



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.

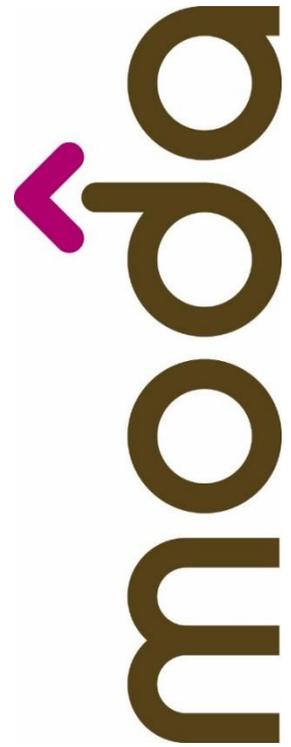
How does the program work?

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 cost-effective 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.

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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 tab (TYLENOL/CODEINE equiv)	-	Generic	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	Brand	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	Generic	MIGRAINE PRODUCTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	Generic	DIURETICS
acetazolamide tab	-	Generic	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	Generic	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	Generic	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	Generic	COUGH/COLD/ALLERGY
ACTHAR HP GEL INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHAR INJ 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTINEL LIQUID (QL= 1200ml/30 days)	QL	Brand	COUGH/COLD/ALLERGY
ACULAR (LS) OPHTH SOLN	-	Brand	OPHTHALMIC AGENTS
ACUVAIL OPHTH SOLN	-	Brand	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	Generic	ANTIVIRALS
acyclovir oint (ZOVIRAX OINT equiv)	-	Generic	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	Generic	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	Generic	ANTIVIRALS
ADACEL/BOOSTRIX INJ	VAC	Preventive	TOXOIDS
ADALIMU-ADAZ INJ 80/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY

AMSP	NC =Not Covered Ardon Mandatory Specialty Pharmacy Program	EXC	generic =small letters Plan Exclusion	LD	BRANDS =CAPITAL LETTERS 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.

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ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
adapalene cream (DIFFERIN equiv) (QL= 360g/30 days)	QL	Generic	DERMATOLOGICALS
adapalene gel 0.3% (DIFFERIN equiv) (QL= 360g/30 days)	QL	Generic	DERMATOLOGICALS
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
ADVATE INJ 1000 UNIT	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 1500 UNIT	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 2000 UNIT	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 250 UNIT	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 3000 UNIT	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 4000 UNIT	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 500 UNIT	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
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.
AIMOVIJ 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

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
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alclometasone cream (ACLOVATE equiv)	-	Generic	DERMATOLOGICALS
ALCLOMETASONE OINT	-	Generic	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	Generic	DERMATOLOGICALS
ALECENSA CAP (QL= 8 caps/day)	AMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv) (QL= 300ml/28 days)	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
ALOCRILOPHTH SOLN	-	Brand	OPHTHALMIC AGENTS
alosetron tab (LOTRONEX equiv)	-	Generic	GASTROINTESTINAL AGENTS - MISC.
ALPHANATE, HUMATE-P INJ	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
alprazolam ER tab (XANAX XR equiv)	-	Generic	ANTIANKXIETY AGENTS
alprazolam tab (XANAX equiv)	-	Generic	ANTIANKXIETY AGENTS
ALPROLIX INJ (Only available through Accredo 888-773-7376)	LD-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through 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)	-	Preventive	CONTRACEPTIVES
amiloride tab (MIDAMOR equiv)	-	Generic	DIURETICS
AMILORIDE/HCTZ TAB	-	Generic	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	Generic	DIURETICS
aminocaproic acid soln (AMICAR equiv)	AMSP	Generic Specialty	HEMOSTATICS
amiodarone tab (CORDARONE equiv)	-	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

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

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amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (AC CUTANE 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
amphetamine/dextroamphetamine tab 30mg (ADDERALL equiv) (QL= 60 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab 5mg (ADDERALL equiv) (QL= 360 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 240 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// 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)	QL	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

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

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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// NOREXIANTS
armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
armodafinil tab 250mg (NUVIGIL equiv) (QL= 60 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
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// NOREXIANTS
atomoxetine cap 10mg (STRATTERA equiv) (QL= 120 caps/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// 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	ANTIHYPERTENSIVES
atorvastatin tab 10mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERTENSIVES
atorvastatin tab 20mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERTENSIVES
atorvastatin tab 40mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERTENSIVES
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	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
AVC VAGINAL CREAM	-	Brand	VAGINAL PRODUCTS
AVONEX INJ (QL= 1 kit/28 days)	AMSP-QL	Brand	PSYCHOTHERAPEUTIC AND Specialty 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	PSYCHOTHERAPEUTIC AND Specialty NEUROLOGICAL AGENTS - MISC.
azathioprine tab (IMURAN equiv)	-	Generic	ASSORTED CLASSES
azelaic acid gel (FINACEA equiv)	-	Generic	DERMATOLOGICALS
azelastine ophth soln (OPTIVAR equiv)	-	Generic	OPHTHALMIC AGENTS
azithromycin susp (ZITHROMAX equiv)	-	Generic	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	Generic	MACROLIDES
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	ANTIVIRALS Specialty
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

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

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Drug Name	Special Code	Tier	Category
BENEFIX INJ	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
BENZNIDAZOLE TAB	-	Brand	ANTHELMINTICS
BENZONATATE CAP (QL= 3 caps/day)	QL	Generic	COUGH/COLD/ALLERGY
benzonatate cap (TESSALON equiv)	QL--	Generic	COUGH/COLD/ALLERGY
benztropine tab	-	Generic	ANTIPARKINSON AGENTS
betaine powder for oral solution (CYSTADANE equiv) (QL= 540 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
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 dipropionate cream (DIPROSONE CREAM equiv)	-	Generic	DERMATOLOGICALS
betamethasone dipropionate lotion	-	Generic	DERMATOLOGICALS
betamethasone dipropionate 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	Preventive	VACCINES
bicalutamide tab (CASODEX equiv)	-	Generic	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIKTARVY TAB (QL= 1 tab/day)	QL	Brand	ANTIVIRALS
bimatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Generic	OPHTHALMIC AGENTS
BIOTHRAX INJ	-	Preventive	VACCINES
bismuth/metro/tetra cap (PYLERA equiv) (QL= 120 tabs/10 days)	QL	Generic	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
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

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

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Drug Name	Special Code	Tier	Category
bromocriptine cap (PARLODEL equiv)	-	Generic	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	Generic	ANTIPARKINSON AGENTS
budesonide inh susp (PULMICORT equiv) (QL= 120 units/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide SR cap (ENTOCORT EC equiv)	-	Generic	CORTICOSTEROIDS
bumetanide tab (BUMEX equiv)	-	Generic	DIURETICS
buprenorphine hcl buccal film (BELBUCA equiv)	-	Generic	ANALGESICS - OPIOID
buprenorphine patch (BUTRANS equiv)	-	Generic	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	Generic	ANALGESICS - OPIOID
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	Generic	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	Generic	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	Generic	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	Generic	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	Generic	ANTIDEPRESSANTS
buspiron tab (BUSPAR equiv)	-	Generic	ANTIANKXIETY 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//NOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv)	-	Generic	DERMATOLOGICALS
calcipotriene oint	-	Generic	DERMATOLOGICALS
CALCIPOTRIENE SOLN	-	Generic	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	Generic	DERMATOLOGICALS
calcitonin nasal spray (MIACALCIN equiv)	-	Generic	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTRON 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

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

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Drug Name	Special Code	Tier	Category
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
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

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

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cefixime cap (SUPRAX equiv)	-	Generic	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	Generic	CEPHALOSPORINS
CEFPODOXIME PROXETIL SUSP	-	Generic	CEPHALOSPORINS
cefepodoxime proxetil tab (VANTIN equiv)	-	Generic	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	Generic	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	Generic	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	Generic	CEPHALOSPORINS
cephalexin cap (KEFLEX equiv)	-	Generic	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	Generic	CEPHALOSPORINS
cephalexin tab	-	Generic	CEPHALOSPORINS
CERDELGA CAP (Only available through Accredo 800-803-2523)	LD-PA	Brand Specialty	HEMATOPOIETIC AGENTS
CERVARIX INJ	VAC	Preventive	VACCINES
CERVICAL CAP	-	Preventive	MEDICAL DEVICES AND SUPPLIES
cetorelix 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	ANTIANKXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	Brand	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	Generic	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	Generic	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (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 tab (TAGAMET equiv)	-	Generic	ULCER DRUGS

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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
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Drug Name	Special Code	Tier	Category
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.
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	Generic	OTIC AGENTS
CIPRO SUSP	-	Generic	FLUOROQUINOLONES
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	Generic	OTIC AGENTS
ciprofloxacin ophth soln (CILOXAN equiv)	-	Generic	OPHTHALMIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	Generic	FLUOROQUINOLONES
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	Generic	FLUOROQUINOLONES
citalopram soln (CELEXA equiv)	-	Generic	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	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
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.
clomiphene citrate tab (CLOMID equiv)	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// 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	ANTI-ANXIETY AGENTS

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

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Drug Name	Special Code	Tier	Category
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
colestevlam tab (WELCHOL equiv)	-	Generic	ANTIHYPERTENSIVES
colestipol granule (COLESTID equiv)	-	Generic	ANTIHYPERTENSIVES
colestipol powder packet (COLESTID equiv)	-	Generic	ANTIHYPERTENSIVES
colestipol tab (COLESTID equiv)	-	Generic	ANTIHYPERTENSIVES
colistimethate inj (COLY-MYCIN M equiv)	-	Generic	ANTI-INFECTIVE AGENTS - MISC.
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30 days)	QL	Brand	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Optum 877-445-6874)	LD-PA	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMIRNATY INJ	VAC	Preventive	VACCINES
COMIRNATY INJ 30MCG/0.3ML	VAC	Preventive	VACCINES
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
CONTRACEPTIVE FILM	OTC	Preventive	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	Preventive	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	Preventive	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	Preventive	VAGINAL PRODUCTS
CORTISONE ACETATE TAB	-	Brand	CORTICOSTEROIDS
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	AMSP-PA-QL	Brand Specialty	DERMATOLOGICALS
COSENTYX INJ (2-PACK) (QL= 2 inj/56 days)	AMSP-PA-QL	Brand Specialty	DERMATOLOGICALS
COSENTYX INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Brand Specialty	DERMATOLOGICALS
COTELLIC TAB (QL= 3 tabs/day)	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

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	Vaccine Program				

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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
CREXONT CAP 35-140MG (QL= 450 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand	ANTIPARKINSON AND RELATED THERAPY AGENTS
CREXONT CAP 52.5-210MG (QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand	ANTIPARKINSON AND RELATED THERAPY AGENTS
CREXONT CAP 70-280MG (QL= 240 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand	ANTIPARKINSON AND RELATED THERAPY AGENTS
CREXONT CAP 87.5-350MG (QL= 180 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand	ANTIPARKINSON AND RELATED THERAPY AGENTS
CRIXIVAN CAP	-	Brand	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	Generic	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	Generic	OPHTHALMIC AGENTS
CROMOLYN SODIUM OPHTH SOLN	-	Generic	OPHTHALMIC AGENTS
cryselle tab	-	Preventive	CONTRACEPTIVES
CUE HEALTH MIS MONITOR (QL= 1 kit/year)	QL	Preventive	DIAGNOSTIC PRODUCTS
CUVITRU INJ (Only available through AllianceRx Walgreens Prime 855-244-2555)	LD-PA	Brand Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
cyanocobalamin inj	-	Generic	HEMATOPOIETIC AGENTS
cyclobenzaprine tab (FLEXERIL equiv)	-	Generic	MUSCULOSKELETAL THERAPY AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	Generic	OPHTHALMIC AGENTS
cyclophosphamide cap	-	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclosporine modified cap (NEORAL equiv)	-	Generic	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	Generic	ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days)	QL	Generic	OPHTHALMIC AGENTS
cyproheptadine syrup	-	Generic	ANTIHISTAMINES
cyproheptadine tab	-	Generic	ANTIHISTAMINES

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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
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

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Drug Name	Special Code	Tier	Category
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 10mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL 60 caps/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dexmethylphenidate ER 15mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL 60 caps/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dexmethylphenidate ER 20mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL 60 caps/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dexmethylphenidate ER 5mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 60 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dexmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 240 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
dexmethylphenidate tab 5mg (FOCALIN equiv) (QL= 120 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//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//NOREXIANTS
dextroamphetamine tab 10mg (QL= 6 tabs/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
DIALYVITE TAB	-	Generic	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	Generic	MULTIVITAMINS
DIAPHRAGM	-	Preventive	MEDICAL DEVICES AND SUPPLIES
diazepam conc (VALIUM equiv)	-	Generic	ANTI-ANXIETY AGENTS
DIAZEPAM GEL (QL= 4 doses/fill)	QL	Brand	ANTICONVULSANTS
diazepam oral soln (QL= 360ml/30 days)	QL	Generic	ANTI-ANXIETY AGENTS
diazepam rectal gel (QL= 4 doses/fill)	QL	Value	ANTICONVULSANTS
diazepam tab (VALIUM equiv)	-	Generic	ANTI-ANXIETY AGENTS

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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 sodium ophth soln (VOLTAREN equiv)	-	Generic	OPHTHALMIC AGENTS
diclofenac soln 1.5% (PENNSAID equiv)	-	Generic	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	Generic	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	Generic	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	Generic	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	Generic	ULCER DRUGS
DIDANOSINE DR CAP (QL= 2 caps/day)	QL	Brand	ANTIVIRALS
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	QL	Generic	ANTIVIRALS
DIFICID SUSP (QL= 136 mL/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	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
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= 60 tabs/30 days)	QL	Generic	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Generic	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 5mg (ARICEPT equiv) (QL= 60 tabs/30 days)	QL	Generic	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand	HEMATOPOIETIC AGENTS
dorzolamide ophth soln (TRUSOPT equiv)	-	Specialty 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
drosiprone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	Preventive	CONTRACEPTIVES
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE TAB, SAFYRAL TA	-	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
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	Generic	ANTIVIRALS
ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days)	QL	Brand	ANTICOAGULANTS

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

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Drug Name	Special Code	Tier	Category
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 (QL= 3 caps/day; ST requires trial of amitriptyline AND hydroxyzine)	QL-ST	Brand	GENITOURINARY AGENTS - MISCELLANEOUS
ELOCTATE INJ	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
eluryng vaginal ring (NUVARING equiv)	-	Preventive	CONTRACEPTIVES
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	Brand	MIGRAINE PRODUCTS
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preventive	ANTIVIRALS
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-LEVELLEN 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.
ENVARUSUS XR TAB (Step therapy requires trial of tacrolimus IR capsules)	ST	Brand	ASSORTED CLASSES

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

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Drug Name	Special Code	Tier	Category
EOHILIA SUS 2MG/10ML (Step therapy requires trial of budesonide vials; Diagnosis Restricted – Eosinophilic esophagitis (K20.0))	RDX-ST	Brand	CORTICOSTEROIDS
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	Brand Specialty	ANTICONVULSANTS
EPINEPHRINE INJ	-	Brand	VASOPRESSORS
epinephrine inj (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 (INSPIRA 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 CAP DR	-	Brand	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	Generic	MACROLIDES
ERYTHROMYCIN EC CAP	-	Brand	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	Generic	MACROLIDES
erythromycin gel	-	Generic	DERMATOLOGICALS
erythromycin ophth oint	-	Generic	OPHTHALMIC AGENTS
erythromycin pad	-	Generic	DERMATOLOGICALS
erythromycin soln	-	Generic	DERMATOLOGICALS
erythromycin tab (ERY-TAB equiv)	-	Generic	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	Generic	MACROLIDES
escitalopram soln (LEXAPRO equiv)	-	Generic	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	Value	ANTIDEPRESSANTS
estazolam tab (PROSOM equiv)	-	Generic	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	Generic	ESTROGENS
estradiol cream (ESTRACE equiv)	-	Generic	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days)	QL	Generic	ESTROGENS
estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days)	QL	Generic	ESTROGENS
estradiol tab (ESTRACE equiv)	-	Generic	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	Generic	VAGINAL PRODUCTS
estradiol valerate inj	-	Generic	ESTROGENS
estradiol/norethindrone tab (ACTIVEVELLA 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 DISORDEF AGENTS
ethambutol tab (MYAMBUTOL equiv)	-	Generic	ANTIMYCOBACTERIAL AGENTS

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

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Drug Name	Special Code	Tier	Category
ethosuximide cap (ZARONTIN equiv)	-	Generic	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	Generic	ANTICONVULSANTS
ETOPOSIDE CAP	-	Brand	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etoposide cap (VEPESID equiv)	-	Generic	ANTINEOPLASTICS
etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day)	QL	Generic	ANTIVIRALS
etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day)	QL	Generic	ANTIVIRALS
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab for oral susp (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVOTAZ TAB (QL= 1 tab/day)	QL	Brand	ANTIVIRALS
exemestane tab (AROMASIN equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Brand Specialty	NEUROMUSCULAR AGENTS
ezetimibe tab (ZETIA equiv) (QL= 1 tab/day)	QL	Generic	ANTIHYPERTENSIVES
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day)	QL	Generic	ANTIHYPERTENSIVES
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Generic	ANTIVIRALS
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Generic	ANTIVIRALS
famciclovir tab 500mg (FAMVIR equiv) (QL= 42 tabs/fill, 2 fills/month)	QL	Generic	ANTIVIRALS
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
FEMLYV TAB (QL= 28 tabs/24 days)	QL	Preventive	CONTRACEPTIVES
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	Generic	ANTIHYPERTENSIVES
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	Generic	ANTIHYPERTENSIVES
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	Brand	ANTIHYPERTENSIVES
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	Generic	ANTIHYPERTENSIVES
fenofibric acid DR cap (TRILIPIX equiv)	-	Generic	ANTIHYPERTENSIVES
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

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

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FLUAD QUAD INJ	VAC	Preventive	VACCINES
FLUBLOK INJ	VAC	Preventive	VACCINES
FLUBLOK INJ (QL= 0.5ml/fill)	VAC-QL	Preventive	VACCINES
FLUBLOK QUAD PF INJ	VAC	Preventive	VACCINES
FLUCELVAX INJ (QL= 0.5ml/fill)	QL-VAC	Preventive	VACCINES
FLUCELVAX QUAD INJ	VAC	Preventive	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	Generic	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	Generic	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	Generic	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	Generic	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	Preventive	VACCINES
FLUMIST NASAL (QL= 1 dose/fill; Limited to members aged 2 to 49 years old)	QL-VAC	Preventive	VACCINES
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
flutamide cap (EULEXIN equiv)	-	Generic	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
fluticasone propionate cream (CUTIVATE equiv)	-	Generic	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	Generic	DERMATOLOGICALS
FLUTICASONE/SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days)	QL	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
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	ANTIHYPERTENSIVES
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	ANTIHYPERTENSIVES
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
FREE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Brand	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	DIAB 1	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 READER (QL= 1 receiver/1 year; Step Therapy requires trial of one insulin product)	QL-ST	DIAB 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1	MEDICAL DEVICES AND SUPPLIES

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

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Drug Name	Special Code	Tier	Category
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	DIAB 1	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	DIAB 1	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	DIAB 1	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIPS (QL= 300 strips/30 days)	QL	DIAB 1	DIAGNOSTIC PRODUCTS
FULPHILA INJ (QL= 2 syringes/28 days)	AMSP-QL	Brand Specialty	HEMATOPOIETIC AGENTS
FUROSEMIDE SOLN	-	Value	DIURETICS
furosemide soln (LASIX equiv)	-	Value	DIURETICS
furosemide tab (LASIX equiv)	-	Value	DIURETICS
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	ANTHYPERLIPIDEMICS
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.

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

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Drug Name	Special Code	Tier	Category
GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days)	AMSP-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPTH OINT	-	Generic	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	Generic	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	Generic	DERMATOLOGICALS
gentamicin sulfate oint	-	Generic	DERMATOLOGICALS
GENVOYA TAB (QL= 1 tab/day)	QL	Brand	ANTIVIRALS
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	Preventive	CONTRACEPTIVES
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glatiramer inj 20mg/ml (COPAXONE equiv) (QL= 30 syringes/30 days)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
glatiramer inj 40mg/ml (COPAXONE equiv) (QL= 12 syringes/28 days)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
glimepiride tab (AMARYL equiv)	-	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 (rdna) for inj kit (QL= 2 inj/fill, 2 fills/month)	QL	Generic	ANTIDIABETICS
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

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
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Drug Name	Special Code	Tier	Category
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
HALDOL DECANOATE INJ	-	Brand Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
halobetasol propionate cream (ULTRAVATE equiv)	-	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.
HEMOFIL M, KOATE INJ	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
heparin porcine inj	-	Generic	ANTICOAGULANTS
HEPLISAV-B INJ	VAC	Preventive	VACCINES
HEXALEN CAP (Only available through Walgreens 888-347-3416)	LD	Brand Specialty	ANTINEOPLASTICS
HIZENTRA INJ (Only available through Emerging Health 971-290-2010)	LD-PA	Brand Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HIZENTRA INJ, VIVAGLOBIN INJ (Only available through Emerging Health 971-290-2010)	LD-PA	Brand Specialty	PASSIVE IMMUNIZING AGENTS
HOMATROPINE OPHTH SOLN	-	Brand	OPHTHALMIC AGENTS
HUMULIN R INJ U-500 (QL= 40ml/28 days)	QL	DIAB 1	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ (QL= 24ml/28 days)	QL	DIAB 1	ANTIDIABETICS
HYCANTIN 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

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Drug Name	Special Code	Tier	Category
hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 12 tabs/day)	QL	Generic	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	Generic	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	Generic	COUGH/COLD/ALLERGY
HYDROCODONE/IBUPROFEN TAB (QL= 5 tabs/day)	QL	Generic	ANALGESICS - OPIOID
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	QL--	Generic	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	Generic	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	Generic	DERMATOLOGICALS
HYDROCORTISONE BUTYRATE OINT	-	Generic	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	Generic	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	Generic	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	Generic	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	Generic	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	Generic	DERMATOLOGICALS
hydrocortisone oint	-	Generic	DERMATOLOGICALS
hydrocortisone sodium succinate pf for inj (SOLU-CORTEF equiv)	-	Generic	CORTICOSTEROIDS
hydrocortisone tab (CORTEF equiv)	-	Generic	CORTICOSTEROIDS
hydrocortisone valerate cream	-	Generic	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	Generic	DERMATOLOGICALS
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	ANTIAXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	Generic	ANTIAXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	Generic	ANTIAXIETY 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 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	ANTIHYPERTENSIVES
icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day)	QL	Generic	ANTIHYPERTENSIVES
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

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	Vaccine Program				

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Drug Name	Special Code	Tier	Category
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
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 AnovoRx 844-288-5007)	LD	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER (QL= 30 units/30 days)	QL	Brand	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	Generic	DIURETICS
INFANRIX INJ	VAC	Preventive	TOXOIDS
INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INLYTA TAB 5MG (QL= 4 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

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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
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	-	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 (STROMEKTOL 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
JAVYGTOR PAK 100MG	LMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JAVYGTOR POW 500MG	LMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JAVYGTOR TAB 100MG	LMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
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.

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

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Drug Name	Special Code	Tier	Category
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.
ketoconazole cream (NIZORAL CREAM equiv)	-	Generic	DERMATOLOGICALS
ketoconazole shampoo	-	Generic	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	Generic	ANTIFUNGALS
ketorolac ophth soln .05% (ACULAR (LS) equiv)	-	Generic	OPHTHALMIC AGENTS
ketorolac ophth soln .4% (ACULAR (LS) equiv)	-	Generic	OPHTHALMIC AGENTS
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

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

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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
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

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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
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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.
LINZESS CAP (QL= 30 caps/30 days)	QL	Brand	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	Generic	THYROID AGENTS
liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Generic	ANTIDIABETICS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	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
lofedidine 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	ANTIANKXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	Generic	ANTIANKXIETY 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

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lubiprostone cap (AMITIZA equiv) (QL= 60 caps/30 days)	QL	Generic	GASTROINTESTINAL AGENTS - MISC.
LUPRON DEPOT INJ (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days)	AMSP-PA-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ (1-MONTH) (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ (3-MONTH) (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day)	QL	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days)	QL	Preventive	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	Generic	PROGESTINS
megestrol ES susp (MEGACE ES equiv)	-	Generic	PROGESTINS
MEGESTROL SUSP	-	Generic	PROGESTINS
megestrol susp (MEGACE equiv)	-	Generic	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	Generic	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST SOLN (QL= 40ml/day)	LMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	AMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day)	AMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELPHALAN TAB	AMSP	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Generic	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	Generic	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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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
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
mercaptapurine susp 2000mg/100ml (PURIXAN equiv)	-	Generic	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mercaptapurine 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.
mesna tab (MESNEX equiv)	AMSP	Brand Specialty Value	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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

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

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Drug Name	Special Code	Tier	Category
methylphenidate ER 18mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER 27mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER 36mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab (QL= 1 tab/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 10mg (QL= 3 tabs/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab 20mg (QL= 3 tabs/day)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE HCL TAB ER 24HR 18MG (QL= 60 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE HCL TAB ER 24HR 27MG (QL= 60 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
METHYLPHENIDATE HCL TAB ER 24HR 36MG (QL= 60 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab 10mg (RITALIN equiv) (QL= 180 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab 20mg (RITALIN equiv) (QL= 90 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab 5mg (RITALIN equiv) (QL= 360 tabs/30 days)	QL	Generic	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	Generic	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	Generic	CORTICOSTEROIDS
METIPRANOLOL OPHTH SOLN	-	Brand	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	Generic	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	Generic	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	Generic	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	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)	-	Preventive	CONTRACEPTIVES
MICORT-HC CREAM	-	Brand	DERMATOLOGICALS
midazolam hcl syrup	-	Generic	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
midazolam inj (MIDAZOLAM equiv)	-	Generic	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
midodrine tab (PROAMATINE equiv)	-	Generic	VASOPRESSORS
mifepristone tab (MIFEPREX equiv)	-	Generic	ENDOCRINE AND METABOLIC AGENTS - MISC.

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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
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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) (QL= 3 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Generic Specialty	HEMATOPOIETIC AGENTS
minocycline cap (MINOCIN equiv)	-	Generic	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	Generic	ANTIHYPERTENSIVES
MIRENA IUD	-	Preventive	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	Generic	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	Generic	ANTIDEPRESSANTS
misoprostol tab (CYTOTEC equiv)	-	Generic	ULCER DRUGS
M-M-R II INJ	VAC	Preventive	VACCINES
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	Value	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
moexipril tab (UNIVASC equiv)	-	Generic	ANTIHYPERTENSIVES
MOLINDONE TAB	-	Brand	ANTI-PSYCHOTICS/ANTIMANIC AGENTS
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	Preventive	ANTIVIRALS
mometasone cream (ELOCON equiv)	-	Generic	DERMATOLOGICALS
mometasone oint (ELOCON equiv)	-	Generic	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	Generic	DERMATOLOGICALS
montelukast chew tab (SINGULAIR equiv)	-	Generic	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	Generic	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	Generic	ANTI-ASTHMATIC 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 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 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 20MG/5ML	-	Brand	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	Preventive	VACCINES
multigen plus tab (CHROMAGEN FORTE equiv)	-	Generic	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	Generic	HEMATOPOIETIC AGENTS

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MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	Preventive	MULTIVITAMINS
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	Preventive	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	Preventive	MULTIVITAMINS
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
nadolol tab (CORCARD 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.
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/POLYMYXIN/GRAMICIDIN OPHTH SOLN	-	Generic	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	Generic	OTIC AGENTS
neomycin/polymixin/hydrocortisone 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

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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	ANTIHYPERTENSIVES
nicardipine cap (CARDENE equiv)	-	Generic	CALCIUM CHANNEL BLOCKERS
NICAZELDOXY KIT	-	Brand	TETRACYCLINES
NICODERM PATCH (Limited to 180 days/year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE GUM (Limited to 180 days/year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE LOZENGE (Limited to 180 days/year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine gum (NICORETTE equiv) (Limited to 180 days/year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT (Limited to 180 days/year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	Generic	CALCIUM CHANNEL BLOCKERS
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

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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
NOVOLIN R INJ 100 UNIT (QL= 60ml/30 days)	OTC-QL	DIAB 1	ANTIDIABETICS
NOVOLIN RELION INJ 70/30 (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
NOVOLIN VIAL (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
NOVOLOG FLEXPEN INJ (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
NOVOLOG INJ (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
NOVOLOG INJ FLEX REL (QL= 60ml/30 days)	QL	DIAB 1	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
NOVOLOG MIX INJ (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
NOVOLOG PENFILL INJ (QL= 60 units/30 days)	QL	DIAB 1	ANTIDIABETICS
NOVOTWIST PEN NEEDLE	OTC	DIAB 1	MEDICAL DEVICES AND SUPPLIES
NUBEQA TAB (QL= 4 tabs/day; Only available through 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
NUDEXTA 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

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nystatin/triamcinolone cream	-	Generic	DERMATOLOGICALS
nystatin/triamcinolone oint	-	Generic	DERMATOLOGICALS
NYVEPRIA INJ (QL= 2 inj/28 days)	AMSP-QL	Brand Specialty	HEMATOPOIETIC AGENTS
OBIZUR INJ (Only available through CVS Specialty 800-238-7828)	LD-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	AMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCTREOTIDE INJ 100MCG	AMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODACTRA SL TAB (QL= 30 tabs/30 days)	QL	Brand	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB (QL= 1 tab/day)	QL	Brand	ANTIVIRALS
ODOMZO CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
olopatadine nasal spray (PATANASE equiv) (QL= 30.5ml/30 days)	QL	Generic	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMECLAMOX (QL= 80 tabs/10 days)	QL	Brand	ULCER DRUGS
omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day)	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
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 inj (ZOFTRAN equiv) (QL= 24ml/fill, 1 fill/15 days)	QL	Generic	ANTIEMETICS

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

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ondansetron ODT (ZOFTRAN equiv)	-	Generic	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv) (QL= 50ml/fill, 1 fill/15 days)	QL	Generic	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	Generic	ANTIEMETICS
OPILL TAB	-	Preventive	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.
oxcarbazepine susp (TRILEPTAL equiv)	-	Generic	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	Generic	ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	-	Generic	URINARY ANTISPASMODICS
oxybutynin syrup	-	Generic	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	Generic	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	Generic	ANALGESICS - OPIOID
OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Brand	ANALGESICS - OPIOID
OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Brand	ANALGESICS - OPIOID
OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Brand	ANALGESICS - OPIOID
OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Brand	ANALGESICS - OPIOID
OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Brand	ANALGESICS - OPIOID
OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Brand	ANALGESICS - OPIOID
OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Brand	ANALGESICS - OPIOID

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

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Drug Name	Special Code	Tier	Category
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
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 12 years or older)	QL	Brand	ANTIVIRALS
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; Covered for members age 12 years or older)	QL	Brand	ANTIVIRALS
PAXLOVID TAB 300-100 (QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 12 years or older)	QL	Brand	ANTIVIRALS
pazopanib hcl tab (VOTRIENT equiv) (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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

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penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days)	QL	Generic	MISCELLANEOUS THERAPEUTIC CLASSES
penicillin g potassium for inj (PFIZERPEN equiv)	-	Generic	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	Generic	PENICILLINS
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.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv) (QL= 8 tabs/day)	QL	Generic	MINERALS & ELECTROLYTES
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.
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.
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

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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	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 acetate ophth susp	-	Generic	OPHTHALMIC AGENTS
PREDNISOLONE OPHTH SUSP	-	Generic	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	Generic	OPHTHALMIC AGENTS
PREDNISOLONE SOLN	-	Brand	CORTICOSTEROIDS
prednisolone soln	-	Generic	CORTICOSTEROIDS
prednisolone soln (PEDIAPRED equiv)	-	Generic	CORTICOSTEROIDS
prednisone pack	-	Generic	CORTICOSTEROIDS
PREDNISONE SOLN	-	Generic	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	Generic	CORTICOSTEROIDS
pregabalin cap (LYRICA equiv)	-	Generic	ANTICONVULSANTS
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	Generic	ANTICONVULSANTS
PREMARIN 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

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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	ANTI-PSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	Generic	ANTI-PSYCHOTICS/ANTIMANIC AGENTS
PROCTOFOAM HC FOAM	-	Brand	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	Generic	ANORECTAL AGENTS
PRODRIN TAB	-	Generic	MIGRAINE PRODUCTS
PROFILNINE INJ	AMSP-PA	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
progesterone cap (PROMETRIUM equiv)	-	Generic	PROGESTINS
progesterone oil inj	-	Generic	PROGESTINS
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
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 (QL= 30ml/day)	--QL	Generic	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	--QL	Generic	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	Generic	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	Generic	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	Generic	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	Generic	ANTIHISTAMINES
propafenone tab (RYTHMOL equiv)	-	Generic	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	Brand	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	Generic	OPHTHALMIC AGENTS

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

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Drug Name	Special Code	Tier	Category
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 2000MG/100ML	-	Generic	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pyrazinamide tab	-	Generic	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	Generic	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	Generic	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty	ANTIMALARIALS
quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day)	QL	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day)	QL	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quinapril tab (ACCUPRIL equiv)	-	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	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
RABAVERT INJ	-	Preventive	VACCINES
RADICAVA ORS SUSP (QL= 70ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	NEUROMUSCULAR AGENTS
RAGWITEK SL TAB (QL= 30 tabs/30 days)	QL	Brand	BIOLOGICALS MISC
raloxifene tab (EVISTA equiv) (QL= 1 tab/day)	QL	Preventive	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramipril cap (ALTACE equiv)	-	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.

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

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Drug Name	Special Code	Tier	Category
REBIF INJ (QL= 6ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Brand Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBIF TITRTN INJ PACK (QL= 4.2ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Brand Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month)	QL	Brand	ANTIVIRALS
RELTONE CAP (Step therapy requires trial of ursodiol tab)	ST	Generic	GASTROINTESTINAL AGENTS - MISC.
REPAGLINIDE TAB	-	Brand	ANTIDIABETICS
repaglinide tab (PRANDIN equiv)	-	Generic	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	Brand	ANTIHYPERTENSIVES
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	Brand	ANTIHYPERTENSIVES
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
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	ANTIHYPERTENSIVES
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

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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
RYTARY CAP 23.75-95MG (QL= 750 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand	ANTIPARKINSON AGENTS
RYTARY CAP 36.25-145MG (QL= 480 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand	ANTIPARKINSON AND RELATED THERAPY AGENTS
RYTARY CAP 48.75-195MG (QL= 360 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand	ANTIPARKINSON AND RELATED THERAPY AGENTS
RYTARY CAP 61.25-245MG (QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand	ANTIPARKINSON AND RELATED THERAPY AGENTS
SAFETY SYRINGE	-	Brand	MEDICAL DEVICES AND SUPPLIES
salicylic acid shampoo (SALEX equiv)	-	Generic	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	Generic	ANALGESICS - NONNARCOTIC
SANTYL OINT (QL= 90gm/30 days)	QL	Brand	DERMATOLOGICALS
sapropterin dihydrochloride powder packet (KUVAN equiv)	AMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv)	AMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
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 (REVELA equiv)	-	Generic	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (REVELA TAB equiv)	-	Generic	GASTROINTESTINAL AGENTS - MISC.
SHINGRIX INJ (Covered for members age 18 or older)	VAC	Preventive	VACCINES
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	AMSP-PA-QL	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab (VIAGRA equiv) (QL= 6 tabs/30 days)	QL	Generic	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	Generic	CARDIOVASCULAR AGENTS - MISC.
SILVER NITRATE SOLN	-	Brand	DERMATOLOGICALS
silver nitrate soln	-	Generic	DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	Generic	DERMATOLOGICALS
SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Brand	ANTIHYPERTENSIVES

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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 IRRIGATION SOLN	-	Generic	GENITOURINARY AGENTS - MISCELLANEOUS
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
SOFOBUIR/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

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SPIKEVAX INJ 50/0.5ML	VAC	Preventive	VACCINES
SPIKEVAX INJ 50MCG/0.5ML	VAC	Preventive	VACCINES
SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Brand	DERMATOLOGICALS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler)	QL-ST	Brand	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days)	QL	Brand	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	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
sucrafate susp (CARAFATE equiv)	-	Generic	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
sucrafate 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.
SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days)	QL	Brand	MIGRAINE PRODUCTS

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sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, 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= 28 caps/42 days)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Brand Specialty	RESPIRATORY AGENTS - MISC.
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
TAGRISSE TAB (QL= 1 tab/day)	AMSP-PA-QL	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ 150MG/ML (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	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 DISORDER AGENTS
tazarotene cream 0.1% (TAZORAC equiv) (QL= 360g/30 days)	QL	Generic	DERMATOLOGICALS
tazarotene gel (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream)	QL-ST	Generic	DERMATOLOGICALS

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

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Drug Name	Special Code	Tier	Category
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 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 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
theophylline ER tab (UNIPHYL equiv)	-	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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

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theophylline soln	-	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOPHYLLINE TAB ER (QL= 1 tab/day)	QL	Brand	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
thioridazine hcl tab (QL= 8 tabs/day)	QL	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	Generic	ANTIPSYCHOTICS/ANTIMANIC AGENTS
tiagabine tab 12mg (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)	AMSP-PA-QL	Generic Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
tiotropium bromide cap inhaler (SPIRIVA equiv) (QL= 1 cap/day; For use with Handihaler device)	QL	Generic	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TIVICAY PD TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand	ANTIVIRALS
TIVICAY TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Brand	ANTIVIRALS
tizanidine tab (ZANAFLEX equiv)	-	Generic	MUSCULOSKELETAL THERAPY AGENTS
TOBRADEX OPHTH OINT	-	Brand	OPHTHALMIC AGENTS
tobramycin neb soln (BETHKIS equiv)	AMSP-PA	Generic Specialty	AMINOGLYCOSIDES
tobramycin neb soln (TOBI equiv)	AMSP-PA	Generic Specialty	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	Generic	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	Generic	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	Preventive	VAGINAL PRODUCTS
tolazamide tab (TOLINASE equiv)	-	Generic	ANTIDIABETICS
TOLBUTAMIDE TAB	-	Brand	ANTIDIABETICS
tolterodine SR cap (DETROL LA equiv)	-	Generic	URINARY ANTISPASMODICS
tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
topiramate sprinkle cap (TOPAMAX equiv)	-	Generic	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	Generic	ANTICONVULSANTS
toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen)	ST	Generic	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torsemide tab (DEMADEX equiv)	-	Generic	DIURETICS
TOUJEO MAX SOLOSTAR INJ (QL= 18ml/28 days)	QL	DIAB 1	ANTIDIABETICS
TOUJEO SOLOSTAR INJ (QL= 18ml/30 days)	QL	DIAB 1	ANTIDIABETICS

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Drug Name	Special Code	Tier	Category
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 Accredo 888-773-7376)	LD-PA	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
TRESIBA FLEXTOUCH INJ (QL= 60ml/30 days; 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 DISORDEF AGENTS
tricitrates soln (POLYCITRA-LC equiv)	-	Generic	GENITOURINARY AGENTS - MISCELLANEOUS
trientine cap 250mg (SYPRINE equiv)	-	Generic	MISCELLANEOUS THERAPEUTIC CLASSE

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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
trispesec 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
TYENNE INJ (QL= 1.8ml/28 days)	AMSP-PA-QL	Brand Specialty	ANALGESICS - ANTI-INFLAMMATORY
TYMLOS INJ (QL= 1.56 units/30 days)	AMSP-PA-QL	Brand Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYPHOID VI MULTI-DOSE	-	Preventive	VACCINES
TYPHOID VI PREFILLED SYRINGE	VAC	Preventive	VACCINES
TYRVAYA SOLN (QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	QL-ST	Brand	OPHTHALMIC AGENTS
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.

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TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO 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 Accredo 800-803-2523)	LD-PA-QL	Brand Specialty	DERMATOLOGICALS
valganciclovir soln (VALCYTE equiv)	-	Generic	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	Generic	ANTIVIRALS
valproic acid cap (DEPAKENE equiv)	-	Generic	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	Generic	ANTICONVULSANTS
VALSARTAN 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.
varidenafil ODT (STAXYN equiv) (QL= 6 tabs/30 days)	QL	Generic	CARDIOVASCULAR AGENTS - MISC.
varidenafil 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

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

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**PEBB High Performance Formulary Cont.
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Drug Name	Special Code	Tier	Category
velivet tab (CYCLESSA equiv)	-	Preventive	CONTRACEPTIVES
VEMLIDY TAB (QL= 1 tab/day)	AMSP-QL	Brand Specialty	ANTIVIRALS
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
vienna 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
VIMKUNYA INJ	VAC	Preventive	VACCINES
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

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

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Drug Name	Special Code	Tier	Category
VOYDEYA TAB (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
VOYDEYA TAB THERAPY PACK (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Brand Specialty	HEMATOLOGICAL AGENTS - MISC.
VP-PNV-DHA CAP	-	Generic	MULTIVITAMINS
VTOL SOLN	-	Generic	ANALGESICS - NONNARCOTIC
VUMERITY CAP (QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Brand Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYLEESI INJ (QL= 8 syringes/28 days)	QL	Brand	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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 (QL= 60 tabs/30 days)	QL	Brand	ANTICOAGULANTS
XARELTO TAB 10MG (QL= 30 tabs/30 days)	QL	Brand	ANTICOAGULANTS
XARELTO TAB 15MG (QL= 60 tabs/30 days)	QL	Brand	ANTICOAGULANTS
XARELTO TAB 20MG (QL= 30 tabs/30 days)	QL	Brand	ANTICOAGULANTS
XDEMVY DROP (QL= 10 units/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Claim requires DX of Demodex blepharitis (acariasis or unspecified blepharitis))	LD-QL-RDX	Brand Specialty	OPHTHALMIC AGENTS
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

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

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Drug Name	Special Code	Tier	Category
zaleplon cap 10mg (SONATA equiv) (QL= 2 caps/day)	QL	Generic	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ZARXIO INJ (QL= 15 syringes/30 days)	AMSP-QL	Brand Specialty	HEMATOPOIETIC AGENTS
ZARXIO INJ 480/0.8 (QL= 15 syringes/30 days)	AMSP-QL	Brand Specialty	HEMATOPOIETIC AGENTS
ZEJULA CAP (QL= 30 caps/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEJULA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELBORAF TAB (QL= 8 tabs/day)	LMSP-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZERVIAE 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 DISORDEF AGENTS
zolpidem er tab 6.25mg (AMBIEN equiv) (QL= 2 tabs/day)	QL	Generic	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	Generic	HYPNOTICS
zolpidem tab 5mg (AMBIEN equiv) (QL= 2 tabs/day)	QL	Generic	HYPNOTICS
zonisamide cap (ZONEGRAN equiv)	-	Generic	ANTICONVULSANTS
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZYDELIG TAB (Only available through Optum 877-445-6874)	LD-PA	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA CAP (QL= 3 caps/day)	AMSP-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day)	AMSP-PA-QL-SF	Brand Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP	-	Brand	OPHTHALMIC AGENTS
ZYPREXA RELPREVV INJ	AMSP	Brand Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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

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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
ANALECTICS		
caffeine citrate soln (CAFCIT equiv)	-	Generic
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Generic
atomoxetine cap 10mg (STRATTERA equiv) (QL= 120 caps/30 days)	QL	Generic
atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Generic
atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Generic
atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Generic
atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Generic
atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Generic
clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day)	QL	Generic
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	QL	Generic
guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Generic
guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Generic
STIMULANTS - MISC.		
armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Generic
armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Generic
armodafinil tab 250mg (NUVIGIL equiv) (QL= 60 tabs/30 days)	QL	Generic
armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day)	QL	Generic
dexmethylphenidate ER 10mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Generic
dexmethylphenidate ER 15mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Generic
dexmethylphenidate ER 20mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Generic
dexmethylphenidate ER 5mg caps (DEXMETHYLPHENIDATE HCL equiv) (QL= 60 caps/30 days)	QL	Generic
dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day)	QL	Generic
dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 60 tabs/30 days)	QL	Generic
dexmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 240 tabs/30 days)	QL	Generic
dexmethylphenidate tab 5mg (FOCALIN equiv) (QL= 120 tabs/30 days)	QL	Generic
methylphenidate ER 18mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Generic
methylphenidate ER 27mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Generic
methylphenidate ER 36mg tabs (METHYLPHENIDATE HCL equiv) (QL= 60 tabs/30 days)	QL	Generic
methylphenidate ER tab (QL= 1 tab/day)	QL	Generic
methylphenidate ER tab 10mg (QL= 3 tabs/day)	QL	Generic
methylphenidate ER tab 20mg (QL= 3 tabs/day)	QL	Generic
METHYLPHENIDATE HCL TAB ER 24HR 18MG (QL= 60 tabs/30 days)	QL	Generic
METHYLPHENIDATE HCL TAB ER 24HR 27MG (QL= 60 tabs/30 days)	QL	Generic
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
AMSP	NC =Not Covered Ardon Mandatory Specialty Pharmacy Program	EXC Plan Exclusion
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
PA	Prior Authorization	QL Quantity Limit
SF	Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC	Vaccine Program	
		LD Limited Distribution
		OTC Over-the-Counter
		RDX Restricted to Diagnosis
		ST Step Therapy
		BRANDS =CAPITAL LETTERS

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
METHYLPHENIDATE HCL TAB ER 24HR 36MG (QL= 60 tabs/30 days)	QL	Generic
methylphenidate soln (METHYLIN equiv)	-	Generic
methylphenidate tab 10mg (RITALIN equiv) (QL= 180 tabs/30 days)	QL	Generic
methylphenidate tab 20mg (RITALIN equiv) (QL= 90 tabs/30 days)	QL	Generic
methylphenidate tab 5mg (RITALIN equiv) (QL= 360 tabs/30 days)	QL	Generic
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	Value
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
ODACTRA SL TAB (QL= 30 tabs/30 days)	QL	Brand
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin tab	-	Generic
paromomycin cap (HUMATIN equiv)	-	Generic
tobramycin neb soln (BETHKIS equiv)	AMSP-PA	Generic Specialty
tobramycin neb soln (TOBI equiv)	AMSP-PA	Generic Specialty
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
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		
ADALIMU-ADAZ INJ 80/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty
ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Brand Specialty
ADALIMUMAB-ADAZ INJ 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		
TYENNE INJ (QL= 1.8ml/28 days)	AMSP-PA-QL	Brand Specialty
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

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

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DrugName	Special Code	Tier			
ANALGESICS - ANTI-INFLAMMATORY Cont.					
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					
OPIOID AGONISTS					
MEPERIDINE SOLN	-	Brand			
MORPHINE SULFATE SOLN 20MG/5ML	-	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			
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.					
AMSP	NC =Not Covered Ardon Mandatory Specialty Pharmacy Program	EXC	generic =small letters Plan Exclusion	LD	BRANDS =CAPITAL LETTERS Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
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 tab	-	Generic
oxycodone cap (OXYIR equiv)	-	Generic
oxycodone soln (ROXICODONE equiv)	-	Generic
oxycodone tab (ROXICODONE equiv)	-	Generic
oxymorphone tab (OPANA equiv)	-	Generic
tramadol ER tab 100mg (ULTRAM ER equiv)	-	Generic
tramadol ER tab 200mg (ULTRAM ER equiv)	-	Generic
tramadol ER tab 300mg (ULTRAM ER equiv)	-	Generic
tramadol hcl tab 100mg (QL= 4 tabs/day)	QL	Generic
tramadol tab (ULTRAM equiv)	-	Generic

OPIOID COMBINATIONS

acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	Generic
APAP/CODEINE SOLN	-	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

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

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

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DrugName	Special Code	Tier			
ANALGESICS - OPIOID Cont.					
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 hcl buccal film (BELBUCA equiv)	-	Generic			
buprenorphine patch (BUTRANS equiv)	-	Generic			
buprenorphine SL tab (SUBUTEX equiv)	-	Generic			
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	Generic			
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	Generic			
butorphanol nasal spray (QL= 5ml/30 days)	QL	Generic			
pentazocine/naloxone tab (TALWIN NX equiv)	-	Generic			
ANDROGENS-ANABOLIC					
ANDROGENS					
TESTOSTERONE ENANTHATE INJ (QL= 5 mL/28 days)	QL	Brand			
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	Brand			
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	Brand			
TESTOSTERONE INJ (QL= 1 vial/28 days)	QL	Brand			
TESTOSTERONE INJ (QL= 4 vials/28 days)	QL	Brand			
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days)	QL	Brand			
danazol cap (DANOCRINE equiv) (QL= 4 caps/day)	QL	Generic			
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	Generic			
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 1 vial/28 days)	--QL	Generic			
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	--QL	Generic			
testosterone cypionate inj 200mg/ml (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	QL	Generic			
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 150gm/30 days)	QL	Generic			
testosterone gel 1% 50mg (QL= 300gm/30 days)	QL	Generic			
testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 300gm/30 days)	QL	Generic			
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 150gm/30 days)	QL	Generic			
ANORECTAL AGENTS					
INTRARECTAL STEROIDS					
hydrocortisone enema (CORTENEMA equiv)	-	Generic			
RECTAL COMBINATIONS					
PROCTOFOAM HC FOAM	-	Brand			
lidocaine/hydrocortisone 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					
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.					
AMSP LMSP PA SF VAC	NC =Not Covered Ardon Mandatory Specialty Pharmacy Program Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program	EXC M QL SMKG	generic =small letters Plan Exclusion Medical Benefit Quantity Limit Smoking Cessation	LD OTC RDX ST	BRANDS =CAPITAL LETTERS Limited Distribution Over-the-Counter Restricted to Diagnosis Step Therapy

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DrugName	Special Code	Tier
ANTHELMINTICS Cont.		
BENZNIDAZOLE TAB	-	Brand
ivermectin tab (STROMEKTOL 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	-	Generic
isosorbide mononitrate tab (MONOKET equiv)	-	Generic
NITROGLYCERIN ER CAP	-	Generic
nitroglycerin patch (NITRO-DUR equiv)	-	Generic
nitroglycerin SL tab (NITROSTAT equiv)	-	Generic

ANTIANKXIETY AGENTS

ANTIANKXIETY AGENTS - MISC.		
bupirone tab (BUSPAR equiv)	-	Generic
hydroxyzine pamoate cap (VISTARIL equiv)	-	Generic
hydroxyzine syrup (ATARAX equiv)	-	Generic
hydroxyzine tab (ATARAX equiv)	-	Generic

BENZODIAZEPINES		
alprazolam ER tab (XANAX XR equiv)	-	Generic
alprazolam tab (XANAX equiv)	-	Generic
chlordiazepoxide cap (LIBRIUM equiv)	-	Generic
clorazepate tab (TRANXENE-T equiv)	-	Generic
diazepam conc (VALIUM equiv)	-	Generic
diazepam oral soln (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		
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AMSP	NC =Not Covered	EXC	generic =small letters	LD	BRANDS =CAPITAL LETTERS
LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ANTIARRHYTHMICS Cont.		
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
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		
ARNUIITY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Value
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	QL	Value
ASMANEX INHALER (QL= 1 inhaler/30 days)	QL	Value
budesonide inh susp (PULMICORT equiv) (QL= 120 units/30 days)	QL	Value
QVAR REDHALER (QL= 21.2gm/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
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		

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

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
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 (QL= 1 inhaler/30 days)	QL	Generic
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days)	QL	Generic
levalbuterol neb soln (XOPENEX equiv)	-	Generic
terbutaline sulfate tab (BRETHINE equiv)	-	Generic
XANTHINES		
ELIXOPHYLLIN ELIXIR	-	Brand
THEOPHYLLINE TAB ER (QL= 1 tab/day)	QL	Brand
theophylline CR tab (QUIBRON-T equiv)	-	Generic
theophylline ER tab (UNIPHYL equiv)	-	Generic
theophylline soln	-	Generic
ANTICOAGULANTS		
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
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 (QL= 60 tabs/30 days)	QL	Brand
XARELTO TAB 10MG (QL= 30 tabs/30 days)	QL	Brand
XARELTO TAB 15MG (QL= 60 tabs/30 days)	QL	Brand
XARELTO TAB 20MG (QL= 30 tabs/30 days)	QL	Brand
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

ANTICONSULSANTS

ANTICONSULSANTS - BENZODIAZEPINES

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

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
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
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		

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

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

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
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
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
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
AMSP	NC =Not Covered	EXC
LMSP	Ardon Mandatory Specialty Pharmacy Program	M
PA	Lumicera Mandatory Specialty Pharmacy Program	QL
SF	Prior Authorization	SMKG
VAC	Limited to two 15 day fills per month for first 3 months	
	Vaccine Program	
	generic =small letters	
	Plan Exclusion	
	Medical Benefit	
	Quantity Limit	
	Smoking Cessation	
	BRANDS =CAPITAL LETTERS	
	Limited Distribution	
	Over-the-Counter	
	Restricted to Diagnosis	
	Step Therapy	

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**PEBB High Performance Formulary
Category/Class**

Last Updated* 4/1/2025

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
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
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
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
AMSP LMSP PA SF VAC	NC =Not Covered Ardon Mandatory Specialty Pharmacy Program Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program	EXC M QL SMKG

generic =small letters
 Plan Exclusion
 Medical Benefit
 Quantity Limit
 Smoking Cessation

BRANDS =CAPITAL LETTERS
 Limited Distribution
 Over-the-Counter
 Restricted to Diagnosis
 Step Therapy

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
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
glucagon (rdna) for inj kit (QL= 2 inj/fill, 2 fills/month)	QL	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
liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Generic
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Brand
RYBELSUS TAB (QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Brand
INSULIN		
FIASP FLEXTOUCH INJ (QL= 60 units/30 days)	QL	DIAB 1
FIASP INJ (QL= 60 units/30 days)	QL	DIAB 1
FIASP PENFILL INJ (QL= 60 units/30 days)	QL	DIAB 1
HUMULIN R INJ U-500 (QL= 40ml/28 days)	QL	DIAB 1
HUMULIN R U-500 KWIKPEN INJ (QL= 24ml/28 days)	QL	DIAB 1
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	DIAB 1
INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	DIAB 1
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	DIAB 1
INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	DIAB 1
INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	DIAB 1
LEVEMIR FLEXTOUCH INJ (QL= 60ml/30 days; 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 R INJ 100 UNIT (QL= 60ml/30 days)	OTC-QL	DIAB 1
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
AMSP	NC =Not Covered Ardon Mandatory Specialty Pharmacy Program	EXC Plan Exclusion
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
PA	Prior Authorization	QL Quantity Limit
SF	Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC	Vaccine Program	
	LD Limited Distribution	OTC Over-the-Counter
	RDX Restricted to Diagnosis	ST Step Therapy
	BRANDS =CAPITAL LETTERS	

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
NOVOLIN RELION INJ 70/30 (QL= 60 units/30 days)	QL	DIAB 1
NOVOLIN VIAL (QL= 60 units/30 days)	QL	DIAB 1
NOVOLOG FLEXPEN INJ (QL= 60 units/30 days)	QL	DIAB 1
NOVOLOG INJ (QL= 60 units/30 days)	QL	DIAB 1
NOVOLOG INJ FLEX REL (QL= 60ml/30 days)	QL	DIAB 1
NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days)	QL	DIAB 1
NOVOLOG MIX INJ (QL= 60 units/30 days)	QL	DIAB 1
NOVOLOG PENFILL INJ (QL= 60 units/30 days)	QL	DIAB 1
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv) (QL= 60ml/30days)	QL	DIAB 1
SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv) (QL= 60ml/30 days)	QL	DIAB 1
TOUJEO MAX SOLOSTAR INJ (QL= 18ml/28 days)	QL	DIAB 1
TOUJEO SOLOSTAR INJ (QL= 18ml/30 days)	QL	DIAB 1
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
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		

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

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

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DrugName	Special Code	Tier
ANTIDOTES Cont.		
VIVITROL INJ	AMSP	Brand
naltrexone tab (REVIA equiv)	-	Specialty 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 inj (ZOFTRAN equiv) (QL= 24ml/fill, 1 fill/15 days)	QL	Generic
ondansetron ODT (ZOFTRAN equiv)	-	Generic
ondansetron soln (ZOFTRAN equiv) (QL= 50ml/fill, 1 fill/15 days)	QL	Generic
ondansetron tab (ZOFTRAN equiv)	-	Generic

ANTIEMETICS - ANTICHOLINERGIC		
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)	QL	Generic

ANTIFUNGALS

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

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DrugName	Special Code	Tier
ANTIFUNGALS Cont.		
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
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

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

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
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
atorvastatin tab 10mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
atorvastatin tab 20mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
atorvastatin tab 40mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
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		
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

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

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

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
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
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

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

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
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		
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

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

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DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
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
ethambutol tab (MYAMBUTOL equiv)	-	Generic
isoniazid tab	-	Generic
pyrazinamide tab	-	Generic
rifabutin cap (MYCOBUTIN equiv)	-	Generic
rifampin cap (RIFADIN equiv)	-	Generic
ANTINEOPLASTICS		
ALKYLATING AGENTS		
HEXALEN CAP (Only available through Walgreens 888-347-3416)	LD	Brand Specialty
MYLERAN TAB	AMSP	Brand Specialty
ANTIMETABOLITES		
TABLOID TAB (QL= 4 tabs/day)	AMSP-QL	Brand Specialty
mercaptapurine tab (PURINETHOL equiv)	-	Generic
methotrexate tab (TREXALL equiv)	-	Generic
ANTINEOPLASTIC ENZYME INHIBITORS		
ZOLINZA CAP	LMSP-PA-SF	Brand Specialty
ANTINEOPLASTICS MISC.		

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS Cont.		
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		
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		
mercaptopurine susp 2000mg/100ml (PURIXAN equiv)	-	Generic
METHOTREXATE INJ	-	Generic
PURIXAN SUSP 2000MG/100ML	-	Generic
capecitabine tab (XELODA equiv)	AMSP	Generic Specialty
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Brand Specialty
INLYTA TAB 5MG (QL= 4 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
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
TAGRISO 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

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
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 (QL= 1 cap/day)	AMSP-PA-QL-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 (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Brand Specialty
LUPRON DEPOT INJ (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Brand Specialty
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)	-	Preventiv e
exemestane tab (AROMASIN equiv)	-	Preventiv e
letrozole tab (FEMARA equiv)	-	Preventiv e
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	Preventiv e
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Brand Specialty

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
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
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

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
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
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

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SF	Prior Authorization	SMKG	Quantity Limit	ST	Restricted to Diagnosis
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	Vaccine Program				

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
sunitinib malate cap (SUTENT equiv) (QL= 28 caps/42 days)	AMSP-PA-QL-SF	Generic Specialty
ANTINEOPLASTICS MISC.		
SYNRIBO INJ (Only available through US Bioservices 888-518-7246)	LD-PA	Brand Specialty
bexarotene cap (TARGRETIN equiv)	AMSP-PA-SF	Generic Specialty
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
mesna tab (MESNEX equiv)	AMSP	Brand Specialty
MITOTIC INHIBITORS		
ETOPOSIDE CAP	-	Brand
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	Generic
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	Generic
trihexyphenidyl tab (ARTANE equiv)	-	Generic
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	Generic
ANTIPARKINSON DOPAMINERGICS		
RYTARY CAP 23.75-95MG (QL= 750 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand
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		
CREXONT CAP 35-140MG (QL= 450 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand
CREXONT CAP 52.5-210MG (QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand

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

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DrugName	Special Code	Tier
ANTIPARKINSON AND RELATED THERAPY AGENTS Cont.		
CREXONT CAP 70-280MG (QL= 240 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand
CREXONT CAP 87.5-350MG (QL= 180 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand
RYTARY CAP 36.25-145MG (QL= 480 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand
RYTARY CAP 48.75-195MG (QL= 360 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand
RYTARY CAP 61.25-245MG (QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone)	QL-ST	Brand
amantadine soln	-	Generic
carbidopa-levodopa-entacapone tab 12.5-50-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Generic
carbidopa-levodopa-entacapone tab 18.75-75-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Generic
carbidopa-levodopa-entacapone tab 25-100-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Generic
carbidopa-levodopa-entacapone tab 31.25-125-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Generic
carbidopa-levodopa-entacapone tab 37.5-150-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Generic
carbidopa-levodopa-entacapone tab 50-200-200mg (STALEVO equiv) (QL= 6 tabs/day)	QL	Generic
apomorphine inj (APOKYN equiv) (QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767)	LD-QL	Generic Specialty

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

lithium carbonate cap (ESKALITH ER equiv)	-	Generic
lithium carbonate ER tab (LITHOBID equiv)	-	Generic
lithium carbonate tab	-	Generic
lithium oral solution (LITHIUM equiv)	-	Generic

ANTIPSYCHOTICS - MISC.

lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day)	QL	Generic
ziprasidone cap (GEODON equiv) (QL= 2 caps/day)	QL	Generic

BENZISOXAZOLES

RISPERIDONE ODT	-	Brand
INVEGA HAFYERA INJ	AMSP	Brand Specialty
INVEGA INJ	AMSP	Brand Specialty
PERSERIS INJ	AMSP	Brand Specialty
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	Generic
risperidone ODT (RISPERDAL M equiv)	-	Generic
risperidone soln (RISPERDAL equiv)	-	Generic
risperidone tab (RISPERDAL equiv)	-	Generic
risperidone microspheres inj (RISPERDAL equiv)	AMSP	Generic Specialty

BUTYROPHENONES

HALDOL DECANOATE INJ	-	Brand Specialty
haloperidol lactate conc (HALDOL equiv)	-	Generic
haloperidol tab (HALDOL equiv)	-	Generic

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

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
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
DIHYDROINDOLONES		
MOLINDONE TAB	-	Brand
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	Generic
fluphenazine tab (PROLIXIN equiv)	-	Generic
perphenazine tab (TRILAFON equiv)	-	Generic
prochlorperazine supp (COMPAZINE equiv)	-	Generic
prochlorperazine tab (COMPAZINE equiv)	-	Generic
thioridazine hcl tab (QL= 8 tabs/day)	QL	Generic
trifluoperazine tab (STELAZINE equiv)	-	Generic
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII INJ 720MG/2.4ML	AMSP	Brand Specialty
ABILIFY ASIMTUFII INJ 960MG/3.2ML	AMSP	Brand Specialty
ABILIFY MAINTENA INJ	AMSP	Brand Specialty
ARISTADA 675MG/2.4ML INJ	AMSP	Brand Specialty
ARISTADA INJ	AMSP	Brand Specialty
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	Generic
aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day)	QL	Generic
aripiprazole tab (ABILIFY equiv)	-	Generic
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	Generic

ANTIVIRALS

ANTIRETROVIRALS		
APTIVUS CAP (QL= 4 caps/day)	QL	Brand
APTIVUS SOLN (QL= 380ml/30 days)	QL	Brand
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

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	Vaccine Program				

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
CRIVAN 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
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

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	Vaccine Program				

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
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
abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days)	QL	Generic
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	QL	Generic
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day)	QL	Generic
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	QL	Generic
atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Generic
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Generic
atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day)	QL	Generic
darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic
darunavir tab 800mg (PREZISTA equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Generic
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	QL	Generic
EFAVIRENZ CAP	-	Generic
efavirenz tab (SUSTIVA equiv)	-	Generic
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	Generic
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	Generic
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

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	Vaccine Program				

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ANTIVIRALS Cont.		
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 12 years or older)	QL	Brand
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; Covered for members age 12 years or older)	QL	Brand
PAXLOVID TAB 300-100 (QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 12 years or older)	QL	Brand
CMV AGENTS		
valganciclovir soln (VALCYTE equiv)	-	Generic
valganciclovir tab (VALCYTE equiv)	-	Generic
HEPATITIS AGENTS		
BARACLUDE SOLN (QL= 630ml/30 days)	AMSP-PA-QL	Brand Specialty
EPIVIR HBV SOLN (QL= 720ml/30 days)	AMSP-QL	Brand Specialty
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	AMSP-QL	Brand Specialty
MAVYRET PAK (QL= 5 packets/day)	AMSP-QL	Brand Specialty
MAVYRET TAB (QL= 3 tabs/day)	AMSP-QL	Brand Specialty
PEGASYS INJ	AMSP-PA	Brand Specialty
PEG-INTRON INJ (Only available through Lumicera 855-847-3553)	LMSP	Brand Specialty
REBETOL SOLN	AMSP	Brand Specialty
RIBAPAK TAB (Step Therapy requires trial of ribavirin)	AMSP-ST	Brand Specialty
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	AMSP-QL	Brand Specialty
TYZEKA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Brand Specialty
VEMLIDY TAB (QL= 1 tab/day)	AMSP-QL	Brand Specialty
VOSEVI TAB (QL= 1 tab/day)	AMSP-PA-QL	Brand Specialty
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

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
acyclovir susp (ZOVIRAX equiv)	-	Generic
acyclovir tab (ZOVIRAX equiv)	-	Generic
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Generic
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Generic
famciclovir tab 500mg (FAMVIR equiv) (QL= 42 tabs/fill, 2 fills/month)	QL	Generic
valacyclovir tab (VALTREX equiv)	-	Generic
INFLUENZA AGENTS		
RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month)	QL	Brand
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Generic
oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Generic
oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days)	QL	Generic
oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days)	QL	Generic
RIMANTADINE TAB	-	Generic
MISC. ANTIVIRALS		
LAGEVRIO CAP 200MG (QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older)	QL	Brand
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	Preventive

ASSORTED CLASSES

CHELATING AGENTS		
D-PENAMINE TAB	-	Brand
IMMUNOMODULATORS		
THALOMID CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-QL	Brand Specialty
IMMUNOSUPPRESSIVE AGENTS		
ENVARUSUS XR TAB (Step therapy requires trial of tacrolimus IR capsules)	ST	Brand
azathioprine tab (IMURAN equiv)	-	Generic
cyclosporine modified cap (NEORAL equiv)	-	Generic
cyclosporine modified soln (NEORAL equiv)	-	Generic
mycophenolate DR tab (MYFORTIC equiv)	-	Generic
mycophenolate mofetil cap (CELLCEPT equiv)	-	Generic
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	Generic
mycophenolate mofetil tab (CELLCEPT equiv)	-	Generic
tacrolimus cap (PROGRAF equiv)	-	Generic

BETA BLOCKERS

ALPHA-BETA BLOCKERS		
labetalol tab (NORMODYNE equiv)	-	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

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DrugName	Special Code	Tier
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BETA BLOCKERS Cont.

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
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

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

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
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
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 Accredo 888-773-7376)	LD-PA	Generic Specialty
treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Generic Specialty
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Generic Specialty
treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Generic Specialty
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		

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CARDIOVASCULAR AGENTS - MISC. Cont.		
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		
cefprozil susp (CEFZIL equiv)	-	Generic
cefprozil tab (CEFZIL equiv)	-	Generic
cefuroxime tab (CEFTIN equiv)	-	Generic
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	Generic
cefdinir susp (OMNICEF equiv)	-	Generic
cefixime cap (SUPRAX equiv)	-	Generic
cefixime susp (SUPRAX equiv)	-	Generic
CEFPODOXIME PROXETIL SUSP	-	Generic
cefpodoxime proxetil tab (VANTIN equiv)	-	Generic
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	-	Preventive
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	Preventive
cryselle tab	-	Preventive
drosiprone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	Preventive
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE TAB, SAFYRAL TAB	-	Preventive
enpresse tab (TRI-LEVELLEN equiv)	-	Preventive
FEMLYV TAB (QL= 28 tabs/24 days)	QL	Preventive
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	Preventive
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	Preventive
junel FE tab (LOESTRIN FE equiv)	-	Preventive
junel tab (LOESTRIN equiv)	-	Preventive

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
kelnor tab (DEMULEN equiv)	-	Preventive
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	Preventive
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	Preventive
LO LOESTRIN TAB	-	Preventive
mibelas chew tab (MINASTRIN equiv)	-	Preventive
NATAZIA TAB	-	Preventive
NEXTSTELLIS TAB (QL= 28 tabs/24 days)	QL	Preventive
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv)	-	Preventive
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	Preventive
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	Preventive
nortrel tab (OVCON 35 equiv)	-	Preventive
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	Preventive
tri-legest tab (ESTROSTEP FE equiv)	-	Preventive
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	Preventive
TYBLUME TAB	-	Preventive
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

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CONTRACEPTIVES Cont.		
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	Preventiv e
levonorgestrel tab (PLAN B equiv)	OTC	Preventiv e
PROGESTIN CONTRACEPTIVES - IMPLANTS		
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	Preventiv e
NEXPLANON IMPLANT	-	Preventiv e
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days)	QL	Preventiv e
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days)	QL	Preventiv e
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD	-	Preventiv e
MIRENA IUD	-	Preventiv e
SKYLA IUD	-	Preventiv e
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	Preventiv e
OPILL TAB	-	Preventiv e
SLYND TAB	-	Preventiv e

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 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

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DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
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
PREDNISON SOLN	-	Generic
prednisone tab (DELTASONE equiv)	-	Generic
MINERALOCORTICIDS		
fludrocortisone tab (FLORINEF equiv)	-	Generic

COUGH/COLD/ALLERGY

ANTITUSSIVES

BENZONATATE CAP (QL= 3 caps/day)	QL	Generic
benzonatate cap (TESSALON equiv)	QL--	Generic
hydrocodone/homatropine syrup (HYCODAN equiv)	-	Generic
tussion tab (HYCODAN equiv)	-	Generic

COUGH/COLD/ALLERGY COMBINATIONS

ACTINEL LIQUID (QL= 1200ml/30 days)	QL	Brand
CAPMIST DM TAB (QL= 4 tabs/day)	QL	Brand
CODITUSSIN LIQUID DAC (QL= 1200ml/30 days)	QL	Brand
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month)	OTC-QL	Brand
LORTUSS LIQUID (QL= 1200ml/30 days)	QL	Brand
MAR-COF CG LIQUID (QL= 473ml/month)	QL	Brand
M-END DMX LIQUID (QL= 1800ml/30 days)	QL	Brand
NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days)	QL	Brand
STAHIST AD TAB 25-60MG (QL= 4 tabs/day)	QL	Brand
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 (QL= 30ml/day)	--QL	Generic
promethazine VC syrup (PHENERGAN VC equiv)	--QL	Generic
PROMETHAZINE VC/CODEINE SYRUP	-	Generic
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	Generic
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	Generic
triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day)	QL	Generic
trispesec 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
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COUGH/COLD/ALLERGY Cont.		
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 (AC CUTANE equiv)	-	Generic
clindamycin gel (CLEOCIN GEL equiv)	-	Generic
clindamycin lotion (CLEOCIN- T equiv)	-	Generic
clindamycin pad (CLEOCIN-T equiv)	-	Generic
clindamycin topical soln (CLEOCIN-T equiv)	-	Generic
ERY PAD	-	Generic
erythromycin gel	-	Generic
erythromycin pad	-	Generic
erythromycin soln	-	Generic
sodium sulfacetamide lotion (KLARON equiv)	-	Generic
tretinoin cream (RETIN-A CREAM equiv) (QL= 360g/30 days)	QL	Generic
tretinoin gel (RETIN-A GEL equiv) (QL= 360g/30 days)	QL	Generic
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	Generic
gentamicin sulfate oint	-	Generic
mupirocin cream (BACTROBAN CREAM equiv)	-	Generic
mupirocin oint (BACTROBAN OINT equiv)	-	Generic
ANTIFUNGALS - TOPICAL		
NAFTIFINE CREAM 1%	-	Brand
ciclopirox cream (LOPROX CREAM equiv)	-	Generic
ciclopirox gel (LOPROX GEL equiv)	-	Generic
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% (VY TONE 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
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DERMATOLOGICALS Cont.		
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 Accredo 800-803-2523)	LD-PA-QL	Brand Specialty
diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month)	QL	Generic
fluorouracil cream (EFUDEX CREAM equiv)	-	Generic
fluorouracil soln (FLUOROURACIL equiv)	-	Generic
bexarotene gel (TARGRETIN equiv) (QL= 60g/30 days)	AMSP-PA-QL	Generic Specialty
ANTIPSORIATICS		
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	AMSP-PA-QL	Brand Specialty
COSENTYX INJ (2-PACK) (QL= 2 inj/56 days)	AMSP-PA-QL	Brand Specialty
COSENTYX INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Brand Specialty
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; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream)	QL-ST	Generic
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion	-	Generic
selenium sulfide shampoo (SELSEB equiv)	-	Generic
ANTIVIRALS - TOPICAL		
acyclovir oint (ZOVIRAX OINT equiv)	-	Generic
BURN PRODUCTS		
SULFAMYLON CREAM	-	Brand
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	Generic
CAUTERIZING AGENTS		
SILVER NITRATE SOLN	-	Brand
silver nitrate soln	-	Generic
CORTICOSTEROIDS - TOPICAL		

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DERMATOLOGICALS Cont.		
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	-	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 dipropionate cream (DIPROSONE CREAM equiv)	-	Generic
betamethasone dipropionate lotion	-	Generic
betamethasone dipropionate 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
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

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

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
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	-	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
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

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	Vaccine Program				

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
LOCAL ANESTHETICS - TOPICAL		
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
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	Preventiv e
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

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	Vaccine Program				

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DrugName	Special Code	Tier
DIURETICS Cont.		
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
torseamide 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.		
BONE DENSITY REGULATORS		
PROLIA INJ	AMSP-PA	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
clomiphene citrate tab (CLOMID equiv)	PA	INF
OVIDREL INJ	PA	INF
GNRH/LHRH ANTAGONISTS		
cetrorelix acetate for inj kit (CETROTIDE equiv)	PA	INF

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	Vaccine Program				

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DrugName	Special Code	Tier			
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.					
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			
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	Preventiv e			
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)					
INCRELEX INJ (Only available through AnovoRx 844-288-5007)	LD	Brand Specialty			
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS					
SYNAREL NASAL SOLN	-	Brand			
LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days)	AMSP-PA-QL	Brand Specialty			
LUPRON DEPOT-PED INJ (1-MONTH) (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Brand Specialty			
LUPRON DEPOT-PED INJ (3-MONTH) (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Brand Specialty			
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.					
AMSP LMSP PA SF VAC	NC =Not Covered Ardon Mandatory Specialty Pharmacy Program Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program	EXC M QL SMKG	generic =small letters Plan Exclusion Medical Benefit Quantity Limit Smoking Cessation	LD OTC RDX ST	BRANDS =CAPITAL LETTERS Limited Distribution Over-the-Counter Restricted to Diagnosis Step Therapy

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
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
JAVYGTOR PAK 100MG	LMSP-PA	Generic Specialty
JAVYGTOR POW 500MG	LMSP-PA	Generic Specialty
JAVYGTOR TAB 100MG	LMSP-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
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		
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

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PA	Lumicera Mandatory Specialty Pharmacy Program	QL	Medical Benefit	RDX	Over-the-Counter
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VAC	Limited to two 15 day fills per month for first 3 months		Smoking Cessation		Step Therapy
	Vaccine Program				

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
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 (ACTIVEVELLA 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
estradiol valerate inj	-	Generic

FLUOROQUINOLONES

FLUOROQUINOLONES		
CIPRO SUSP	-	Generic
ciprofloxacin susp (CIPRO equiv)	-	Generic
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	Generic
levofloxacin oral soln 25mg/ml (LEVOFLOXACIN equiv)	-	Generic
levofloxacin tab (LEVAQUIN equiv)	-	Generic
moxifloxacin tab (AVELOX equiv)	-	Generic
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		

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
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		
LINZESS CAP (QL= 30 caps/30 days)	QL	Brand
alosetron tab (LOTROXEX 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
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 (UROKIT-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 – Nephrostatic cystinosis (E72.04))	LD-RDX	Brand Specialty

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DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
CYSTAGON CAP 50MG (QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrostatic cystinosis (E72.04))	LD-QL-RDX	Brand Specialty
GENITOURINARY IRRIGANTS		
SODIUM CHLORIDE IRRIGATION SOLN	-	Generic
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP (QL= 3 caps/day; ST requires trial of amitriptyline AND hydroxyzine)	QL-ST	Brand
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	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 (THIOLA equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Generic Specialty
tiopronin tab delayed release (THIOLA EC equiv) (QL= 8 tabs/day)	AMSP-PA-QL	Generic Specialty
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	Generic
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	Generic
colchicine tab (COLCRYS equiv) (QL= 4 tabs/day)	QL	Generic
febuxostat tab (ULORIC equiv) (QL= 1 tab/day)	QL	Generic
URICOSURICS		
probenecid tab (BENEMID equiv)	-	Generic
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE INJ 1000 UNIT	AMSP-PA	Brand Specialty
ADVATE INJ 1500 UNIT	AMSP-PA	Brand Specialty
ADVATE INJ 2000 UNIT	AMSP-PA	Brand Specialty
ADVATE INJ 250 UNIT	AMSP-PA	Brand Specialty
ADVATE INJ 3000 UNIT	AMSP-PA	Brand Specialty
ADVATE INJ 4000 UNIT	AMSP-PA	Brand Specialty
ADVATE INJ 500 UNIT	AMSP-PA	Brand Specialty
AFSTYLA KIT (Only available through Walgreens 888-347-3416)	LD-PA	Brand Specialty
ALPHANATE, HUMATE-P INJ	AMSP-PA	Brand Specialty

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

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

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

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

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
CERDELGA CAP (Only available through Accredo 800-803-2523)	LD-PA	Brand Specialty
miglustat cap (ZAVESCA equiv) (QL= 3 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Generic Specialty
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	Brand
AGENTS FOR SICKLE CELL DISEASE		
l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps)	AMSP-QL-ST	Generic Specialty
COBALAMINS		
cyanocobalamin inj	-	Generic
FOLIC ACID/FOLATES		
folic acid cap (Covered at \$0 for females only; All other members covered at generic copay)	-	Preventive
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	Preventive
folic acid tab 400mcg (Covered for females only)	OTC	Preventive
folic acid tab 800mcg (Covered for females only)	OTC	Preventive
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ (QL= 4 syringes/30 days)	AMSP-QL	Brand Specialty
ARANESP INJ (QL= 4 vials/30 days)	AMSP-QL	Brand Specialty
DOPTELET 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

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

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DrugName	Special Code	Tier
HEMOSTATICS Cont.		
tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days)	QL	Generic
aminocaproic acid soln (AMICAR equiv)	AMSP	Generic Specialty

HYPNOTICS

NON-BARBITURATE HYPNOTICS

zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	Generic
zolpidem tab 5mg (AMBIEN equiv) (QL= 2 tabs/day)	QL	Generic

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

ANTIHISTAMINE HYPNOTICS

diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	Generic
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BARBITURATE HYPNOTICS

phenobarbital elixir	-	Generic
phenobarbital tab	-	Generic

NON-BARBITURATE HYPNOTICS

estazolam tab (PROSOM equiv)	-	Generic
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	Generic
midazolam hcl syrup	-	Generic
midazolam inj (MIDAZOLAM equiv)	-	Generic
temazepam cap 15mg (RESTORIL equiv)	-	Generic
temazepam cap 30mg (RESTORIL equiv)	-	Generic
triazolam tab (HALCION equiv)	-	Generic
zaleplon cap (SONATA equiv) (QL= 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
zolpidem er tab 6.25mg (AMBIEN equiv) (QL= 2 tabs/day)	QL	Generic

SELECTIVE MELATONIN RECEPTOR AGONISTS

tasimelteon capsule (HETLIOZ equiv)	AMSP-PA	Generic Specialty
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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
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MACROLIDES

AZITHROMYCIN

ZITHROMAX POWDER PACK	-	Brand
azithromycin susp (ZITHROMAX equiv)	-	Generic
azithromycin tab (ZITHROMAX equiv)	-	Generic

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

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DrugName	Special Code	Tier
MACROLIDES Cont.		
CLARITHROMYCIN		
CLARITHROMYC SUSP	-	Brand
clarithromycin ER tab (BIAXIN XL equiv)	-	Generic
clarithromycin tab (BIAXIN equiv)	-	Generic
ERYTHROMYCINS		
ERYTHROMYCIN CAP DR	-	Brand
ERYTHROMYCIN EC CAP	-	Brand
PCE TAB	-	Brand
erythromycin DR cap (ERYC equiv)	-	Generic
erythromycin ethylsuccinate susp (ERYPED equiv)	-	Generic
erythromycin tab (ERY-TAB equiv)	-	Generic
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	Generic
FIDAXOMICIN		
DIFICID SUSP (QL= 136 mL/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
FREE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	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; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	DIAB 1
FREESTYLE LIBRE 3 READER (QL= 1 receiver/1 year; Step Therapy requires trial of one insulin product)	QL-ST	DIAB 1
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
AMSP	NC =Not Covered Ardon Mandatory Specialty Pharmacy Program	EXC Plan Exclusion
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M Medical Benefit
PA	Prior Authorization	QL Quantity Limit
SF	Limited to two 15 day fills per month for first 3 months	SMKG Smoking Cessation
VAC	Vaccine Program	LD Limited Distribution
		OTC Over-the-Counter
		RDX Restricted to Diagnosis
		ST Step Therapy
		BRANDS =CAPITAL LETTERS

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
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		
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		
AIMOVIJ 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

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

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DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, 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
PHOSPHATE		
phospha 250 neutral tab (K-PHOS NEUTRAL equiv) (QL= 8 tabs/day)	QL	Generic
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		

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

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DrugName	Special Code	Tier
MOUTH/THROAT/DENTAL AGENTS Cont.		
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.		
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
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	Preventive
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	Preventive
MULTIVITAMIN/FLUORIDE CHEW TAB	-	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

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

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**PEBB High Performance Formulary
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DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS Cont.		
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 ANTIALLERGY

olopatadine nasal spray (PATANASE equiv) (QL= 30.5ml/30 days)	QL	Generic
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NASAL ANTICHOLINERGICS

ipratropium nasal spray (ATROVENT equiv)	-	Generic
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SYMPATHOMIMETIC DECONGESTANTS

pseudoephedrine ER tab 120mg (QL= 2 tabs/day)	QL	Generic
pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days)	QL	Generic
pseudoephedrine tab 30mg (QL= 8 tabs/day)	QL	Generic
pseudoephedrine tab 60mg (QL= 4 tabs/day)	QL	Generic

NEUROMUSCULAR AGENTS

ALS AGENTS

EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Brand Specialty
RADICAVA ORS SUSP (QL= 70ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Brand Specialty
TIGLUTIK SUSP (Only available through AnovoRx 844-288-5007)	LD-PA	Brand Specialty
riluzole tab (RILUTEK equiv)	AMSP	Generic Specialty

OPHTHALMIC AGENTS

BETA-BLOCKERS - OPHTHALMIC

DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	Brand
METIPRANOLOL OPHTH SOLN	-	Brand
betaxolol ophth soln (BETOPTIC-S equiv)	-	Generic
CARTEOLOL OPHTH SOLN	-	Generic
carteolol ophth soln (OCUPRESS equiv)	-	Generic
dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Generic
dorzolamide/timolol ophth soln (COSOPT equiv)	-	Generic
LEVOBUNOLOL OPHTH SOLN	-	Generic
levobunolol ophth soln (BETAGAN equiv)	-	Generic
timolol maleate ophth soln 0.25% (TIMOPTIC equiv)	-	Value
timolol maleate ophth soln 0.5% (TIMOPTIC equiv)	-	Value

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

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**PEBB High Performance Formulary
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DrugName	Special Code	Tier	
OPHTHALMIC AGENTS Cont.			
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	
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	
Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.			
AMSP LMSP PA SF VAC	NC =Not Covered Ardon Mandatory Specialty Pharmacy Program Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Limited to two 15 day fills per month for first 3 months Vaccine Program	EXC M QL SMKG generic =small letters Plan Exclusion Medical Benefit Quantity Limit Smoking Cessation	LD OTC RDX ST BRANDS =CAPITAL LETTERS Limited Distribution Over-the-Counter Restricted to Diagnosis Step Therapy

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
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 acetate ophth susp	-	Generic
PREDNISOLONE OPHTH SUSP	-	Generic
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	Generic
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	Generic
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	Generic
OPHTHALMICS - MISC.		
ACULAR (LS) OPHTH SOLN	-	Brand
ACUVAIL OPHTH SOLN	-	Brand
ALOCRIAL OPHTH SOLN	-	Brand
FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	Brand
ZERVIAE OPHTH SOLN (QL= 30 single use containers/30 days)	QL	Brand
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416)	LD-QL-RDX	Brand
Specialty		
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
ketorolac ophth soln .4% (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 hcl otic soln (CETRAXAL equiv)	-	Generic
ofloxacin otic soln (FLOXIN equiv)	-	Generic
OTIC COMBINATIONS		

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

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DrugName	Special Code	Tier
OTIC AGENTS Cont.		
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	Generic
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	Generic
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	Generic
neomycin/polymixin/hydrocortisone 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
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 g potassium for inj (PFIZERPEN equiv)	-	Generic
penicillin vk tab (VEETIDS equiv)	-	Generic
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	Generic
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	Generic
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	Generic
PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES		

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

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DrugName	Special Code	Tier
PHARMACEUTICAL ADJUVANTS Cont.		
POLYETHYLENE GLYCOL 8000 GRANULES	-	Brand
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= 60 tabs/30 days)	QL	Generic
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Generic
donepezil tab 5mg (ARICEPT equiv) (QL= 60 tabs/30 days)	QL	Generic
galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day)	QL	Generic
GALANTAMINE SOLN	-	Generic
galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days)	QL	Generic
memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Generic
memantine tab (NAMENDA equiv)	-	Generic
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
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generic =small letters
 Plan Exclusion
 Medical Benefit
 Quantity Limit
 Smoking Cessation

BRANDS =CAPITAL LETTERS
 Limited Distribution
 Over-the-Counter
 Restricted to Diagnosis
 Step Therapy

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
REBIF INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Brand Specialty
REBIF INJ (QL= 6ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Brand Specialty
REBIF TITRTN INJ PACK (QL= 4.2ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Brand Specialty
VUMERITY CAP (QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	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
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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

PIMOZIDE TAB	-	Brand
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SMOKING DETERRENENTS

bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventiv e
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	Preventiv e
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	Preventiv e
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventiv e
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventiv e
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventiv e
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventiv e
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventiv e
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventiv e
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventiv e

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AMSP	NC =Not Covered	EXC	generic =small letters	LD	BRANDS =CAPITAL LETTERS
LMSP	Ardon Mandatory Specialty Pharmacy Program	M	Plan Exclusion	OTC	Limited Distribution
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	Vaccine Program				

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
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
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
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TETRACYCLINES

TETRACYCLINE COMBINATIONS

NICAZELDOXY KIT	-	Brand
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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

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

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**PEBB High Performance Formulary
Category/Class**

Last Updated* 4/1/2025

DrugName	Special Code	Tier
TETRACYCLINES Cont.		
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
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 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
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ULCER DRUGS - PROSTAGLANDINS

misoprostol tab (CYTOTEC equiv)	-	Generic
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ULCER THERAPY COMBINATIONS

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	Vaccine Program				

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**PEBB High Performance Formulary
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DrugName	Special Code	Tier
ULCER DRUGS Cont.		
OMECLAMOX (QL= 80 tabs/10 days)	QL	Brand
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
H-2 ANTAGONISTS		
NIZATIDINE CAP	-	Brand
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	Generic
ULCER THERAPY COMBINATIONS		
bismuth/metro/tetra cap (PYLERA equiv) (QL= 120 tabs/10 days)	QL	Generic
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
oxybutynin ER tab (DITROPAN XL equiv)	-	Generic
oxybutynin syrup	-	Generic
oxybutynin tab (DITROPAN equiv)	-	Generic
solifenacin tab (VESICARE equiv) (QL= 1 tab/day)	QL	Generic
tolterodine SR cap (DETROL LA equiv)	-	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
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

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DrugName	Special Code	Tier
VACCINES Cont.		
TYPHOID VI MULTI-DOSE	-	Preventive
TYPHOID VI PREFILLED SYRINGE	VAC	Preventive
VAXCHORA SUSP	VAC	Preventive
VAXNEUVANCE INJ	VAC	Preventive
VIVOTIF CAP	-	Preventive
VIRAL VACCINES		
ABRYSVO INJ (QL= 1 inj/fill, 1 fill/lifetime)	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
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

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	Vaccine Program				

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Last Updated* 4/1/2025

DrugName	Special Code	Tier
VACCINES Cont.		
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
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

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	Vaccine Program				

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Last Updated* 4/1/2025**

DrugName	Special Code	Tier
VACCINES Cont.		
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
VIMKUNYA INJ	VAC	Preventive
YF-VAX INJ	-	Preventive

VAGINAL AND RELATED PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS

INTRAROSA SUPP (QL= 28 inserts/28 days)	QL	Brand
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VAGINAL CONTRACEPTIVE - PH MODULATORS

PHEXXI GEL (QL= 180gm/30 days)	QL	Preventive
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VAGINAL ESTROGENS

IMVEXXY SUPP	-	Brand
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VAGINAL PRODUCTS

SPERMICIDES

CONTRACEPTIVE FILM	OTC	Preventive
CONTRACEPTIVE FOAM	OTC	Preventive
CONTRACEPTIVE GEL	OTC	Preventive
CONTRACEPTIVE SUPP	OTC	Preventive
TODAY SPONGE	OTC	Preventive

VAGINAL ANTI-INFECTIVES

AVC VAGINAL CREAM	-	Brand
NUVESSA VAGINAL GEL, VANDAZOLE GEL (QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln)	QL-ST	Brand
clindamycin vaginal cream (CLEOCIN equiv) (QL= 1 tube/fill)	QL	Generic

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Category/Class**

Last Updated* 4/1/2025

DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
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

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	Vaccine Program				

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**PEBB High Performance Formulary
Prior Authorization Drug List
Last Updated* 4/1/2025**

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
abiraterone acetate tab 500mg	Generic Specialty
abiraterone tab 250mg	Generic Specialty
ACTHAR HP GEL INJ	Brand Specialty
ACTHAR INJ 80UNIT	Brand Specialty
ADALIMU-ADAZ INJ 80/0.8ML	Brand Specialty
ADALIMUMAB-ADAZ INJ	Brand Specialty
ADALIMUMAB-ADAZ INJ 40MG/0.4ML	Brand Specialty
ADVATE INJ 1000 UNIT	Brand Specialty
ADVATE INJ 1500 UNIT	Brand Specialty
ADVATE INJ 2000 UNIT	Brand Specialty
ADVATE INJ 250 UNIT	Brand Specialty
ADVATE INJ 3000 UNIT	Brand Specialty
ADVATE INJ 4000 UNIT	Brand Specialty
ADVATE INJ 500 UNIT	Brand Specialty
AFSTYLA KIT	Brand Specialty
AIMOVIK INJ	Brand
AJOVY INJ	Brand
ALECENSA CAP	Brand Specialty
ALPHANATE, HUMATE-P INJ	Brand Specialty
ALPROLIX INJ	Brand Specialty
ALUNBRIG TAB 30MG	Brand Specialty
ALUNBRIG TAB 90MG, 180MG	Brand Specialty
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
cetorelix acetate for inj kit	INF
CETROTIDE KIT	INF
CIMZIA INJ	Brand Specialty
CLOMID TAB	INF

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**PEBB High Performance Formulary cont.
 Prior Authorization Drug List
 Last Updated* 4/1/2025**

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
clomiphene citrate 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
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
ELOCTATE INJ	Brand Specialty
EMGALITY INJ	Brand
EMPAVELI INJ	Brand Specialty
ENBREL INJ	Brand Specialty
ENBREL INJ 25MG	Brand Specialty
ENBREL INJ 50MG	Brand Specialty
ENBREL MINI INJ	Brand Specialty
ENBREL SURECLICK INJ 50MG	Brand Specialty
ENDOMETRIN INSERT	Brand
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
gefitinib tab	Generic Specialty

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Prior Authorization Drug List
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Drug Name	Tier # for Drug Copay (if prior auth is approved)
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
HEMOFIL M, KOATE INJ	Brand Specialty
HIZENTRA INJ	Brand Specialty
HIZENTRA INJ, VIVAGLOBIN INJ	Brand Specialty
HYCAMTIN CAP	Brand Specialty
HYDROXYPROGESTERONE CAPROATE INJ	Brand Specialty
HYQVIA INJ	Brand Specialty
icatibant inj	Generic Specialty
ICLUSIG TAB	Brand Specialty
imatinib tab 100mg	Generic Specialty
imatinib tab 400mg	Generic Specialty
IMBRUVICA CAP 140MG	Brand Specialty
IMBRUVICA CAP 70MG	Brand Specialty
IMBRUVICA SUSP	Brand Specialty
IMBRUVICA TAB	Brand Specialty
INLYTA TAB	Brand Specialty
INLYTA TAB 5MG	Brand Specialty
ivabradine hcl tab	Generic
JAKAFI TAB	Brand Specialty
JAVYGTOR PAK 100MG	Generic Specialty
JAVYGTOR POW 500MG	Generic Specialty
JAVYGTOR TAB 100MG	Generic 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

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Prior Authorization Drug List
Last Updated* 4/1/2025**

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
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
NUBEQA TAB	Brand Specialty
NUCALA INJ	Brand Specialty
OBIZUR INJ	Brand Specialty
octreotide inj	Generic Specialty
OCTREOTIDE INJ 100MCG	Generic Specialty
ODOMZO CAP	Brand Specialty
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
PROFILNINE INJ	Brand Specialty
PROLIA INJ	Brand Specialty
PROMACTA POWDER	Brand Specialty
PROMACTA TAB	Brand Specialty
pyrimethamine tab	Generic Specialty

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**PEBB High Performance Formulary cont.
Prior Authorization Drug List
Last Updated* 4/1/2025**

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)
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
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 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	Generic Specialty
tobramycin neb soln	Generic Specialty
tolvaptan tab	Generic Specialty
tolvaptan tab 15mg	Generic Specialty
TRACLEER TAB 32MG	Brand Specialty
TREMFYA INJ	Brand Specialty

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**PEBB High Performance Formulary cont.
 Prior Authorization Drug List
 Last Updated* 4/1/2025**

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)
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
TYENNE INJ	Brand 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
VERZENIO TAB	Brand Specialty
vigabatrin powder pack	Generic Specialty
vigabatrin tab	Generic Specialty
VOSEVI TAB	Brand Specialty
VOTRIENT TAB	Brand Specialty
VOYDEYA TAB	Brand Specialty
VOYDEYA TAB THERAPY PACK	Brand Specialty
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

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PEBB High Performance Formulary
Last Updated* 4/1/2025
Over-the-Counter (OTC)

• 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	FREESTYLE PRECISION	FREESTYLE TEST STRIP	GUAIFENESIN/CODEINE
STRIP	NEO TEST STRIP		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
NOVOLIN R INJ 100 UNIT	NOVOTWIST PEN NEEDLE	PRECISION XTRA TEST	SYRINGE LUER-LOK
		STRIP	
TODAY SPONGE	trispec pse liquid		

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PEBB High Performance Formulary
Last Updated* 4/1/2025
Mandatory Specialty Pharmacy (MSP)

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

Mandatory Specialty Pharmacy (MSP) Medications

ABILIFY ASIMTUFII INJ 720MG/2.4ML abiraterone tab 250mg	ABILIFY ASIMTUFII INJ 960MG/3.2ML ACTHAR HP GEL INJ	ABILIFY MAINTENA INJ ACTHAR INJ 80UNIT	abiraterone acetate tab 500mg ADALIMU-ADAZ INJ 80/0.8ML ADVATE INJ 1000 UNIT
ADALIMUMAB-ADAZ INJ	ADALIMUMAB-ADAZ INJ 40MG/0.4ML	adefovir dipivoxil tab	ADVATE INJ 3000 UNIT
ADVATE INJ 1500 UNIT ADVATE INJ 4000 UNIT ALPHANATE, HUMATE-P INJ ambrisentan tab	ADVATE INJ 2000 UNIT ADVATE INJ 500 UNIT ALPROLIX INJ aminocaproic acid soln	ADVATE INJ 250 UNIT AFSTYLA KIT ALUNBRIG TAB 30MG	ALCENSA CAP ALUNBRIG TAB 90MG, 180MG ARANESP INJ BARACLUDGE SOLN bexarotene gel
ARISTADA 675MG/2.4ML IN BENEFIX INJ	ARISTADA INJ betaine powder for oral solution	apomorphine inj AVONEX INJ bexarotene cap	
bosentan tab CALQUENCE CAP CAPRELSA TAB 300MG CIMZIA INJ COSENTYX INJ 300MG/2ML CYSTAGON CAP 150MG dasatinib tab deferiprone tab dichlorphenamide tab	BOSULIF CAP CALQUENCE TAB carglumic acid tab COMETRIQ KIT COTELLIC TAB CYSTAGON CAP 50MG deferasirox granules packet deferiprone tab 1000mg dimethyl fumarate DR cap	BOSULIF TAB capecitabine tab CAYSTON INH SOLN COSENTYX INJ (1-PACK) CUVITRU INJ CYSTARAN OPHTH SOLN deferasirox tab deflazacort susp dimethyl fumarate DR starter pack	CABOMETYX TAB CAPRELSA TAB 100MG CERDELGA CAP COSENTYX INJ (2-PACK) CYSTADANE POWDER dalfampridine ER tab deferasirox tab 90mg, 360mg deflazacort tab DOPTELET TAB
droxidopa cap EMPAVELI INJ ENBREL MINI INJ	DUPIXENT INJ ENBREL INJ ENBREL SURECLICK INJ 50MG	DUPIXENT PEN INJ ENBREL INJ 25MG ENTYVIO INJ	ELOCTATE INJ ENBREL INJ 50MG EPIDIOLEX SOLN
EPIVIR HBV SOLN erlotinib tab 100mg everolimus tab for oral susp gefitinib tab GENOTROPIN INJ 0.8MG GENOTROPIN INJ 1.8MG GENOTROPIN INJ 5MG HADLIMA INJ 40MG/0.4ML	ERIVEDGE CAP erlotinib tab 150mg EXSERVAN FILM GENOTROPIN INJ 0.2MG GENOTROPIN INJ 1.2MG GENOTROPIN INJ 12MG GILOTRIF TAB HADLIMA INJ 40MG/0.8ML	ERLEADA TAB erlotinib tab 25mg fingolimod hcl cap GENOTROPIN INJ 0.4MG GENOTROPIN INJ 1.4MG GENOTROPIN INJ 1MG glatiramer inj 20mg/ml HADLIMA PUSH INJ 40MG/0.4ML haloperidol decanoate inj	ERLEADA TAB 240MG everolimus tab FULPHILA INJ GENOTROPIN INJ 0.6MG GENOTROPIN INJ 1.6MG GENOTROPIN INJ 2MG glatiramer inj 40mg/ml HADLIMA PUSH INJ 40MG/0.8ML HEMLIBRA INJ
HAEGARDA INJ 2000U	HAEGARDA INJ 3000U		

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HEMOFIL M, KOATE INJ	HEXALEN CAP	HIZENTRA INJ	HIZENTRA INJ, VIVAGLOBII INJ
HYCAMTIN CAP	hydroxyprogesterone caproate inj	HYQVIA INJ	icatibant inj
ICLUSIG TAB	imatinib tab 100mg	imatinib tab 400mg	IMBRUVICA CAP 140MG
IMBRUVICA CAP 70MG	IMBRUVICA SUSP	IMBRUVICA TAB	IMPAVIDO CAP
INCRELEX INJ	INLYTA TAB	INLYTA TAB 5MG	INTRON-A INJ
INVEGA HAFYERA INJ	INVEGA INJ	JAKAFI TAB	JAVYGTOR PAK 100MG
JAVYGTOR POW 500MG	JAVYGTOR TAB 100MG	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	mesna tab	mifepristone tab	miglustat cap
MYLERAN TAB	nilutamide tab	NINLARO CAP	nitisinone cap
NUBEQA TAB	NUCALA INJ	NYVEPRIA INJ	OBIZUR 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	PROFILNINE INJ	PROLIA INJ	PROMACTA POWDER
PROMACTA TAB	PULMOZYME INH SOLN	pyrimethamine tab	RADICAVA ORS SUSP
REBETOL SOLN	REBIF INJ	REBIF TITRTN INJ PACK	RETACRIT INJ
RIBAPAK TAB	RIBAVIRIN CAP	RIBAVIRIN TAB	riluzole tab
risperidone microspheres inj	RUBRACA TAB	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 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	TYENNE INJ	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

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VERZENIO TAB
VIVITROL INJ
VOYDEYA TAB THERAPY
PACK
XDEMVY DROP
XOLAIR INJ
ZARXIO INJ
ZELBORAF TAB
ZYKADIA TAB

vigabatrin powder pack
VOSEVI TAB
VUMERITY CAP

XELJANZ SOLN
XOLAIR INJ 150MG/ML
ZARXIO INJ 480/0.8
ZOLINZA CAP
ZYPREXA RELPREVV INJ

vigabatrin tab
VOTRIENT TAB
XALKORI CAP

XELJANZ TAB
XOLAIR INJ 300MG/2ML
ZEJULA CAP
ZYDELIG TAB

VISTOGARD PAK
VOYDEYA TAB
XALKORI SPRINKLE CAP

XELJANZ XR TAB
XOLAIR INJ 75MG/0.5ML
ZEJULA TAB
ZYKADIA CAP

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PEBB High Performance Formulary
Last Updated* 4/1/2025
Step Therapy (ST)

- 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
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
CREXONT CAP 35-140MG	QL= 450 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 52.5-210MG	QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 70-280MG	QL= 240 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 87.5-350MG	QL= 180 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CYSTADANE POWDER	QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through AnovoRx 844-288-5007
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
DEXPAK TAB	Step Therapy requires trial of dexamethasone
dorzolamide/timolol (pf) ophth soln	Step Therapy requires trial of dorzolamide/timolol ophth soln
doxycycline hyclate DR tab 100mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
ELMIRON CAP	QL= 3 caps/day; ST requires trial of amitriptyline AND hydroxyzine
ENVARUSUS XR TAB	Step therapy requires trial of tacrolimus IR capsules
EOHILIA SUS 2MG/10ML	Step therapy requires trial of budesonide vials; Diagnosis Restricted – Eosinophilic esophagitis (K20.0)
FLURBIPROFEN OPHTH SOLN	Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln

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PEBB High Performance Formulary Cont.
Last Updated* 4/1/2025
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
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
FREE LIBRE 3-PLUS SENSOR	QL= 2 sensors/30 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 3 READER	QL= 1 receiver/1 year; Step Therapy requires trial of one insulin product
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
GLYXAMBI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab
IYUZEH OPHTH DROPS	QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth 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

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PEBB High Performance Formulary Cont.
Last Updated* 4/1/2025
Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
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= 6ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
REBIF TITRTN INJ PACK	QL= 4.2ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
RELTONE CAP	Step therapy requires trial of ursodiol tab
RIBAPAK TAB	Step Therapy requires trial of ribavirin
RYTARY CAP 23.75-95MG	QL= 750 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
RYTARY CAP 36.25-145MG	QL= 480 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
RYTARY CAP 48.75-195MG	QL= 360 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
RYTARY CAP 61.25-245MG	QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
SIMVASTATIN SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
SPIRIVA RESPIMAT INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler
1.25MCG/ACT	
sumatriptan nasal spray	QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
tazarotene gel	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream
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

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**PEBB High Performance Formulary
Smoking Cessation Agents
Last Updated* 4/1/2025**

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

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PEBB High Performance Formulary
Last Updated* 4/1/2025
Quantity Limit (QL)

• 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
ACTINEL LIQUID	QL= 1200ml/30 days
ADALIMU-ADAZ INJ 80/0.8ML	QL= 2 inj/28 days
ADALIMUMAB-ADAZ INJ	QL= 2 inj/28 days
ADALIMUMAB-ADAZ INJ 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

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PEBB High Performance Formulary Cont.
Last Updated* 4/1/2025
Quantity Limit (QL)

• 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
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= 60 tabs/30 days
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= 120 caps/30 days
atomoxetine cap 18mg	QL= 2 caps/day
atomoxetine cap 25mg	QL= 2 caps/day
atomoxetine cap 40mg	QL= 2 caps/day
atomoxetine cap 60mg	QL= 1 cap/day
atomoxetine cap 80mg	QL= 1 cap/day
atorvastatin tab	QL= 1 tab/day; Covered at \$0 for members 40 years or older; All other members covered at generic copay
atorvastatin tab 10mg	QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other member covered at generic copay
atorvastatin tab 20mg	QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other member covered at generic copay
atorvastatin tab 40mg	QL= 60 tabs/30 days; Covered at \$0 for members 40 years or older; All other member covered at generic copay
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
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill, 2 fills/month
BARACLUDE SOLN	QL= 630ml/30 days
BENZONATATE CAP	QL= 3 caps/day

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PEBB High Performance Formulary Cont.
Last Updated* 4/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
bismuth/metro/tetra cap	QL= 120 tabs/10 days
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
BREO ELLIPTA INHALER	QL= 1 inhaler/30 days
BREZTRI AEROSPHERE INHALER	QL= 1 inhaler/30 days
budesonide inh susp	QL= 120 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

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PEBB High Performance Formulary Cont.
Last Updated* 4/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
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= 2ml/28 days
COTELLIC TAB	QL= 3 tabs/day
COVID-19 VACCINE BIVALENT BOOSTEF INJ (MODERNA)	QL=1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF INJ (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF INJ 5-11Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF INJ 6M-4Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF INJ 6M-5Y (MODERNA)	QL= 1 inj/fill
COVID-19 VACCINE INJ (JANSSEN)	QL= 1 dose/45 days
COVID-19 VACCINE INJ (NOVAVAX)	QL= 1 dose/17 days
CREXONT CAP 35-140MG	QL= 450 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 52.5-210MG	QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 70-280MG	QL= 240 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CREXONT CAP 87.5-350MG	QL= 180 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
CUE HEALTH MIS MONITOR	QL= 1 kit/year
cyclosporine ophth emulsion	QL= 60 vials/30 days

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PEBB High Performance Formulary Cont.
Last Updated* 4/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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 – Nephrostatic 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
DESCOVY TAB	QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
desvenlafaxine ER tab	QL= 1 tab/day
DEXAMETHASONE TAB 20MG	QL= 8 tabs/30 days
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
dexmethylphenidate ER 10mg caps	QL= 60 caps/30 days
dexmethylphenidate ER 15mg caps	QL= 60 caps/30 days
dexmethylphenidate ER 20mg caps	QL= 60 caps/30 days
dexmethylphenidate ER 5mg caps	QL= 60 caps/30 days
dexmethylphenidate ER cap	QL= 1 cap/day
dexmethylphenidate tab 10mg	QL= 60 tabs/30 days
dexmethylphenidate tab 2.5mg	QL= 240 tabs/30 days
dexmethylphenidate tab 5mg	QL= 120 tabs/30 days
dextroamphetamine 5mg tab	QL= 180 tabs/30 days
dextroamphetamine tab 10mg	QL= 6 tabs/day
DIAZEPAM 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
DIDANOSINE DR CAP	QL= 2 caps/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

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PEBB High Performance Formulary Cont.
Last Updated* 4/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
dimethyl fumarate DR starter pack	QL= 60 caps/30 days
donepezil tab 10mg	QL= 60 tabs/30 days
donepezil tab 23mg	QL= 1 tab/day
donepezil tab 5mg	QL= 60 tabs/30 days
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
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
ELMIRON CAP	QL= 3 caps/day; ST requires trial of amitriptyline AND hydroxyzine
EMGALITY INJ	QL= 1 inj/28 days
EMPAVELI INJ	QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479
emtricitabine cap	QL= 1 cap/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
emtricitabine/tenofovir disoproxil fumarate tab	QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg	QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
EMTRIVA SOLN	QL= 850ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
ENBREL INJ	QL= 8 inj/28 days
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
entecavir tab	QL= 1 tab/day
ENTRESTO CAP	QL= 8 caps/day

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PEBB High Performance Formulary Cont.
Last Updated* 4/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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= 4 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
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= 42 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
FEMLYV TAB	QL= 28 tabs/24 days
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	QL= 1 inhaler/30 days
fluticasone/salmeterol inhaler, wixela inhale	QL= 1 inhaler/30 days

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PEBB High Performance Formulary Cont.
Last Updated* 4/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

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

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PEBB High Performance Formulary Cont.
Last Updated* 4/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
glucagon (rdna) for inj kit	QL= 2 inj/fill, 2 fills/month
GLUCAGON EMR INJ	QL= 2 inj/fill
glycopyrrolate oral soln	QL= 9ml/day
GLYXAMBI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab
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
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; Only available through Accredo 888-773-7376
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

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PEBB High Performance Formulary Cont.
Last Updated* 4/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
INCRUSE ELLIPTA INHALER	QL= 30 units/30 days
INLYTA TAB	QL= 8 tabs/day; Only available through Walgreens 888-347-3416
INLYTA TAB 5MG	QL= 4 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
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

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PEBB High Performance Formulary Cont.
Last Updated* 4/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
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
LINZESS CAP	QL= 30 caps/30 days
liraglutide soln pen-injector	QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
lofedidine hcl tab	QL= 224 tabs/fill, 1 fill/month
LOKELMA PAK	QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone
lopinavir/ritonavir soln	QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
lopinavir-ritonavir tab 100-25mg	QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
lopinavir-ritonavir tab 200-50mg	QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
LORTUSS EX LIQUID	QL= 1200ml/30 days

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PEBB High Performance Formulary Cont.
Last Updated* 4/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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	QL= 1 syringe kit/90 days
LUPRON DEPOT INJ PED	QL= 1 syringe kit/180 days
LUPRON DEPOT-PED INJ (1-MONTH)	QL= 1 syringe kit/30 days
LUPRON DEPOT-PED INJ (3-MONTH)	QL= 1 syringe kit/90 days
lurasidone hcl tab	QL= 1 tab/day
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
mesalamine supp	QL= 1 supp/day
methadone sol 10mg/5ml	QL= 20ml/day
methadone soln	QL= 4 ml/day
methadone soln 5mg/5ml	QL= 40ml/day
methadone tab 10mg	QL= 4 tabs/day
methadone tab 5mg	QL= 8 tabs/day
methadose tab	QL= 1 tab/day
methylphenidate ER 18mg tabs	QL= 60 tabs/30 days
methylphenidate ER 27mg tabs	QL= 60 tabs/30 days
methylphenidate ER 36mg tabs	QL= 60 tabs/30 days
METHYLPHENIDATE ER TAB	QL= 1 tab/day
methylphenidate ER tab 10mg	QL= 3 tabs/day
methylphenidate ER tab 20mg	QL= 3 tabs/day
METHYLPHENIDATE HCL TAB ER 24HR 18MG	QL= 60 tabs/30 days

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PEBB High Performance Formulary Cont.
Last Updated* 4/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
METHYLPHENIDATE HCL TAB ER 24HR 27MG	QL= 60 tabs/30 days
METHYLPHENIDATE HCL TAB ER 24HR 36MG	QL= 60 tabs/30 days
methylphenidate tab 10mg	QL= 180 tabs/30 days
methylphenidate tab 20mg	QL= 90 tabs/30 days
methylphenidate tab 5mg	QL= 360 tabs/30 days
mifepristone tab	QL= 4 tabs/day
MIGERGOT SUPP	QL= 20 supp/28 days
miglustat cap	QL= 3 caps/day; Only available through Accredo 800-803-2523
modafinil tab	QL= 2 tabs/day
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= 1 tab/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
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

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PEBB High Performance Formulary Cont.
Last Updated* 4/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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 PEP / PrEP
NOVOLIN 70/30 FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN 70/30 INJ	QL= 60 units/30 days
NOVOLIN N FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN N INJ	QL= 60 units/30 days
NOVOLIN N RELION INJ	QL= 60 units/30 days
NOVOLIN R FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN R INJ	QL= 60 units/30 days
NOVOLIN R INJ 100 UNIT	QL= 60ml/30 days
NOVOLIN RELION INJ 70/30	QL= 60 units/30 days
NOVOLIN VIAL	QL= 60 units/30 days
NOVOLOG FLEXPEN INJ	QL= 60 units/30 days
NOVOLOG INJ	QL= 60 units/30 days
NOVOLOG INJ FLEX REL	QL= 60ml/30 days
NOVOLOG MIX FLEXPEN INJ	QL= 60 units/30 days
NOVOLOG MIX INJ	QL= 60 units/30 days
NOVOLOG PENFILL INJ	QL= 60 units/30 days
NUBEQA TAB	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
NUCALA INJ	QL= 1 inj/28 days
NUDEXTA CAP	QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA
NUVESSA VAGINAL GEL, VANDAZOLE GEL	QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln
NYVEPRIA INJ	QL= 2 inj/28 days
ODACTRA SL TAB	QL= 30 tabs/30 days
ODEFSEY TAB	QL= 1 tab/day
ODOMZO CAP	QL= 1 cap/day
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
olopatadine nasal spray	QL= 30.5ml/30 days
OMECLAMOX	QL= 80 tabs/10 days
omega-3-acid ethyl esters cap	QL= 4 caps/day
OMNIPOD 5 G6 INTRO KIT	QL= 1 kit/year

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PEBB High Performance Formulary Cont.
Last Updated* 4/1/2025
Quantity Limit (QL)

• 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 inj	QL= 24ml/fill, 1 fill/15 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

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PEBB High Performance Formulary Cont.
Last Updated* 4/1/2025
Quantity Limit (QL)

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
OXYMORPHONE ER TAB 15MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 20MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 30MG	QL= 4 tabs/day
OXYMORPHONE ER TAB 40MG	QL= 4 tabs/day
OXYMORPHONE ER TAB 5MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 7.5MG	QL= 2 tabs/day
OZEMPIC INJ	QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
paliperidone ER tab	QL= 1 tab/day
PAXLOVID TAB 150-100	QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 12 years or older
PAXLOVID TAB 300-100	QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 12 years or older
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
phospha 250 neutral tab	QL= 8 tabs/day
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 PEP / PrEP
PREZISTA TAB	QL= 1 tab/day
PREZISTA TAB 150MG	QL= 8 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
PREZISTA TAB 600MG	QL= 2 tabs/day
PREZISTA TAB 75MG	QL= 16 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
PRIMIDONE TAB	QL= 4 tabs/day
PROMACTA POWDER	QL= 6 packets/day
PROMACTA TAB	QL= 2 tabs/day
PROMETHAZINE VC SYRUP	QL= 30ml/day

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PEBB High Performance Formulary Cont.
Last Updated* 4/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
pseudoephedrine ER tab 120mg	QL= 2 tabs/day
pseudoephedrine liquid 15mg/5ml	QL= 2400ml/30 days
pseudoephedrine tab 30mg	QL= 8 tabs/day
pseudoephedrine tab 60mg	QL= 4 tabs/day
PULMOZYME INH SOLN	QL= 30 ampules/30 days
pyrimethamine tab	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
quetiapine tab	QL= 3 tabs/day
quetiapine XR tab	QL= 1 tab/day
quinidine sulfate tab	QL= 8 tabs/day
QUINIDINE SULFATE TAB 200MG	QL= 8 tabs/day
QUINIDINE SULFATE TAB 300MG	QL= 5 tabs/day
QVAR REDHALER	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= 6ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
REBIF TITRTN INJ PACK	QL= 4.2ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
RELENZA DISKHALER	QL= 1 inhaler/fill, 1 fill/month
REPATHA INJ	QL= 2 inj/28 days
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)
RYTARY CAP 23.75-95MG	QL= 750 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
RYTARY CAP 36.25-145MG	QL= 480 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
RYTARY CAP 48.75-195MG	QL= 360 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone
RYTARY CAP 61.25-245MG	QL= 300 caps/30 days; Step Therapy requires trial of one: carbidopa/levodopa IR/ER/ODT OR carbidopa-levodopa-entacapone

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PEBB High Performance Formulary Cont.
Last Updated* 4/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
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

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.

PEBB High Performance Formulary Cont.
Last Updated* 4/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
sumatriptan tab	QL= 9 tabs/30 days
sunitinib malate cap	QL= 28 caps/42 days
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
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 inj/28 days; Only available through Accredo 800-803-2523
TAKHZYRO INJ 150MG/ML	QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523
tazarotene cream 0.1%	QL= 360g/30 days
tazarotene gel	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream
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 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= 1 packet/day
testosterone gel 1% 50mg	QL= 300gm/30 days
testosterone gel 1% pump	QL= 300gm/30 days
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 150gm/30 days
TESTOSTERONE INJ	QL= 1 vial/28 days

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Last Updated* 4/1/2025
Quantity Limit (QL)

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
thioridazine hcl tab	QL= 8 tabs/day
tiagabine tab 12mg	QL= 4 tabs/day
tiagabine tab 16mg	QL= 3 tabs/day
tiagabine tab 2mg	QL= 4 tabs/day
tiagabine tab 4mg	QL= 4 tabs/day
tiopronin tab	QL= 8 tabs/day; Only available through Eversana 636-519-2400
tiopronin tab delayed release	QL= 8 tabs/day
tiotropium bromide cap inhaler	QL= 1 cap/day; For use with Handihaler device
TIVICAY PD TAB	QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
TIVICAY TAB	QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
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
TRIHENXYPHENIDYL 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

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PEBB High Performance Formulary Cont.
Last Updated* 4/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TYENNE INJ	QL= 1.8ml/28 days
TYMLOS INJ	QL= 1.56 units/30 days
TYRVAYA SOLN	QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis)
TYVASO DPI POWDER 16-32-48MCG	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER 16-32MCG	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER 32-48MCG	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 800-803-2523
UBRELVY TAB	QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptan ODT, sumatriptan tab
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Accredo 800-803-2523
VALSARTAN 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 PantheRx 855-726-8479
vigabatrin tab	QL= 6 tabs/day; Only available through Lumicera 855-847-3553
VIREAD TAB	QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
VOSEVI TAB	QL= 1 tab/day
VOTRIENT TAB	QL= 120 tabs/30 days
VOYDEYA TAB	QL= 180 tabs/30 days; Only available through Onco360 877-662-6633
VOYDEYA TAB THERAPY PACK	QL= 180 tabs/30 days; Only available through Onco360 877-662-6633
VUMERITY CAP	QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
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

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Last Updated* 4/1/2025
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XARELTO TAB	QL= 60 tabs/30 days
XARELTO TAB 10MG	QL= 30 tabs/30 days
XARELTO TAB 15MG	QL= 60 tabs/30 days
XARELTO TAB 20MG	QL= 30 tabs/30 days
XDEMVY DROP	QL= 10 units/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Claim requires DX of Demodex blepharitis (acariasis or unspecified blepharitis)
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
XOLAIR INJ	QL= 1 syringe/28 days
XOLAIR INJ 150MG/ML	QL= 1ml/28 days
XOLAIR INJ 300MG/2ML	QL= 2ml/28 days
XOLAIR INJ 75MG/0.5ML	QL= 0.5ml/28 days
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
ZERVIAE OPHTH SOLN	QL= 30 single use containers/30 days
zidovudine cap	QL= 6 caps/day
zidovudine syrup	QL= 1920ml/30 days
zidovudine tab	QL= 2 tabs/day
ziprasidone cap	QL= 2 caps/day
zolmitriptan tab	QL= 9 tabs/30 days
zolpidem ER tab	QL= 1 tab/day
zolpidem er tab 6.25mg	QL= 2 tabs/day
zolpidem tab	QL= 1 tab/day
zolpidem tab 5mg	QL= 2 tabs/day
ZYBAN TAB	Limited to 180 days/plan year
ZYKADIA CAP	QL= 3 caps/day
ZYKADIA TAB	QL= 3 tabs/day

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Nondiscrimination notice

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

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

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

If you need any of the above, call:

888-217-2363 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint.

Please mail or fax it to:

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

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

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