | - | Generic |
| methylphenidate tab 10mg (RITALIN equiv) (QL= 180 tabs/30 days) | QL | Generic |
| methylphenidate tab 20mg (RITALIN equiv) (QL= 90 tabs/30 days) | QL | Generic |
| methylphenidate tab 5mg (RITALIN equiv) (QL= 360 tabs/30 days) | QL | Generic |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | QL | Value |
| **ALLERGENIC EXTRACTS/BIOLOGICALS MISC** | | |
| **ALLERGENIC EXTRACTS** | | |
| ODACTRA SL TAB (QL= 30 tabs/30 days) | QL | Brand |

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

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

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 |
|---|---|---|
| **AMINOGLYCOSIDES** | | |
| **AMINOGLYCOSIDES** | | |
| neomycin tab | - | Generic |
| paromomycin cap (HUMATIN equiv) | - | Generic |
| tobramycin neb soln (BETHKIS equiv) | AMSP-PA | Generic Specialty |
| tobramycin neb soln (TOBI equiv) | AMSP-PA | Generic Specialty |
| **ANALGESICS - ANTI-INFLAMMATORY** | | |
| **ANTIRHEUMATIC - ENZYME INHIBITORS** | | |
| XELJANZ SOLN (QL= 10ml/day) | AMSP-PA-QL | Brand Specialty |
| XELJANZ TAB (QL= 2 tabs/day) | AMSP-PA-QL | Brand Specialty |
| XELJANZ XR TAB (QL= 1 tab/day) | AMSP-PA-QL | Brand Specialty |
| **ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES** | | |
| ADALIMUMAB-ADAZ INJ 40MG/0.4ML (QL= 2 inj/28 days) | AMSP-PA-QL | Brand Specialty |
| HADLIMA INJ 40MG/0.4ML (QL= 2 inj/28 days) | AMSP-PA-QL | Brand Specialty |
| HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days) | AMSP-PA-QL | Brand Specialty |
| HADLIMA PUSH INJ 40MG/0.4ML (QL= 2 inj/28 days) | AMSP-PA-QL | Brand Specialty |
| HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days) | AMSP-PA-QL | Brand Specialty |
| **INTERLEUKIN-6 RECEPTOR INHIBITORS** | | |
| ACTEMRA ACTPEN INJ (QL= 2 inj/28 days) | AMSP-PA-QL | Brand Specialty |
| ACTEMRA SC INJ (QL= 2 inj/28 days) | AMSP-PA-QL | Brand Specialty |
| **NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)** | | |
| KETOROLAC INJ | - | Brand |
| MECLOFENAMATE CAP | - | Brand |
| NAPROXEN SUSP | - | Brand |
| celecoxib cap (CELEBREX equiv) | - | Generic |
| diclofenac potassium tab (CATAFLAM equiv) (QL= 4 tabs/day) | QL | Generic |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | Generic |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | Generic |
| diclofenac/misoprostol DR tab (ARTHROTEC equiv) | - | Generic |
| etodolac cap (LODINE equiv) | - | Generic |
| etodolac ER tab (LODINE XL equiv) | - | Generic |
| etodolac tab | - | Generic |
| FLURBIPROFEN TAB | - | Generic |
| flurbiprofen tab (ANSAID equiv) | - | Generic |
| ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv) | - | Generic |
| ibuprofen tab | - | Generic |
| indomethacin cap (INDOCIN equiv) | - | Generic |

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

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

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 - ANTI-INFLAMMATORY Cont.** | | |
| indomethacin CR cap (INDOCIN SR equiv) | - | Generic |
| ketorolac inj | - | Generic |
| ketorolac tab (TORADOL equiv) | - | Generic |
| meloxicam tab (MOBIC equiv) | - | Generic |
| nabumetone tab (RELAFEN equiv) | - | Generic |
| naproxen EC tab (NAPROSYN EC equiv) | - | Generic |
| naproxen sodium tab (ANAPROX equiv) | - | Generic |
| naproxen susp (NAPROSYN equiv) | - | Generic |
| naproxen tab (NAPROSYN equiv) | - | Generic |
| oxaprozin tab (DAYPRO equiv) | - | Generic |
| piroxicam cap (FELDENE equiv) | - | Generic |
| sulindac tab (CLINORIL equiv) | - | Generic |
| tolmetin cap (TOLECTIN DS equiv) | - | Generic |
| **PHOSPHODIESTERASE 4 (PDE4) INHIBITORS** | | |
| OTEZLA STARTER PACK (QL= 1 pack/28 days) | AMSP-PA-QL | Brand Specialty |
| OTEZLA TAB (QL= 2 tabs/day) | AMSP-PA-QL | Brand Specialty |
| **PYRIMIDINE SYNTHESIS INHIBITORS** | | |
| leflunomide tab (ARAVA equiv) | - | Generic |
| **SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS** | | |
| ENBREL INJ (QL= 8 inj/28 days) | AMSP-PA-QL | Brand Specialty |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | AMSP-PA-QL | Brand Specialty |
| ENBREL INJ 50MG (QL= 4 inj/28 days) | AMSP-PA-QL | Brand Specialty |
| ENBREL MINI INJ (QL= 4 inj/28 days) | AMSP-PA-QL | Brand Specialty |
| ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days) | AMSP-PA-QL | Brand Specialty |
| **ANALGESICS - NONNARCOTIC** | | |
| **ANALGESIC COMBINATIONS** | | |
| butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day) | QL | Generic |
| butalbital/acetaminophen/caffeine soln | - | Generic |
| VTOL SOLN | - | Generic |
| **SALICYLATES** | | |
| diflunisal tab (DOLOBID equiv) | - | Generic |
| salsalate tab (DISALCID equiv) | - | Generic |
| aspirin chew tab 81mg (Covered for females only) | - | Preventive |
| aspirin ec tab 325mg (Covered for females only) | OTC | Preventive |
| aspirin ec tab 81mg (Covered for females only) | OTC | Preventive |
| aspirin tab (Covered for females only) | OTC | Preventive |
| **ANALGESICS - OPIOID** | | |

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

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

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 |
|---|---|---|
| **OPIOID AGONISTS** | | |
| MEPERIDINE SOLN | - | Brand |
| MORPHINE SULFATE SOLN | - | Brand |
| MORPHINE SULFATE SUPP | - | Brand |
| OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Brand |
| OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Brand |
| OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Brand |
| OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Brand |
| OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Brand |
| OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Brand |
| OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Brand |
| OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day) | QL | Brand |
| OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day) | QL | Brand |
| OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day) | QL | Brand |
| OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day) | QL | Brand |
| OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day) | QL | Brand |
| OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day) | QL | Brand |
| OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day) | QL | Brand |
| codeine sulfate tab | - | Generic |
| hydromorphone liquid (DILAUDID equiv) | - | Generic |
| HYDROMORPHONE SUPP | - | Generic |
| hydromorphone tab (DILAUDID equiv) | - | Generic |
| meperidine tab (DEMEROL equiv) (QL= 6 tabs/day) | QL | Generic |
| methadone sol 10mg/5ml (QL= 20ml/day) | QL | Generic |
| methadone soln (QL= 4 ml/day) | QL | Generic |
| methadone soln 5mg/5ml (QL= 40ml/day) | QL | Generic |
| methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day) | QL | Generic |
| methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day) | QL | Generic |
| methadose tab (QL= 1 tab/day) | QL | Generic |
| morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Generic |
| morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab) | QL-ST | Generic |
| morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day) | QL | Generic |
| MORPHINE SULFATE ORAL SOLN 100MG/5ML (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days) | QL | Generic |
| morphine sulfate oral soln 10mg/5ml (MORPHINE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days) | QL | Generic |
| MORPHINE SULFATE SOLN | - | Generic |
| morphine sulfate soln (MORPHINE equiv) | - | Generic |
| morphine sulfate tab | - | Generic |
| oxycodone cap (OXYIR equiv) | - | Generic |
| oxycodone soln (ROXICODONE equiv) | - | Generic |
| oxycodone tab (ROXICODONE equiv) | - | Generic |
| oxymorphone tab (OPANA equiv) | - | Generic |
| tramadol ER tab 100mg (ULTRAM ER equiv) | - | Generic |
| tramadol ER tab 200mg (ULTRAM ER equiv) | - | Generic |
| tramadol ER tab 300mg (ULTRAM ER equiv) | - | Generic |
| tramadol hcl tab 100mg (QL= 4 tabs/day) | QL | Generic |
| tramadol tab (ULTRAM equiv) | - | Generic |

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

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

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.** | | |
| **OPIOID COMBINATIONS** | | |
| acetaminophen/codeine soln | - | Generic |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) | - | Generic |
| APAP/CODEINE SOLN | - | Generic |
| aspirin/codeine tab | - | Generic |
| hydrocodone/acetaminophen cap (LORCET equiv) | - | Generic |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 180ml/day) | QL | Generic |
| hydrocodone/acetaminophen tab 10-325mg (QL= 12 tabs/day) | QL | Generic |
| hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 12 tabs/day) | QL | Generic |
| hydrocodone/acetaminophen tab 5-325mg (QL= 12 tabs/day) | QL | Generic |
| hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 12 tabs/day) | QL | Generic |
| HYDROCODONE/IBUPROFEN TAB (QL= 5 tabs/day) | QL | Generic |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) | QL-- | Generic |
| oxycodone/acetaminophen cap (TYLOX equiv) | - | Generic |
| oxycodone/acetaminophen tab 10-325mg (PERCOCET equiv) (QL= 12 tabs/day) | QL | Generic |
| oxycodone/acetaminophen tab 2.5-325mg (PERCOCET equiv) (QL= 12 tabs/day) | QL | Generic |
| oxycodone/acetaminophen tab 5-325mg (PERCOCET equiv) (QL= 12 tabs/day) | QL | Generic |
| oxycodone/acetaminophen tab 7.5-325mg (PERCOCET equiv) (QL= 12 tabs/day) | QL | Generic |
| OXYCODONE/ASPIRIN TAB | - | Generic |
| oxycodone/ibuprofen tab (COMBUNOX equiv) | - | Generic |
| pentazocine/acetaminophen tab (TALACEN equiv) | - | Generic |
| tramadol/acetaminophen tab (ULTRACET equiv) | - | Generic |
| **OPIOID PARTIAL AGONISTS** | | |
| SUBOXONE SL FILM 12-3MG (QL= 2 films/day) | QL | Brand |
| SUBOXONE SL FILM 8-2MG (QL= 3 films/day) | QL | Brand |
| buprenorphine patch (BUTRANS equiv) | - | Generic |
| buprenorphine SL tab (SUBUTEX equiv) | - | Generic |
| buprenorphine/naloxone sl film (SUBOXONE equiv) | - | Generic |
| buprenorphine/naloxone SL tab (SUBOXONE equiv) | - | Generic |
| butorphanol nasal spray (QL= 5ml/30 days) | QL | Generic |
| pentazocine/naloxone tab (TALWIN NX equiv) | - | Generic |
| **ANDROGENS-ANABOLIC** | | |
| **ANDROGENS** | | |
| TESTOSTERONE ENANTHATE INJ (QL= 5 mL/28 days) | QL | Brand |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | Brand |
| TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days) | PA-QL | Brand |
| TESTOSTERONE INJ (QL= 1 vial/28 days) | QL | Brand |
| TESTOSTERONE INJ (QL= 4 vials/28 days) | QL | Brand |
| TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days) | QL | Brand |
| danazol cap (DANOCRINE equiv) (QL= 4 caps/day) | QL | Generic |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | - | Generic |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 1 vial/28 days) | --QL | Generic |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days) | --QL | Generic |
| testosterone cypionate inj 200mg/ml (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days) | QL | Generic |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 150gm/30 days) | QL | Generic |
| testosterone gel 1% 50mg (QL= 300gm/30 days) | QL | Generic |

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

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

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 |
|---|---|---|
| **ANDROGENS-ANABOLIC Cont.** | | |
| testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 300gm/30 days) | QL | Generic |
| testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 150gm/30 days) | QL | Generic |
| TESTOSTERONE GEL PUMP, VOGELXO GEL PUMP (QL= 300g/30 days) | QL | Generic |
| **ANORECTAL AGENTS** | | |
| **INTRARECTAL STEROIDS** | | |
| hydrocortisone enema (CORTENEMA equiv) | - | Generic |
| **RECTAL COMBINATIONS** | | |
| PROCTOFOAM HC FOAM | - | Brand |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | Generic |
| lidocaine/hydrocortisone kit (ANALPRAM equiv) | - | Generic |
| LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT | - | Generic |
| **RECTAL STEROIDS** | | |
| proctosol HC cream (ANUSOL HC equiv) | - | Generic |
| **ANORECTAL AND RELATED PRODUCTS** | | |
| **VASODILATING AGENTS** | | |
| nitroglycerin oint (RECTIV equiv) (Diagnosis Restricted – Anal Fissure (K60.2)) | RDX | Generic |
| **ANTHELMINTICS** | | |
| **ANTHELMINTICS** | | |
| BENZNIDAZOLE TAB | - | Brand |
| ivermectin tab (STROMECTOL equiv) | - | Generic |
| praziquantel tab (BILTRICIDE equiv) | - | Generic |
| **ANTIANGINAL AGENTS** | | |
| **ANTIANGINALS-OTHER** | | |
| ASPRUZYO SPRINKLE GRANULES (QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab) | QL-ST | Brand |
| ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days) | QL | Generic |
| **NITRATES** | | |
| NITRO-BID OINT | - | Brand |
| isosorbide dinitrate tab 5mg (ISORDIL equiv) | - | Generic |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | Generic |
| isosorbide mononitrate tab (MONOKET equiv) | - | Generic |
| NITROGLYCERIN ER CAP | - | Generic |
| nitroglycerin patch (NITRO-DUR equiv) | - | Generic |
| nitroglycerin SL tab (NITROSTAT equiv) | - | Generic |
| **ANTIANXIETY AGENTS** | | |
| **ANTIANXIETY AGENTS - MISC.** | | |
| buspirone tab (BUSPAR equiv) | - | Generic |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | Generic |
| hydroxyzine syrup (ATARAX equiv) | - | Generic |
| hydroxyzine tab (ATARAX equiv) | - | Generic |
| **BENZODIAZEPINES** | | |
| alprazolam ER tab (XANAX XR equiv) | - | Generic |
| alprazolam tab (XANAX equiv) | - | Generic |
| chlordiazepoxide cap (LIBRIUM equiv) | - | Generic |
| clorazepate tab (TRANXENE-T equiv) | - | Generic |

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

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

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 |
|---|---|---|
| **ANTIANXIETY AGENTS Cont.** | | |
| diazepam conc (VALIUM equiv) | - | Generic |
| diazepam oral soln (QL= 360ml/30 days) | QL | Generic |
| diazepam tab (VALIUM equiv) | - | Generic |
| lorazepam conc (ATIVAN equiv) | - | Generic |
| lorazepam tab (ATIVAN equiv) | - | Generic |
| **ANTIARRHYTHMICS** | | |
| **ANTIARRHYTHMICS TYPE I-A** | | |
| NORPACE CR CAP | - | Brand |
| QUINIDINE SULFATE TAB 200MG (QL= 8 tabs/day) | QL | Brand |
| QUINIDINE SULFATE TAB 300MG (QL= 5 tabs/day) | QL | Brand |
| disopyramide cap (NORPACE equiv) | - | Generic |
| quinidine sulfate tab (QL= 8 tabs/day) | QL | Generic |
| **ANTIARRHYTHMICS TYPE I-B** | | |
| mexiletine hcl cap | - | Generic |
| **ANTIARRHYTHMICS TYPE I-C** | | |
| flecainide tab (TAMBOCOR equiv) | - | Generic |
| propafenone tab (RYTHMOL equiv) | - | Generic |
| **ANTIARRHYTHMICS TYPE III** | | |
| amiodarone tab (CORDARONE equiv) | - | Generic |
| **ANTIASTHMATIC AND BRONCHODILATOR AGENTS** | | |
| **ANTIASTHMATIC - MONOCLONAL ANTIBODIES** | | |
| NUCALA INJ (QL= 1 inj/28 days) | AMSP-PA-QL | Brand Specialty |
| XOLAIR INJ (QL= 1 syringe/28 days) | AMSP-PA-QL | Brand Specialty |
| XOLAIR INJ (QL= 1 vial/28 days) | AMSP-PA-QL | Brand Specialty |
| XOLAIR INJ 150MG/ML (QL= 1ml/28 days) | AMSP-PA-QL | Brand Specialty |
| XOLAIR INJ 300MG/2ML (QL= 2ml/28 days) | AMSP-PA-QL | Brand Specialty |
| XOLAIR INJ 75MG/0.5ML (QL= 0.5ml/28 days) | AMSP-PA-QL | Brand Specialty |
| **ANTI-INFLAMMATORY AGENTS** | | |
| cromolyn neb soln (INTAL equiv) | - | Generic |
| **BRONCHODILATORS - ANTICHOLINERGICS** | | |
| ATROVENT HFA INHALER (QL= 25.8gm/30 days) | QL | Brand |
| INCRUSE ELLIPTA INHALER (QL= 30 units/30 days) | QL | Brand |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler) | QL-ST | Brand |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days) | QL | Brand |
| ipratropium neb soln (ATROVENT equiv) | - | Generic |
| tiotropium bromide cap inhaler (SPIRIVA equiv) (QL= 1 cap/day; For use with Handihaler device) | QL | Generic |
| **LEUKOTRIENE MODULATORS** | | |
| montelukast chew tab (SINGULAIR equiv) | - | Generic |
| montelukast granule pack (SINGULAIR equiv) | - | Generic |

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

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

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 |
|---|---|---|
| **ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.** | | |
| montelukast tab (SINGULAIR equiv) | - | Generic |
| zafirlukast tab (ACCOLATE equiv) | - | Generic |
| **SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS** | | |
| roflumilast tab (DALIRESP equiv) (QL= 1 tab/day) | PA-QL | Generic |
| **STEROID INHALANTS** | | |
| QVAR REDIHALER (QL= 21.2gm/30 days) | QL | Brand |
| 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 0.25mg/2ml, 0.5mg/2ml (PULMICORT equiv) (QL= 120 units/30 days) | QL | Value |
| budesonide inh susp 1mg/2ml (QL= 60 units/30 days) | QL | Value |
| **SYMPATHOMIMETICS** | | |
| ANORO ELLIPTA INHALER (QL= 60gm/30 days) | QL | Brand |
| arformoterol tartrate neb soln (BROVANA equiv) (QL= 120ml/30 days; Step therapy requires trial of albuterol neb soln OR levalbuterol neb soln) | QL-ST | Brand |
| BREO ELLIPTA INHALER (QL= 1 inhaler/30 days) | QL | Brand |
| BREZTRI AEROSPHERE INHALER (QL= 1 inhaler/30 days) | QL | Brand |
| COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30 days) | QL | Brand |
| DULERA INHALER (QL= 1 inhaler/30 days) | QL | Brand |
| STIOLTO INHALER (QL= 1 inhaler/30 days) | QL | Brand |
| STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days) | QL | Brand |
| TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days) | QL | Brand |
| ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days) | QL | Generic |
| albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days) | QL | Generic |
| albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days) | QL | Generic |
| albuterol neb soln | - | Generic |
| ALBUTEROL NEBULIZER SOLN | - | Generic |
| albuterol sulfate syrup | - | Generic |
| albuterol sulfate tab | - | Generic |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | Generic |
| fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days) | QL | Generic |
| levalbuterol neb soln (XOPENEX equiv) | - | Generic |
| terbutaline sulfate tab (BRETHINE equiv) | - | Generic |
| **XANTHINES** | | |
| ELIXOPHYLLIN ELIXIR | - | Brand |
| THEOPHYLLINE TAB ER (QL= 1 tab/day) | QL | Brand |
| theophylline CR tab (QUIBRON-T equiv) | - | Generic |
| theophylline ER tab (UNIPHYL equiv) | - | Generic |
| theophylline soln | - | Generic |
| **ANTICOAGULANTS** | | |
| **COUMARIN ANTICOAGULANTS** | | |
| warfarin tab (COUMADIN equiv) | - | Generic |
| **DIRECT FACTOR XA INHIBITORS** | | |
| ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days) | QL | Brand |
| ELIQUIS TAB 2.5MG (QL= 60 tabs/30 days) | QL | Brand |

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

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

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 |
|---|---|---|
| **ANTICOAGULANTS Cont.** | | |
| ELIQUIS TAB 5MG (QL= 74 tabs/30 days) | QL | Brand |
| XARELTO STARTER PACK 15MG/20MG (QL= 1 pack/30 days) | QL | Brand |
| XARELTO SUSP (QL= 10ml/day) | QL | Brand |
| XARELTO TAB 10MG (QL= 30 tabs/30 days) | QL | Brand |
| XARELTO TAB 15MG (QL= 60 tabs/30 days) | QL | Brand |
| XARELTO TAB 2.5MG (QL= 60 tabs/30 days) | QL | Brand |
| XARELTO TAB 20MG (QL= 30 tabs/30 days) | QL | Brand |
| **HEPARINS AND HEPARINOID-LIKE AGENTS** | | |
| enoxaparin inj (LOVENOX equiv) | - | Generic |
| enoxaparin inj 300mg (LOVENOX equiv) | - | Generic |
| fondaparinux inj 10mg/0.8ml (ARIXTRA equiv) | - | Generic |
| fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv) | - | Generic |
| fondaparinux inj 5mg/0.4ml (ARIXTRA equiv) | - | Generic |
| fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv) | - | Generic |
| heparin porcine inj | - | Generic |
| **THROMBIN INHIBITORS** | | |
| dabigatran etexilate mesylate cap (PRADAXA equiv) (QL= 2 caps/day) | QL | Generic |
| **ANTICONVULSANTS** | | |
| **ANTICONVULSANTS - BENZODIAZEPINES** | | |
| DIAZEPAM GEL (QL= 4 doses/fill) | QL | Brand |
| NAYZILAM SPRAY (QL= 4 units/fill, 5 fills/month) | QL | Brand |
| VALTOCO NASAL SPRAY (QL= 4 doses/fill, 5 fills/month) | QL | Brand |
| clobazam susp (ONFI equiv) (QL= 480ml/30 days) | QL | Generic |
| clobazam tab (ONFI equiv) | - | Generic |
| clonazepam ODT (KLONOPIN equiv) | - | Generic |
| clonazepam tab (KLONOPIN equiv) | - | Generic |
| diazepam rectal gel (QL= 4 doses/fill) | QL | Value |
| **ANTICONVULSANTS - MISC.** | | |
| APTIOM TAB (QL= 60 tabs/30 days) | QL | Brand |
| EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553) | LD-PA | Brand Specialty |
| carbamazepine chew tab (TEGRETOL equiv) | - | Generic |
| carbamazepine ER cap (CARBATROL equiv) | - | Generic |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | Generic |
| carbamazepine susp (TEGRETOL equiv) | - | Generic |
| carbamazepine tab (TEGRETOL equiv) | - | Generic |
| gabapentin cap (NEURONTIN equiv) | - | Generic |
| gabapentin tab (NEURONTIN equiv) | - | Generic |
| lacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30 days) | QL | Generic |
| lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day) | QL | Generic |
| lamotrigine chew tab (LAMICTAL equiv) | - | Generic |
| lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day) | QL | Generic |
| lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day) | QL | Generic |
| lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day) | QL | Generic |
| lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day) | QL | Generic |
| lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day) | QL | Generic |

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

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

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 |
|---|---|---|
| **ANTICONVULSANTS Cont.** | | |
| lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day) | QL | Generic |
| lamotrigine tab (LAMICTAL equiv) | - | Generic |
| levetiracetam ER tab (KEPPRA XR equiv) | - | Generic |
| levetiracetam soln (KEPPRA equiv) | - | Generic |
| levetiracetam tab (KEPPRA equiv) | - | Generic |
| oxcarbazepine susp (TRILEPTAL equiv) | - | Generic |
| oxcarbazepine tab (TRILEPTAL equiv) | - | Generic |
| pregabalin cap (LYRICA equiv) | - | Generic |
| pregabalin soln (LYRICA equiv) (QL= 30ml/day) | QL | Generic |
| PRIMIDONE TAB (QL= 4 tabs/day) | QL | Generic |
| primidone tab (MYSOLINE equiv) | QL-- | Generic |
| topiramate sprinkle cap (TOPAMAX equiv) | - | Generic |
| topiramate tab (TOPAMAX equiv) | - | Generic |
| zonisamide cap (ZONEGRAN equiv) | - | Generic |
| **CARBAMATES** | | |
| felbamate susp (FELBATOL equiv) (QL= 30ml/day) | QL | Generic |
| felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day) | QL | Generic |
| felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day) | QL | Generic |
| **GABA MODULATORS** | | |
| tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day) | QL | Generic |
| tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day) | QL | Generic |
| tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day) | QL | Generic |
| tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day) | QL | Generic |
| vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | Generic Specialty |
| vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through PantheRx 855-726-8479) | LD-PA-QL | Generic Specialty |
| vigabatrin tab (SABRIL equiv) (QL= 6 tabs/day; Only available through Lumicera 855-847-3553) | LD-PA-QL | Generic Specialty |
| **HYDANTOINS** | | |
| DILANTIN CAP 30MG | - | Brand |
| phenytoin cap (DILANTIN equiv) | - | Generic |
| phenytoin chew tab (DILANTIN equiv) | - | Generic |
| phenytoin susp (DILANTIN equiv) | - | Generic |
| **SUCCINIMIDES** | | |
| ethosuximide cap (ZARONTIN equiv) | - | Generic |
| ethosuximide soln (ZARONTIN equiv) | - | Generic |
| **VALPROIC ACID** | | |
| divalproex ER tab (DEPAKOTE ER equiv) | - | Generic |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | Generic |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | Generic |
| valproic acid cap (DEPAKENE equiv) | - | Generic |
| valproic acid syrup (DEPAKENE equiv) | - | Generic |
| **ANTIDEPRESSANTS** | | |
| **ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)** | | |
| mirtazapine ODT (REMERON equiv) | - | Generic |

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

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

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 |
|---|---|---|
| **ANTIDEPRESSANTS Cont.** | | |
| mirtazapine tab (REMERON equiv) | - | Generic |
| **ANTIDEPRESSANTS - MISC.** | | |
| bupropion ER tab (WELLBUTRIN equiv) | - | Generic |
| bupropion tab (WELLBUTRIN equiv) | - | Generic |
| bupropion XL tab (WELLBUTRIN XL equiv) | - | Generic |
| MAPROTILINE TAB | - | Generic |
| **MONOAMINE OXIDASE INHIBITORS (MAOIS)** | | |
| PHENELZINE SULFATE TAB (QL= 4 tabs/day) | QL | Generic |
| phenelzine tab (NARDIL equiv) | - | Generic |
| tranylcypromine tab (PARNATE equiv) | - | Generic |
| **SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)** | | |
| PROZAC WEEKLY CAP | - | Brand |
| citalopram soln (CELEXA equiv) | - | Generic |
| escitalopram soln (LEXAPRO equiv) | - | Generic |
| fluoxetine cap 90mg (QL= 4 caps/28 days) | QL | Generic |
| fluvoxamine tab (LUVOX equiv) | - | Generic |
| paroxetine tab (PAXIL equiv) | - | Generic |
| citalopram tab (CELEXA equiv) | - | Value |
| escitalopram tab (LEXAPRO equiv) | - | Value |
| fluoxetine cap (PROZAC equiv) | - | Value |
| fluoxetine soln (PROZAC equiv) | - | Value |
| fluoxetine tab 10mg, 20mg (PROZAC equiv) | - | Value |
| sertraline conc (ZOLOFT equiv) | - | Value |
| sertraline tab (ZOLOFT equiv) | - | Value |
| **SEROTONIN MODULATORS** | | |
| NEFAZODONE TAB | - | Generic |
| nefazodone tab 50mg, 250mg | - | Generic |
| trazodone tab 50mg, 100mg, 150mg (DESYREL equiv) | - | Generic |
| **SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)** | | |
| VENLAFAXINE ER TAB | - | Brand |
| desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day) | QL | Generic |
| duloxetine EC cap 20mg (QL= 6 caps/day) | QL | Generic |
| duloxetine EC cap 30mg (QL= 4 caps/day) | QL | Generic |
| duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day) | QL | Generic |
| venlafaxine ER cap (EFFEXOR XR equiv) | - | Generic |
| venlafaxine tab (EFFEXOR equiv) | - | Generic |
| **TRICYCLIC AGENTS** | | |
| amoxapine tab (QL= 4 tabs/day) | QL | Generic |
| clomipramine cap (ANAFRANIL equiv) | - | Generic |
| desipramine tab (NORPRAMIN equiv) | - | Generic |
| doxepin cap (SINEQUAN equiv) (QL= 2 tabs/day) | QL | Generic |
| doxepin conc (SINEQUAN equiv) | - | Generic |
| imipramine tab (TOFRANIL equiv) | - | Generic |
| nortriptyline cap (PAMELOR equiv) | - | Generic |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | Generic |
| protriptyline tab (VIVACTIL equiv) | - | Generic |

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

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

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 |
|---|---|---|
| **ANTIDEPRESSANTS Cont.** | | |
| trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs) | ST | Generic |
| amitriptyline tab (ELAVIL equiv) | - | Value |
| **ANTIDIABETICS** | | |
| **ALPHA-GLUCOSIDASE INHIBITORS** | | |
| acarbose tab (PRECOSE equiv) | - | Generic |
| **ANTIDIABETIC COMBINATIONS** | | |
| GLYXAMBI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab) | QL-ST | Brand |
| JENTADUETO TAB (QL= 2 tabs/day) | QL | Brand |
| JENTADUETO XR TAB (QL= 2 tabs/day) | QL | Brand |
| REPAGLINIDE TAB | - | Brand |
| SYNJARDY TAB (QL= 2 tabs/day) | QL | Brand |
| SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day) | QL | Brand |
| SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day) | QL | Brand |
| XIGDUO XR TAB (QL= 1 tab/day) | QL | Brand |
| XIGDUO XR TAB 2.5-1000MG (QL= 2 tabs/day) | QL | Brand |
| XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day) | QL | Brand |
| XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day) | QL | Brand |
| glipizide/metformin tab (METAGLIP equiv) | - | Generic |
| pioglitazone/metformin tab (ACTOPLUS MET equiv) | - | Generic |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | Value |
| **BIGUANIDES** | | |
| metformin ER tab (GLUCOPHAGE XR equiv) | - | Value |
| metformin tab (GLUCOPHAGE equiv) | - | Value |
| **DIABETIC OTHER** | | |
| BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/month) | QL | Brand |
| GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill, 2 fills/month) | QL | Brand |
| GLUCAGON EMR INJ (QL= 2 inj/fill) | QL | Brand |
| GVOKE INJ (QL= 2 inj/fill, 2 fills/month) | QL | Brand |
| GVOKE INJ KIT (QL= 2 vials/fill, 2 fills/30 days) | QL | Brand |
| GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month) | QL | Brand |
| diazoxide susp (PROGLYCEM equiv) | - | Generic |
| mifepristone tab (KORLYM equiv) (QL= 4 tabs/day) | AMSP-PA-QL | Generic Specialty |
| **DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS** | | |
| TRADJENTA TAB (QL= 1 tab/day) | QL | Brand |
| **INCRETIN MIMETIC AGENTS** | | |
| OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | Brand |
| TRULICITY INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | Brand |
| VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | Brand |
| **INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)** | | |
| OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | Brand |
| RYBELSUS TAB (QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)) | QL-RDX | Brand |
| **INSULIN** | | |
| FIASP FLEXTOUCH INJ (QL= 60 units/30 days) | QL | DIAB 1 |
| FIASP INJ (QL= 60 units/30 days) | QL | DIAB 1 |

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

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

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 |
|---|---|---|
| **ANTIDIABETICS Cont.** | | |
| FIASP PENFILL INJ (QL= 60 units/30 days) | QL | DIAB 1 |
| HUMULIN R INJ U-500 (QL= 40ml/28 days) | QL | DIAB 1 |
| HUMULIN R U-500 KWIKPEN INJ (QL= 24ml/28 days) | QL | DIAB 1 |
| INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | DIAB 1 |
| INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | DIAB 1 |
| INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | DIAB 1 |
| INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | DIAB 1 |
| INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 60 units/30 days) | QL | DIAB 1 |
| LEVEMIR FLEXTOUCH INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo | QL-ST | DIAB 1 |
| LEVEMIR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | DIAB 1 |
| NOVOLIN 70/30 FLEXPEN INJ (QL= 60 units/30 days) | OTC-QL | DIAB 1 |
| NOVOLIN 70/30 INJ (QL= 60 units/30 days) | QL | DIAB 1 |
| NOVOLIN N FLEXPEN INJ (QL= 60 units/30 days) | QL | DIAB 1 |
| NOVOLIN N INJ (QL= 60 units/30 days) | QL | DIAB 1 |
| NOVOLIN N RELION INJ (QL= 60 units/30 days) | QL | DIAB 1 |
| NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days) | QL | DIAB 1 |
| NOVOLIN R INJ (QL= 60 units/30 days) | QL | DIAB 1 |
| NOVOLIN RELION INJ 70/30 (QL= 60 units/30 days) | QL | DIAB 1 |
| NOVOLIN VIAL (QL= 60 units/30 days) | QL | DIAB 1 |
| NOVOLOG FLEXPEN INJ (QL= 60 units/30 days) | QL | DIAB 1 |
| NOVOLOG INJ (QL= 60 units/30 days) | QL | DIAB 1 |
| NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days) | QL | DIAB 1 |
| NOVOLOG MIX INJ (QL= 60 units/30 days) | QL | DIAB 1 |
| NOVOLOG PENFILL INJ (QL= 60 units/30 days) | QL | DIAB 1 |
| SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv) (QL= 60ml/30days) | QL | DIAB 1 |
| SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv) (QL= 60ml/30 days) | QL | DIAB 1 |
| TOUJEO MAX SOLOSTAR INJ (QL= 18ml/28 days) | QL | DIAB 1 |
| TOUJEO SOLOSTAR INJ (QL= 18ml/30 days) | QL | DIAB 1 |
| TRESIBA FLEXTOUCH INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | DIAB 1 |
| TRESIBA INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo) | QL-ST | DIAB 1 |
| **INSULIN SENSITIZING AGENTS** | | |
| pioglitazone tab (ACTOS equiv) | - | Generic |
| **MEGLITINIDE ANALOGUES** | | |
| nateglinide tab (STARLIX equiv) | - | Generic |
| repaglinide tab (PRANDIN equiv) | - | Generic |
| **SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS** | | |
| FARXIGA TAB (QL= 1 tab/day) | QL | Brand |
| JARDIANCE TAB (QL= 1 tab/day) | QL | Brand |
| **SULFONYLUREAS** | | |
| TOLBUTAMIDE TAB | - | Brand |
| GLYBURID MCR TAB | - | Generic |
| tolazamide tab (TOLINASE equiv) | - | Generic |
| glimepiride tab (AMARYL equiv) | - | Value |
| glipizide ER tab (GLUCOTROL XL equiv) | - | Value |
| glipizide tab (GLUCOTROL equiv) | - | Value |
| glyburide tab (MICRONASE equiv) | - | Value |

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

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

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 |
|---|---|---|
| **ANTIDIARRHEAL/PROBIOTIC AGENTS** | | |
| **ANTIPERISTALTIC AGENTS** | | |
| DIPHENOXYLATE/ATROPINE LIQUID | - | Brand |
| **ANTIDIARRHEALS** | | |
| **ANTIDIARRHEAL AGENTS - MISC.** | | |
| REZYST CHEW TAB | - | Generic |
| **ANTIPERISTALTIC AGENTS** | | |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | Generic |
| loperamide cap (IMODIUM equiv) | - | Generic |
| **ANTIDOTES** | | |
| **ANTIDOTES** | | |
| VISTOGARD PAK (Only available through Biologics 800-850-4306) | LD | Brand Specialty |
| **OPIOID ANTAGONISTS** | | |
| VIVITROL INJ | AMSP | Brand Specialty |
| naltrexone tab (REVIA equiv) | - | Generic |
| **ANTIDOTES AND SPECIFIC ANTAGONISTS** | | |
| **ANTIDOTES - CHELATING AGENTS** | | |
| deferasirox granules packet (JADENU equiv) | AMSP-PA | Generic Specialty |
| deferasirox tab (EXJADE equiv) | AMSP-PA | Generic Specialty |
| deferasirox tab 90mg, 360mg (JADENU equiv) | AMSP-PA | Generic Specialty |
| deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553) | LD-PA | Generic Specialty |
| deferiprone tab 1000mg (FERRIPROX equiv) (Only available through Lumicera 855-847-3553) | LD-PA | Generic Specialty |
| **OPIOID ANTAGONISTS** | | |
| KLOXXADO NASAL SPRAY | - | Brand |
| OPVEE NASAL SPRAY | - | Brand |
| naloxone hcl nasal spray (NARCAN equiv) | - | Generic |
| naloxone inj | - | Generic |
| NALOXONE NASAL SPRAY | - | Generic |
| naloxone prefilled inj | - | Generic |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fills/month) | --QL | Generic |
| NARCAN HCL SPRAY (OTC) | OTC | Generic |
| **ANTIEMETICS** | | |
| **5-HT3 RECEPTOR ANTAGONISTS** | | |
| granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days) | QL | Generic |
| ondansetron ODT (ZOFRAN equiv) | - | Generic |
| ondansetron soln (ZOFRAN equiv) (QL= 50ml/fill, 1 fill/15 days) | QL | Generic |
| ONDANSETRON TAB | - | Generic |
| ondansetron tab (ZOFRAN equiv) | - | Generic |
| **ANTIEMETICS - ANTICHOLINERGIC** | | |

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

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

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 |
|---|---|---|
| **ANTIEMETICS Cont.** | | |
| meclizine chew tab (BONINE equiv) | OTC | Generic |
| scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days) | QL | Generic |
| trimethobenzamide cap (TIGAN equiv) | - | Generic |
| **ANTIEMETICS - MISCELLANEOUS** | | |
| doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days) | QL | Generic |
| dronabinol cap (MARINOL equiv) (QL= 2 caps/day) | QL | Generic |
| **SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS** | | |
| VARUBI TAB (QL= 2 tabs/day; Step Therapy requires trial of ondansetron) | QL-ST | Brand |
| aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron) | QL-ST | Generic |
| aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron) | QL-ST | Generic |
| aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron) | QL-ST | Generic |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron) | QL-ST | Generic |
| **ANTIFUNGALS** | | |
| **ANTIFUNGALS** | | |
| flucytosine cap (ANCOBON equiv) | - | Generic |
| griseofulvin susp (GRIFULVIN equiv) | - | Generic |
| nystatin powder | - | Generic |
| nystatin tab | - | Generic |
| terbinafine tab (LAMISIL equiv) | - | Generic |
| **IMIDAZOLE-RELATED ANTIFUNGALS** | | |
| fluconazole susp (DIFLUCAN equiv) | - | Generic |
| fluconazole tab (DIFLUCAN equiv) | - | Generic |
| itraconazole cap (SPORANOX equiv) | - | Generic |
| ketoconazole tab (NIZORAL equiv) | - | Generic |
| voriconazole susp (VFEND equiv) | - | Generic |
| voriconazole tab (VFEND equiv) | - | Generic |
| **ANTIHISTAMINES** | | |
| **ANTIHISTAMINES - ETHANOLAMINES** | | |
| CARBINOXAMINE SOLN (QL= 40ml/day) | QL | Generic |
| carbinoxamine tab (PALGIC equiv) (QL= 240 tabs/30 days) | QL | Generic |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | Generic |
| diphenhydramine inj | - | Generic |
| **ANTIHISTAMINES - PHENOTHIAZINES** | | |
| promethazine inj (PHENERGAN equiv) | - | Generic |
| promethazine supp (PHENERGAN equiv) | - | Generic |
| promethazine syrup | - | Generic |
| promethazine tab (PHENERGAN equiv) | - | Generic |
| PROMETHEGAN SUPP | - | Generic |
| **ANTIHISTAMINES - PIPERIDINES** | | |
| cyproheptadine syrup | - | Generic |
| cyproheptadine tab | - | Generic |
| **ANTIHYPERLIPIDEMICS** | | |
| **ANTIHYPERLIPIDEMICS - COMBINATIONS** | | |
| ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day) | QL | Generic |

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

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

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.

## ANTIHYPERLIPIDEMICS Cont.

| DrugName | Special Code | Tier |
|---|---|---|
| **ANTIHYPERLIPIDEMICS - MISC.** | | |
| icosapent ethyl cap 0.5gm (VASCEPA equiv) (QL= 2 caps/day) | QL | Generic |
| icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day) | QL | Generic |
| omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day) | QL | Generic |
| **BILE ACID SEQUESTRANTS** | | |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | Generic |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | Generic |
| cholestyramine powder (QUESTRAN equiv) | - | Generic |
| cholestyramine powder pack (QUESTRAN equiv) | - | Generic |
| colesevelam tab (WELCHOL equiv) | - | Generic |
| colestipol granule (COLESTID equiv) | - | Generic |
| colestipol powder packet (COLESTID equiv) | - | Generic |
| colestipol tab (COLESTID equiv) | - | Generic |
| **FIBRIC ACID DERIVATIVES** | | |
| FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG | - | Brand |
| fenofibrate cap 43mg, 130mg (ANTARA equiv) | - | Generic |
| fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv) | - | Generic |
| fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv) | - | Generic |
| fenofibric acid DR cap (TRILIPIX equiv) | - | Generic |
| gemfibrozil tab (LOPID equiv) | - | Generic |
| **HMG COA REDUCTASE INHIBITORS** | | |
| SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin) | QL-ST | Brand |
| 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 |
| 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 | Preventive |
| 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 | 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 tab (PRAVACHOL equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay) | QL | Preventive |
| rosuvastatin tab (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** | | |
| ezetimibe tab (ZETIA equiv) (QL= 1 tab/day) | QL | Generic |
| **MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS** | | |
| JUXTAPID CAP (Only available through Accredo 888-773-7376) | LD-PA | Brand Specialty |
| **NICOTINIC ACID DERIVATIVES** | | |
| niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day) | QL | Generic |
| **PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS** | | |

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

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

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 |
|---|---|---|
| **ANTIHYPERLIPIDEMICS Cont.** | | |
| REPATHA INJ (QL= 2 inj/28 days) | PA-QL | Brand |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) | PA-QL | Brand |
| **ANTIHYPERTENSIVES** | | |
| **ACE INHIBITORS** | | |
| benazepril tab (LOTENSIN equiv) | - | Generic |
| fosinopril tab (MONOPRIL equiv) | - | Generic |
| moexipril tab (UNIVASC equiv) | - | Generic |
| perindopril tab (ACEON equiv) | - | Generic |
| quinapril tab (ACCUPRIL equiv) | - | Generic |
| ramipril cap (ALTACE equiv) | - | Generic |
| trandolapril tab (MAVIK equiv) | - | Generic |
| enalapril tab (VASOTEC equiv) | - | Value |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | Value |
| **ANGIOTENSIN II RECEPTOR ANTAGONISTS** | | |
| VALSARTAN SOLN (QL= 2400ml/30 days) | QL | Brand |
| candesartan tab (ATACAND equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz) | ST | Generic |
| irbesartan tab (AVAPRO equiv) | - | Generic |
| olmesartan tab (BENICAR equiv) | - | Generic |
| telmisartan tab (MICARDIS equiv) | - | Generic |
| valsartan tab (DIOVAN equiv) | - | Generic |
| losartan tab (COZAAR equiv) | - | Value |
| **ANTIADRENERGIC ANTIHYPERTENSIVES** | | |
| METHYLDOPA TAB | - | Brand |
| clonidine tab (CATAPRES equiv) | - | Generic |
| doxazosin tab (CARDURA equiv) | - | Generic |
| guanfacine IR tab (TENEX equiv) | - | Generic |
| methyldopa tab (ALDOMET equiv) | - | Generic |
| prazosin cap (MINIPRESS equiv) | - | Generic |
| terazosin cap (HYTRIN equiv) | - | Generic |
| **ANTIHYPERTENSIVE COMBINATIONS** | | |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug) | ST | Brand |
| amlodipine/benazepril cap (LOTREL equiv) | - | Generic |
| amlodipine/olmesartan tab (AZOR TAB equiv) | - | Generic |
| amlodipine/valsartan tab (EXFORGE equiv) | - | Generic |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | Generic |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | Generic |
| candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz) | ST | Generic |
| captopril/hydrochlorothiazide tab (CAPOZIDE equiv) | - | Generic |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | Generic |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | Generic |
| methyldopa/hydrochlorothiazide tab (ALDORIL equiv) | - | Generic |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | Generic |
| olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) (QL= 30 tabs/30 days) | QL | Generic |

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

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

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 |
|---|---|---|
| **ANTIHYPERTENSIVES Cont.** | | |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | Generic |
| propranolol/hydrochlorothiazide tab (INDERIDE equiv) | - | Generic |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | Generic |
| trandolapril/verapamil ER tab (TARKA equiv) | - | Generic |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | Generic |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | Value |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | Value |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | Value |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | Value |
| **SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)** | | |
| eplerenone tab (INSPRA equiv) | - | Generic |
| **VASODILATORS** | | |
| hydralazine tab (APRESOLINE equiv) | - | Generic |
| minoxidil tab (LONITEN equiv) | - | Generic |
| **ANTI-INFECTIVE AGENTS - MISC.** | | |
| **ANTI-INFECTIVE AGENTS - MISC.** | | |
| LIKMEZ SUSP (QL= 210ml/14 days) | QL | Brand |
| PRIMSOL SOLN | - | Brand |
| TRIMETHOPRIM TAB | - | Brand |
| IMPAVIDO CAP (QL= 3 caps/day) | AMSP-QL | Brand Specialty |
| metronidazole tab (FLAGYL equiv) | - | Generic |
| tinidazole tab (TINDAMAX equiv) | - | Generic |
| trimethoprim tab (PROLOPRIM equiv) | - | Generic |
| **ANTI-INFECTIVE MISC. - COMBINATIONS** | | |
| HYOPHEN TAB | - | Brand |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | Generic |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | Generic |
| UTA cap | - | Generic |
| **ANTIPROTOZOAL AGENTS** | | |
| LAMPIT TAB 120MG (QL= 225 tabs/30 days) | QL | Brand |
| LAMPIT TAB 30MG (QL= 360 tabs/30 days) | QL | Brand |
| atovaquone susp (MEPRON equiv) | - | Generic |
| **GLYCOPEPTIDES** | | |
| VANCOMYCIN INJ | - | Brand |
| vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days) | QL | Generic |
| vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days) | QL | Generic |
| vancomycin hcl for iv soln (VANCOMYCIN equiv) | - | Generic |
| VANCOMYCIN INJ | - | Generic |
| **LEPROSTATICS** | | |
| dapsone tab | - | Generic |
| **LINCOSAMIDES** | | |
| clindamycin cap (CLEOCIN equiv) | - | Generic |
| clindamycin soln (CLEOCIN equiv) | - | Generic |
| **MONOBACTAMS** | | |

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

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

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 |
|---|---|---|
| **ANTI-INFECTIVE AGENTS - MISC. Cont.** | | |
| CAYSTON INH SOLN (Only available through Walgreens 888-347-3416) | LD | Brand Specialty |
| **OXAZOLIDINONES** | | |
| SIVEXTRO TAB (QL= 6 tabs/fill) | QL | Brand |
| linezolid susp | - | Generic |
| linezolid tab (ZYVOX equiv) | - | Generic |
| **POLYMYXINS** | | |
| colistimethate inj (COLY-MYCIN M equiv) | - | Generic |
| **URINARY ANTI-INFECTIVES** | | |
| methenamine hippurate tab (HIPREX equiv) | - | Generic |
| methenamine mandelate tab | - | Generic |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | Generic |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | Generic |
| nitrofurantoin susp (FURADANTIN equiv) | - | Generic |
| **ANTIMALARIALS** | | |
| **ANTIMALARIAL COMBINATIONS** | | |
| atovaquone/proguanil tab (MALARONE equiv) | - | Generic |
| **ANTIMALARIALS** | | |
| KRINTAFEL TAB (QL= 2 tabs/365 days) | QL | Brand |
| chloroquine tab (ARALEN equiv) | - | Generic |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | Generic |
| quinine sulfate cap (QUALAQUIN equiv) | - | Generic |
| pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Generic Specialty |
| **ANTIMYASTHENIC/CHOLINERGIC AGENTS** | | |
| **ANTIMYASTHENIC/CHOLINERGIC AGENTS** | | |
| GUANIDINE TAB | - | Generic |
| pyridostigmine CR tab (MESTINON equiv) | - | Generic |
| pyridostigmine tab (MESTINON equiv) | - | Generic |
| **ANTIMYCOBACTERIAL AGENTS** | | |
| **ANTIMYCOBACTERIAL AGENTS** | | |
| SIRTURO TAB (Only available through MMS Solutions 855-691-0963) | LD | Brand Specialty |
| cycloserine cap (CYCLOSERINE equiv) | - | Generic |
| ethambutol tab (MYAMBUTOL equiv) | - | Generic |
| ISONIAZID TAB | - | Generic |
| pyrazinamide tab | - | Generic |
| rifabutin cap (MYCOBUTIN equiv) | - | Generic |
| rifampin cap (RIFADIN equiv) | - | Generic |
| **ANTINEOPLASTICS** | | |
| **ALKYLATING AGENTS** | | |
| HEXALEN CAP (Only available through Walgreens 888-347-3416) | LD | Brand Specialty |
| MYLERAN TAB | AMSP | Brand Specialty |

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

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

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 |
|---|---|---|
| **ANTINEOPLASTICS Cont.** | | |
| **ANTIMETABOLITES** | | |
| TABLOID TAB (QL= 4 tabs/day) | AMSP-QL | Brand Specialty |
| mercaptopurine tab (PURINETHOL equiv) | - | Generic |
| methotrexate tab (TREXALL equiv) | - | Generic |
| **ANTINEOPLASTIC ENZYME INHIBITORS** | | |
| ZOLINZA CAP | LMSP-PA-SF | Brand Specialty |
| **ANTINEOPLASTICS MISC.** | | |
| INTRON-A INJ | AMSP | Brand Specialty |
| MATULANE CAP (Only available through Walgreens 888-347-3416) | LD | Brand Specialty |
| hydroxyurea cap (HYDREA equiv) | - | Generic |
| tretinoin cap (VESANOID equiv) | AMSP | Generic Specialty |
| **CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS** | | |
| MESNEX TAB | AMSP | Brand Specialty |
| leucovorin tab | - | Generic |
| **MITOTIC INHIBITORS** | | |
| etoposide cap (VEPESID equiv) | - | Generic |
| **TOPOISOMERASE I INHIBITORS** | | |
| HYCAMTIN CAP | LMSP-PA | Brand Specialty |
| **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES** | | |
| **ALKYLATING AGENTS** | | |
| cyclophosphamide cap | - | Generic Specialty |
| MELPHALAN TAB | AMSP | Generic Specialty |
| temozolomide cap (TEMODAR equiv) | AMSP | Generic Specialty |
| **ANTIMETABOLITES** | | |
| PURIXAN SUSP | AMSP-PA | Brand Specialty |
| methotrexate inj | - | Generic |
| capecitabine tab (XELODA equiv) | AMSP | Generic Specialty |
| **ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS** | | |
| INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Brand Specialty |
| LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Brand Specialty |
| **ANTINEOPLASTIC - BCL-2 INHIBITORS** | | |
| VENCLEXTA STARTER PACK (Only available through Optum 877-445-6874) | LD-PA | Brand Specialty |

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

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

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 |
|---|---|---|
| **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.** | | |
| VENCLEXTA TAB (Only available through Optum 877-445-6874) | LD-PA | Brand Specialty |
| **ANTINEOPLASTIC - EGFR INHIBITORS** | | |
| GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty |
| TAGRISSO TAB (QL= 1 tab/day) | AMSP-PA-QL | Brand Specialty |
| erlotinib tab 100mg (TARCEVA equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty |
| erlotinib tab 150mg (TARCEVA equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty |
| erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty |
| gefitinib tab (QL= 1 tab/day) | AMSP-PA-QL | Generic Specialty |
| **ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS** | | |
| ERIVEDGE CAP (QL= 1 cap/day) | AMSP-PA-QL-SF | Brand Specialty |
| ODOMZO CAP | AMSP-PA-SF | Brand Specialty |
| **ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS** | | |
| ERLEADA TAB (QL= 4 tabs/day) | AMSP-PA-QL | Brand Specialty |
| ERLEADA TAB 240MG (QL= 1 tab/day) | AMSP-PA-QL | Brand Specialty |
| HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days) | AMSP-PA-QL | Brand Specialty |
| LEUPROLIDE INJ (QL= 1 kit/90 days) | AMSP-PA-QL | Brand Specialty |
| LUPRON DEPOT INJ | AMSP-PA | Brand Specialty |
| LYSODREN TAB (Only available through Walgreens 888-347-3416) | LD | Brand Specialty |
| NUBEQA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty |
| bicalutamide tab (CASODEX equiv) | - | Generic |
| flutamide cap (EULEXIN equiv) | - | Generic |
| megestrol susp (MEGACE equiv) | - | Generic |
| megestrol tab (MEGACE equiv) | - | Generic |
| toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen) | ST | Generic |
| abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day) | AMSP-PA-QL-SF | Generic Specialty |
| abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day) | AMSP-PA-QL-SF | Generic Specialty |
| nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days) | AMSP-PA-QL | Generic Specialty |
| anastrozole tab (ARIMIDEX equiv) | - | Preventive |
| exemestane tab (AROMASIN equiv) | - | Preventive |

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

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

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 |
|---|---|---|
| **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.** | | |
| 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 |
| **ANTINEOPLASTIC - IMMUNOMODULATORS** | | |
| POMALYST CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty |
| **ANTINEOPLASTIC COMBINATIONS** | | |
| KISQALI PAK (QL= 91 tabs/28 days) | AMSP-PA-QL | Brand Specialty |
| LONSURF TAB (Only available through Optum 877-445-6874 or Walgreens 888-347-3416) | LD-PA | Brand Specialty |
| **ANTINEOPLASTIC ENZYME INHIBITORS** | | |
| ALECENSA CAP (QL= 8 caps/day) | AMSP-PA-QL | Brand Specialty |
| ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Brand Specialty |
| ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633) | LD-PA-QL-SF | Brand Specialty |
| BOSULIF CAP (QL= 5 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty |
| BOSULIF TAB (Only available through Walgreens 888-347-3416) | LD-PA-SF | Brand Specialty |
| CABOMETYX TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Brand Specialty |
| CALQUENCE CAP (QL= 2 caps/day) | AMSP-PA-QL-SF | Brand Specialty |
| CALQUENCE TAB (QL= 2 tabs/day) | AMSP-PA-QL-SF | Brand Specialty |
| CAPRELSA TAB 100MG (QL= 2 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL | Brand Specialty |
| CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306) | LD-PA-QL | Brand Specialty |
| COMETRIQ KIT (Only available through Optum 877-445-6874) | LD-PA | Brand Specialty |
| COTELLIC TAB (QL= 3 tabs/day) | LMSP-PA-QL | Brand Specialty |
| ICLUSIG TAB (Only available through AcariaHealth 800-511-5144) | LD-PA-SF | Brand Specialty |
| IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Brand Specialty |
| IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Brand Specialty |
| IMBRUVICA SUSP (QL= 2 bottles/30 days; Only available through Optum 877-445-6874) | LD-PA-QL | Brand Specialty |
| IMBRUVICA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874) | LD-PA-QL | Brand Specialty |
| JAKAFI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Brand Specialty |
| KISQALI TAB (QL= 63 tabs/28 days) | AMSP-PA-QL | Brand Specialty |

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

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

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.

## ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.

| DrugName | Special Code | Tier |
|---|---|---|
| LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Brand Specialty |
| LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306) | LD-PA-QL-SF | Brand Specialty |
| MEKINIST SOLN (QL= 40ml/day) | LMSP-PA-QL | Brand Specialty |
| MEKINIST TAB 0.5MG (QL= 3 tabs/day) | AMSP-PA-QL | Brand Specialty |
| MEKINIST TAB 2MG (QL= 1 tab/day) | AMSP-PA-QL | Brand Specialty |
| NINLARO CAP | AMSP-PA | Brand Specialty |
| RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Brand Specialty |
| sorafenib tosylate tab (NEXAVAR equiv) | AMSP-PA-SF | Brand Specialty |
| STIVARGA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty |
| TAFINLAR CAP (QL= 4 caps/day) | AMSP-PA-QL | Brand Specialty |
| TAFINLAR TAB (QL= 12 tabs/day) | LMSP-PA-QL | Brand Specialty |
| TASIGNA CAP | AMSP-PA-SF | Brand Specialty |
| VERZENIO TAB (QL= 2 tabs/day) | AMSP-PA-QL-SF | Brand Specialty |
| VOTRIENT TAB (QL= 120 tabs/30 days) | AMSP-PA-QL-SF | Brand Specialty |
| XALKORI CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Brand Specialty |
| XALKORI SPRINKLE CAP (QL= 6 caps/day; Only available through Walgreens 888-347-3416) | LD-PA-QL-SF | Brand Specialty |
| ZEJULA CAP (QL= 30 caps/30 days; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Brand Specialty |
| ZEJULA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874) | LD-PA-QL-SF | Brand Specialty |
| ZELBORAF TAB (QL= 8 tabs/day) | LMSP-PA-QL-SF | Brand Specialty |
| ZYDELIG TAB (Only available through Optum 877-445-6874) | LD-PA | Brand Specialty |
| ZYKADIA CAP (QL= 3 caps/day) | AMSP-PA-QL-SF | Brand Specialty |
| ZYKADIA TAB (QL= 3 tabs/day) | AMSP-PA-QL-SF | Brand Specialty |
| 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 |

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

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

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 |
|---|---|---|
| **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.** | | |
| imatinib tab 400mg (GLEEVEC equiv) (QL= 2 tabs/day) | AMSP-PA-QL | Generic Specialty |
| lapatinib ditosylate tab (TYKERB equiv) | AMSP-PA | Generic Specialty |
| pazopanib hcl tab (VOTRIENT equiv) (QL= 120 tabs/30 days) | AMSP-PA-QL-SF | Generic Specialty |
| sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day) | AMSP-PA-QL-SF | Generic Specialty |
| **ANTINEOPLASTICS MISC.** | | |
| SYNRIBO INJ (Only available through US Bioservices 888-518-7246) | LD-PA | Brand Specialty |
| bexarotene cap (TARGRETIN equiv) | AMSP-PA-SF | Generic Specialty |
| **MITOTIC INHIBITORS** | | |
| ETOPOSIDE CAP | - | Brand |
| **ANTIPARKINSON AGENTS** | | |
| **ANTIPARKINSON ADJUVANTS** | | |
| carbidopa tab (LODOSYN equiv) | - | Generic |
| **ANTIPARKINSON ANTICHOLINERGICS** | | |
| benztropine tab | - | Generic |
| trihexyphenidyl tab (ARTANE equiv) | - | Generic |
| **ANTIPARKINSON COMT INHIBITORS** | | |
| entacapone tab (COMTAN equiv) | - | Generic |
| **ANTIPARKINSON DOPAMINERGICS** | | |
| amantadine cap (SYMMETREL equiv) | - | Generic |
| amantadine syrup (SYMMETREL equiv) | - | Generic |
| amantadine tab | - | Generic |
| bromocriptine cap (PARLODEL equiv) | - | Generic |
| bromocriptine tab (PARLODEL equiv) | - | Generic |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | Generic |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | Generic |
| carbidopa/levodopa tab (SINEMET equiv) | - | Generic |
| pramipexole tab (MIRAPEX equiv) | - | Generic |
| ropinirole tab (REQUIP equiv) | - | Generic |
| **ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS** | | |
| rasagiline tab (AZILECT equiv) (QL= 1 tab/day) | QL | Generic |
| selegiline cap (ELDEPRYL equiv) | - | Generic |
| selegiline tab (ELDEPRYL equiv) (QL= 2 tabs/day) | QL | Generic |
| **ANTIPARKINSON AND RELATED THERAPY AGENTS** | | |
| **ANTIPARKINSON ANTICHOLINERGICS** | | |
| trihexyphenidyl elixir (ARTANE equiv) | - | Generic |
| TRIHEXYPHENIDYL SOLN (QL= 946ml/28 days) | QL | Generic |
| **ANTIPARKINSON DOPAMINERGICS** | | |
| amantadine soln | - | Generic |
| carbidopa-levodopa-entacapone tab 12.5-50-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Generic |
| carbidopa-levodopa-entacapone tab 18.75-75-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Generic |

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

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

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 |
|---|---|---|
| **ANTIPARKINSON AND RELATED THERAPY AGENTS Cont.** | | |
| carbidopa-levodopa-entacapone tab 25-100-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Generic |
| carbidopa-levodopa-entacapone tab 31.25-125-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Generic |
| carbidopa-levodopa-entacapone tab 37.5-150-200mg (STALEVO equiv) (QL= 8 tabs/day) | QL | Generic |
| carbidopa-levodopa-entacapone tab 50-200-200mg (STALEVO equiv) (QL= 6 tabs/day) | QL | Generic |
| apomorphine inj (APOKYN equiv) (QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767) | LD-QL | Generic Specialty |
| **ANTIPSYCHOTICS/ANTIMANIC AGENTS** | | |
| **ANTIMANIC AGENTS** | | |
| lithium carbonate cap (ESKALITH ER equiv) | - | Generic |
| lithium carbonate ER tab (LITHOBID equiv) | - | Generic |
| lithium carbonate tab | - | Generic |
| lithium oral solution (LITHIUM equiv) | - | Generic |
| **ANTIPSYCHOTICS - MISC.** | | |
| lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day) | QL | Generic |
| ziprasidone cap (GEODON equiv) (QL= 2 caps/day) | QL | Generic |
| **BENZISOXAZOLES** | | |
| RISPERIDONE ODT | - | Brand |
| INVEGA HAFYERA INJ | AMSP | Brand Specialty |
| INVEGA INJ | AMSP | Brand Specialty |
| PERSERIS INJ | AMSP | Brand Specialty |
| paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day) | QL | Generic |
| risperidone ODT (RISPERDAL M equiv) | - | Generic |
| risperidone soln (RISPERDAL equiv) | - | Generic |
| risperidone tab (RISPERDAL equiv) | - | Generic |
| risperidone microspheres inj (RISPERDAL equiv) | AMSP | Generic Specialty |
| **BUTYROPHENONES** | | |
| HALDOL DECANOATE INJ | - | Brand Specialty |
| haloperidol lactate conc (HALDOL equiv) | - | Generic |
| haloperidol tab (HALDOL equiv) | - | Generic |
| haloperidol decanoate inj | AMSP | Generic Specialty |
| **DIBENZAPINES** | | |
| ZYPREXA RELPREVV INJ | AMSP | Brand Specialty |
| CLOZAPINE ODT (QL= 3 tabs/day) | QL | Generic |
| clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day) | QL | Generic |
| clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day) | QL | Generic |
| loxapine cap (LOXITANE equiv) | - | Generic |
| olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day) | QL | Generic |
| olanzapine tab (ZYPREXA equiv) | - | Generic |
| quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day) | QL | Generic |
| quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day) | QL | Generic |

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

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

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 |
|---|---|---|
| **ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.** | | |
| **DIHYDROINDOLONES** | | |
| MOLINDONE TAB | - | Brand |
| **PHENOTHIAZINES** | | |
| chlorpromazine tab (THORAZINE equiv) | - | Generic |
| fluphenazine tab (PROLIXIN equiv) | - | Generic |
| perphenazine tab (TRILAFON equiv) | - | Generic |
| prochlorperazine supp (COMPAZINE equiv) | - | Generic |
| prochlorperazine tab (COMPAZINE equiv) | - | Generic |
| thioridazine tab (MELLARIL equiv) | - | Generic |
| trifluoperazine tab (STELAZINE equiv) | - | Generic |
| **QUINOLINONE DERIVATIVES** | | |
| ABILIFY ASIMTUFII INJ 720MG/2.4ML | AMSP | Brand Specialty |
| ABILIFY ASIMTUFII INJ 960MG/3.2ML | AMSP | Brand Specialty |
| ABILIFY MAINTENA INJ | AMSP | Brand Specialty |
| ARISTADA 675MG/2.4ML INJ | AMSP | Brand Specialty |
| ARISTADA INJ | AMSP | Brand Specialty |
| aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day) | QL | Generic |
| aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day) | QL | Generic |
| aripiprazole tab (ABILIFY equiv) | - | Generic |
| **THIOXANTHENES** | | |
| thiothixene cap (NAVANE equiv) | - | Generic |
| **ANTIVIRALS** | | |
| **ANTIRETROVIRALS** | | |
| APTIVUS CAP (QL= 4 caps/day) | QL | Brand |
| APTIVUS SOLN (QL= 380ml/30 days) | QL | Brand |
| ATRIPLA TAB (QL= 1 tab/day) | QL | Brand |
| BIKTARVY TAB (QL= 1 tab/day) | QL | Brand |
| CIMDUO TAB | - | Brand |
| COMPLERA TAB (QL= 1 tab/day) | QL | Brand |
| CRIXIVAN CAP | - | Brand |
| DELSTRIGO TAB | - | Brand |
| DESCOVY TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | PA-QL-RDX | Brand |
| DIDANOSINE DR CAP (QL= 2 caps/day) | QL | Brand |
| EDURANT TAB (QL= 1 tab/day) | QL | Brand |
| EMTRIVA SOLN (QL= 850ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand |
| EVOTAZ TAB (QL= 1 tab/day) | QL | Brand |
| GENVOYA TAB (QL= 1 tab/day) | QL | Brand |
| INTELENCE TAB (QL= 4 tabs/day) | QL | Brand |
| INTELENCE TAB 25MG (QL= 4 tabs/day) | QL | Brand |
| INVIRASE CAP (QL= 10 caps/day) | QL | Brand |
| INVIRASE TAB (QL= 4 tabs/day) | QL | Brand |
| ISENTRESS (HD) TAB (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand |

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

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

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 |
|---|---|---|
| **ANTIVIRALS Cont.** | | |
| ISENTRESS CHEW TAB (QL= 6 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand |
| ISENTRESS POWDER PACK (QL= 2 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP | QL-RDX | Brand |
| JULUCA TAB (QL= 1 tab/day) | QL | Brand |
| KALETRA TAB 100-25MG (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand |
| KALETRA TAB 200-50MG (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand |
| NEVIRAPINE ER TAB (QL= 3 tabs/day) | QL | Brand |
| NEVIRAPINE SUSP (QL= 1200ml/30 days) | QL | Brand |
| NORVIR CAP (QL= 12 caps/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand |
| NORVIR POWDER PACK (QL= 12 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand |
| NORVIR SOLN (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand |
| ODEFSEY TAB (QL= 1 tab/day) | QL | Brand |
| PIFELTRO TAB | - | Brand |
| PREZCOBIX TAB (QL= 1 tab/day) | QL | Brand |
| PREZISTA SUSP (QL= 400ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand |
| PREZISTA TAB (QL= 1 tab/day) | QL | Brand |
| PREZISTA TAB 150MG (QL= 8 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand |
| PREZISTA TAB 600MG (QL= 2 tabs/day) | QL | Brand |
| PREZISTA TAB 75MG (QL= 16 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand |
| RESCRIPTOR TAB | - | Brand |
| REYATAZ POWDER PACK (QL= 5 packets/day) | QL | Brand |
| SELZENTRY SOLN (QL= 31ml/day) | QL | Brand |
| SELZENTRY TAB 150MG (QL= 2 tabs/day) | QL | Brand |
| SELZENTRY TAB 25MG (QL= 4 tabs/day) | QL | Brand |
| SELZENTRY TAB 300MG (QL= 4 tabs/day) | QL | Brand |
| SELZENTRY TAB 75MG (QL= 2 tabs/day) | QL | Brand |
| STRIBILD TAB (QL= 1 tab/day) | QL | Brand |
| SYMTUZA TAB | - | Brand |
| TIVICAY PD TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand |
| TIVICAY TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand |
| TRIUMEQ PD TAB (QL= 6 tabs/day) | QL | Brand |
| TRIUMEQ TAB (QL= 1 tab/day) | QL | Brand |
| TYBOST TAB | - | Brand |
| VIDEX SOLN (QL= 600ml/30 days) | QL | Brand |
| VIRACEPT TAB | - | Brand |
| VIREAD POWDER (No deductible, coinsurance or other UM edits when used for PEP / PrEP) | RDX | Brand |
| VIREAD TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Brand |
| FUZEON INJ | AMSP | Brand Specialty |
| abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days) | QL | Generic |
| abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day) | QL | Generic |
| abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day) | QL | Generic |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day) | QL | Generic |
| atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day) | QL | Generic |
| atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day) | QL | Generic |
| atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day) | QL | Generic |
| darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Generic |

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

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

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 |
|---|---|---|
| **ANTIVIRALS Cont.** | | |
| darunavir tab 800mg (PREZISTA equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Generic |
| didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day) | QL | Generic |
| EFAVIRENZ CAP | - | Generic |
| efavirenz tab (SUSTIVA equiv) | - | Generic |
| efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day) | QL | Generic |
| efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv) | - | Generic |
| emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Generic |
| emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Generic |
| etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day) | QL | Generic |
| etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day) | QL | Generic |
| fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day) | QL | Generic |
| lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days) | QL | Generic |
| lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day) | QL | Generic |
| lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day) | QL | Generic |
| lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Generic |
| lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Generic |
| lopinavir-ritonavir tab 100-25mg (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Generic |
| lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Generic |
| maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 tabs/day) | QL | Generic |
| maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 tabs/day) | QL | Generic |
| nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day) | QL | Generic |
| nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day) | QL | Generic |
| ritonavir tab (NORVIR equiv) (QL= 12 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Generic |
| stavudine cap (ZERIT equiv) (QL= 2 caps/day) | QL | Generic |
| tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Generic |
| zidovudine cap (RETROVIR equiv) (QL= 6 caps/day) | QL | Generic |
| zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days) | QL | Generic |
| zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day) | QL | Generic |
| emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP) | QL-RDX | Preventive |
| **ANTIVIRAL COMBINATIONS** | | |
| PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 18 years or older) | QL | Brand |
| PAXLOVID TAB 300-100 (QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 18 years or older) | QL | Brand |
| **CMV AGENTS** | | |
| valganciclovir soln (VALCYTE equiv) | - | Generic |
| valganciclovir tab (VALCYTE equiv) | - | Generic |
| **HEPATITIS AGENTS** | | |
| BARACLUDE SOLN (QL= 630ml/30 days) | AMSP-PA-QL | Brand Specialty |

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

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

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 |
|---|---|---|
| **ANTIVIRALS Cont.** | | |
| EPIVIR HBV SOLN (QL= 720ml/30 days) | AMSP-QL | Brand Specialty |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day) | AMSP-QL | Brand Specialty |
| MAVYRET PAK (QL= 5 packets/day) | AMSP-QL | Brand Specialty |
| MAVYRET TAB (QL= 3 tabs/day) | AMSP-QL | Brand Specialty |
| PEGASYS INJ | AMSP-PA | Brand Specialty |
| PEG-INTRON INJ (Only available through Lumicera 855-847-3553) | LMSP | Brand Specialty |
| REBETOL SOLN | AMSP | Brand Specialty |
| RIBAPAK TAB (Step Therapy requires trial of ribavirin) | AMSP-ST | Brand Specialty |
| SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day) | AMSP-QL | Brand Specialty |
| TYZEKA TAB (Only available through Walgreens 888-347-3416) | LD-PA | Brand Specialty |
| VEMLIDY TAB (QL= 1 tab/day) | AMSP-QL | Brand Specialty |
| VOSEVI TAB (QL= 1 tab/day) | AMSP-PA-QL | Brand Specialty |
| adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day) | AMSP-QL | Generic Specialty |
| entecavir tab (BARACLUDE equiv) (QL= 1 tab/day) | QL | Generic Specialty |
| lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day) | AMSP-PA-QL | Generic Specialty |
| RIBAVIRIN CAP | AMSP | Generic Specialty |
| ribavirin cap (REBETOL equiv) | AMSP | Generic Specialty |
| RIBAVIRIN TAB | AMSP | Generic Specialty |
| **HERPES AGENTS** | | |
| acyclovir cap (ZOVIRAX equiv) | - | Generic |
| acyclovir susp (ZOVIRAX equiv) | - | Generic |
| acyclovir tab (ZOVIRAX equiv) | - | Generic |
| famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day) | QL | Generic |
| famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day) | QL | Generic |
| famciclovir tab 500mg (FAMVIR equiv) (QL= 21 tabs/fill, 2 fills/month) | QL | Generic |
| valacyclovir tab (VALTREX equiv) | - | Generic |
| **INFLUENZA AGENTS** | | |
| RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month) | QL | Brand |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days) | QL | Generic |
| oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days) | QL | Generic |
| oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days) | QL | Generic |
| oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days) | QL | Generic |

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

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

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 |
|---|---|---|
| **ANTIVIRALS Cont.** | | |
| RIMANTADINE TAB | - | Generic |
| **MISC. ANTIVIRALS** | | |
| LAGEVRIO CAP 200MG (QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older) | QL | Brand |
| MOLNUPIRAVIR CAP (QL= 40 caps/fill) | QL | Preventive |
| **ASSORTED CLASSES** | | |
| **CHELATING AGENTS** | | |
| D-PENAMINE TAB | - | Brand |
| **IMMUNOMODULATORS** | | |
| THALOMID CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416) | LD-QL | Brand Specialty |
| **IMMUNOSUPPRESSIVE AGENTS** | | |
| azathioprine tab (IMURAN equiv) | - | Generic |
| cyclosporine modified cap (NEORAL equiv) | - | Generic |
| cyclosporine modified soln (NEORAL equiv) | - | Generic |
| mycophenolate DR tab (MYFORTIC equiv) | - | Generic |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | Generic |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | Generic |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | Generic |
| tacrolimus cap (PROGRAF equiv) | - | Generic |
| **BETA BLOCKERS** | | |
| **ALPHA-BETA BLOCKERS** | | |
| labetalol tab (NORMODYNE equiv) | - | Generic |
| carvedilol tab (COREG equiv) | - | Value |
| **BETA BLOCKERS CARDIO-SELECTIVE** | | |
| acebutolol cap (SECTRAL equiv) | - | Generic |
| betaxolol tab (KERLONE equiv) | - | Generic |
| bisoprolol tab (ZEBETA equiv) | - | Generic |
| nebivolol hcl tab (BYSTOLIC equiv) (QL= 1 tab/day) | QL | Generic |
| atenolol tab (TENORMIN equiv) | - | Value |
| metoprolol ER tab (TOPROL XL equiv) | - | Value |
| metoprolol tab (LOPRESSOR equiv) | - | Value |
| **BETA BLOCKERS NON-SELECTIVE** | | |
| nadolol tab (CORGARD equiv) | - | Generic |
| pindolol tab (VISKEN equiv) | - | Generic |
| propranolol ER cap (INDERAL LA equiv) | - | Generic |
| propranolol oral soln | - | Generic |
| PROPRANOLOL SOLN | - | Generic |
| propranolol tab (INDERAL equiv) | - | Generic |
| sotalol AF tab (BETAPACE AF equiv) | - | Generic |
| sotalol tab (BETAPACE equiv) | - | Generic |
| timolol maleate tab (BLOCADREN equiv) | - | Generic |
| **BIOLOGICALS MISC** | | |
| **ALLERGENIC EXTRACTS** | | |
| GRASTEK SL TAB (QL= 30 tabs/30 days) | QL | Brand |

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

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

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 |
|---|---|---|
| **BIOLOGICALS MISC Cont.** | | |
| ORALAIR SL TAB (QL= 30 tabs/30 days) | QL | Brand |
| RAGWITEK SL TAB (QL= 30 tabs/30 days) | QL | Brand |
| **CALCIUM CHANNEL BLOCKERS** | | |
| **CALCIUM CHANNEL BLOCKERS** | | |
| diltiazem ER cap (CARDIZEM CD equiv) | - | Generic |
| diltiazem ER cap (CARDIZEM SR equiv) | - | Generic |
| diltiazem ER cap (DILACOR XR equiv) | - | Generic |
| diltiazem ER cap (TIAZAC equiv) | - | Generic |
| diltiazem ER tab (CARDIZEM LA equiv) | - | Generic |
| diltiazem tab (CARDIZEM equiv) | - | Generic |
| felodipine ER tab (PLENDIL equiv) | - | Generic |
| isradipine cap (DYNACIRC equiv) | - | Generic |
| nicardipine cap (CARDENE equiv) | - | Generic |
| nifedipine cap (PROCARDIA equiv) | - | Generic |
| nifedipine ER tab (ADALAT CC equiv) | - | Generic |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | Generic |
| verapamil tab (CALAN equiv) | - | Generic |
| amlodipine tab (NORVASC equiv) | - | Value |
| **CARDIOTONICS** | | |
| **CARDIAC GLYCOSIDES** | | |
| digoxin tab (LANOXIN equiv) | - | Generic |
| digoxin tab 62.5mcg (LANOXIN equiv) (QL= 1 tab/day) | QL | Generic |
| **CARDIOVASCULAR AGENTS - MISC.** | | |
| **CARDIOVASCULAR AGENTS MISC. - COMBINATIONS** | | |
| ENTRESTO CAP (QL= 8 caps/day) | QL | Brand |
| ENTRESTO TAB (QL= 2 tabs/day) | QL | Brand |
| isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day) | QL | Generic |
| **IMPOTENCE AGENTS** | | |
| CAVERJECT INJ (QL= 6 cartons/30 days) | QL | Brand |
| CIALIS TAB (QL= 6 tabs/30 days) | QL | Brand |
| EDEX INJ (QL= three 2-pack containers/30 days or one 6-pack/30 days) | QL | Brand |
| LEVITRA TAB (QL= 6 tabs/30 days) | QL | Brand |
| MUSE SUPP (QL= 1 carton (6 systems)/30 days) | QL | Brand |
| STAXYN ODT (QL= 6 tabs/30 days) | QL | Brand |
| STENDRA TAB (QL= 6 tabs/30 days) | QL | Brand |
| VIAGRA TAB (QL= 6 tabs/30 days) | QL | Brand |
| sildenafil tab (VIAGRA equiv) (QL= 6 tabs/30 days) | QL | Generic |
| tadalafil tab (CIALIS equiv) (QL= 1 tab/day) | QL | Generic |
| vardenafil ODT (STAXYN equiv) (QL= 6 tabs/30 days) | QL | Generic |
| vardenafil tab (LEVITRA equiv) (QL= 6 tabs/30 days) | QL | Generic |
| **PERIPHERAL VASODILATORS** | | |
| ISOXSUPRINE TAB (QL= 120 tabs/30 days) | QL | Brand |
| **PROSTAGLANDIN VASODILATORS** | | |
| ORENITRAM TAB (Only available through Accredo 888-773-7376) | LD-PA | Brand Specialty |

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

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

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 |
|---|---|---|
| **CARDIOVASCULAR AGENTS - MISC. Cont.** | | |
| TYVASO DPI POWDER 16-32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty |
| TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty |
| TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty |
| TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty |
| TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty |
| VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty |
| treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416) | LD-PA | Generic Specialty |
| treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416) | LD-PA | Generic Specialty |
| treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416) | LD-PA | Generic Specialty |
| treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416) | LD-PA | Generic Specialty |
| **PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS** | | |
| OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty |
| TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty |
| 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 |
| **PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS** | | |
| sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day) | QL | Generic |
| tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day) | QL | Generic |
| sildenafil susp (REVATIO equiv) (QL= 224ml/30 days) | AMSP-PA-QL | Generic Specialty |
| **PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST** | | |
| UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty |
| **SINUS NODE INHIBITORS** | | |
| ivabradine hcl tab (CORLANOR equiv) (QL= 60 tabs/30 days) | PA-QL | Generic |
| **CEPHALOSPORINS** | | |
| **CEPHALOSPORINS - 1ST GENERATION** | | |
| cefadroxil cap (DURICEF equiv) | - | Generic |
| cefadroxil susp (DURICEF equiv) | - | Generic |
| cefadroxil tab (DURICEF equiv) | - | Generic |
| cephalexin cap (KEFLEX equiv) | - | Generic |
| cephalexin susp (KEFLEX equiv) | - | Generic |
| CEPHALEXIN TAB | - | Generic |
| **CEPHALOSPORINS - 2ND GENERATION** | | |

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

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

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 |
|---|---|---|
| **CEPHALOSPORINS Cont.** | | |
| cefprozil susp (CEFZIL equiv) | - | Generic |
| cefprozil tab (CEFZIL equiv) | - | Generic |
| cefuroxime tab (CEFTIN equiv) | - | Generic |
| **CEPHALOSPORINS - 3RD GENERATION** | | |
| cefdinir cap (OMNICEF equiv) | - | Generic |
| cefdinir susp (OMNICEF equiv) | - | Generic |
| cefixime cap (SUPRAX equiv) | - | Generic |
| cefixime susp (SUPRAX equiv) | - | Generic |
| cefpodoxime proxetil susp (VANTIN equiv) | - | Generic |
| cefpodoxime proxetil tab (VANTIN equiv) | - | Generic |
| **CONTRACEPTIVES** | | |
| **COMBINATION CONTRACEPTIVES - ORAL** | | |
| amethyst tab (LYBREL equiv) | - | Preventive |
| ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv) | - | Preventive |
| cryselle tab | - | Preventive |
| drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv) | - | Preventive |
| enpresse tab (TRI-LEVELEN equiv) | - | 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 |
| 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 |

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

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

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 |
|---|---|---|
| **CONTRACEPTIVES Cont.** | | |
| 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 |
| 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** | | |
| ANNOVERA RING | - | Preventive |
| eluryng vaginal ring (NUVARING equiv) | - | Preventive |
| **COPPER CONTRACEPTIVES - IUD** | | |
| PARAGARD IUD | - | Preventive |
| **EMERGENCY CONTRACEPTIVES** | | |
| ELLA TAB | - | Preventive |
| levonorgestrel tab (PLAN B equiv) | OTC | Preventive |
| **PROGESTIN CONTRACEPTIVES - IMPLANTS** | | |
| IMPLANON IMPLANT, NEXPLANON IMPLANT | - | Preventive |
| NEXPLANON IMPLANT | - | Preventive |
| **PROGESTIN CONTRACEPTIVES - INJECTABLE** | | |
| DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days) | QL | Preventive |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days) | QL | Preventive |
| **PROGESTIN CONTRACEPTIVES - IUD** | | |
| KYLEENA IUD | - | Preventive |

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

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

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 |
|---|---|---|
| **CONTRACEPTIVES Cont.** | | |
| MIRENA IUD | - | Preventive |
| SKYLA IUD | - | Preventive |
| **PROGESTIN CONTRACEPTIVES - ORAL** | | |
| norethindrone tab (NORA-QD equiv) | - | Preventive |
| OPILL TAB | - | Preventive |
| SLYND TAB | - | Preventive |
| **CORTICOSTEROIDS** | | |
| **GLUCOCORTICOSTEROIDS** | | |
| CORTISONE ACETATE TAB | - | Brand |
| DEXAMETHASONE CONC | - | Brand |
| DEXAMETHASONE SOLN | - | Brand |
| DEXAMETHASONE TAB 20MG (QL= 8 tabs/30 days) | QL | Brand |
| DEXPAK TAB (Step Therapy requires trial of dexamethasone) | ST | Brand |
| EOHILIA SUS 2MG/10ML (Step therapy requires trial of fluticasone MDI AND budesonide vials; Diagnosis Restricted – Eosinophilic esophagitis (K20.0)) | RDX-ST | Brand |
| PREDNISOLONE SOLN | - | Brand |
| SOLU-CORTEF INJ | - | Brand |
| deflazacort susp (EMFLAZA equiv) (Only available through Accredo 888-773-7376) | LD-PA | Brand Specialty |
| deflazacort tab (EMFLAZA equiv) | AMSP-PA | Brand Specialty |
| budesonide SR cap (ENTOCORT EC equiv) | - | Generic |
| dexamethasone elixir | - | Generic |
| dexamethasone pak (DEXPAK equiv) | - | Generic |
| dexamethasone tab (DEXAMETHASONE equiv) | - | Generic |
| hydrocortisone sodium succinate pf for inj (SOLU-CORTEF equiv) | - | Generic |
| hydrocortisone tab (CORTEF equiv) | - | Generic |
| methylprednisolone dose pack (MEDROL equiv) | - | Generic |
| methylprednisolone tab (MEDROL equiv) | - | Generic |
| PREDNISOLONE SOLN | - | Generic |
| prednisolone soln (PEDIAPRED equiv) | - | Generic |
| prednisone pack | - | Generic |
| PREDNISONE SOLN | - | Generic |
| prednisone tab (DELTASONE equiv) | - | Generic |
| **MINERALOCORTICOIDS** | | |
| fludrocortisone tab (FLORINEF equiv) | - | Generic |
| **COUGH/COLD/ALLERGY** | | |
| **ANTITUSSIVES** | | |
| benzonatate cap (TESSALON equiv) | - | Generic |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | Generic |
| tussigon tab (HYCODAN equiv) | - | Generic |
| **COUGH/COLD/ALLERGY COMBINATIONS** | | |

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

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

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 |
|---|---|---|
| **COUGH/COLD/ALLERGY Cont.** | | |
| ACTINEL LIQUID (QL= 1200ml/30 days) | QL | Brand |
| CAPMIST DM TAB (QL= 4 tabs/day) | QL | Brand |
| CODITUSSIN LIQUID DAC (QL= 1200ml/30 days) | QL | Brand |
| GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month) | OTC-QL | Brand |
| LORTUSS LIQUID (QL= 1200ml/30 days) | QL | Brand |
| MAR-COF CG LIQUID (QL= 473ml/month) | QL | Brand |
| M-END DMX LIQUID (QL= 1800ml/30 days) | QL | Brand |
| NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days) | QL | Brand |
| STAHIST AD TAB 25-60MG (QL= 4 tabs/day) | QL | Brand |
| ADVIL COLD/ TAB SINUS (QL= 240 tabs/30 days) | QL | Generic |
| cold/allergy elx children (QL= 2400ml/30 days) | QL | Generic |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month) | OTC-QL | Generic |
| HYD POL/CPM SUSP (QL= 10ml/day) | QL | Generic |
| hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) | - | Generic |
| ibuprofen tab cold/sinus (QL= 240 tabs/30 days) | QL | Generic |
| LORTUSS EX LIQUID (QL= 1200ml/30 days) | QL | Generic |
| promethazine DM syrup | - | Generic |
| PROMETHAZINE VC SYRUP | - | Generic |
| promethazine VC syrup (PHENERGAN VC equiv) | - | Generic |
| PROMETHAZINE VC/CODEINE SYRUP | - | Generic |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | Generic |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | Generic |
| triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day) | QL | Generic |
| trispec pse liquid (QL= 1200ml/30 days) | OTC-QL | Generic |
| tussin cf liquid (QL= 1200ml/30 days) | QL | Generic |
| **EXPECTORANTS** | | |
| potassium iodide oral soln (SSKI equiv) (QL= 90ml/30 days) | QL | Generic |
| **MISC. RESPIRATORY INHALANTS** | | |
| sodium chloride neb soln (HYPER-SAL equiv) | - | Generic |
| **MUCOLYTICS** | | |
| acetylcysteine soln (MUCOMYST equiv) | - | Generic |
| **DERMATOLOGICALS** | | |
| **ACNE PRODUCTS** | | |
| adapalene cream (DIFFERIN equiv) (QL= 360g/30 days) | QL | Generic |
| adapalene gel 0.3% (DIFFERIN equiv) (QL= 360g/30 days) | QL | Generic |
| amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv) | - | Generic |
| clindamycin gel (CLEOCIN GEL equiv) | - | Generic |
| clindamycin lotion (CLEOCIN- T equiv) | - | Generic |
| clindamycin pad (CLEOCIN-T equiv) | - | Generic |
| clindamycin topical soln (CLEOCIN-T equiv) | - | Generic |
| ERY PAD | - | Generic |
| erythromycin gel | - | Generic |
| erythromycin pad | - | Generic |
| erythromycin soln | - | Generic |
| sodium sulfacetamide lotion (KLARON equiv) | - | Generic |
| tretinoin cream (RETIN-A CREAM equiv) (QL= 360g/30 days) | QL | Generic |

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

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

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 |
|---|---|---|
| **DERMATOLOGICALS Cont.** | | |
| tretinoin gel (RETIN-A GEL equiv) (QL= 360g/30 days) | QL | Generic |
| **ANTIBIOTICS - TOPICAL** | | |
| gentamicin sulfate cream | - | Generic |
| gentamicin sulfate oint | - | Generic |
| mupirocin cream (BACTROBAN CREAM equiv) | - | Generic |
| mupirocin oint (BACTROBAN OINT equiv) | - | Generic |
| **ANTIFUNGALS - TOPICAL** | | |
| NAFTIFINE CREAM 1% | - | Brand |
| ciclopirox cream (LOPROX CREAM equiv) | - | Generic |
| ciclopirox gel (LOPROX GEL equiv) | - | Generic |
| ciclopirox nail soln (PENLAC SOLN equiv) | - | Generic |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | Generic |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | Generic |
| clotrimazole cream (LOTRIMIN AF CREAM equiv) | - | Generic |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | Generic |
| CLOTRIMAZOLE/BETAMETHASONE LOTION | - | Generic |
| clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv) | - | Generic |
| econazole cream (SPECTAZOLE equiv) | - | Generic |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv) | - | Generic |
| ketoconazole cream (NIZORAL CREAM equiv) | - | Generic |
| ketoconazole shampoo | - | Generic |
| nizoral a-d shampoo (NIZORAL equiv) | OTC | Generic |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | Generic |
| nystatin oint | - | Generic |
| nystatin topical powder | - | Generic |
| nystatin/triamcinolone cream | - | Generic |
| nystatin/triamcinolone oint | - | Generic |
| **ANTI-INFLAMMATORY AGENTS - TOPICAL** | | |
| diclofenac gel 1% (VOLTAREN equiv) | - | Generic |
| diclofenac soln 1.5% (PENNSAID equiv) | - | Generic |
| **ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL** | | |
| FLUOROURACIL SOLN | - | Brand |
| VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum 877-445-6874) | LD-PA-QL | Brand Specialty |
| diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month) | QL | Generic |
| fluorouracil cream (EFUDEX CREAM equiv) | - | Generic |
| fluorouracil soln (FLUOROURACIL equiv) | - | Generic |
| bexarotene gel (TARGRETIN equiv) (QL= 60g/30 days) | AMSP-PA-QL | Generic Specialty |
| **ANTIPSORIATICS** | | |
| COSENTYX INJ (1-PACK) (QL= 1 inj/28 days) | AMSP-PA-QL | Brand Specialty |
| COSENTYX INJ (2-PACK) (QL= 2 inj/56 days) | AMSP-PA-QL | Brand Specialty |
| COSENTYX INJ 300MG/2ML (QL= 1 inj/28 days) | AMSP-PA-QL | Brand Specialty |

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

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

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 |
|---|---|---|
| **DERMATOLOGICALS Cont.** | | |
| STELARA INJ (QL= 1 inj/84 days ) | AMSP-PA-QL | Brand Specialty |
| STELARA INJ (QL= 1 inj/84 days) | AMSP-PA-QL | Brand Specialty |
| TREMFYA INJ (QL= 1ml/56 days) | AMSP-PA-QL | Brand Specialty |
| TREMFYA INJ (QL= 2ml/28 days) | AMSP-PA-QL | Brand Specialty |
| calcipotriene cream (DOVONEX CREAM equiv) | - | Generic |
| calcipotriene oint | - | Generic |
| CALCIPOTRIENE SOLN | - | Generic |
| calcipotriene soln (DOVONEX SOLN equiv) | - | Generic |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | Generic |
| tazarotene cream 0.1% (TAZORAC equiv) (QL= 360g/30 days) | QL | Generic |
| tazarotene gel (TAZORAC equiv) (QL= 360g/30 days) | QL | Generic |
| **ANTISEBORRHEIC PRODUCTS** | | |
| selenium sulfide lotion | - | Generic |
| selenium sulfide shampoo (SELSEB equiv) | - | Generic |
| **BURN PRODUCTS** | | |
| SULFAMYLON CREAM | - | Brand |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | Generic |
| **CAUTERIZING AGENTS** | | |
| SILVER NITRATE SOLN | - | Brand |
| **CORTICOSTEROIDS - TOPICAL** | | |
| AMCINONIDE LOTION | - | Brand |
| HC BUTYRATE SOLN | - | Brand |
| MICORT-HC CREAM | - | Brand |
| PRAMOSONE CREAM 1-1% | - | Brand |
| PRAMOSONE E CREAM | - | Brand |
| PREDNICARBATE CREAM | - | Brand |
| PREDNICARBATE OIN | - | Brand |
| alclometasone cream (ACLOVATE equiv) | - | Generic |
| alclometasone oint (ACLOVATE OINT equiv) | - | Generic |
| AMCINONIDE CREAM 0.1% | - | Generic |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | Generic |
| betamethasone augmented gel | - | Generic |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | Generic |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | Generic |
| betamethasone diproprionate cream (DIPROSONE CREAM equiv) | - | Generic |
| betamethasone diproprionate lotion | - | Generic |
| betamethasone diproprionate oint (DIPROSONE OINT equiv) | - | Generic |
| betamethasone valerate cream | - | Generic |
| betamethasone valerate lotion | - | Generic |
| betamethasone valerate oint | - | Generic |
| clobetasol foam (OLUX equiv) | - | Generic |
| clobetasol lotion (CLOBEX equiv) | - | Generic |
| clobetasol propionate cream (TEMOVATE equiv) | - | Generic |

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

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

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

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

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

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 |
|---|---|---|
| **DERMATOLOGICALS Cont.** | | |
| **ECZEMA AGENTS** | | |
| DUPIXENT INJ (QL= 2 inj/28 days) | AMSP-PA-QL | Brand Specialty |
| DUPIXENT PEN INJ (QL= 2 inj/28 days) | AMSP-PA-QL | Brand Specialty |
| DUPIXENT PEN INJ (QL= 2 syringes/28 days) | AMSP-PA-QL | Brand Specialty |
| **EMOLLIENTS** | | |
| ammonium lactate cream (LAC-HYDRIN equiv) | - | Generic |
| ammonium lactate lotion (LAC-HYDRIN equiv) | - | Generic |
| **ENZYMES - TOPICAL** | | |
| SANTYL OINT (QL= 90gm/30 days) | QL | Brand |
| **IMMUNOMODULATING AGENTS - TOPICAL** | | |
| imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days) | QL | Generic |
| **IMMUNOSUPPRESSIVE AGENTS - TOPICAL** | | |
| tacrolimus oint (PROTOPIC OINT equiv) | - | Generic |
| **KERATOLYTIC/ANTIMITOTIC AGENTS** | | |
| PODOCON SOLN | - | Brand |
| PODOFILOX SOLN (QL= 0.5ml/day) | QL | Brand |
| podofilox soln (CONDYLOX equiv) | - | Generic |
| salicylic acid shampoo (SALEX equiv) | - | Generic |
| **LOCAL ANESTHETICS - TOPICAL** | | |
| LIDOCAINE GEL | - | Generic |
| lidocaine gel (GLYDO equiv) | - | Generic |
| lidocaine oint (QL= 8gm/day) | QL | Generic |
| lidocaine soln (XYLOCAINE equiv) | - | Generic |
| lidocaine/prilocaine cream (EMLA equiv) | - | Generic |
| **MISC. TOPICAL** | | |
| DRYSOL SOLN | - | Brand |
| **ROSACEA AGENTS** | | |
| azelaic acid gel (FINACEA equiv) | - | Generic |
| metronidazole cream (METROCREAM equiv) | - | Generic |
| metronidazole gel (METROGEL equiv) | - | Generic |
| metronidazole lotion (METROLOTION equiv) | - | Generic |
| **SCABICIDES & PEDICULICIDES** | | |
| SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month) | QL | Brand |
| malathion lotion (OVIDE equiv) | - | Generic |
| permethrin cream (ELIMITE CREAM equiv) | - | Generic |
| **DIAGNOSTIC PRODUCTS** | | |
| **DIAGNOSTIC DRUGS** | | |
| GLUCAGEN INJ | - | Brand |
| GLUCAGON DIAGNOSTIC INJ | - | Brand |
| **DIAGNOSTIC PRODUCTS, MISC.** | | |
| FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | DIAB 1 |

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

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

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 |
|---|---|---|
| **DIAGNOSTIC PRODUCTS Cont.** | | |
| **DIAGNOSTIC TESTS** | | |
| CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days) | QL | DIAB 1 |
| CONTOUR TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | DIAB 1 |
| FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | DIAB 1 |
| FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | DIAB 1 |
| FREESTYLE TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | DIAB 1 |
| FREESTYLE TEST STRIPS (QL= 300 strips/30 days) | QL | DIAB 1 |
| PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days) | OTC-QL | DIAB 1 |
| CUE HEALTH MIS MONITOR (QL= 1 kit/year) | QL | Preventive |
| **DIGESTIVE AIDS** | | |
| **DIGESTIVE ENZYMES** | | |
| CREON CAP | - | Brand |
| **DIURETICS** | | |
| **CARBONIC ANHYDRASE INHIBITORS** | | |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | Generic |
| acetazolamide tab | - | Generic |
| dichlorphenamide tab (KEVEYIS equiv) (QL= 4 tabs/day) | AMSP-PA-QL | Generic Specialty |
| **DIURETIC COMBINATIONS** | | |
| AMILORIDE/HCTZ TAB | - | Generic |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | Generic |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | Generic |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | Generic |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | Generic |
| **LOOP DIURETICS** | | |
| bumetanide tab (BUMEX equiv) | - | Generic |
| torsemide tab (DEMADEX equiv) | - | Generic |
| FUROSEMIDE SOLN | - | Value |
| furosemide soln (LASIX equiv) | - | Value |
| furosemide tab (LASIX equiv) | - | Value |
| **POTASSIUM SPARING DIURETICS** | | |
| amiloride tab (MIDAMOR equiv) | - | Generic |
| spironolactone tab (ALDACTONE equiv) | - | Value |
| **THIAZIDES AND THIAZIDE-LIKE DIURETICS** | | |
| DIURIL SUSP | - | Brand |
| CHLOROTHIAZIDE TAB | - | Generic |
| chlorothiazide tab (DIURIL equiv) | - | Generic |
| indapamide tab (LOZOL equiv) | - | Generic |
| METHYCLOTHIAZIDE TAB | - | Generic |
| metolazone tab (ZAROXOLYN equiv) | - | Generic |
| chlorthalidone tab | - | Value |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | Value |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | Value |
| **ENDOCRINE AND METABOLIC AGENTS - MISC.** | | |

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

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

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.

## ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.

| DrugName | Special Code | Tier |
|---|---|---|
| **BONE DENSITY REGULATORS** | | |
| PROLIA INJ | AMSP-PA | Brand Specialty |
| teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv) (QL= 2.4 units/28 days) | AMSP-PA-QL | Brand Specialty |
| TERIPARATIDE INJ 620MCG/2.48ML (QL= 2.48 units/28 days) | AMSP-PA-QL | Brand Specialty |
| TYMLOS INJ (QL= 1.56 units/30 days) | AMSP-PA-QL | Brand Specialty |
| alendronate sodium oral soln (FOSAMAX equiv) (QL= 300ml/28 days) | QL | Generic |
| calcitonin nasal spray (MIACALCIN equiv) | - | Generic |
| ibandronate tab 150mg (BONIVA equiv) | - | Generic |
| alendronate tab (FOSAMAX equiv) | - | Value |
| ALENDRONATE TAB 40MG | - | Value |
| **CORTICOTROPIN** | | |
| ACTHAR HP GEL INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | Brand Specialty |
| ACTHAR INJ 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | Brand Specialty |
| **FERTILITY REGULATORS** | | |
| CLOMID TAB | PA | INF |
| OVIDREL INJ | PA | INF |
| **GNRH/LHRH ANTAGONISTS** | | |
| cetrorelix acetate for inj kit (CETROTIDE equiv) | PA | INF |
| CETROTIDE KIT | PA | INF |
| **GROWTH HORMONE RECEPTOR ANTAGONISTS** | | |
| SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | Brand Specialty |
| **GROWTH HORMONES** | | |
| GENOTROPIN INJ 0.2MG (QL= 35 syringes/28 days) | AMSP-QL | Brand Specialty |
| GENOTROPIN INJ 0.4MG (QL= 35 syringes/28 days) | AMSP-QL | Brand Specialty |
| GENOTROPIN INJ 0.6MG (QL= 35 syringes/28 days) | AMSP-QL | Brand Specialty |
| GENOTROPIN INJ 0.8MG (QL= 35 syringes/28 days) | AMSP-QL | Brand Specialty |
| GENOTROPIN INJ 1.2MG (QL= 35 syringes/28 days) | AMSP-QL | Brand Specialty |
| GENOTROPIN INJ 1.4MG (QL= 35 syringes/28 days) | AMSP-QL | Brand Specialty |
| GENOTROPIN INJ 1.6MG (QL= 35 syringes/28 days) | AMSP-QL | Brand Specialty |
| GENOTROPIN INJ 1.8MG (QL= 35 syringes/28 days) | AMSP-QL | Brand Specialty |
| GENOTROPIN INJ 12MG (QL= 4 cartridges/28 days) | AMSP-QL | Brand Specialty |
| GENOTROPIN INJ 1MG (QL= 35 syringes/28 days) | AMSP-QL | Brand Specialty |

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

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

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.** | | |
| GENOTROPIN INJ 2MG (QL= 21 syringes/28 days) | AMSP-QL | Brand Specialty |
| GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days) | AMSP-QL | Brand Specialty |
| OMNITROPE INJ (QL= 9 cartridges/28 days) | AMSP-QL | Brand Specialty |
| OMNITROPE INJ 5.8MG (QL= 8 vials/28 days) | AMSP-QL | Brand Specialty |
| SKYTROFA INJ (QL= 4 inj/28 days) | AMSP-PA-QL | Brand Specialty |
| **HORMONE RECEPTOR MODULATORS** | | |
| OSPHENA TAB (QL= 30 tabs/30 days) | QL | Brand |
| raloxifene tab (EVISTA equiv) (QL= 1 tab/day) | QL | Preventive |
| **INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)** | | |
| INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD | Brand Specialty |
| **LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS** | | |
| SYNAREL NASAL SOLN | - | Brand |
| LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days) | AMSP-PA-QL | Brand Specialty |
| LUPRON DEPOT-PED INJ (1-MONTH) (QL= 1 syringe kit/30 days) | AMSP-PA-QL | Brand Specialty |
| LUPRON DEPOT-PED INJ (3-MONTH) (QL= 1 syringe kit/90 days) | AMSP-PA-QL | Brand Specialty |
| **METABOLIC MODIFIERS** | | |
| CYSTADANE POWDER (QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through AnovoRx 844-288-5007) | LD-QL-ST | Brand Specialty |
| STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479) | LD-PA | Brand Specialty |
| calcitriol cap (ROCALTROL equiv) | - | Generic |
| calcitriol soln (CALCITRIOL equiv) | - | Generic |
| cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day) | QL | Generic |
| cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day) | QL | Generic |
| cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day) | QL | Generic |
| levocarnitine soln (CARNITOR equiv) | - | Generic |
| levocarnitine tab (CARNITOR equiv) | - | Generic |
| paricalcitol cap (ZEMPLAR equiv) | - | Generic |
| betaine powder for oral solution (CYSTADANE equiv) (QL= 540 grams/30 days; Only available through Walgreens 888-347-3416) | LD-PA-QL | Generic Specialty |
| carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376) | LD-PA | Generic Specialty |
| 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 |

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

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

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.** | | |
| sodium phenylbutyrate powder (BUPHENYL equiv) | AMSP-PA | Generic Specialty |
| sodium phenylbutyrate tab (BUPHENYL equiv) | AMSP-PA | Generic Specialty |
| **POSTERIOR PITUITARY HORMONES** | | |
| STIMATE NASAL SOLN | - | Brand |
| desmopressin acetate nasal spray (DDAVP equiv) | - | Generic |
| desmopressin acetate tab (DDAVP equiv) | - | Generic |
| **PROGESTERONE RECEPTOR ANTAGONISTS** | | |
| mifepristone tab (MIFEPREX equiv) | - | Generic |
| **PROLACTIN INHIBITORS** | | |
| cabergoline tab (DOSTINEX equiv) | - | Generic |
| **SOMATOSTATIC AGENTS** | | |
| SANDOSTATIN LAR INJ KIT | AMSP | Brand Specialty |
| SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007) | LD-PA-QL | Brand Specialty |
| octreotide inj (SANDOSTATIN equiv) | AMSP-PA | Generic Specialty |
| OCTREOTIDE INJ 100MCG | AMSP-PA | Generic Specialty |
| **VASOPRESSIN RECEPTOR ANTAGONISTS** | | |
| JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty |
| JYNARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty |
| JYNARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty |
| 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 |
| **ESTROGENS** | | |
| **ESTROGEN COMBINATIONS** | | |
| PREMPHASE TAB, PREMPRO TAB | - | Brand |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | Generic |
| estradiol/norethindrone tab (ACTIVELLA equiv) | - | Generic |
| jinteli tab (FEMHRT equiv) | - | Generic |
| **ESTROGENS** | | |
| MENEST TAB | - | Brand |
| PREMARIN TAB | - | Brand |
| estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days) | QL | Generic |
| estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days) | QL | Generic |
| estradiol tab (ESTRACE equiv) | - | Generic |
| **FLUOROQUINOLONES** | | |
| **FLUOROQUINOLONES** | | |
| CIPRO SUSP | - | Generic |

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

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

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 |
|---|---|---|
| **FLUOROQUINOLONES Cont.** | | |
| ciprofloxacin susp (CIPRO equiv) | - | Generic |
| ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv) | - | Generic |
| levofloxacin oral soln 25mg/ml (LEVOFLOXACIN equiv) | - | Generic |
| levofloxacin tab (LEVAQUIN equiv) | - | Generic |
| moxifloxacin tab (AVELOX equiv) | - | Generic |
| ofloxacin tab (FLOXIN equiv) | - | Generic |
| **GASTROINTESTINAL AGENTS - MISC.** | | |
| **AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)** | | |
| TRULANCE TAB (QL= 30 tabs/30 days) | QL | Brand |
| **GALLSTONE SOLUBILIZING AGENTS** | | |
| RELTONE CAP (Step therapy requires trial of ursodiol tab) | ST | Generic |
| ursodiol cap (ACTIGALL equiv) | - | Generic |
| ursodiol tab (URSO (FORTE) equiv) | - | Generic |
| **GASTROINTESTINAL ANTIALLERGY AGENTS** | | |
| cromolyn conc (GASTROCROM equiv) | - | Generic |
| **GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS** | | |
| lubiprostone cap (AMITIZA equiv) (QL= 60 caps/30 days) | QL | Generic |
| **GASTROINTESTINAL STIMULANTS** | | |
| metoclopramide soln (REGLAN equiv) | - | Generic |
| metoclopramide tab (REGLAN equiv) | - | Generic |
| **INFLAMMATORY BOWEL AGENTS** | | |
| CIMZIA INJ (QL= 2 inj/28 days) | AMSP-PA-QL | Brand Specialty |
| ENTYVIO INJ (QL= 1.36ml/28 days; Only available through Optum 877-445-6874) | LD-PA-QL | Brand Specialty |
| balsalazide cap (COLAZAL equiv) | - | Generic |
| mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day) | QL | Generic |
| mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day) | QL | Generic |
| mesalamine enema (ROWASA equiv) (QL= 60mL/day) | QL | Generic |
| mesalamine ER cap (APRISO equiv) (QL= 8 caps/day) | QL | Generic |
| mesalamine supp (CANASA equiv) (QL= 1 supp/day) | QL | Generic |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | Generic |
| sulfasalazine tab (AZULFIDINE equiv) | - | Generic |
| **INTESTINAL ACIDIFIERS** | | |
| lactulose soln | - | Generic |
| **IRRITABLE BOWEL SYNDROME (IBS) AGENTS** | | |
| alosetron tab (LOTRONEX equiv) | - | Generic |
| **PERIPHERAL OPIOID RECEPTOR ANTAGONISTS** | | |
| MOVANTIK TAB (QL= 30 tabs/30 days) | PA-QL | Brand |
| SYMPROIC TAB (QL= 30 tabs/30 days) | PA-QL | Brand |
| **PHOSPHATE BINDER AGENTS** | | |
| PHOSLYRA SOLN | - | Brand |
| calcium acetate cap (PHOSLO equiv) | - | Generic |
| lanthanum carbonate chew tab (FOSRENOL equiv) (QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab) | QL-ST | Generic |

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

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

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 |
|---|---|---|
| **GASTROINTESTINAL AGENTS - MISC. Cont.** | | |
| lanthanum carbonate chew tab 500mg (FOSRENOL equiv) (QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab) | QL-ST | Generic |
| sevelamer hydrochloride tab (RENAGEL equiv) | - | Generic |
| sevelamer powder pak (RENVELA equiv) | - | Generic |
| sevelamer tab (RENVELA TAB equiv) | - | Generic |
| **GENITOURINARY AGENTS - MISCELLANEOUS** | | |
| **ALKALINIZERS** | | |
| ORACIT SOLN | - | Brand |
| CYTRA K CRYSTALS | - | Generic |
| CYTRA-3 SYRUP | - | Generic |
| potassium citrate CR tab (UROCIT-K TAB equiv) | - | Generic |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | Generic |
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | Generic |
| sodium citrate/citric acid soln (BICITRA equiv) | - | Generic |
| tricitrates soln (POLYCITRA-LC equiv) | - | Generic |
| **CYSTINOSIS AGENTS** | | |
| CYSTAGON CAP 150MG (Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04)) | LD-RDX | Brand Specialty |
| CYSTAGON CAP 50MG (QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04)) | LD-QL-RDX | Brand Specialty |
| **INTERSTITIAL CYSTITIS AGENTS** | | |
| ELMIRON CAP | - | Brand |
| **PROSTATIC HYPERTROPHY AGENTS** | | |
| alfuzosin SR tab (UROXATRAL equiv) | - | Generic |
| dutasteride cap (AVODART equiv) | - | Generic |
| finasteride tab (PROSCAR equiv) | - | Generic |
| tamsulosin cap (FLOMAX equiv) | - | Generic |
| **URINARY ANALGESICS** | | |
| phenazopyridine tab (PYRIDIUM equiv) | - | Generic |
| **URINARY STONE AGENTS** | | |
| tiopronin tab delayed release (THIOLA EC equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400) | LD-PA-QL | Brand Specialty |
| tiopronin tab (THIOLA equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400) | LD-PA-QL | Generic Specialty |
| **GOUT AGENTS** | | |
| **GOUT AGENT COMBINATIONS** | | |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | Generic |
| **GOUT AGENTS** | | |
| allopurinol tab (ZYLOPRIM equiv) | - | Generic |
| colchicine tab (COLCRYS equiv) (QL= 4 tabs/day) | QL | Generic |
| febuxostat tab (ULORIC equiv) (QL= 1 tab/day) | QL | Generic |
| **URICOSURICS** | | |
| probenecid tab (BENEMID equiv) | - | Generic |
| **HEMATOLOGICAL AGENTS - MISC.** | | |
| **ANTIHEMOPHILIC PRODUCTS** | | |

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

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

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 |
|---|---|---|
| **HEMATOLOGICAL AGENTS - MISC. Cont.** | | |
| AFSTYLA KIT (Only available through Walgreens 888-347-3416) | LD-PA | Brand Specialty |
| BENEFIX INJ | AMSP-PA | Brand Specialty |
| HEMLIBRA INJ | AMSP-PA | Brand Specialty |
| REBINYN INJ (Only available through Walgreens 888-347-3416) | LD | Brand Specialty |
| **BRADYKININ B2 RECEPTOR ANTAGONISTS** | | |
| icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days) | AMSP-PA-QL | Generic Specialty |
| icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days; Only available through Accredo 888-773-7376) | AMSP-PA-QL-LD | Generic Specialty |
| **COMPLEMENT INHIBITORS** | | |
| HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty |
| HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty |
| **HEMATORHEOLOGIC AGENTS** | | |
| pentoxifylline ER tab (TRENTAL equiv) | - | Generic |
| **PLASMA KALLIKREIN INHIBITORS** | | |
| TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty |
| TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty |
| TAKHZYRO INJ 150MG/ML (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty |
| **PLATELET AGGREGATION INHIBITORS** | | |
| anagrelide cap (AGRYLIN equiv) | - | Generic |
| cilostazol tab (PLETAL equiv) | - | Generic |
| clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days) | QL | Generic |
| clopidogrel tab 75mg (PLAVIX equiv) | - | Generic |
| dipyridamole tab (PERSANTINE equiv) | - | Generic |
| prasugrel tab (EFFIENT equiv) (QL= 1 tab/day) | QL | Generic |
| **HEMATOPOIETIC AGENTS** | | |
| **AGENTS FOR GAUCHER DISEASE** | | |
| CERDELGA CAP (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA | Brand Specialty |
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523) | LD-PA | Generic Specialty |
| **AGENTS FOR SICKLE CELL ANEMIA** | | |
| DROXIA CAP | - | Brand |
| **AGENTS FOR SICKLE CELL DISEASE** | | |
| l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps) | AMSP-QL-ST | Generic Specialty |
| **COBALAMINS** | | |
| cyanocobalamin inj | - | Generic |

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

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

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 |
|---|---|---|
| **HEMATOPOIETIC AGENTS Cont.** | | |
| **FOLIC ACID/FOLATES** | | |
| folic acid cap (Covered at $0 for females only; All other members covered at generic copay) | - | Preventive |
| folic acid tab 1mg (Covered at $0 for females only; All other members covered at generic copay) | - | Preventive |
| folic acid tab 400mcg (Covered for females only) | OTC | Preventive |
| folic acid tab 800mcg (Covered for females only) | OTC | Preventive |
| **HEMATOPOIETIC GROWTH FACTORS** | | |
| ARANESP INJ (QL= 4 syringes/30 days) | AMSP-QL | Brand Specialty |
| ARANESP INJ (QL= 4 vials/30 days) | AMSP-QL | Brand Specialty |
| DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty |
| FULPHILA INJ (QL= 2 syringes/28 days) | AMSP-QL | Brand Specialty |
| NYVEPRIA INJ (QL= 2 inj/28 days) | AMSP-QL | Brand Specialty |
| PROMACTA POWDER (QL= 6 packets/day) | AMSP-PA-QL | Brand Specialty |
| PROMACTA TAB (QL= 2 tabs/day) | AMSP-PA-QL | Brand Specialty |
| RETACRIT INJ (QL= 12 vials/30 days) | AMSP-QL | Brand Specialty |
| RETACRIT INJ (QL= 4 vials/30 days) | AMSP-QL | Brand Specialty |
| ZARXIO INJ (QL= 15 syringes/30 days) | AMSP-QL | Brand Specialty |
| ZARXIO INJ 480/0.8 (QL= 15 syringes/30 days) | AMSP-QL | Brand Specialty |
| **HEMATOPOIETIC MIXTURES** | | |
| NEPHRON FA TAB | - | Brand |
| multigen plus tab (CHROMAGEN FORTE equiv) | - | Generic |
| multigen tab (CHROMAGEN equiv) | - | Generic |
| **HEMOSTATICS** | | |
| **HEMOSTATICS - SYSTEMIC** | | |
| tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days) | QL | Generic |
| aminocaproic acid soln (AMICAR equiv) | AMSP | Generic Specialty |
| **HYPNOTICS** | | |
| **NON-BARBITURATE HYPNOTICS** | | |
| zolpidem tab (AMBIEN equiv) (QL= 1 tab/day) | QL | Generic |
| **HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS** | | |
| **ANTIHISTAMINE HYPNOTICS** | | |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | Generic |
| **BARBITURATE HYPNOTICS** | | |

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

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

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 |
|---|---|---|
| **HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.** | | |
| phenobarbital elixir | - | Generic |
| phenobarbital tab | - | Generic |
| **NON-BARBITURATE HYPNOTICS** | | |
| estazolam tab (PROSOM equiv) | - | Generic |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | Generic |
| midazolam hcl syrup | - | Generic |
| midazolam inj (MIDAZOLAM equiv) | - | Generic |
| temazepam cap 15mg (RESTORIL equiv) | - | Generic |
| temazepam cap 30mg (RESTORIL equiv) | - | Generic |
| triazolam tab (HALCION equiv) | - | Generic |
| zaleplon cap (SONATA equiv) (QL= 1 cap/day) | QL | Generic |
| zaleplon cap 10mg (SONATA equiv) (QL= 2 caps/day) | QL | Generic |
| zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day) | QL | Generic |
| **SELECTIVE MELATONIN RECEPTOR AGONISTS** | | |
| tasimelteon capsule (HETLIOZ equiv) | AMSP-PA | Generic Specialty |
| **LAXATIVES** | | |
| **LAXATIVE COMBINATIONS** | | |
| SUFLAVE SOLN (QL= 2 fills/year) | QL | Brand |
| sodium/potassium/magnesium soln (SUPREP equiv) (QL= 2 fills/year) | QL | Generic |
| GAVILYTE-C SOLN (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | Preventive |
| peg 3350/electrolytes soln (COLYTE equiv) (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | Preventive |
| trilyte soln (NULYTELY equiv) (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay) | QL | Preventive |
| **LAXATIVES - MISCELLANEOUS** | | |
| lactulose soln | - | Generic |
| **MACROLIDES** | | |
| **AZITHROMYCIN** | | |
| ZITHROMAX POWDER PACK | - | Brand |
| azithromycin susp (ZITHROMAX equiv) | - | Generic |
| azithromycin tab (ZITHROMAX equiv) | - | Generic |
| **CLARITHROMYCIN** | | |
| CLARITHROMYC SUSP | - | Brand |
| clarithromycin ER tab (BIAXIN XL equiv) | - | Generic |
| clarithromycin tab (BIAXIN equiv) | - | Generic |
| **ERYTHROMYCINS** | | |
| ERYTHROMYCIN EC CAP | - | Brand |
| PCE TAB | - | Brand |
| erythromycin DR cap (ERYC equiv) | - | Generic |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | Generic |
| erythromycin tab (ERY-TAB equiv) | - | Generic |
| erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE) | - | Generic |
| **FIDAXOMICIN** | | |

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

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

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 |
|---|---|---|
| **MACROLIDES Cont.** | | |
| DIFICID SUSP (QL= 136 mL/30 days) | QL | Brand |
| DIFICID TAB (QL= 20 tabs/30 days) | QL | Brand |
| **MEDICAL DEVICES** | | |
| **PARENTERAL THERAPY SUPPLIES** | | |
| HYPODERMIC NEEDLES | OTC | Brand |
| **MEDICAL DEVICES AND SUPPLIES** | | |
| **CONTRACEPTIVES** | | |
| CERVICAL CAP | - | Preventive |
| DIAPHRAGM | - | Preventive |
| FEMALE CONDOMS | OTC | Preventive |
| **DIABETIC SUPPLIES** | | |
| CALIBRATION LIQUID | OTC | Brand |
| DEXCOM G7 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product) | QL-ST | Brand |
| DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product) | QL-ST | Brand |
| FREESTYLE LIBRE 3 READER (QL= 1 receiver/1 year) | QL | Brand |
| OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year) | QL | Brand |
| OMNIPOD 5 G7 MIS PODS (QL= 15 pods/30 days) | QL | Brand |
| OMNIPOD GO KIT 10 UNITS/DAY (QL= 10 pods/30 days) | QL | Brand |
| OMNIPOD GO KIT 15 UNITS/DAY (QL= 10 pods/30 days) | QL | Brand |
| OMNIPOD GO KIT 20 UNITS/DAY (QL= 10 pods/30 days) | QL | Brand |
| OMNIPOD GO KIT 25 UNITS/DAY (QL= 10 pods/30 days) | QL | Brand |
| OMNIPOD GO KIT 30 UNITS/DAY (QL= 10 pods/30 days) | QL | Brand |
| OMNIPOD GO KIT 35 UNITS/DAY (QL= 10 pods/30 days) | QL | Brand |
| OMNIPOD GO KIT 40 UNITS/DAY (QL= 10 pods/30 days) | QL | Brand |
| DEXCOM G6 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product) | QL-ST | DIAB 1 |
| DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product) | QL-ST | DIAB 1 |
| DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product) | QL-ST | DIAB 1 |
| FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year) | PA-QL | DIAB 1 |
| FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product) | QL-ST | DIAB 1 |
| FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product) | QL-ST | DIAB 1 |
| FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product) | QL-ST | DIAB 1 |
| FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product) | QL-ST | DIAB 1 |
| LANCET KIT | OTC | DIAB 1 |
| LANCETS | OTC | DIAB 1 |
| OMNIPOD 5 G6 INTRO KIT (QL= 1 kit/year) | QL | DIAB 1 |
| OMNIPOD 5 G6 KIT (QL= 1 kit/year) | QL | DIAB 1 |
| OMNIPOD 5 G6 MIS PODS (QL= 15 pods/30 days) | QL | DIAB 1 |
| OMNIPOD 5 G6 PODS MISC (QL= 15 pods/30 days) | QL | DIAB 1 |
| OMNIPOD 5 PACK PODS (QL= 15 pods/30 days) | QL | DIAB 1 |
| OMNIPOD DASH KIT (QL= 1 kit/year) | QL | DIAB 1 |
| OMNIPOD DASH PODS (QL= 15 pods/30 days) | QL | DIAB 1 |
| OMNIPOD STARTER KIT (QL= 1 kit/year) | QL | DIAB 1 |
| **PARENTERAL THERAPY SUPPLIES** | | |

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

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

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 |
|---|---|---|
| **MEDICAL DEVICES AND SUPPLIES Cont.** | | |
| HYPODERMIC NEEDLES | OTC | Brand |
| SAFETY SYRINGE | - | Brand |
| SYRINGE LUER-LOK | OTC | Brand |
| TB SYRINGE | - | Brand |
| B-D INSULIN SYRINGE | --OTC | DIAB 1 |
| BD NEEDLES | OTC | DIAB 1 |
| B-D PEN NEEDLE | OTC | DIAB 1 |
| NOVOFINE PEN NEEDLE | OTC | DIAB 1 |
| NOVOTWIST PEN NEEDLE | OTC | DIAB 1 |
| **RESPIRATORY THERAPY SUPPLIES** | | |
| AEROCHAMBER (QL= 1 device/365 days) | QL | Brand |
| **MIGRAINE PRODUCTS** | | |
| **CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG** | | |
| UBRELVY TAB (QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptan ODT, sumatriptan tab) | QL-ST | Brand |
| **MIGRAINE COMBINATIONS** | | |
| ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP | - | Brand |
| ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB | - | Brand |
| MIGERGOT SUPP (QL= 20 supp/28 days) | QL | Brand |
| acetaminophen/isometheptene/dichloral cap (MIDRIN equiv) | - | Generic |
| isometheptene/caffeine/acetaminophen tab (PRODRIN equiv) | - | Generic |
| PRODRIN TAB | - | Generic |
| **MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES** | | |
| AIMOVIG INJ (QL= 1 pack/28 days) | PA-QL | Brand |
| AJOVY INJ (QL= 1 inj/28 days) | PA-QL | Brand |
| EMGALITY INJ (QL= 1 inj/28 days) | PA-QL | Brand |
| **SEROTONIN AGONISTS** | | |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days) | QL | Brand |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days) | QL | Generic |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days) | QL | Generic |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days) | QL | Generic |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/30 days; Step therapy requires trial of two: naratriptan tab, rizatriptan tab, rizatriptan ODT, or sumatriptan tab) | QL-ST | Generic |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days) | QL | Generic |
| zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days) | QL | Generic |
| **MINERALS & ELECTROLYTES** | | |
| **FLUORIDE** | | |
| FLORIVA DROPS | - | Brand |
| 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 |

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

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

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 |
|---|---|---|
| **MINERALS & ELECTROLYTES Cont.** | | |
| **PHOSPHATE** | | |
| potassium phosphate monobasic tab (K-PHOS equiv) (QL= 8 tabs/day) | QL | Generic |
| **POTASSIUM** | | |
| K-TAB | - | Generic |
| POT/CHLORIDE EFFER TAB | - | Generic |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | Generic |
| potassium chloride ER cap (MICRO-K equiv) | - | Generic |
| potassium chloride ER tab (K-TAB equiv) | - | Generic |
| potassium chloride micro tab (K-DUR equiv) | - | Generic |
| POTASSIUM CHLORIDE TAB ER | - | Generic |
| **SODIUM** | | |
| sodium chloride inj | - | Generic |
| **MISCELLANEOUS THERAPEUTIC CLASSES** | | |
| **CHELATING AGENTS** | | |
| penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days) | QL | Generic |
| trientine cap 250mg (SYPRINE equiv) | - | Generic |
| **IMMUNOMODULATORS** | | |
| lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Only available through Onco360 877-662-6633) | LD-PA-QL | Generic Specialty |
| **IMMUNOSUPPRESSIVE AGENTS** | | |
| MYHIBBIN SUSP | - | Brand |
| **POTASSIUM REMOVING AGENTS** | | |
| LOKELMA PAK (QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone) | QL-ST | Brand |
| **MOUTH/THROAT/DENTAL AGENTS** | | |
| **ANESTHETICS TOPICAL ORAL** | | |
| LIDOCAINE ORAL SOLN 4% | - | Brand |
| lidocaine viscous soln 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv) | - | Generic |
| **ANTI-INFECTIVES - THROAT** | | |
| clotrimazole troches (MYCELEX TROCHES equiv) | - | Generic |
| nystatin susp | - | Generic |
| **ANTISEPTICS - MOUTH/THROAT** | | |
| chlorhexidine gluconate soln (PERIDEX equiv) | - | Generic |
| **DENTAL PRODUCTS** | | |
| sodium fluoride gel (PREVIDENT equiv) | - | Generic |
| sodium fluoride paste (PREVIDENT equiv) | - | Generic |
| sodium fluoride rinse (PREVIDENT equiv) | - | Generic |
| PREVIDENT 5000 PLUS CREAM (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay) | - | Preventive |
| sodium fluoride cream (PREVIDENT equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay) | - | Preventive |
| **STEROIDS - MOUTH/THROAT** | | |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | Generic |
| **THROAT PRODUCTS - MISC.** | | |

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

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

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 |
|---|---|---|
| **MOUTH/THROAT/DENTAL AGENTS Cont.** | | |
| cevimeline cap (EVOXAC equiv) | - | Generic |
| pilocarpine tab (SALAGEN equiv) | - | Generic |
| **MULTIVITAMINS** | | |
| **B-COMPLEX W/ FOLIC ACID** | | |
| DIALYVITE TAB | - | Generic |
| DIALYVITE/ZINC TAB | - | Generic |
| FOLBEE PLUS CZ TAB | - | Generic |
| **PED MV W/ FLUORIDE** | | |
| ADC/FLUORIDE DROP | - | Preventive |
| FLORIVA PLUS DROPS | - | Preventive |
| pediatric multiple vitamins/fluoride soln | - | Preventive |
| **PRENATAL VITAMINS** | | |
| CONCEPT DHA CAP | - | Brand |
| PRENATABS RX TAB | - | Brand |
| PRENATAL 19 CHEW TAB | - | Brand |
| PRENATAL 19 TAB | - | Brand |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | - | Brand |
| VP-PNV-DHA CAP | - | Generic |
| **MUSCULOSKELETAL THERAPY AGENTS** | | |
| **CENTRAL MUSCLE RELAXANTS** | | |
| BACLOFEN TAB 5MG | - | Brand |
| baclofen tab (BACLOFEN equiv) | - | Generic |
| carisoprodol tab (SOMA equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER) | QL-ST | Generic |
| chlorzoxazone tab (QL= 4 tabs/day) | QL | Generic |
| chlorzoxazone tab 500mg | - | Generic |
| cyclobenzaprine tab (FLEXERIL equiv) | - | Generic |
| methocarbamol tab (ROBAXIN equiv) | - | Generic |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | Generic |
| tizanidine tab (ZANAFLEX equiv) | - | Generic |
| **MUSCLE RELAXANT COMBINATIONS** | | |
| CARISOPRODOL/ASPIRIN TAB | - | Generic |
| carisoprodol/aspirin tab (SOMA COMPOUND equiv) | - | Generic |
| CARISOPRODOL/ASPIRIN/CODEINE TAB | - | Generic |
| carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv) | - | Generic |
| **NASAL AGENTS - SYSTEMIC AND TOPICAL** | | |
| **NASAL ANTICHOLINERGICS** | | |
| ipratropium nasal spray (ATROVENT equiv) | - | Generic |
| **SYMPATHOMIMETIC DECONGESTANTS** | | |
| pseudoephedrine ER tab 120mg (QL= 2 tabs/day) | QL | Generic |
| pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days) | QL | Generic |
| pseudoephedrine tab 30mg (QL= 8 tabs/day) | QL | Generic |

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

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

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 |
|---|---|---|
| **NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.** | | |
| pseudoephedrine tab 60mg (QL= 4 tabs/day) | QL | Generic |
| **NEUROMUSCULAR AGENTS** | | |
| **ALS AGENTS** | | |
| EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479) | LD-PA-QL | Brand Specialty |
| RADICAVA ORS SUSP (QL= 70ml/28 days; Only available through Accredo 800-803-2523) | LD-PA-QL | Brand Specialty |
| TIGLUTIK SUSP (Only available through AnovoRx 844-288-5007) | LD-PA | Brand Specialty |
| riluzole tab (RILUTEK equiv) | AMSP | Generic Specialty |
| **OPHTHALMIC AGENTS** | | |
| **BETA-BLOCKERS - OPHTHALMIC** | | |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | - | Brand |
| METIPRANOLOL OPHTH SOLN | - | Brand |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | Generic |
| CARTEOLOL OPHTH SOLN | - | Generic |
| carteolol ophth soln (OCUPRESS equiv) | - | Generic |
| dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln) | ST | Generic |
| dorzolamide/timolol ophth soln (COSOPT equiv) | - | Generic |
| LEVOBUNOLOL OPHTH SOLN | - | Generic |
| levobunolol ophth soln (BETAGAN equiv) | - | Generic |
| timolol maleate ophth soln 0.25% (TIMOPTIC equiv) | - | 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 | Brand |
| **CYCLOPLEGIC MYDRIATICS** | | |
| HOMATROPINE OPHTH SOLN | - | Brand |
| atropine ophth oint | - | Generic |
| atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days) | QL | Generic |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | Generic |
| phenylephrine ophth soln (MYDFRIN equiv) | - | Generic |
| tropicamide ophth soln (MYDRIACYL equiv) | - | Generic |
| **MIOTICS** | | |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | Generic |
| **OPHTHALMIC ADRENERGIC AGENTS** | | |
| brimonidine ophth soln 0.2% (ALPHAGAN equiv) | - | Generic |
| **OPHTHALMIC ANTI-INFECTIVES** | | |
| BACITRACIN OPHTH OINT | - | Brand |
| NATACYN OPHTH SUSP (QL= 45ml/30 days) | QL | Brand |
| SULFACETAMIDE SODIUM OPHTH OINT | - | Brand |
| ZIRGAN OPHTH GEL | - | Brand |
| XDEMVY DROP (QL= 10 units/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Claim requires DX of Demodex blepharitis (acariasis or unspecified blepharitis)) | LD-QL-RDX | Brand Specialty |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | Generic |

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

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

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 |
|---|---|---|
| **OPHTHALMIC AGENTS Cont.** | | |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | Generic |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | Generic |
| erythromycin ophth oint | - | Generic |
| GENTAK OPHTH OINT | - | Generic |
| gentamicin ophth soln (GARAMYCIN equiv) | - | Generic |
| levofloxacin ophth soln (QUIXIN equiv) | - | Generic |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | Generic |
| NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN | - | Generic |
| ofloxacin ophth soln (OCUFLOX equiv) | - | Generic |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | Generic |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | Generic |
| tobramycin ophth soln (TOBREX equiv) | - | Generic |
| TRIFLURIDINE OPHTH SOLN | - | Generic |
| **OPHTHALMIC IMMUNOMODULATORS** | | |
| cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days) | QL | Generic |
| **OPHTHALMIC LOCAL ANESTHETICS** | | |
| proparacaine ophth soln (ALCAINE equiv) | - | Generic |
| tetracaine ophth soln | - | Generic |
| **OPHTHALMIC STEROIDS** | | |
| BLEPHAMIDE OPHTH SOLN | - | Brand |
| FLAREX OPHTH SUSP | - | Brand |
| LOTEMAX OPHTH OINT 0.5% (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%) | ST | Brand |
| LOTEMAX SM GEL | - | Brand |
| MAXIDEX OPHTH SOLN | - | Brand |
| NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN | - | Brand |
| PRED MILD OPHTH SOLN | - | Brand |
| PRED-G OPHTH SOLN | - | Brand |
| TOBRADEX OPHTH OINT | - | Brand |
| ZYLET OPHTH SUSP | - | Brand |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | Generic |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | Generic |
| loteprednol ophth susp (LOTEMAX equiv) | - | Generic |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | Generic |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | Generic |
| PREDNISOLONE OPHTH SUSP | - | Generic |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | Generic |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | Generic |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | Generic |
| **OPHTHALMICS - MISC.** | | |
| ACULAR (LS) OPHTH SOLN | - | Brand |
| ACUVAIL OPHTH SOLN | - | Brand |
| ALOCRIL OPHTH SOLN | - | Brand |
| FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln) | ST | Brand |
| ZERVIATE OPHTH SOLN (QL= 30 single use containers/30 days) | QL | Brand |

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

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

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 |
|---|---|---|
| **OPHTHALMIC AGENTS Cont.** | | |
| CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416) | LD-QL-RDX | Brand Specialty |
| azelastine ophth soln (OPTIVAR equiv) | - | Generic |
| cromolyn ophth soln (CROLOM equiv) | - | Generic |
| CROMOLYN SODIUM OPHTH SOLN | - | Generic |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | Generic |
| dorzolamide ophth soln (TRUSOPT equiv) | - | Generic |
| ketorolac ophth soln .05% (ACULAR (LS) equiv) | - | Generic |
| **PROSTAGLANDINS - OPHTHALMIC** | | |
| IYUZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln) | QL-ST | Brand |
| bimatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln) | QL-ST | Generic |
| tafluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days) | QL | Generic |
| travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln) | QL-ST | Generic |
| latanoprost ophth soln (XALATAN equiv) | - | Value |
| **OTIC AGENTS** | | |
| **OTIC AGENTS - MISCELLANEOUS** | | |
| acetic acid otic soln (VOSOL equiv) | - | Generic |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | - | Generic |
| **OTIC ANTI-INFECTIVES** | | |
| CIPROFLOXACIN OTIC SOLN | - | Brand |
| ofloxacin otic soln (FLOXIN equiv) | - | Generic |
| **OTIC COMBINATIONS** | | |
| antipyrine/benzocaine otic soln (AURALGAN equiv) | - | Generic |
| ciporofloxacin/dexamethasone otic susp (CIPRODEX equiv) | - | Generic |
| neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv) | - | Generic |
| neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv) | - | Generic |
| otomax-HC otic soln (CORTANE-B equiv) | - | Generic |
| **OTIC STEROIDS** | | |
| fluocinolone otic oil (DERMOTIC equiv) | - | Generic |
| **OXYTOCICS** | | |
| **OXYTOCICS** | | |
| methylergonovine tab (METHERGINE equiv) | - | Generic |
| **PASSIVE IMMUNIZING AGENTS** | | |
| **IMMUNE SERUMS** | | |
| HIZENTRA INJ, VIVAGLOBIN INJ (Only available through Emerging Health 971-290-2010) | LD-PA | Brand Specialty |
| **PASSIVE IMMUNIZING AGENTS - COMBINATIONS** | | |
| HYQVIA INJ (Only available through Walgreens 888-347-3416) | LD-PA | Brand Specialty |
| **PASSIVE IMMUNIZING AND TREATMENT AGENTS** | | |
| **IMMUNE SERUMS** | | |
| CUVITRU INJ (Only available through AllianceRx Walgreens Prime 855-244-2555) | LD-PA | Brand Specialty |

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

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

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 |
|---|---|---|
| **PASSIVE IMMUNIZING AND TREATMENT AGENTS Cont.** | | |
| HIZENTRA INJ (Only available through Emerging Health 971-290-2010) | LD-PA | Brand Specialty |
| **MONOCLONAL ANTIBODIES** | | |
| SYNAGIS INJ (QL= 2 inj/28 days) | LMSP-PA-QL | Brand Specialty |
| **PENICILLINS** | | |
| **AMINOPENICILLINS** | | |
| amoxicillin cap (TRIMOX equiv) | - | Generic |
| amoxicillin chew tab (AMOXIL equiv) | - | Generic |
| AMOXICILLIN CHEW TAB 250MG | - | Generic |
| amoxicillin susp (TRIMOX equiv) | - | Generic |
| amoxicillin tab (AMOXIL equiv) | - | Generic |
| ampicillin cap (AMPICILLIN equiv) | - | Generic |
| **NATURAL PENICILLINS** | | |
| penicillin vk tab (VEETIDS equiv) | - | Generic |
| **PENICILLIN COMBINATIONS** | | |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | Generic |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | Generic |
| **PENICILLINASE-RESISTANT PENICILLINS** | | |
| dicloxacillin cap (DYNAPEN equiv) | - | Generic |
| **PHARMACEUTICAL ADJUVANTS** | | |
| **SEMI SOLID VEHICLES** | | |
| POLYETHYLENE GLYCOL 8000 GRANULES | - | Brand |
| **PROGESTINS** | | |
| **PROGESTINS** | | |
| hydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days) | AMSP-PA-QL | Brand Specialty |
| medroxyprogesterone tab (PROVERA equiv) | - | Generic |
| megestrol ES susp (MEGACE ES equiv) | - | Generic |
| MEGESTROL SUSP | - | Generic |
| norethindrone tab (AYGESTIN equiv) | - | Generic |
| progesterone cap (PROMETRIUM equiv) | - | Generic |
| progesterone oil inj | - | Generic |
| **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.** | | |
| **AGENTS FOR CHEMICAL DEPENDENCY** | | |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | Generic |
| disulfiram tab (ANTABUSE equiv) | - | Generic |
| lofexidine hcl tab (LUCEMYRA equiv) (QL= 224 tabs/fill, 1 fill/month) | QL | Generic |
| **ANTIDEMENTIA AGENTS** | | |
| NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab) | QL-ST | Brand |
| NAMZARIC CAP (QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er) | QL-ST | Brand |
| donepezil ODT (ARICEPT equiv) | - | Generic |
| donepezil tab 10mg (ARICEPT equiv) (QL= 1 tab/day) | QL | Generic |
| donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day) | QL | Generic |
| donepezil tab 5mg (ARICEPT equiv) (QL= 1 tab/day) | QL | Generic |

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

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

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 |
|---|---|---|
| **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.** | | |
| galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day) | QL | Generic |
| GALANTAMINE SOLN | - | Generic |
| galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days) | QL | Generic |
| memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab) | QL-ST | Generic |
| memantine tab (NAMENDA equiv) | - | Generic |
| memantine titrapak (NAMENDA equiv) (QL= 49 tabs/28 days) | QL | Generic |
| rivastigmine cap (EXELON equiv) | - | Generic |
| **COMBINATION PSYCHOTHERAPEUTICS** | | |
| CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB | - | Brand |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | Generic |
| **HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS** | | |
| ADDYI TAB (QL= 30 tabs/30 days) | QL | Brand |
| VYLEESI INJ (QL= 8 syringes/28 days) | QL | Brand |
| **MOVEMENT DISORDER DRUG THERAPY** | | |
| tetrabenazine tab (XENAZINE equiv) | AMSP-PA | Generic Specialty |
| **MULTIPLE SCLEROSIS AGENTS** | | |
| AVONEX INJ (QL= 1 kit/28 days) | AMSP-QL | Brand Specialty |
| AVONEX INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer) | AMSP-QL-ST | Brand Specialty |
| KESIMPTA INJ (QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer) | AMSP-QL-ST | Brand Specialty |
| REBIF INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer) | AMSP-QL-ST | Brand Specialty |
| VUMERITY CAP (QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer) | AMSP-QL-ST | Brand Specialty |
| dalfampridine ER tab (AMPYRA equiv) | AMSP-PA | Generic Specialty |
| dimethyl fumarate DR cap (TECFIDERA equiv) (QL= 60 caps/30 days) | AMSP-QL | Generic Specialty |
| dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= 60 caps/30 days) | AMSP-QL | Generic Specialty |
| fingolimod hcl cap (GILENYA equiv) (QL= 30 caps/30 days) | AMSP-QL | Generic Specialty |
| glatiramer inj 20mg/ml (COPAXONE equiv) (QL= 30 syringes/30 days) | AMSP-QL | Generic Specialty |
| glatiramer inj 40mg/ml (COPAXONE equiv) (QL= 12 syringes/28 days) | AMSP-QL | Generic Specialty |
| teriflunomide tab (AUBAGIO equiv) (QL= 30 tabs/30 days) | AMSP-QL | Generic Specialty |
| **PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS** | | |
| FLUOXETINE TAB | - | Brand |
| FLUOXETINE CAP (PMDD) | - | Value |
| **PSEUDOBULBAR AFFECT (PBA) AGENTS** | | |
| NUEDEXTA CAP (QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA) | QL-ST | Brand |
| **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.** | | |
| PIMOZIDE TAB | - | Brand |

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

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

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.

## PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.

### SMOKING DETERRENTS

| DrugName | Special Code | Tier |
|---|---|---|
| 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 gum (NICORETTE equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventive |
| NICOTINE KIT (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventive |
| nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year) | OTC-QL-SMKG | Preventive |
| nicotine 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 (VARENICLINE equiv) (Limited to 180 days/plan year) | QL-SMKG | Preventive |
| ZYBAN TAB (Limited to 180 days/plan year) | QL-SMKG | Preventive |

## RESPIRATORY AGENTS - MISC.

### CYSTIC FIBROSIS AGENTS

| | | |
|---|---|---|
| KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty |
| KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty |
| ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty |
| PULMOZYME INH SOLN (QL= 30 ampules/30 days) | AMSP-QL-RDX | Brand Specialty |
| SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | Brand Specialty |

### PULMONARY FIBROSIS AGENTS

| | | |
|---|---|---|
| OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416) | LD-PA-QL-SF | Brand Specialty |
| pirfenidone cap (ESBRIET equiv) (QL= 3 caps/day) | AMSP-PA-QL-SF | Generic Specialty |

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

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

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 |
|---|---|---|
| **RESPIRATORY AGENTS - MISC. Cont.** | | |
| pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day) | AMSP-PA-QL-SF | Generic Specialty |
| PIRFENIDONE TAB 534MG (QL= 4 tabs/day; Only available through Lumicera 855-847-3553) | LD-PA-QL-SF | Generic Specialty |
| pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day) | AMSP-PA-QL-SF | Generic Specialty |
| **SULFONAMIDES** | | |
| **SULFONAMIDES** | | |
| sulfadiazine tab (SULFADIAZINE equiv) (QL= 8 tabs/day) | QL | Generic |
| **TETRACYCLINES** | | |
| **TETRACYCLINE COMBINATIONS** | | |
| NICAZELDOXY KIT | - | Brand |
| **TETRACYCLINES** | | |
| demeclocycline tab (DECLOMYCIN equiv) | - | Generic |
| doxycycline hyclate cap (QL= 2 caps/day) | QL | Generic |
| doxycycline hyclate cap 50mg (VIBRAMYCIN equiv) (QL= 2 caps/day) | QL | Generic |
| doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate) | QL-ST | Generic |
| doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day) | QL | Generic |
| doxycycline monohydrate cap 100mg (MONODOX equiv) | - | Generic |
| doxycycline monohydrate cap 50mg (MONODOX equiv) | - | Generic |
| doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day) | QL | Generic |
| doxycycline susp (VIBRAMYCIN equiv) | - | Generic |
| minocycline cap (MINOCIN equiv) | - | Generic |
| tetracycline cap | - | Generic |
| **THYROID AGENTS** | | |
| **ANTITHYROID AGENTS** | | |
| methimazole tab (TAPAZOLE equiv) | - | Generic |
| propylthiouracil tab | - | Generic |
| **THYROID HORMONES** | | |
| levothyroxine tab (SYNTHROID equiv) | - | Generic |
| liothyronine tab (CYTOMEL equiv) | - | Generic |
| **TOXOIDS** | | |
| **TOXOID COMBINATIONS** | | |
| ADACEL/BOOSTRIX INJ | VAC | Preventive |
| INFANRIX INJ | VAC | Preventive |
| TETANUS/DIPHTHERIA TOXOID INJ | VAC | Preventive |
| VAXELIS INJ | VAC | Preventive |
| **ULCER DRUGS** | | |
| **ANTISPASMODICS** | | |
| BELLADONNA ALKALOID/OPIUM SUPP | - | Brand |
| PROPANTHELINE TAB | - | Brand |

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

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

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 |
|---|---|---|
| **ULCER DRUGS Cont.** | | |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | Generic |
| dicyclomine cap (BENTYL equiv) | - | Generic |
| dicyclomine soln (BENTYL equiv) | - | Generic |
| dicyclomine tab (BENTYL equiv) | - | Generic |
| glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day) | QL | Generic |
| glycopyrrolate tab (ROBINUL equiv) | - | Generic |
| methscopolamine tab (PAMINE equiv) | - | Generic |
| **H-2 ANTAGONISTS** | | |
| cimetidine soln (CIMETIDINE equiv) | - | Generic |
| cimetidine tab (TAGAMET equiv) | - | Generic |
| nizatidine cap (AXID equiv) | - | Generic |
| ranitidine cap (ZANTAC equiv) | - | Generic |
| ranitidine syrup (ZANTAC equiv) | - | Generic |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | Generic |
| **MISC. ANTI-ULCER** | | |
| sucralfate tab (CARAFATE equiv) | - | Generic |
| **ULCER DRUGS - PROSTAGLANDINS** | | |
| misoprostol tab (CYTOTEC equiv) | - | Generic |
| **ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS** | | |
| **H-2 ANTAGONISTS** | | |
| NIZATIDINE CAP | - | Brand |
| **MISC. ANTI-ULCER** | | |
| sucralfate susp (CARAFATE equiv) | - | Generic |
| **URINARY ANTISPASMODICS** | | |
| **URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)** | | |
| oxybutynin ER tab (DITROPAN XL equiv) | - | Generic |
| oxybutynin syrup | - | Generic |
| oxybutynin tab (DITROPAN equiv) | - | Generic |
| solifenacin tab (VESICARE equiv) (QL= 1 tab/day) | QL | Generic |
| **URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS** | | |
| bethanechol tab (URECHOLINE equiv) | - | Generic |
| **VACCINES** | | |
| **BACTERIAL VACCINES** | | |
| BEXSERO INJ | VAC | Preventive |
| BIOTHRAX INJ | - | Preventive |
| CAPVAXIVE INJ (QL= 0.5 mL/fill; Covered for ages 19 years and older) | QL-VAC | Preventive |
| MENACTRA INJ | VAC | Preventive |
| MENHIBRIX INJ | VAC | Preventive |
| MENOMUNE INJ | VAC | Preventive |

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

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

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 |
|---|---|---|
| **VACCINES Cont.** | | |
| MENQUADFI INJ | VAC | Preventive |
| MENVEO INJ | VAC | Preventive |
| MENVEO SOLN | VAC | Preventive |
| PENBRAYA INJ (Covered for members age 10 through 25 years) | - | Preventive |
| PNEUMOVAX INJ | VAC | Preventive |
| PREVNAR 13 INJ | VAC | Preventive |
| PREVNAR 20 INJ | VAC | Preventive |
| TRUMENBA INJ | VAC | Preventive |
| TYPHOID VI MULTI-DOSE | - | Preventive |
| VAXCHORA SUSP | VAC | Preventive |
| VAXNEUVANCE INJ | VAC | Preventive |
| VIVOTIF CAP | - | Preventive |
| **VIRAL VACCINES** | | |
| ABRYSVO INJ (QL= 1 inj/fill, 1 fill/lifetime) | QL-VAC | Preventive |
| ACAM2000 INJ | - | Preventive |
| AFLURIA INJ (QL= 0.5ml/fill) | QL-VAC | Preventive |
| AFLURIA INJ, FLUZONE INJ | VAC | Preventive |
| AREXVY INJ (QL= 1 inj/day, 1 fill/lifetime; Covered for members 60 years of age and older) | 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 |

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

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

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

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

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

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 |
|---|---|---|
| **VACCINES Cont.** | | |
| IPOL INJ | - | Preventive |
| IXCHIQ INJ | VAC | Preventive |
| IXIARO INJ | - | Preventive |
| JYNNEOS INJ | - | Preventive |
| M-M-R II INJ | VAC | Preventive |
| MRESVIA INJ (QL= 0.5 mL/fill; Covered for ages 60 years 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 |
| STAMARIL INJ | - | Preventive |
| TWINRIX INJ | VAC | Preventive |
| VARIVAX INJ | VAC | Preventive |
| YF-VAX INJ | - | Preventive |
| **VAGINAL AND RELATED PRODUCTS** | | |
| **MISCELLANEOUS VAGINAL PRODUCTS** | | |
| INTRAROSA SUPP (QL= 28 inserts/28 days ) | QL | Brand |
| **VAGINAL CONTRACEPTIVE - PH MODULATORS** | | |
| PHEXXI GEL (QL= 180gm/30 days) | QL | Preventive |
| **VAGINAL ESTROGENS** | | |
| IMVEXXY SUPP | - | Brand |
| **VAGINAL PRODUCTS** | | |
| **SPERMICIDES** | | |
| CONTRACEPTIVE FILM | OTC | Preventive |
| CONTRACEPTIVE FOAM | OTC | Preventive |

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

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

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 |
|---|---|---|
| **VAGINAL PRODUCTS Cont.** | | |
| CONTRACEPTIVE GEL | OTC | Preventive |
| CONTRACEPTIVE SUPP | OTC | Preventive |
| TODAY SPONGE | OTC | Preventive |
| **VAGINAL ANTI-INFECTIVES** | | |
| AVC VAGINAL CREAM | - | Brand |
| NUVESSA VAGINAL GEL, VANDAZOLE GEL (QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln) | QL-ST | Brand |
| clindamycin vaginal cream (CLEOCIN equiv) (QL= 1 tube/fill) | QL | Generic |
| metronidazole vaginal gel (METROGEL equiv) | - | Generic |
| terconazole cream (TERAZOL equiv) | - | Generic |
| TERCONAZOLE CREAM 0.8% | - | Generic |
| terconazole supp (TERAZOL equiv) | - | Generic |
| **VAGINAL ESTROGENS** | | |
| ESTRING (QL= 1 ring/90 days; 3 copays per Rx) | QL | Brand |
| PREMARIN VAGINAL CREAM | - | Brand |
| estradiol cream (ESTRACE equiv) | - | Generic |
| estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) | - | Generic |
| **VAGINAL PROGESTINS** | | |
| ENDOMETRIN INSERT | PA | Brand |
| **VASOPRESSORS** | | |
| **ANAPHYLAXIS THERAPY AGENTS** | | |
| epinephrine inj (ADRENALIN equiv) | - | Generic |
| 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 |
| SYMJEPI INJ (QL= 2 inj/fill) | QL | Value |
| **NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS** | | |
| droxidopa cap (NORTHERA equiv) | AMSP | Generic Specialty |
| **VASOPRESSORS** | | |
| EPINEPHRINE INJ | - | Brand |
| midodrine tab (PROAMATINE equiv) | - | Generic |
| **VITAMINS** | | |
| **OIL SOLUBLE VITAMINS** | | |
| phytonadione tab (MEPHYTON equiv) | - | Generic |
| vitamin D cap (RX strength only) | - | Generic |
| **WATER SOLUBLE VITAMINS** | | |
| POTABA POWDER PACKET | - | Brand |

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

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

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

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|---|
| abiraterone acetate tab 500mg | Generic Specialty |
| abiraterone tab 250mg | Generic Specialty |
| ACTEMRA ACTPEN INJ | Brand Specialty |
| ACTEMRA SC INJ | Brand Specialty |
| ACTHAR HP GEL INJ | Brand Specialty |
| ACTHAR INJ 80UNIT | Brand Specialty |
| ADALIMUMAB-ADAZ INJ 40MG/0.4ML | Brand Specialty |
| AFSTYLA KIT | Brand Specialty |
| AIMOVIG INJ | Brand |
| AJOVY INJ | Brand |
| ALECENSA CAP | Brand Specialty |
| ALUNBRIG TAB 30MG | Brand Specialty |
| ALUNBRIG TAB 90MG, 180MG | Brand Specialty |
| ambrisentan tab | Generic Specialty |
| BARACLUDE SOLN | Brand Specialty |
| BENEFIX INJ | Brand Specialty |
| betaine powder for oral solution | Generic Specialty |
| bexarotene cap | Generic Specialty |
| bexarotene gel | Generic Specialty |
| bosentan tab | Generic Specialty |
| BOSULIF CAP | Brand Specialty |
| BOSULIF TAB | Brand Specialty |
| CABOMETYX TAB | Brand Specialty |
| CALQUENCE CAP | Brand Specialty |
| CALQUENCE TAB | Brand Specialty |
| CAPRELSA TAB 100MG | Brand Specialty |
| CAPRELSA TAB 300MG | Brand Specialty |
| carglumic acid tab | Generic Specialty |
| CERDELGA CAP | Brand Specialty |
| cetrorelix acetate for inj kit | INF |
| CETROTIDE KIT | INF |
| CIMZIA INJ | Brand Specialty |
| CLOMID TAB | INF |
| COMETRIQ KIT | Brand Specialty |
| COSENTYX INJ (1-PACK) | Brand Specialty |
| COSENTYX INJ (2-PACK) | Brand Specialty |
| COSENTYX INJ 300MG/2ML | Brand Specialty |
| COTELLIC TAB | Brand Specialty |
| CUVITRU INJ | Brand Specialty |
| dalfampridine ER tab | Generic Specialty |
| dasatinib tab | Generic Specialty |
| deferasirox granules packet | Generic Specialty |

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

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|---|
| deferasirox tab | Generic Specialty |
| deferasirox tab 90mg, 360mg | Generic Specialty |
| deferiprone tab | Generic Specialty |
| deferiprone tab 1000mg | Generic Specialty |
| deflazacort susp | Brand Specialty |
| deflazacort tab | Brand Specialty |
| DESCOVY TAB | Brand |
| dichlorphenamide tab | Generic Specialty |
| DOPTELET TAB | Brand Specialty |
| DUPIXENT INJ | Brand Specialty |
| DUPIXENT PEN INJ | Brand Specialty |
| EMGALITY INJ | Brand |
| ENBREL INJ | Brand Specialty |
| ENBREL INJ 25MG | Brand Specialty |
| ENBREL INJ 50MG | Brand Specialty |
| ENBREL MINI INJ | Brand Specialty |
| ENBREL SURECLICK INJ 50MG | Brand Specialty |
| ENDOMETRIN INSERT | Brand |
| ENTYVIO INJ | Brand Specialty |
| EPIDIOLEX SOLN | Brand Specialty |
| ERIVEDGE CAP | Brand Specialty |
| ERLEADA TAB | Brand Specialty |
| ERLEADA TAB 240MG | Brand Specialty |
| erlotinib tab 100mg | Generic Specialty |
| erlotinib tab 150mg | Generic Specialty |
| erlotinib tab 25mg | Generic Specialty |
| everolimus tab | Generic Specialty |
| everolimus tab for oral susp | Generic Specialty |
| EXSERVAN FILM | Brand Specialty |
| FREESTYLE LIBRE 2 RECEIVER | DIAB 1 |
| gefitinib tab | Generic Specialty |
| GILOTRIF TAB | Brand Specialty |
| HADLIMA INJ 40MG/0.4ML | Brand Specialty |
| HADLIMA INJ 40MG/0.8ML | Brand Specialty |
| HADLIMA PUSH INJ 40MG/0.4ML | Brand Specialty |
| HADLIMA PUSH INJ 40MG/0.8ML | Brand Specialty |
| HAEGARDA INJ 2000U | Brand Specialty |
| HAEGARDA INJ 3000U | Brand Specialty |
| HEMLIBRA INJ | Brand Specialty |
| HIZENTRA INJ | Brand Specialty |
| HIZENTRA INJ, VIVAGLOBIN INJ | Brand Specialty |
| HYCAMTIN CAP | Brand Specialty |

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

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|---|
| HYDROXYPROGESTERONE CAPROATE INJ | Brand Specialty |
| HYQVIA INJ | Brand Specialty |
| icatibant inj | Generic Specialty |
| ICLUSIG TAB | Brand Specialty |
| imatinib tab 100mg | Generic Specialty |
| imatinib tab 400mg | Generic Specialty |
| IMBRUVICA CAP 140MG | Brand Specialty |
| IMBRUVICA CAP 70MG | Brand Specialty |
| IMBRUVICA SUSP | Brand Specialty |
| IMBRUVICA TAB | Brand Specialty |
| INLYTA TAB | Brand Specialty |
| ivabradine hcl tab | Generic |
| JAKAFI TAB | Brand Specialty |
| JUXTAPID CAP | Brand Specialty |
| JYNARQUE PAK | Brand Specialty |
| JYNARQUE TAB 15MG | Brand Specialty |
| JYNARQUE TAB 30MG | Brand Specialty |
| KALYDECO PAK | Brand Specialty |
| KALYDECO TAB | Brand Specialty |
| KISQALI PAK | Brand Specialty |
| KISQALI TAB | Brand Specialty |
| lamivudine tab 100mg | Generic Specialty |
| lapatinib ditosylate tab | Generic Specialty |
| lenalidomide cap | Generic Specialty |
| LENVIMA CAP | Brand Specialty |
| LEUPROLIDE INJ | Brand Specialty |
| LONSURF TAB | Brand Specialty |
| LUPRON DEPOT INJ | Brand Specialty |
| LUPRON DEPOT INJ PED | Brand Specialty |
| LUPRON DEPOT-PED INJ (1-MONTH) | Brand Specialty |
| LUPRON DEPOT-PED INJ (3-MONTH) | Brand Specialty |
| LYNPARZA CAP | Brand Specialty |
| LYNPARZA TAB | Brand Specialty |
| MEKINIST SOLN | Brand Specialty |
| MEKINIST TAB 0.5MG | Brand Specialty |
| MEKINIST TAB 2MG | Brand Specialty |
| mifepristone tab | Generic Specialty |
| miglustat cap | Generic Specialty |
| MOVANTIK TAB | Brand |
| nilutamide tab | Generic Specialty |
| NINLARO CAP | Brand Specialty |
| nitisinone cap | Generic Specialty |

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

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|---|
| NUBEQA TAB | Brand Specialty |
| NUCALA INJ | Brand Specialty |
| octreotide inj | Generic Specialty |
| OCTREOTIDE INJ 100MCG | Generic Specialty |
| ODOMZO CAP | Brand Specialty |
| OFEV CAP | Brand Specialty |
| OPSUMIT TAB | Brand Specialty |
| ORENITRAM TAB | Brand Specialty |
| ORKAMBI GRANULES PACKET | Brand Specialty |
| ORKAMBI TAB | Brand Specialty |
| OTEZLA STARTER PACK | Brand Specialty |
| OTEZLA TAB | Brand Specialty |
| OVIDREL INJ | INF |
| pazopanib hcl tab | Generic Specialty |
| PEGASYS INJ | Brand Specialty |
| pirfenidone cap | Generic Specialty |
| pirfenidone tab 267mg | Generic Specialty |
| PIRFENIDONE TAB 534MG | Generic Specialty |
| pirfenidone tab 801mg | Generic Specialty |
| POMALYST CAP | Brand Specialty |
| PROLIA INJ | Brand Specialty |
| PROMACTA POWDER | Brand Specialty |
| PROMACTA TAB | Brand Specialty |
| PURIXAN SUSP | Brand Specialty |
| pyrimethamine tab | Generic Specialty |
| RADICAVA ORS SUSP | Brand Specialty |
| REPATHA INJ | Brand |
| REPATHA PUSHTRONEX INJ | Brand |
| roflumilast tab | Generic |
| RUBRACA TAB | Brand Specialty |
| sapropterin dihydrochloride powder packet | Generic Specialty |
| sapropterin dihydrochloride soluble tab | Generic Specialty |
| SIGNIFOR INJ | Brand Specialty |
| sildenafil susp | Generic Specialty |
| simvastatin tab 80mg | Preventive |
| SKYTROFA INJ | Brand Specialty |
| sodium phenylbutyrate powder | Generic Specialty |
| sodium phenylbutyrate tab | Generic Specialty |
| SOMAVERT INJ | Brand Specialty |
| sorafenib tosylate tab | Brand Specialty |
| STELARA INJ | Brand Specialty |
| STIVARGA TAB | Brand Specialty |

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

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|---|
| STRENSIQ INJ | Brand Specialty |
| sunitinib malate cap | Generic Specialty |
| SYMDEKO TAB | Brand Specialty |
| SYMPROIC TAB | Brand |
| SYNAGIS INJ | Brand Specialty |
| SYNRIBO INJ | Brand Specialty |
| TAFINLAR CAP | Brand Specialty |
| TAFINLAR TAB | Brand Specialty |
| TAGRISSO TAB | Brand Specialty |
| TAKHZYRO INJ | Brand Specialty |
| TAKHZYRO INJ 150MG/ML | Brand Specialty |
| TASIGNA CAP | Brand Specialty |
| tasimelteon capsule | Generic Specialty |
| teriparatide (recombinant) soln pen-inj 600mcg/2.4ml | Brand Specialty |
| TERIPARATIDE INJ 620MCG/2.48ML | Brand Specialty |
| TESTOSTERONE GEL 1% 25MG | Brand |
| TESTOSTERONE GEL PUMP | Brand |
| tetrabenazine tab | Generic Specialty |
| TIGLUTIK SUSP | Brand Specialty |
| tiopronin tab | Generic Specialty |
| tiopronin tab delayed release | Brand Specialty |
| tobramycin neb soln | Generic Specialty |
| tolvaptan tab | Generic Specialty |
| tolvaptan tab 15mg | Generic Specialty |
| TRACLEER TAB 32MG | Brand Specialty |
| TREMFYA INJ | Brand Specialty |
| treprostinil inj 10mg/ml | Generic Specialty |
| treprostinil inj 1mg/ml | Generic Specialty |
| treprostinil inj 2.5mg/ml | Generic Specialty |
| treprostinil inj 5mg/ml | Generic Specialty |
| TYMLOS INJ | Brand Specialty |
| TYVASO DPI POWDER 16-32-48MCG | Brand Specialty |
| TYVASO DPI POWDER 16-32MCG | Brand Specialty |
| TYVASO DPI POWDER 32-48MCG | Brand Specialty |
| TYVASO DPI POWDER | Brand Specialty |
| TYVASO INH SOLN | Brand Specialty |
| TYZEKA TAB | Brand Specialty |
| UPTRAVI TAB | Brand Specialty |
| VALCHLOR GEL | Brand Specialty |
| VENCLEXTA STARTER PACK | Brand Specialty |
| VENCLEXTA TAB | Brand Specialty |
| VENTAVIS INH SOLN | Brand Specialty |

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

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

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---|---|
| VERZENIO TAB | Brand Specialty |
| vigabatrin powder pack | Generic Specialty |
| vigabatrin tab | Generic Specialty |
| VOSEVI TAB | Brand Specialty |
| VOTRIENT TAB | Brand Specialty |
| XALKORI CAP | Brand Specialty |
| XALKORI SPRINKLE CAP | Brand Specialty |
| XELJANZ SOLN | Brand Specialty |
| XELJANZ TAB | Brand Specialty |
| XELJANZ XR TAB | Brand Specialty |
| XOLAIR INJ | Brand Specialty |
| XOLAIR INJ 150MG/ML | Brand Specialty |
| XOLAIR INJ 300MG/2ML | Brand Specialty |
| XOLAIR INJ 75MG/0.5ML | Brand Specialty |
| ZEJULA CAP | Brand Specialty |
| ZEJULA TAB | Brand Specialty |
| ZELBORAF TAB | Brand Specialty |
| ZOLINZA CAP | Brand Specialty |
| ZYDELIG TAB | Brand Specialty |
| ZYKADIA CAP | Brand Specialty |
| ZYKADIA TAB | Brand Specialty |

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

## Over-the-Counter (OTC) Medications

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

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.

- 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 | ACTEMRA ACTPEN INJ | ACTEMRA SC INJ | ACTHAR HP GEL INJ |
| ACTHAR INJ 80UNIT | ADALIMUMAB-ADAZ INJ 40MG/0.4ML | adefovir dipivoxil tab | AFSTYLA KIT |
| ALECENSA CAP | ALUNBRIG TAB 30MG | ALUNBRIG TAB 90MG, 180MG | ambrisentan tab |
| aminocaproic acid soln | apomorphine inj | ARANESP INJ | ARISTADA 675MG/2.4ML IN |
| ARISTADA INJ | AVONEX INJ | BARACLUDE SOLN | BENEFIX INJ |
| betaine powder for oral solution | bexarotene cap | bexarotene gel | bosentan tab |
| BOSULIF CAP | BOSULIF TAB | CABOMETYX TAB | CALQUENCE CAP |
| CALQUENCE TAB | capecitabine tab | CAPRELSA TAB 100MG | CAPRELSA TAB 300MG |
| carglumic acid tab | CAYSTON INH SOLN | CERDELGA CAP | CIMZIA INJ |
| COMETRIQ KIT | COSENTYX INJ (1-PACK) | COSENTYX INJ (2-PACK) | COSENTYX INJ 300MG/2ML |
| COTELLIC TAB | CUVITRU INJ | CYSTADANE POWDER | CYSTAGON CAP 150MG |
| CYSTAGON CAP 50MG | CYSTARAN OPHTH SOLN | dalfampridine ER tab | dasatinib tab |
| deferasirox granules packet | deferasirox tab | deferasirox tab 90mg, 360mg | deferiprone tab |
| deferiprone tab 1000mg | deflazacort susp | deflazacort tab | dichlorphenamide tab |
| dimethyl fumarate DR cap | dimethyl fumarate DR starter pack | DOPTELET TAB | droxidopa cap |
| DUPIXENT INJ | DUPIXENT PEN INJ | ENBREL INJ | ENBREL INJ 25MG |
| ENBREL INJ 50MG | ENBREL MINI INJ | ENBREL SURECLICK INJ 50MG | ENTYVIO INJ |
| EPIDIOLEX SOLN | EPIVIR HBV SOLN | ERIVEDGE CAP | ERLEADA TAB |
| ERLEADA TAB 240MG | erlotinib tab 100mg | erlotinib tab 150mg | erlotinib tab 25mg |
| everolimus tab | everolimus tab for oral susp | EXSERVAN FILM | fingolimod hcl cap |
| FULPHILA INJ | FUZEON INJ | gefitinib tab | GENOTROPIN INJ 0.2MG |
| GENOTROPIN INJ 0.4MG | GENOTROPIN INJ 0.6MG | GENOTROPIN INJ 0.8MG | GENOTROPIN INJ 1.2MG |
| GENOTROPIN INJ 1.4MG | GENOTROPIN INJ 1.6MG | GENOTROPIN INJ 1.8MG | GENOTROPIN INJ 12MG |
| GENOTROPIN INJ 1MG | GENOTROPIN INJ 2MG | GENOTROPIN INJ 5MG | GILOTRIF TAB |
| glatiramer inj 20mg/ml | glatiramer inj 40mg/ml | HADLIMA INJ 40MG/0.4ML | HADLIMA INJ 40MG/0.8ML |
| HADLIMA PUSH INJ 40MG/0.4ML | HADLIMA PUSH INJ 40MG/0.8ML | HAEGARDA INJ 2000U | HAEGARDA INJ 3000U |
| haloperidol decanoate inj | HEMLIBRA INJ | HEXALEN CAP | HIZENTRA INJ |
| HIZENTRA INJ, VIVAGLOBIN INJ | HYCAMTIN CAP | HYDROXYPROGESTERONE CAPROATE INJ | HYQVIA INJ |
| icatibant inj | ICLUSIG TAB | imatinib tab 100mg | imatinib tab 400mg |

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.

IMBRUVICA CAP 140MG
IMBRUVICA CAP 70MG
IMBRUVICA SUSP
IMBRUVICA TAB
IMPAVIDO CAP
INCRELEX INJ
INLYTA TAB
INTRON-A INJ
INVEGA HAFYERA INJ
INVEGA INJ
JAKAFI TAB
JUXTAPID CAP
JYNARQUE PAK
JYNARQUE TAB 15MG
JYNARQUE TAB 30MG
KALYDECO PAK
KALYDECO TAB
KESIMPTA INJ
KISQALI PAK
KISQALI TAB
lamivudine tab 100mg
lapatinib ditosylate tab
LEDIPASVIR/SOFOSBUVIR TAB
lenalidomide cap
LENVIMA CAP
LEUPROLIDE INJ
l-glutamine powder packet
LONSURF TAB
LUPRON DEPOT INJ
LUPRON DEPOT INJ PED
LUPRON DEPOT-PED INJ (1-MONTH)
LUPRON DEPOT-PED INJ (3-MONTH)
LYNPARZA CAP
LYNPARZA TAB
LYSODREN TAB
MATULANE CAP
MAVYRET PAK
MAVYRET TAB
MEKINIST SOLN
MEKINIST TAB 0.5MG
MEKINIST TAB 2MG
MELPHALAN TAB
MESNEX TAB
mifepristone tab
miglustat cap
MYLERAN TAB
nilutamide tab
NINLARO CAP
nitisinone cap
NUBEQA TAB
NUCALA INJ
NYVEPRIA INJ
octreotide inj
OCTREOTIDE INJ 100MCG
ODOMZO CAP
OFEV CAP
OMNITROPE INJ
OMNITROPE INJ 5.8MG
OPSUMIT TAB
ORENITRAM TAB
ORKAMBI GRANULES PACKET
ORKAMBI TAB
OTEZLA STARTER PACK
OTEZLA TAB
pazopanib hcl tab
PEGASYS INJ
PEG-INTRON INJ
PERSERIS INJ
pirfenidone cap
pirfenidone tab 267mg
PIRFENIDONE TAB 534MG
pirfenidone tab 801mg
POMALYST CAP
PROLIA INJ
PROMACTA POWDER
PROMACTA TAB
PULMOZYME INH SOLN
PURIXAN SUSP
pyrimethamine tab
RADICAVA ORS SUSP
REBETOL SOLN
REBIF INJ
REBINYN INJ
RETACRIT INJ
RIBAPAK TAB
ribavirin cap
RIBAVIRIN TAB
riluzole tab
risperidone microspheres inj
RUBRACA TAB
SANDOSTATIN LAR INJ KIT
sapropterin dihydrochloride powder packet
sapropterin dihydrochloride soluble tab
SIGNIFOR INJ
sildenafil susp
SIRTURO TAB
SKYTROFA INJ
sodium phenylbutyrate powder
sodium phenylbutyrate tab
SOFOSBUVIR/VELPATASVIR TAB
SOMAVERT INJ
sorafenib tosylate tab
STELARA INJ
STIVARGA TAB
STRENSIQ INJ
sunitinib malate cap
SYMDEKO TAB
SYNAGIS INJ
SYNRIBO INJ
TABLOID TAB
TAFINLAR CAP
TAFINLAR TAB
TAGRISSO TAB
TAKHZYRO INJ
TAKHZYRO INJ 150MG/ML
TASIGNA CAP
tasimelteon capsule
temozolomide cap
teriflunomide tab
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml
TERIPARATIDE INJ 620MCG/2.48ML
tetrabenazine tab
THALOMID CAP
TIGLUTIK SUSP
tiopronin tab
tiopronin tab delayed release
tobramycin neb soln
tolvaptan tab
tolvaptan tab 15mg
TRACLEER TAB 32MG
TREMFYA INJ
treprostinil inj 10mg/ml
treprostinil inj 1mg/ml
treprostinil inj 2.5mg/ml
treprostinil inj 5mg/ml
tretinoin cap
TYMLOS INJ
TYVASO DPI POWDER 16-32-48MCG
TYVASO DPI POWDER 16-32MCG
TYVASO DPI POWDER 32-48MCG
TYVASO DPI POWDER
TYVASO INH SOLN
TYZEKA TAB
UPTRAVI TAB
VALCHLOR GEL
VEMLIDY TAB
VENCLEXTA STARTER PACK
VENCLEXTA TAB
VENTAVIS INH SOLN
VERZENIO TAB
vigabatrin powder pack
vigabatrin tab
VISTOGARD PAK
VIVITROL INJ
VOSEVI TAB
VOTRIENT TAB
VUMERITY CAP
XALKORI CAP
XALKORI SPRINKLE CAP
XDEMVY DROP
XELJANZ SOLN
XELJANZ TAB
XELJANZ XR TAB
XOLAIR INJ

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.

XOLAIR INJ 150MG/ML
XOLAIR INJ 300MG/2ML
XOLAIR INJ 75MG/0.5ML
ZARXIO INJ
ZARXIO INJ 480/0.8
ZEJULA CAP
ZEJULA TAB
ZELBORAF TAB
ZOLINZA CAP
ZYDELIG TAB
ZYKADIA CAP
ZYKADIA TAB
ZYPREXA RELPREVV INJ

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 Step Therapy.

**Step Therapy (ST) Medications**

| Drug Name | Step Therapy Requirements |
|---|---|
| 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; Step Therapy requires trial of ondansetron |
| arformoterol tartrate neb soln | QL= 120ml/30 days; Step therapy requires trial of albuterol neb soln OR levalbuterol neb soln |
| ASPRUZYO SPRINKLE GRANULES | QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab |
| AVONEX INJ | QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer |
| bimatoprost ophth soln | QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln |
| candesartan tab | Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz |
| candesartan/hydrochlorothiazide tab | Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz |
| CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB | Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug |
| carisoprodol tab | QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER |
| CYSTADANE POWDER | QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through AnovoRx 844-288-5007 |
| DEXCOM G6 RECEIVER | QL= 1 receiver/year; Step therapy requires trial of one insulin product |
| DEXCOM G6 SENSOR | QL= 3 sensors/30 days; Step therapy requires trial of one insulin product |
| DEXCOM G6 TRANSMITTER | QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product |
| DEXCOM G7 RECEIVER | QL= 1 receiver/year; Step therapy requires trial of one insulin product |
| DEXCOM G7 SENSOR | QL= 3 sensors/30 days; Step therapy requires trial of one insulin product |
| DEXPAK TAB | Step Therapy requires trial of dexamethasone |
| dorzolamide/timolol (pf) ophth soln | Step Therapy requires trial of dorzolamide/timolol ophth soln |
| doxycycline hyclate DR tab 100mg | QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate |
| EOHILIA SUS 2MG/10ML | Step therapy requires trial of fluticasone MDI AND budesonide vials; Diagnosis Restricted – Eosinophilic esophagitis (K20.0) |
| FLURBIPROFEN OPHTH SOLN | Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln |
| 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 |
| 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 |
| FREESTYLE LIBRE 2 SENSOR | QL= 2 sensors/28 days; 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 |

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.

## Step Therapy (ST)

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

### Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---|---|
| FREESTYLE LIBRE SENSOR (14-DAY) | QL= 2 sensors/28 days; Step therapy requires trial of one insulin product |
| GLYXAMBI TAB | QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab |
| IYUZEH OPHTH DROPS | QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophl soln |
| KESIMPTA INJ | QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer |
| lanthanum carbonate chew tab | QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab |
| lanthanum carbonate chew tab 500mg | QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab |
| LEVEMIR FLEXTOUCH INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo |
| LEVEMIR INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo |
| l-glutamine powder packet | QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps |
| LOKELMA PAK | QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone |
| LOTEMAX OPHTH OINT 0.5% | Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1% |
| memantine ER cap | QL= 1 cap/day; Step Therapy requires trial of memantine tab |
| morphine sulfate ER cap 100mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| morphine sulfate ER cap 30mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| NAMENDA XR TITRATION PACK | QL= 28 caps/28 days; Step Therapy requires trial of memantine tab |
| NAMZARIC CAP | QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er |
| NUEDEXTA CAP | QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA |
| NUVESSA VAGINAL GEL, VANDAZOLE GEL | QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln |
| OXYCODONE ER TAB 10MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 15MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 20MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 30MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 40MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 60MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 80MG | QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| REBIF INJ | QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer |
| RELTONE CAP | Step therapy requires trial of ursodiol tab |
| RIBAPAK TAB | Step Therapy requires trial of ribavirin |
| SIMVASTATIN SUSP | QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin |

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.

## Step Therapy (ST)

- 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 |
| sumatriptan nasal spray | QL= 6 sprays/30 days; Step therapy requires trial of two: naratriptan tab, rizatriptan tab, rizatriptan ODT, or sumatriptan tab |
| toremifene tab | Step Therapy requires trial of tamoxifen |
| travoprost ophth soln | QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln |
| TRESIBA FLEXTOUCH INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo |
| TRESIBA INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo |
| trimipramine cap | Step Therapy requires trial and failure of 2 generic SSRI/SNRIs |
| TYRVAYA SOLN | QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsior (generic Restasis) |
| UBRELVY TAB | QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptar ODT, sumatriptan tab |
| VARUBI TAB | QL= 2 tabs/day; Step Therapy requires trial of ondansetron |
| VUMERITY CAP | QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer |

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

| Drug Name | Tier # for Drug Copay |
|---|---|
| bupropion SR tab( Limited to 180 days/plan year) | Preventive |
| CHANTIX PAK( Limited to 180 days/plan year) | Preventive |
| CHANTIX TAB( Limited to 180 days/plan year) | Preventive |
| NICODERM PATCH( Limited to 180 days/plan year) | Preventive |
| NICORETTE GUM( Limited to 180 days/plan year) | Preventive |
| NICORETTE LOZENGE( Limited to 180 days/plan year) | Preventive |
| nicotine gum( Limited to 180 days/plan year) | Preventive |
| NICOTINE KIT( Limited to 180 days/plan year) | Preventive |
| nicotine lozenge( Limited to 180 days/plan year) | Preventive |
| nicotine 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 |

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 |
|---|---|
| abacavir soln | QL= 960ml/30 days |
| abacavir tab | QL= 2 tabs/day |
| abacavir/lamivudine tab | QL= 1 tab/day |
| abacavir/lamivudine/zidovudine tab | QL= 2 tabs/day |
| abiraterone acetate tab 500mg | QL= 2 tabs/day |
| abiraterone tab 250mg | QL= 4 tabs/day |
| ABRYSVO INJ | QL= 1 inj/fill, 1 fill/lifetime |
| ACTEMRA ACTPEN INJ | QL= 2 inj/28 days |
| ACTEMRA SC INJ | QL= 2 inj/28 days |
| ACTINEL LIQUID | QL= 1200ml/30 days |
| ADALIMUMAB-ADAZ INJ 40MG/0.4ML | QL= 2 inj/28 days |
| adapalene cream | QL= 360g/30 days |
| adapalene gel 0.3% | QL= 360g/30 days |
| ADDYI TAB | QL= 30 tabs/30 days |
| adefovir dipivoxil tab | QL= 1 tab/day |
| ADVIL COLD/ TAB SINUS | QL= 240 tabs/30 days |
| AEROCHAMBER | QL= 1 device/365 days |
| AFLURIA INJ | QL= 0.5ml/fill |
| AIMOVIG INJ | QL= 1 pack/28 days |
| AJOVY INJ | QL= 1 inj/28 days |
| albuterol HFA inhaler | QL= 2 inhalers/30 days |
| ALECENSA CAP | QL= 8 caps/day |
| alendronate sodium oral soln | QL= 300ml/28 days |
| ALUNBRIG TAB 30MG | QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| ALUNBRIG TAB 90MG, 180MG | QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633 |
| ambrisentan tab | QL= 1 tab/day |
| amoxapine tab | QL= 4 tabs/day |
| amphetamine/dextroamphetamine tab 10mg | QL= 180 tabs/30 days |
| amphetamine/dextroamphetamine tab 12.5mg | QL= 150 tabs/30 days |
| amphetamine/dextroamphetamine tab 15mg | QL= 120 tabs/30 days |
| amphetamine/dextroamphetamine tab 20mg | QL= 90 tabs/30 days |
| amphetamine/dextroamphetamine tab 30mg | QL= 60 tabs/30 days |
| amphetamine/dextroamphetamine tab 5mg | QL= 360 tabs/30 days |
| amphetamine/dextroamphetamine tab 7.5mg | QL= 240 tabs/30 days |
| ANORO ELLIPTA INHALER | QL= 60gm/30 days |
| apomorphine inj | QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767 |
| 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 |

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 |
|---|---|
| aprepitant pak | QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron |
| APTIOM TAB | QL= 60 tabs/30 days |
| APTIVUS CAP | QL= 4 caps/day |
| APTIVUS SOLN | QL= 380ml/30 days |
| ARANESP INJ | QL= 4 vials/30 days |
| AREXVY INJ | QL= 1 inj/day, 1 fill/lifetime; Covered for members 60 years of age and older |
| arformoterol tartrate neb soln | QL= 120ml/30 days; Step therapy requires trial of albuterol neb soln OR levalbuterol neb soln |
| aripiprazole ODT | QL= 2 tabs/day |
| aripiprazole soln | QL= 30 ml/day |
| armodafinil tab 150mg | QL= 1 tab/day |
| armodafinil tab 200mg | QL= 1 tab/day |
| armodafinil tab 250mg | QL= 1 tab/day |
| armodafinil tab 50mg | QL= 3 tabs/day |
| ARNUITY ELLIPTA INHALER | QL= 1 inhaler/30 days |
| ASMANEX HFA INHALER | QL= 1 inhaler/30 days |
| ASMANEX INHALER | QL= 1 inhaler/30 days |
| 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 |
| atomoxetine cap 100mg | QL= 1 cap/day |
| atomoxetine cap 10mg | QL= 2 caps/day |
| atomoxetine cap 18mg | QL= 2 caps/day |
| atomoxetine cap 25mg | QL= 2 caps/day |
| atomoxetine cap 40mg | QL= 2 caps/day |
| atomoxetine cap 60mg | QL= 1 cap/day |
| atomoxetine cap 80mg | QL= 1 cap/day |
| atorvastatin tab | QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay |
| ATRIPLA TAB | QL= 1 tab/day |
| atropine ophth soln | QL= 1 bottle/30 days |
| ATROVENT HFA INHALER | QL= 25.8gm/30 days |
| AVONEX INJ | QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer |
| BAQSIMI NASAL POWDER | QL= 2 inhalations/fill, 2 fills/month |
| BARACLUDE SOLN | QL= 630ml/30 days |
| betaine powder for oral solution | QL= 540 grams/30 days; Only available through Walgreens 888-347-3416 |
| bexarotene gel | QL= 60g/30 days |
| BIKTARVY TAB | QL= 1 tab/day |
| bimatoprost ophth soln | QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln |
| bosentan tab | QL= 2 tabs/day; Only available through Lumicera 855-847-3553 |
| BOSULIF CAP | QL= 5 caps/day; Only available through Walgreens 888-347-3416 |

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 |
|---|---|
| BREO ELLIPTA INHALER | QL= 1 inhaler/30 days |
| BREZTRI AEROSPHERE INHALER | QL= 1 inhaler/30 days |
| budesonide inh susp 0.25mg/2ml, 0.5mg/2ml | QL= 120 units/30 days |
| budesonide inh susp 1mg/2ml | QL= 60 units/30 days |
| bupropion SR tab | Limited to 180 days/plan year |
| butalbital/acetaminophen tab | QL= 6 tabs/day |
| butorphanol nasal spray | QL= 5ml/30 days |
| CABOMETYX TAB | QL= 1 tab/day; Only available through Walgreens 888-347-3416 |
| CALQUENCE CAP | QL= 2 caps/day |
| CALQUENCE TAB | QL= 2 tabs/day |
| CAPMIST DM TAB | QL= 4 tabs/day |
| CAPRELSA TAB 100MG | QL= 2 tabs/day; Only available through Biologics 800-850-4306 |
| CAPRELSA TAB 300MG | QL= 1 tab/day; Only available through Biologics 800-850-4306 |
| CAPVAXIVE INJ | QL= 0.5 mL/fill; Covered for ages 19 years and older |
| carbidopa-levodopa-entacapone tab 12.5-50-200mg | QL= 8 tabs/day |
| carbidopa-levodopa-entacapone tab 18.75-75-200mg | QL= 8 tabs/day |
| 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 SOLN | QL= 40ml/day |
| carbinoxamine tab | QL= 240 tabs/30 days |
| carisoprodol tab | QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER |
| CAVERJECT INJ | QL= 6 cartons/30 days |
| CHANTIX PAK | Limited to 180 days/plan year |
| CHANTIX TAB | Limited to 180 days/plan year |
| chlorzoxazone tab | QL= 4 tabs/day |
| CIALIS TAB | QL= 6 tabs/30 days |
| CIMZIA INJ | QL= 2 inj/28 days |
| cinacalcet tab 30mg | QL= 2 tabs/day |
| cinacalcet tab 60mg | QL= 2 tabs/day |
| cinacalcet tab 90mg | QL= 4 tabs/day |
| clindamycin vaginal cream | QL= 1 tube/fill |
| clobazam susp | QL= 480ml/30 days |
| clonidine ER tab | QL= 4 tabs/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 |
|---|---|
| clopidogrel tab 300mg | QL= 4 tabs/30 days |
| CLOZAPINE ODT | QL= 3 tabs/day |
| clozapine ODT 25mg, 100mg | QL= 3 tabs/day |
| clozapine tab | QL= 3 tabs/day |
| CODITUSSIN LIQUID DAC | QL= 1200ml/30 days |
| colchicine tab | QL= 4 tabs/day |
| cold/allergy elx children | QL= 2400ml/30 days |
| COMBIVENT RESPIMAT INHALER | QL= 2 inhalers/30 days |
| COMPLERA TAB | QL= 1 tab/day |
| CONTOUR BLOOD GLUCOSE TEST STRI | QL= 300 strips/30 days |
| CONTOUR TEST STRIP | QL= 300 test strips/30 days |
| COSENTYX INJ (1-PACK) | QL= 1 inj/28 days |
| COSENTYX INJ (2-PACK) | QL= 2 inj/56 days |
| COSENTYX INJ 300MG/2ML | QL= 1 inj/28 days |
| COTELLIC TAB | QL= 3 tabs/day |
| COVID-19 VACCINE BIVALENT BOOSTEF INJ (MODERNA) | QL=1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTEF INJ (PFIZER) | QL= 1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTEF INJ 5-11Y (PFIZER) | QL= 1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTEF INJ 6M-4Y (PFIZER) | QL= 1 inj/fill |
| COVID-19 VACCINE BIVALENT BOOSTEF INJ 6M-5Y (MODERNA) | QL= 1 inj/fill |
| COVID-19 VACCINE INJ (JANSSEN) | QL= 1 dose/45 days |
| COVID-19 VACCINE INJ (NOVAVAX) | QL= 1 dose/17 days |
| CUE HEALTH MIS MONITOR | QL= 1 kit/year |
| cyclosporine ophth emulsion | QL= 60 vials/30 days |
| CYSTADANE POWDER | QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through AnovoRx 844-288-5007 |
| CYSTAGON CAP 50MG | QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04) |
| CYSTARAN OPHTH SOLN | QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416 |
| dabigatran etexilate mesylate cap | QL= 2 caps/day |
| danazol cap | QL= 4 caps/day |
| darunavir tab 600mg | QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| darunavir tab 800mg | QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| DEPO-PROVERA SC INJ 104MG | QL= 1 inj/84 days |
| dermawerx pak | QL= 1 kit/30 days |

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

**Quantity Limit (QL) Medications**

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

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

**Quantity Limit (QL) Medications**

| Drug Name | Quantity Limit |
|---|---|
| DUPIXENT INJ | QL= 2 inj/28 days |
| DUPIXENT PEN INJ | QL= 2 inj/28 days |
| EDEX INJ | QL= three 2-pack containers/30 days or one 6-pack/30 days |
| EDURANT TAB | QL= 1 tab/day |
| efavirenz/emtricitabine/tenofovir df tab | QL= 1 tab/day |
| 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 |
| EMGALITY INJ | QL= 1 inj/28 days |
| 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 |
| EMTRIVA SOLN | QL= 850ml/30 days; No deductible, coinsurance or other UM edits when used for PEF / PrEP |
| ENBREL INJ | QL= 8 inj/28 days |
| ENBREL INJ 25MG | QL= 8 inj/28 days |
| ENBREL INJ 50MG | QL= 4 inj/28 days |
| ENBREL MINI INJ | QL= 4 inj/28 days |
| ENBREL SURECLICK INJ 50MG | QL= 4 inj/28 days |
| entecavir tab | QL= 1 tab/day |
| ENTRESTO CAP | QL= 8 caps/day |
| ENTRESTO TAB | QL= 2 tabs/day |
| ENTYVIO INJ | QL= 1.36ml/28 days; Only available through Optum 877-445-6874 |
| 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 |
| EPIVIR HBV SOLN | QL= 720ml/30 days |
| ERIVEDGE CAP | QL= 1 cap/day |
| ERLEADA TAB | QL= 4 tabs/day |
| ERLEADA TAB 240MG | QL= 1 tab/day |
| erlotinib tab 100mg | QL= 3 tabs/day |
| erlotinib tab 150mg | QL= 3 tabs/day |
| erlotinib tab 25mg | QL= 3 tabs/day |
| estradiol patch | QL= 8 patches/28 days |
| 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 |
| everolimus tab | QL= 1 tab/day |
| everolimus tab for oral susp | 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 |
|---|---|
| EVOTAZ TAB | QL= 1 tab/day |
| EXSERVAN FILM | QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479 |
| ezetimibe tab | QL= 1 tab/day |
| ezetimibe/simvastatin tab | QL= 1 tab/day |
| famciclovir tab 125mg | QL= 2 tabs/day |
| famciclovir tab 250mg | QL= 2 tabs/day |
| famciclovir tab 500mg | QL= 21 tabs/fill, 2 fills/month |
| FARXIGA TAB | QL= 1 tab/day |
| febuxostat tab | QL= 1 tab/day |
| felbamate susp | QL= 30ml/day |
| felbamate tab 400mg | QL= 9 tabs/day |
| felbamate tab 600mg | QL= 6 tabs/day |
| FIASP FLEXTOUCH INJ | QL= 60 units/30 days |
| FIASP INJ | QL= 60 units/30 days |
| FIASP PENFILL INJ | QL= 60 units/30 days |
| fingolimod hcl cap | QL= 30 caps/30 days |
| FLUBLOK INJ | QL= 0.5ml/fill |
| FLUCELVAX INJ | QL= 0.5ml/fill |
| FLUMIST NASAL | QL= 1 dose/fill; Limited to members aged 2 to 49 years old |
| fluoxetine cap 90mg | QL= 4 caps/28 days |
| fluticasone/salmeterol inhaler, wixela inhale | 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 |
| fosamprenavir tab | QL= 4 tabs/day |
| FREESTYLE INSULINX TEST STRIP | QL= 300 test strips/30 days |
| FREESTYLE LIBRE 2 RECEIVER | QL= 1 receiver/year |
| FREESTYLE LIBRE 2 SENSOR | QL= 2 sensors/28 days; Step therapy requires trial of one insulin product |
| FREESTYLE LIBRE 3 READER | QL= 1 receiver/1 year |
| FREESTYLE LIBRE 3 SENSOR | QL= 2 sensors/28 days; Step therapy requires trial of one insulin product |
| FREESTYLE LIBRE RECEIVER | QL= 1 receiver/year; Step therapy requires trial of one insulin product |
| FREESTYLE LIBRE SENSOR (14-DAY) | QL= 2 sensors/28 days; Step therapy requires trial of one insulin product |
| FREESTYLE LITE TEST STRIP | QL= 300 test strips/30 days |
| FREESTYLE PRECISION NEO TEST STRIP | QL= 300 test strips/30 days |
| FREESTYLE TEST STRIP | QL= 300 test strips/30 days |
| FREESTYLE TEST STRIPS | QL= 300 strips/30 days |
| FULPHILA INJ | QL= 2 syringes/28 days |
| galantamine ER cap | QL= 1 cap/day |
| galantamine tab | QL= 60 tabs/30 days |

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 |
|---|---|
| GAVILYTE-C SOLN | Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| gefitinib tab | QL= 1 tab/day |
| GENOTROPIN INJ 0.2MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 0.4MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 0.6MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 0.8MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 1.2MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 1.4MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 1.6MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 1.8MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 12MG | QL= 4 cartridges/28 days |
| GENOTROPIN INJ 1MG | QL= 35 syringes/28 days |
| GENOTROPIN INJ 2MG | QL= 21 syringes/28 days |
| GENOTROPIN INJ 5MG | QL= 9 cartridges/28 days |
| GENVOYA TAB | QL= 1 tab/day |
| GILOTRIF TAB | QL= 1 tab/day; Only available through Accredo 800-803-2523 |
| glatiramer inj 20mg/ml | QL= 30 syringes/30 days |
| glatiramer inj 40mg/ml | QL= 12 syringes/28 days |
| GLUCAGEN HYPOKIT INJ | QL= 2 inj/fill, 2 fills/month |
| GLUCAGON EMR INJ | QL= 2 inj/fill |
| glycopyrrolate oral soln | QL= 9ml/day |
| GLYXAMBI TAB | QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab |
| granisetron tab | QL= 8 tabs/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 |
| GVOKE INJ | QL= 2 inj/fill, 2 fills/month |
| GVOKE INJ KIT | QL= 2 vials/fill, 2 fills/30 days |
| GVOKE PFS INJ | QL= 2 inj/fill, 2 fills/month |
| HADLIMA INJ 40MG/0.4ML | QL= 2 inj/28 days |
| HADLIMA INJ 40MG/0.8ML | QL= 2 inj/28 days |
| HADLIMA PUSH INJ 40MG/0.4ML | QL= 2 inj/28 days |
| HADLIMA PUSH INJ 40MG/0.8ML | QL= 2 inj/28 days |
| HAEGARDA INJ 2000U | QL= 30 vials/30 days; Only available through Accredo 800-803-2523 |
| HAEGARDA INJ 3000U | QL= 20 vials/30 days; Only available through Accredo 800-803-2523 |
| HUMULIN R INJ U-500 | QL= 40ml/28 days |
| HUMULIN R U-500 KWIKPEN INJ | QL= 24ml/28 days |
| HYD POL/CPM SUSP | QL= 10ml/day |
| hydrocodone/acetaminophen soln | QL= 180ml/day |
| hydrocodone/acetaminophen tab 10-325mg | QL= 12 tabs/day |

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 |
|---|---|
| hydrocodone/acetaminophen tab 2.5-325mg | QL= 12 tabs/day |
| hydrocodone/acetaminophen tab 5-325mg | QL= 12 tabs/day |
| hydrocodone/acetaminophen tab 7.5mg-325mg | QL= 12 tabs/day |
| HYDROCODONE/IBUPROFEN TAB | QL= 5 tabs/day |
| HYDROXYPROGESTERONE CAPROATE INJ | QL= 1 vial/35 days |
| ibuprofen tab cold/sinus | QL= 240 tabs/30 days |
| icatibant inj | QL= 36ml/30 days |
| icosapent ethyl cap 0.5gm | QL= 2 caps/day |
| icosapent ethyl cap 1gm | QL= 4 caps/day |
| imatinib tab 100mg | QL= 3 tabs/day |
| imatinib tab 400mg | QL= 2 tabs/day |
| IMBRUVICA CAP 140MG | QL= 3 caps/day; Only available through Optum 877-445-6874 |
| IMBRUVICA CAP 70MG | QL= 1 cap/day; Only available through Optum 877-445-6874 |
| IMBRUVICA SUSP | QL= 2 bottles/30 days; Only available through Optum 877-445-6874 |
| IMBRUVICA TAB | QL= 1 tab/day; Only available through Optum 877-445-6874 |
| imiquimod cream 5% | QL= 24gm/30 days |
| IMPAVIDO CAP | QL= 3 caps/day |
| INCRUSE ELLIPTA INHALER | QL= 30 units/30 days |
| INLYTA TAB | QL= 8 tabs/day; Only available through Walgreens 888-347-3416 |
| INSULIN ASPART FLEXPEN INJ | QL= 60 units/30 days |
| INSULIN ASPART INJ | QL= 60 units/30 days |
| INSULIN ASPART MIX FLEXPEN INJ | QL= 60 units/30 days |
| INSULIN ASPART MIX INJ | QL= 60 units/30 days |
| INSULIN ASPART PENFILL INJ | QL= 60 units/30 days |
| INTELENCE TAB | QL= 4 tabs/day |
| INTELENCE TAB 25MG | QL= 4 tabs/day |
| INTRAROSA SUPP | QL= 28 inserts/28 days |
| INVIRASE CAP | QL= 10 caps/day |
| INVIRASE TAB | QL= 4 tabs/day |
| 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 |
| ivabradine hcl tab | QL= 60 tabs/30 days |
| 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 |

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 |
|---|---|
| JARDIANCE TAB | QL= 1 tab/day |
| JENTADUETO TAB | QL= 2 tabs/day |
| JENTADUETO XR TAB | QL= 2 tabs/day |
| JULUCA TAB | QL= 1 tab/day |
| JYNARQUE PAK | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| JYNARQUE TAB 15MG | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| JYNARQUE TAB 30MG | QL= 1 tab/day; Only available through Walgreens 888-347-3416 |
| KALETRA TAB 100-25MG | QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| KALETRA TAB 200-50MG | QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| KALYDECO PAK | QL= 2 packets/day; Only available through Walgreens 888-347-3416 |
| KALYDECO TAB | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| KESIMPTA INJ | QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer |
| KISQALI PAK | QL= 91 tabs/28 days |
| KISQALI TAB | QL= 63 tabs/28 days |
| KRINTAFEL TAB | QL= 2 tabs/365 days |
| lacosamide oral solution | QL= 1200ml/30 days |
| lacosamide tab | QL= 2 tabs/day |
| LAGEVRIO CAP 200MG | QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older |
| lamivudine soln | QL= 960ml/30 days |
| lamivudine tab 100mg | QL= 1 tab/day |
| lamivudine tab 150mg | QL= 2 tabs/day |
| lamivudine tab 300mg | QL= 1 tab/day |
| lamivudine/zidovudine tab | QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| lamotrigine ER tab 100mg | QL= 3 tabs/day |
| lamotrigine ER tab 200mg | QL= 2 tabs/day |
| lamotrigine ER tab 250mg | QL= 2 tabs/day |
| lamotrigine ER tab 25mg | QL= 6 tabs/day |
| lamotrigine ER tab 300mg | QL= 2 tabs/day |
| lamotrigine ER tab 50mg | QL= 6 tabs/day |
| LAMPIT TAB 120MG | QL= 225 tabs/30 days |
| LAMPIT TAB 30MG | QL= 360 tabs/30 days |
| lanthanum carbonate chew tab | QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab |
| lanthanum carbonate chew tab 500mg | QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab |
| LEDIPASVIR/SOFOSBUVIR TAB | QL= 1 tab/day |
| lenalidomide cap | QL= 1 cap/day; Only available through Onco360 877-662-6633 |
| LENVIMA CAP | QL= 3 caps/day; Only available through Optum 877-445-6874 |
| LEUPROLIDE INJ | QL= 1 kit/90 days |
| LEVEMIR FLEXTOUCH INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo |

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 |
|---|---|
| LEVEMIR INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo |
| LEVITRA TAB | QL= 6 tabs/30 days |
| l-glutamine powder packet | QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps |
| lidocaine oint | QL= 8gm/day |
| LIKMEZ SUSP | QL= 210ml/14 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 PEF / PrEP |
| lopinavir-ritonavir tab 100-25mg | QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| lopinavir-ritonavir tab 200-50mg | QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| LORTUSS EX LIQUID | QL= 1200ml/30 days |
| LORTUSS LIQUID | QL= 1200ml/30 days |
| lovastatin tab | QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay |
| lubiprostone cap | QL= 60 caps/30 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 |
| 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 |
| maraviroc tab 150mg | QL= 2 tabs/day |
| maraviroc tab 300mg | QL= 4 tabs/day |
| MAR-COF CG LIQUID | QL= 473ml/month |
| MAVYRET PAK | QL= 5 packets/day |
| MAVYRET TAB | QL= 3 tabs/day |
| medroxyprogesterone inj | QL= 1 inj/84 days |
| MEKINIST SOLN | QL= 40ml/day |
| MEKINIST TAB 0.5MG | QL= 3 tabs/day |
| MEKINIST TAB 2MG | QL= 1 tab/day |
| memantine ER cap | QL= 1 cap/day; Step Therapy requires trial of memantine tab |
| memantine titrapak | QL= 49 tabs/28 days |
| M-END DMX LIQUID | QL= 1800ml/30 days |
| meperidine tab | QL= 6 tabs/day |
| mesalamine DR cap | QL= 6 caps/day |
| mesalamine DR tab | QL= 4 tabs/day |
| mesalamine enema | QL= 60mL/day |
| mesalamine ER cap | QL= 8 caps/day |

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 |
|---|---|
| mesalamine supp | QL= 1 supp/day |
| methadone sol 10mg/5ml | QL= 20ml/day |
| methadone soln | QL= 4 ml/day |
| methadone soln 5mg/5ml | QL= 40ml/day |
| methadone tab 10mg | QL= 4 tabs/day |
| methadone tab 5mg | QL= 8 tabs/day |
| methadose tab | QL= 1 tab/day |
| METHYLPHENIDATE ER TAB | QL= 1 tab/day |
| methylphenidate ER tab 10mg | QL= 3 tabs/day |
| methylphenidate ER tab 20mg | QL= 3 tabs/day |
| methylphenidate tab 10mg | QL= 180 tabs/30 days |
| methylphenidate tab 20mg | QL= 90 tabs/30 days |
| methylphenidate tab 5mg | QL= 360 tabs/30 days |
| mifepristone tab | QL= 4 tabs/day |
| MIGERGOT SUPP | QL= 20 supp/28 days |
| modafinil tab | QL= 2 tabs/day |
| MOLNUPIRAVIR CAP | QL= 40 caps/fill |
| morphine sulfate ER cap 100mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| morphine sulfate ER cap 30mg | QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab |
| morphine sulfate ER tab | QL= 3 tabs/day |
| MORPHINE SULFATE ORAL SOLN 100MG/5ML | QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days |
| morphine sulfate oral soln 10mg/5ml | QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days |
| MOVANTIK TAB | QL= 30 tabs/30 days |
| MRESVIA INJ | QL= 0.5 mL/fill; Covered for ages 60 years and older |
| MUSE SUPP | QL= 1 carton (6 systems)/30 days |
| NALOXONE PREFILLED INJ | QL= 2 inj/fill, 2 fills/month |
| NAMENDA XR TITRATION PACK | QL= 28 caps/28 days; Step Therapy requires trial of memantine tab |
| NAMZARIC CAP | QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantin or memantin er |
| naratriptan tab | QL= 9 tabs/30 days |
| NATACYN OPHTH SUSP | QL= 45ml/30 days |
| NAYZILAM SPRAY | QL= 4 units/fill, 5 fills/month |
| nebivolol hcl tab | QL= 1 tab/day |
| NEVIRAPINE ER TAB | QL= 3 tabs/day |
| NEVIRAPINE SUSP | QL= 1200ml/30 days |
| nevirapine tab | QL= 2 tabs/day |
| NEXAFED SINUS TAB + PAIN | QL= 240 tabs/30 days |
| NEXTSTELLIS TAB | QL= 28 tabs/24 days |
| niacin ER tab | QL= 2 tabs/day |
| NICODERM PATCH | Limited to 180 days/plan year |
| NICORETTE GUM | Limited to 180 days/plan year |

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

**Quantity Limit (QL) Medications**

| Drug Name | Quantity Limit |
|---|---|
| NICORETTE LOZENGE | Limited to 180 days/plan year |
| nicotine gum | Limited to 180 days/plan year |
| NICOTINE KIT | Limited to 180 days/plan year |
| nicotine lozenge | Limited to 180 days/plan year |
| nicotine patch | Limited to 180 days/plan year |
| NICOTROL INHALER | Limited to 180 days/plan year |
| NICOTROL NASAL SPRAY | Limited to 180 days/plan year |
| nilutamide tab | QL= 150mg/day after the first 30 days |
| NORVIR CAP | QL= 12 caps/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| NORVIR POWDER PACK | QL= 12 packets/day; No deductible, coinsurance or other UM edits when used for PEI / PrEP |
| NORVIR SOLN | QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEF / PrEP |
| NOVOLIN 70/30 FLEXPEN INJ | QL= 60 units/30 days |
| NOVOLIN 70/30 INJ | QL= 60 units/30 days |
| NOVOLIN N FLEXPEN INJ | QL= 60 units/30 days |
| NOVOLIN N INJ | QL= 60 units/30 days |
| NOVOLIN N RELION INJ | QL= 60 units/30 days |
| NOVOLIN R FLEXPEN INJ | QL= 60 units/30 days |
| NOVOLIN R INJ | QL= 60 units/30 days |
| NOVOLIN 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 MIX FLEXPEN INJ | QL= 60 units/30 days |
| NOVOLOG MIX INJ | QL= 60 units/30 days |
| NOVOLOG PENFILL INJ | QL= 60 units/30 days |
| NUBEQA TAB | QL= 4 tabs/day; Only available through Walgreens 888-347-3416 |
| NUCALA INJ | QL= 1 inj/28 days |
| NUEDEXTA CAP | QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA |
| NUVESSA VAGINAL GEL, VANDAZOLE GEL | QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln |
| NYVEPRIA INJ | QL= 2 inj/28 days |
| ODACTRA SL TAB | QL= 30 tabs/30 days |
| ODEFSEY TAB | QL= 1 tab/day |
| OFEV CAP | QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416 |
| olanzapine ODT | QL= 1 tab/day |
| olmesartan/amlodipine/hydrochlorothiazide tab | QL= 30 tabs/30 days |
| omega-3-acid ethyl esters cap | QL= 4 caps/day |
| OMNIPOD 5 G6 INTRO KIT | QL= 1 kit/year |

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 |
|---|---|
| OMNIPOD 5 G6 KIT | QL= 1 kit/year |
| OMNIPOD 5 G6 MIS PODS | QL= 15 pods/30 days |
| OMNIPOD 5 G6 PODS MISC | QL= 15 pods/30 days |
| OMNIPOD 5 G7 KIT INTRO | QL= 1 kit/year |
| OMNIPOD 5 G7 MIS PODS | QL= 15 pods/30 days |
| OMNIPOD 5 PACK PODS | QL= 15 pods/30 days |
| OMNIPOD DASH KIT | QL= 1 kit/year |
| OMNIPOD DASH PODS | QL= 15 pods/30 days |
| OMNIPOD GO KIT 10 UNITS/DAY | QL= 10 pods/30 days |
| OMNIPOD GO KIT 15 UNITS/DAY | QL= 10 pods/30 days |
| OMNIPOD GO KIT 20 UNITS/DAY | QL= 10 pods/30 days |
| OMNIPOD GO KIT 25 UNITS/DAY | QL= 10 pods/30 days |
| OMNIPOD GO KIT 30 UNITS/DAY | QL= 10 pods/30 days |
| OMNIPOD GO KIT 35 UNITS/DAY | QL= 10 pods/30 days |
| OMNIPOD GO KIT 40 UNITS/DAY | QL= 10 pods/30 days |
| OMNIPOD STARTER KIT | QL= 1 kit/year |
| OMNITROPE INJ | QL= 9 cartridges/28 days |
| OMNITROPE INJ 5.8MG | QL= 8 vials/28 days |
| ondansetron soln | QL= 50ml/fill, 1 fill/15 days |
| OPSUMIT TAB | QL= 1 tab/day; Only available through Accredo 800-803-2523 |
| ORALAIR SL TAB | QL= 30 tabs/30 days |
| ORKAMBI GRANULES PACKET | QL= 2 packets/day; Only available through Walgreens 888-347-3416 |
| ORKAMBI TAB | QL= 4 tabs/day; Only available through Walgreens 888-347-3416 |
| oseltamivir cap 30mg | QL= 40 caps/183 days |
| oseltamivir cap 45mg | QL= 40 caps/183 days |
| oseltamivir cap 75mg | QL= 20 caps/183 days |
| oseltamivir susp | QL= 360ml/183 days |
| OSPHENA TAB | QL= 30 tabs/30 days |
| OTEZLA STARTER PACK | QL= 1 pack/28 days |
| OTEZLA TAB | QL= 2 tabs/day |
| OXYCODONE ER TAB 10MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 15MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 20MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 30MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 40MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 60MG | QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| OXYCODONE ER TAB 80MG | QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab |
| oxycodone/acetaminophen tab 10-325mg | QL= 12 tabs/day |
| oxycodone/acetaminophen tab 2.5-325mg | QL= 12 tabs/day |
| oxycodone/acetaminophen tab 5-325mg | QL= 12 tabs/day |
| oxycodone/acetaminophen tab 7.5-325mg | QL= 12 tabs/day |
| OXYMORPHONE ER TAB 10MG | QL= 2 tabs/day |
| OXYMORPHONE ER TAB 15MG | QL= 2 tabs/day |

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 |
|---|---|
| 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) |
| paliperidone ER tab | QL= 1 tab/day |
| PAXLOVID TAB 150-100 | QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 18 years or older |
| PAXLOVID TAB 300-100 | QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 18 years or older |
| pazopanib hcl tab | QL= 120 tabs/30 days |
| peg 3350/electrolytes soln | Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| penicillamine tab | QL= 480 tabs/30 days |
| PHENELZINE SULFATE TAB | QL= 4 tabs/day |
| PHEXXI GEL | QL= 180gm/30 days |
| pirfenidone cap | QL= 3 caps/day |
| pirfenidone tab 267mg | QL= 9 tabs/day |
| PIRFENIDONE TAB 534MG | QL= 4 tabs/day; Only available through Lumicera 855-847-3553 |
| pirfenidone tab 801mg | QL= 3 tabs/day |
| PODOFILOX SOLN | QL= 0.5ml/day |
| POMALYST CAP | QL= 21 caps/28 days; Only available through Walgreens 888-347-3416 |
| potassium iodide oral soln | QL= 90ml/30 days |
| potassium phosphate monobasic tab | QL= 8 tabs/day |
| prasugrel tab | QL= 1 tab/day |
| pravastatin tab | QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay |
| PRECISION XTRA TEST STRIP | QL= 300 test strips/30 days |
| pregabalin soln | QL= 30ml/day |
| PREZCOBIX TAB | QL= 1 tab/day |
| PREZISTA SUSP | QL= 400ml/30 days; No deductible, coinsurance or other UM edits when used for PEF / PrEP |
| PREZISTA TAB | QL= 1 tab/day |
| PREZISTA TAB 150MG | QL= 8 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| PREZISTA TAB 600MG | QL= 2 tabs/day |
| PREZISTA TAB 75MG | QL= 16 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| PRIMIDONE TAB | QL= 4 tabs/day |
| PROMACTA POWDER | QL= 6 packets/day |
| PROMACTA TAB | QL= 2 tabs/day |
| pseudoephedrine ER tab 120mg | QL= 2 tabs/day |
| pseudoephedrine liquid 15mg/5ml | QL= 2400ml/30 days |
| pseudoephedrine tab 30mg | QL= 8 tabs/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 |
|---|---|
| pseudoephedrine tab 60mg | QL= 4 tabs/day |
| PULMOZYME INH SOLN | QL= 30 ampules/30 days |
| pyrimethamine tab | QL= 3 tabs/day; Only available through Walgreens 888-347-3416 |
| quetiapine tab | QL= 3 tabs/day |
| quetiapine XR tab | QL= 1 tab/day |
| quinidine sulfate tab | QL= 8 tabs/day |
| QUINIDINE SULFATE TAB 200MG | QL= 8 tabs/day |
| QUINIDINE SULFATE TAB 300MG | QL= 5 tabs/day |
| 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 |
| raloxifene tab | QL= 1 tab/day |
| ranolazine tab | QL= 120 tabs/30 days |
| rasagiline tab | QL= 1 tab/day |
| REBIF INJ | QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer |
| RELENZA DISKHALER | QL= 1 inhaler/fill, 1 fill/month |
| REPATHA INJ | QL= 2 inj/28 days |
| REPATHA PUSHTRONEX INJ | QL= 1 inj/28 days |
| RETACRIT INJ | QL= 4 vials/30 days |
| REYATAZ POWDER PACK | QL= 5 packets/day |
| ritonavir tab | QL= 12 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| rizatriptan ODT | QL= 12 tabs/30 days |
| rizatriptan tab | QL= 12 tabs/30 days |
| roflumilast tab | QL= 1 tab/day |
| rosuvastatin tab | QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay |
| RUBRACA TAB | QL= 4 tabs/day; Only available through Optum 877-445-6874 |
| RYBELSUS TAB | QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11) |
| SANTYL OINT | QL= 90gm/30 days |
| scopolamine patch | QL= 10 patches/30 days |
| selegiline tab | QL= 2 tabs/day |
| SELZENTRY SOLN | QL= 31ml/day |
| SELZENTRY TAB 150MG | QL= 2 tabs/day |
| SELZENTRY TAB 25MG | QL= 4 tabs/day |
| SELZENTRY TAB 300MG | QL= 4 tabs/day |
| SELZENTRY TAB 75MG | QL= 2 tabs/day |
| SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv) | QL= 60ml/30days |
| SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv) | QL= 60ml/30 days |
| SIGNIFOR INJ | QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007 |

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 |
|---|---|
| sildenafil susp | QL= 224ml/30 days |
| sildenafil tab | QL= 6 tabs/30 days |
| sildenafil tab 20mg | QL= 3 tabs/day |
| SIMVASTATIN SUSP | QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin |
| simvastatin tab 5mg, 10mg, 20mg, 40mg | QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay |
| simvastatin tab 80mg | QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay |
| SIVEXTRO TAB | QL= 6 tabs/fill |
| SKYTROFA INJ | QL= 4 inj/28 days |
| sodium/potassium/magnesium soln | QL= 2 fills/year |
| SOFOSBUVIR/VELPATASVIR TAB | QL= 1 tab/day |
| solifenacin tab | QL= 1 tab/day |
| SPIKEVAX INJ | QL= 1 dose/24 days |
| SPINOSAD SUSP | QL= 1 bottle/fill, 1 fill/month |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler |
| SPIRIVA RESPIMAT INHALER 2.5MCG/ACT | QL= 1 inhaler/30 days |
| STAHIST AD TAB 25-60MG | QL= 4 tabs/day |
| stavudine cap | QL= 2 caps/day |
| STAXYN ODT | QL= 6 tabs/30 days |
| STELARA INJ | QL= 1 inj/84 days |
| STENDRA TAB | QL= 6 tabs/30 days |
| STIOLTO INHALER | QL= 1 inhaler/30 days |
| STIVARGA TAB | QL= 4 tabs/day; Only available through Walgreens 888-347-3416 |
| STRIBILD TAB | QL= 1 tab/day |
| STRIVERDI RESPIMAT INHALER | QL= 1 inhaler/30 days |
| SUBOXONE SL FILM 12-3MG | QL= 2 films/day |
| SUBOXONE SL FILM 8-2MG | QL= 3 films/day |
| SUFLAVE SOLN | QL= 2 fills/year |
| sulfadiazine tab | QL= 8 tabs/day |
| SUMATRIPTAN INJ 6MG/0.5ML | QL= 8 inj/30 days |
| sumatriptan nasal spray | QL= 6 sprays/30 days; Step therapy requires trial of two: naratriptan tab, rizatriptan tab, rizatriptan ODT, or sumatriptan tab |
| sumatriptan tab | QL= 9 tabs/30 days |
| sunitinib malate cap | QL= 1 cap/day |
| SYMDEKO TAB | QL= 2 tabs/day; Only available through Walgreens 888-347-3416 |
| SYMJEPI INJ | QL= 2 inj/fill |
| SYMPROIC TAB | QL= 30 tabs/30 days |
| SYNAGIS INJ | QL= 2 inj/28 days |
| SYNJARDY TAB | QL= 2 tabs/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 |
|---|---|
| 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 |
| tadalafil tab | QL= 1 tab/day |
| tadalafil tab (PAH) | QL= 2 tabs/day |
| TAFINLAR CAP | QL= 4 caps/day |
| TAFINLAR TAB | QL= 12 tabs/day |
| tafluprost preservative free (pf) ophth soln | QL= 30 pouches/30 days |
| TAGRISSO TAB | QL= 1 tab/day |
| TAKHZYRO INJ | QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523 |
| TAKHZYRO INJ 150MG/ML | QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523 |
| tazarotene cream 0.1% | QL= 360g/30 days |
| tazarotene gel | QL= 360g/30 days |
| tenofovir disoproxil fumarate tab | QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| teriflunomide tab | QL= 30 tabs/30 days |
| teriparatide (recombinant) soln pen-inj 600mcg/2.4ml | QL= 2.4 units/28 days |
| TERIPARATIDE INJ 620MCG/2.48ML | QL= 2.48 units/28 days |
| testosterone cypionate inj | QL= 1 vial/28 days |
| testosterone cypionate inj 200mg/ml | QL= 4 vials/28 days |
| TESTOSTERONE ENANTHATE INJ | QL= 5 mL/28 days |
| testosterone gel 1% 25mg | QL= 150gm/30 days |
| testosterone gel 1% 50mg | QL= 300gm/30 days |
| testosterone gel 1% pump | QL= 300gm/30 days |
| TESTOSTERONE GEL PUMP | QL= 4 bottles/30 days |
| testosterone gel pump 1.62% | QL= 150gm/30 days |
| TESTOSTERONE GEL PUMP, VOGELXO GEL PUMP | QL= 300g/30 days |
| TESTOSTERONE INJ | QL= 1 vial/28 days |
| TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ | QL= 1 vial/28 days |
| THALOMID CAP | QL= 2 caps/day; Only available through Walgreens 888-347-3416 |
| THEOPHYLLINE TAB ER | QL= 1 tab/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 |
| tiopronin tab | QL= 8 tabs/day; Only available through Eversana 636-519-2400 |
| tiopronin tab delayed release | QL= 8 tabs/day; Only available through Eversana 636-519-2400 |
| tiotropium bromide cap inhaler | QL= 1 cap/day; For use with Handihaler device |

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

**Quantity Limit (QL) Medications**

| Drug Name | Quantity Limit |
|---|---|
| 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 |
| 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 |
| TOUJEO MAX SOLOSTAR INJ | QL= 18ml/28 days |
| TOUJEO SOLOSTAR INJ | QL= 18ml/30 days |
| TRACLEER TAB 32MG | QL= 4 tabs/day; Only available through Accredo 800-803-2523 |
| TRADJENTA TAB | QL= 1 tab/day |
| tramadol hcl tab 100mg | QL= 4 tabs/day |
| tranexamic acid tab | QL= 180 tabs/30 days |
| 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 INJ | QL= 2ml/28 days |
| TRESIBA FLEXTOUCH INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo |
| TRESIBA INJ | QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo |
| tretinoin cream | QL= 360g/30 days |
| tretinoin gel | QL= 360g/30 days |
| TRIHEXYPHENIDYL SOLN | QL= 946ml/28 days |
| trilyte soln | Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay |
| triprolidine/pseudoephedrine tab 2.5-60 mg | QL= 4 tabs/day |
| trispec pse liquid | QL= 1200ml/30 days |
| TRIUMEQ PD TAB | QL= 6 tabs/day |
| TRIUMEQ TAB | QL= 1 tab/day |
| TRULANCE TAB | QL= 30 tabs/30 days |
| TRULICITY INJ | QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| tussin cf liquid | QL= 1200ml/30 days |
| TYMLOS INJ | QL= 1.56 units/30 days |
| TYRVAYA SOLN | QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis) |
| TYVASO DPI POWDER 16-32-48MCG | QL= 4 cartridges/day; Only available through Accredo 800-803-2523 |
| TYVASO DPI POWDER 16-32MCG | QL= 4 cartridges/day; Only available through Accredo 800-803-2523 |
| TYVASO DPI POWDER 32-48MCG | QL= 4 cartridges/day; Only available through Accredo 800-803-2523 |
| TYVASO DPI POWDER | QL= 4 cartridges/day; Only available through Accredo 800-803-2523 |
| TYVASO INH SOLN | QL= 1 ampule/day; Only available through Accredo 800-803-2523 |
| UBRELVY TAB | QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptan ODT, sumatriptan tab |
| UPTRAVI TAB | QL= 2 tabs/day; Only available through Accredo 800-803-2523 |
| VALCHLOR GEL | QL= 4 tubes/30 days; Only available through Optum 877-445-6874 |

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 |
|---|---|
| VALSARTAN SOLN | QL= 2400ml/30 days |
| VALTOCO NASAL SPRAY | QL= 4 doses/fill, 5 fills/month |
| vancomycin cap 125mg | QL= 56 caps/30 days |
| vancomycin cap 250mg | QL= 112 caps/30 days |
| vardenafil ODT | QL= 6 tabs/30 days |
| vardenafil tab | QL= 6 tabs/30 days |
| varenicline tartrate tab | Limited to 180 days/plan year |
| varenicline tartrate tab start pack | Limited to 180 days/plan year |
| VARUBI TAB | QL= 2 tabs/day; Step Therapy requires trial of ondansetron |
| VEMLIDY TAB | QL= 1 tab/day |
| VENTAVIS INH SOLN | QL= 9 ampules/day; Only available through Accredo 800-803-2523 |
| VERZENIO TAB | QL= 2 tabs/day |
| VIAGRA TAB | QL= 6 tabs/30 days |
| VICTOZA INJ | QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11) |
| VIDEX SOLN | QL= 600ml/30 days |
| vigabatrin powder pack | QL= 6 packs/day; Only available through Lumicera 855-847-3553 |
| vigabatrin tab | QL= 6 tabs/day; Only available through Lumicera 855-847-3553 |
| VIREAD TAB | QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP |
| VOSEVI TAB | QL= 1 tab/day |
| VOTRIENT TAB | QL= 120 tabs/30 days |
| VUMERITY CAP | QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer |
| VYLEESI INJ | QL= 8 syringes/28 days |
| XALKORI CAP | QL= 2 caps/day; Only available through Walgreens 888-347-3416 |
| XALKORI SPRINKLE CAP | QL= 6 caps/day; Only available through Walgreens 888-347-3416 |
| XARELTO STARTER PACK 15MG/20MG | QL= 1 pack/30 days |
| XARELTO SUSP | QL= 10ml/day |
| XARELTO TAB 10MG | QL= 30 tabs/30 days |
| XARELTO TAB 15MG | QL= 60 tabs/30 days |
| XARELTO TAB 2.5MG | QL= 60 tabs/30 days |
| XARELTO TAB 20MG | QL= 30 tabs/30 days |
| XDEMVY DROP | QL= 10 units/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Claim requires DX of Demodex blepharitis (acariasis or unspecified blepharitis) |
| XELJANZ SOLN | QL= 10ml/day |
| XELJANZ TAB | QL= 2 tabs/day |
| XELJANZ XR TAB | QL= 1 tab/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, 10-500MG, 10-1000MG | 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 |
|---|---|
| XOLAIR INJ | QL= 1 vial/28 days |
| XOLAIR INJ 150MG/ML | QL= 1ml/28 days |
| XOLAIR INJ 300MG/2ML | QL= 2ml/28 days |
| XOLAIR INJ 75MG/0.5ML | QL= 0.5ml/28 days |
| zaleplon cap | QL= 1 cap/day |
| zaleplon cap 10mg | QL= 2 caps/day |
| ZARXIO INJ | QL= 15 syringes/30 days |
| ZARXIO INJ 480/0.8 | QL= 15 syringes/30 days |
| ZEJULA CAP | QL= 30 caps/30 days; Only available through Optum 877-445-6874 |
| ZEJULA TAB | QL= 1 tab/day; Only available through Optum 877-445-6874 |
| ZELBORAF TAB | QL= 8 tabs/day |
| ZERVIATE OPHTH SOLN | QL= 30 single use containers/30 days |
| zidovudine cap | QL= 6 caps/day |
| zidovudine syrup | QL= 1920ml/30 days |
| zidovudine tab | QL= 2 tabs/day |
| ziprasidone cap | QL= 2 caps/day |
| zolmitriptan tab | QL= 9 tabs/30 days |
| zolpidem ER tab | QL= 1 tab/day |
| zolpidem tab | QL= 1 tab/day |
| ZYBAN TAB | Limited to 180 days/plan year |
| ZYKADIA CAP | QL= 3 caps/day |
| ZYKADIA TAB | QL= 3 tabs/day |

# Nondiscrimination notice

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

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

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

---

### If you need any of the above, call:

**Medicare Customer Service,**
877-299-9062 (TDD/TTY 711)

**Medicaid Customer Service,**
888-788-9821 (TDD/TTY 711)

**Customer Service for all other plans,**
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

### 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.

### Scott White coordinates our nondiscrimination work:

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

**modahealth.com**

Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska. Health plans provided by Moda Health Plan, Inc.

2688-NDS-MH+DD-Generic (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 hổ 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)

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

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。

અગત્યનું: 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)