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 High Performance Formulary, please visit modahealth.com/oebb or call us toll-free at 503-265-2911 or 866-923-0411.

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.

Medication Tier Key		Medication Restrictions Key	
CAPITAL LETTERS	Brand name medications	**AMSP**	**Ardon Mandatory Specialty Pharmacy Program –** You must access these specialty medications through the exclusive Ardon Health Specialty pharmacy. All specialty medications require a prior authorization before they can be dispensed. To enroll with Ardon Health Specialty Pharmacy, call toll-free at 855-425-4085.
small letters	Generic medications	**LMSP**	**Lumicera Mandatory Specialty Pharmacy Program –** You must access these specialty medications through the exclusive Lumicera Specialty pharmacy. All specialty medications require a prior authorization before they can be dispensed. To enroll with Lumicera Specialty Pharmacy, call toll-free at 855-847-3553.
Preventive	**Preventive** medications are covered under the Affordable Care Act and considered preventative medications. They may be covered at no cost to you. Certain restrictions may apply.	**SF**	**Split Fill –** These medications are limited to two 15 day fills per month for the first 3 months of therapy.
Value	**Value tier** medications means those medications that include commonly prescribed products used to treat chronic medical conditions, and that are considered safe, effective and costeffective to alternative medications.	**ST**	**Step therapy –** You must try one or more "first line" medications before you can get this step therapy medication.
Select	**Select 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.
Preferred	**Preferred 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.
Preferred Specialty	**Preferred 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.

OEBB High Performance Formulary (INF)
Alphabetical Index
Last Updated 9/1/2024

Drug Name	Special Code	Tier	Category
abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days)	QL	Select	ANTIVIRALS
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
ABILIFY ASIMTUFII INJ 720MG/2.4ML	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY ASIMTUFII INJ 960MG/3.2ML	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MAINTENA INJ	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
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)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	Select	ANTIDIABETICS
acebutolol cap (SECTRAL equiv)	-	Select	BETA BLOCKERS
acetaminophen/codeine soln	-	Select	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	Select	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	Preferred	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	Select	MIGRAINE PRODUCTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	Select	DIURETICS
acetazolamide tab	-	Select	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	Select	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	Select	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	Select	COUGH/COLD/ALLERGY
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ACTHAR HP GEL INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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

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

Drug Name	Special Code	Tier	Category
ACTHAR INJ 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTINEL LIQUID (QL= 1200ml/30 days)	QL	Preferred	COUGH/COLD/ALLERGY
ACULAR (LS) OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS
ACUVAIL OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	Select	ANTIVIRALS
acyclovir susp (ZOVIRAX equiv)	-	Select	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	Select	ANTIVIRALS
ADACEL/BOOSTRIX INJ	VAC	Preventive	TOXOIDS
ADALIMUMAB-ADAZ INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
adapalene cream (DIFFERIN equiv) (QL= 360g/30 days)	QL	Select	DERMATOLOGICALS
adapalene gel 0.3% (DIFFERIN equiv) (QL= 360g/30 days)	QL	Select	DERMATOLOGICALS
ADC/FLUORIDE DROP	-	Preventive	MULTIVITAMINS
adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day)	AMSP-QL	Generic Specialty	ANTIVIRALS
ADVIL COLD/ TAB SINUS (QL= 240 tabs/30 days)	QL	Select	COUGH/COLD/ALLERGY
AEROCHAMBER (QL= 1 device/365 days)	QL	Preferred	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	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	Preferred	MIGRAINE PRODUCTS
AJOVY INJ (QL= 1 inj/28 days)	PA-QL	Preferred	MIGRAINE PRODUCTS
ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL NEBULIZER SOLN	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
albuterol/ipratropium neb soln (DUONEB equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	Select	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	Select	DERMATOLOGICALS
ALECENSA CAP (QL= 8 caps/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv) (QL= 300ml/28 days)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	Value	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	Value	ENDOCRINE AND METABOLIC AGENTS - MISC.
alfuzosin SR tab (UROXATRAL equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
allopurinol tab (ZYLOPRIM equiv)	-	Select	GOUT AGENTS
ALOCRIL OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS
alosetron tab (LOTRONEX equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
alprazolam ER tab (XANAX XR equiv)	-	Select	ANTIANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	Select	ANTIANXIETY AGENTS
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Preferred 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	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
amantadine cap (SYMMETREL equiv)	-	Select	ANTIPARKINSON AGENTS
amantadine soln	-	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
amantadine syrup (SYMMETREL equiv)	-	Select	ANTIPARKINSON AGENTS
amantadine tab	-	Select	ANTIPARKINSON AGENTS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	Select	DERMATOLOGICALS
AMCINONIDE LOTION	-	Preferred	DERMATOLOGICALS
amethyst tab (LYBREL equiv)	-	Preventive	CONTRACEPTIVES
amiloride tab (MIDAMOR equiv)	-	Select	DIURETICS
AMILORIDE/HCTZ TAB	-	Select	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	Select	DIURETICS
aminocaproic acid soln (AMICAR equiv)	AMSP	Generic Specialty	HEMOSTATICS
amiodarone tab (CORDARONE equiv)	-	Select	ANTIARRHYTHMICS
amitriptyline tab (ELAVIL equiv)	-	Value	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	Value	CALCIUM CHANNEL BLOCKERS
amlodipine/benazepril cap (LOTREL equiv)	-	Select	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR TAB equiv)	-	Select	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	Select	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	-	Select	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
ammonium lactate lotion (LAC-HYDRIN equiv)	-	Select	DERMATOLOGICALS
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	Select	DERMATOLOGICALS
amoxapine tab (QL= 4 tabs/day)	QL	Select	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	Select	PENICILLINS
amoxicillin chew tab (AMOXIL equiv)	-	Select	PENICILLINS
AMOXICILLIN CHEW TAB 250MG	-	Select	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	Select	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	Select	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	Select	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	Select	PENICILLINS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 10mg (ADDERALL equiv) (QL= 180 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 12.5mg (ADDERALL equiv) (QL= 150 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 15mg (ADDERALL equiv) (QL= 120 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 20mg (ADDERALL equiv) (QL= 90 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 30mg (ADDERALL equiv) (QL= 60 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 5mg (ADDERALL equiv) (QL= 360 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 240 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ampicillin cap (AMPICILLIN equiv)	-	Select	PENICILLINS
anagrelide cap (AGRYLIN equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
anastrozole tab (ARIMIDEX equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANNOVERA RING	-	Preventive	CONTRACEPTIVES
ANORO ELLIPTA INHALER (QL= 60gm/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	Select	OTIC AGENTS
APAP/CODEINE SOLN	-	Select	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	Select	ANTIEMETICS
aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Select	ANTIEMETICS
aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Select	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron)	QL-ST	Select	ANTIEMETICS
APTIOM TAB (QL= 1 tab/day)	QL	Preferred	ANTICONVULSANTS
APTIVUS CAP (QL= 4 caps/day)	QL	Preferred	ANTIVIRALS

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Drug Name	Special Code	Tier	Category
APTIVUS SOLN (QL= 380ml/30 days)	QL	Preferred	ANTIVIRALS
ARANESP INJ (QL= 4 syringes/30 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
ARANESP INJ (QL= 4 vials/30 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
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	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARISTADA 675MG/2.4ML INJ	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARISTADA INJ	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
armodafinil tab 250mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
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	-	Select	ANALGESICS - OPIOID
ASPRUZYO SPRINKLE GRANULES (QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab)	QL-ST	Preferred	ANTIANGINAL AGENTS
atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Select	ANTIVIRALS
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Select	ANTIVIRALS
atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day)	QL	Select	ANTIVIRALS
atenolol tab (TENORMIN equiv)	-	Value	BETA BLOCKERS

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Drug Name	Special Code	Tier	Category
atenolol/chlorthalidone tab (TENORETIC equiv)	-	Select	ANTIHYPERTENSIVES
atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
atomoxetine cap 10mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	Select	ANTIMALARIALS
ATRIPLA TAB (QL= 1 tab/day)	QL	Preferred	ANTIVIRALS
atropine ophth oint	-	Select	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days)	QL	Select	OPHTHALMIC AGENTS
ATROVENT HFA INHALER (QL= 25.8gm/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AVC VAGINAL CREAM	-	Preferred	VAGINAL PRODUCTS
AVONEX INJ (QL= 1 kit/28 days)	AMSP-QL	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AVONEX INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
azathioprine tab (IMURAN equiv)	-	Select	ASSORTED CLASSES
azelaic acid gel (FINACEA equiv)	-	Select	DERMATOLOGICALS
azelastine ophth soln (OPTIVAR equiv)	-	Select	OPHTHALMIC AGENTS
azithromycin susp (ZITHROMAX equiv)	-	Select	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	Select	MACROLIDES
BACITRACIN OPHTH OINT	-	Preferred	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	Select	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	Select	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	Select	OPHTHALMIC AGENTS
baclofen tab (BACLOFEN equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB 5MG	-	Preferred	MUSCULOSKELETAL THERAPY AGENTS
balsalazide cap (COLAZAL equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/month)	QL	Preferred	ANTIDIABETICS

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

Drug Name	Special Code	Tier	Category
BARACLUDE SOLN (QL= 630ml/30 days)	AMSP-PA-QL	Preferred Specialty	ANTIVIRALS
B-D INSULIN SYRINGE	--OTC	Select	MEDICAL DEVICES AND SUPPLIES
BD NEEDLES	OTC	Select	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
BELLADONNA ALKALOID/OPIUM SUPP	-	Preferred	ULCER DRUGS
benazepril tab (LOTENSIN equiv)	-	Select	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	Select	ANTIHYPERTENSIVES
BENEFIX INJ	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
BENZNIDAZOLE TAB	-	Preferred	ANTHELMINTICS
benzonatate cap (TESSALON equiv)	-	Select	COUGH/COLD/ALLERGY
benztropine tab	-	Select	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)	-	Select	DERMATOLOGICALS
BETAMETHASONE AUGMENTED GEL	-	Select	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	Select	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	Select	DERMATOLOGICALS
betamethasone diproprionate cream (DIPROSONE CREAM equiv)	-	Select	DERMATOLOGICALS
betamethasone diproprionate lotion	-	Select	DERMATOLOGICALS
betamethasone diproprionate oint (DIPROSONE OINT equiv)	-	Select	DERMATOLOGICALS
betamethasone valerate cream	-	Select	DERMATOLOGICALS
betamethasone valerate lotion	-	Select	DERMATOLOGICALS
betamethasone valerate oint	-	Select	DERMATOLOGICALS
betaxolol ophth soln (BETOPTIC-S equiv)	-	Select	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	Select	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	Select	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)	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIKTARVY TAB (QL= 1 tab/day)	QL	Preferred	ANTIVIRALS
bimatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Select	OPHTHALMIC AGENTS
BIOTHRAX INJ	-	Preventive	VACCINES
bisoprolol tab (ZEBETA equiv)	-	Select	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	Value	ANTIHYPERTENSIVES
BLEPHAMIDE OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
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	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOSULIF TAB (Only available through Walgreens 888-347-3416)	LD-PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREZTRI AEROSPHERE INHALER (QL= 1 inhaler/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
brimonidine ophth soln 0.2% (ALPHAGAN equiv)	-	Select	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	Select	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	Select	ANTIPARKINSON AGENTS
budesonide inh susp 0.25mg/2ml, 0.5mg/2ml (PULMICORT equiv) (QL= 120 units/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide inh susp 1mg/2ml (QL= 60 units/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide SR cap (ENTOCORT EC equiv)	-	Select	CORTICOSTEROIDS
bumetanide tab (BUMEX equiv)	-	Select	DIURETICS
buprenorphine patch (BUTRANS equiv)	-	Select	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	Select	ANALGESICS - OPIOID
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	Select	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	Select	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	Select	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	Select	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	Select	ANTIDEPRESSANTS
buspirone tab (BUSPAR equiv)	-	Select	ANTIANXIETY AGENTS
butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day)	QL	Select	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine soln	-	Select	ANALGESICS - NONNARCOTIC
butorphanol nasal spray (QL= 5ml/30 days)	QL	Select	ANALGESICS - OPIOID
cabergoline tab (DOSTINEX equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
caffeine citrate soln (CAFCIT equiv)	-	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv)	-	Select	DERMATOLOGICALS
calcipotriene oint	-	Select	DERMATOLOGICALS
CALCIPOTRIENE SOLN	-	Select	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	Select	DERMATOLOGICALS
calcitonin nasal spray (MIACALCIN equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol soln (CALCITRIOL equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
calcium acetate cap (PHOSLO equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	Preferred	MEDICAL DEVICES AND SUPPLIES
CALQUENCE CAP (QL= 2 caps/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALQUENCE TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
candesartan tab (ATACAND equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Select	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Select	ANTIHYPERTENSIVES
capecitabine tab (XELODA equiv)	AMSP	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPMIST DM TAB (QL= 4 tabs/day)	QL	Preferred	COUGH/COLD/ALLERGY
CAPRELSA TAB 100MG (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug)	ST	Preferred	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	ST--	Select	ANTIHYPERTENSIVES
carbamazepine chew tab (TEGRETOL equiv)	-	Select	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	Select	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	Select	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	Select	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	Select	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	Select	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	Select	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	Select	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	Select	ANTIPARKINSON AGENTS
carbidopa-levodopa-entacapone tab 12.5-50-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 18.75-75-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 25-100-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 31.25-125-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 37.5-150-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 50-200-200mg (STALEVO equiv) (QL= 6 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
CARBINOXAMINE SOLN (QL= 40ml/day)	QL	Select	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv) (QL= 240 tabs/30 days)	QL	Select	ANTIHISTAMINES
carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376)	LD-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

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

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Drug Name	Special Code	Tier	Category
CHLOROTHIAZIDE TAB	-	Select	DIURETICS
chlorothiazide tab (DIURIL equiv)	-	Select	DIURETICS
chlorpromazine tab (THORAZINE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	Value	DIURETICS
chlorzoxazone tab (QL= 4 tabs/day)	QL	Select	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	Select	MUSCULOSKELETAL THERAPY AGENTS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	Select	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	Select	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	Select	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	Select	ANTIHYPERLIPIDEMICS
ciclopirox cream (LOPROX CREAM equiv)	-	Select	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	Select	DERMATOLOGICALS
ciclopirox nail soln (PENLAC SOLN equiv)	-	Select	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	Select	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	Select	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
CIMDUO TAB	-	Preferred	ANTIVIRALS
cimetidine soln (CIMETIDINE equiv)	-	Select	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	-	Select	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	AMSP-PA-QL	Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
ciporofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	Select	OTIC AGENTS
CIPRO SUSP	-	Select	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv)	-	Select	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	Preferred	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	Select	FLUOROQUINOLONES
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	Select	FLUOROQUINOLONES
citalopram soln (CELEXA equiv)	-	Select	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	Value	ANTIDEPRESSANTS
CLARITHROMYC SUSP	-	Preferred	MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	Select	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	Select	MACROLIDES
clindamycin cap (CLEOCIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
clindamycin gel (CLEOCIN GEL equiv)	-	Select	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	Select	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	Select	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
clindamycin topical soln (CLEOCIN-T equiv)	-	Select	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv) (QL= 1 tube/fill)	QL	Select	VAGINAL PRODUCTS
clobazam susp (ONFI equiv) (QL= 480ml/30 days)	QL	Select	ANTICONVULSANTS
clobazam tab (ONFI equiv)	-	Select	ANTICONVULSANTS
clobetasol foam (OLUX equiv)	-	Select	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	-	Select	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	-	Select	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	Select	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	Select	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	Select	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	Select	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	-	Select	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	-	Select	DERMATOLOGICALS
CLOMID TAB	-	INF	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomipramine cap (ANAFRANIL equiv)	-	Select	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	Select	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	Select	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
clonidine tab (CATAPRES equiv)	-	Select	ANTIHYPERTENSIVES
clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days)	QL	Select	HEMATOLOGICAL AGENTS - MISC.
clopidogrel tab 75mg (PLAVIX equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	Select	ANTIANXIETY AGENTS
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	Select	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	Select	DERMATOLOGICALS
CLOTRIMAZOLE/BETAMETHASONE LOTION	-	Select	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	Select	DERMATOLOGICALS
CLOZAPINE ODT (QL= 3 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
codeine sulfate tab	-	Select	ANALGESICS - OPIOID
CODITUSSIN LIQUID DAC (QL= 1200ml/30 days)	QL	Preferred	COUGH/COLD/ALLERGY
colchicine tab (COLCRYS equiv) (QL= 4 tabs/day)	QL	Select	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	Select	GOUT AGENTS
cold/allergy elx children (QL= 2400ml/30 days)	QL	Select	COUGH/COLD/ALLERGY
colesevelam tab (WELCHOL equiv)	-	Select	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	Select	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	Select	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	Select	ANTIHYPERLIPIDEMICS
colistimethate inj (COLY-MYCIN M equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMIRNATY INJ	VAC	Preventive	VACCINES

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Drug Name	Special Code	Tier	Category
COMIRNATY INJ 30MCG/0.3ML	VAC	Preventive	VACCINES
COMPLERA TAB (QL= 1 tab/day)	QL	Preferred	ANTIVIRALS
CONCEPT DHA CAP	-	Preferred	MULTIVITAMINS
CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days)	QL	Preferred	DIAGNOSTIC PRODUCTS
CONTOUR TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred	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	-	Preferred	CORTICOSTEROIDS
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
COSENTYX INJ (2-PACK) (QL= 2 inj/56 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
COSENTYX INJ 300MG/2ML (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
COTELLIC TAB (QL= 3 tabs/day)	LMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL=1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ 5-11Y (PFIZER)	VAC	Preventive	VACCINES
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	VAC	Preventive	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	VAC	Preventive	VACCINES

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Drug Name	Special Code	Tier	Category
CREON CAP	-	Preferred	DIGESTIVE AIDS
CRIXIVAN CAP	-	Preferred	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	Select	OPHTHALMIC AGENTS
CROMOLYN SODIUM OPHTH SOLN	-	Select	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	Preferred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
cyanocobalamin inj	-	Select	HEMATOPOIETIC AGENTS
cyclobenzaprine tab (FLEXERIL equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	Select	OPHTHALMIC AGENTS
cyclophosphamide cap	-	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cycloserine cap (CYCLOSERINE equiv)	-	Select	ANTIMYCOBACTERIAL AGENTS
cyclosporine modified cap (NEORAL equiv)	-	Select	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	Select	ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days)	QL	Select	OPHTHALMIC AGENTS
cyproheptadine syrup	-	Select	ANTIHISTAMINES
cyproheptadine tab	-	Select	ANTIHISTAMINES
CYSTADANE POWDER (QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through AnovoRx 844-288-5007)	LD-QL-ST	Preferred 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	Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTAGON CAP 50MG (QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-QL-RDX	Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416)	LD-QL-RDX	Preferred Specialty	OPHTHALMIC AGENTS
CYTRA K CRYSTALS	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
dabigatran etexilate mesylate cap (PRADAXA equiv) (QL= 2 caps/day)	QL	Select	ANTICOAGULANTS
dalfampridine ER tab (AMPYRA equiv)	AMSP-PA	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
danazol cap (DANOCRINE equiv) (QL= 4 caps/day)	QL	Select	ANDROGENS-ANABOLIC
dapsone tab	-	Select	ANTI-INFECTIVE AGENTS - MISC.
darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
darunavir tab 800mg (PREZISTA equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS

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Drug Name	Special Code	Tier	Category
deferasirox granules packet (JADENU equiv)	AMSP-PA	Generic Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (EXJADE equiv)	AMSP-PA	Generic Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 90mg, 360mg (JADENU equiv)	AMSP-PA	Generic Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Generic Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab 1000mg (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Generic Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deflazacort susp (EMFLAZA equiv) (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty	CORTICOSTEROIDS
deflazacort tab (EMFLAZA equiv)	AMSP-PA	Preferred Specialty	CORTICOSTEROIDS
DEGLUDEC FLEXTOUCH INJ 100 UNIT (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Preferred	ANTIDIABETICS
DEGLUDEC FLEXTOUCH INJ 200 UNIT (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Preferred	ANTIDIABETICS
DEGLUDEC INJ 100 UNIT (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Preferred	ANTIDIABETICS
DELSTRIGO TAB	-	Preferred	ANTIVIRALS
demeclocycline tab (DECLOMYCIN equiv)	-	Select	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	Select	DERMATOLOGICALS
DESCOVY TAB (QL= 1 tab/day)	PA-QL	Preferred	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	Select	ANTIDEPRESSANTS
desmopressin acetate nasal spray (DDAVP equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
desonide cream	-	Select	DERMATOLOGICALS
desonide lotion	-	Select	DERMATOLOGICALS
desonide oint	-	Select	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	Select	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	Select	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	Select	DERMATOLOGICALS
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day)	QL	Select	ANTIDEPRESSANTS
DEXAMETHASONE CONC	-	Preferred	CORTICOSTEROIDS
dexamethasone elixir	-	Select	CORTICOSTEROIDS
dexamethasone pak (DEXPAK equiv)	-	Select	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	Preferred	CORTICOSTEROIDS
dexamethasone tab (DEXAMETHASONE equiv)	-	Select	CORTICOSTEROIDS
DEXAMETHASONE TAB 20MG (QL= 8 tabs/30 days)	QL	Preferred	CORTICOSTEROIDS

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Drug Name	Special Code	Tier	Category
DEXCOM G6 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred	MEDICAL DEVICES AND SUPPLIES
dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 60 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 240 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexmethylphenidate tab 5mg (FOCALIN equiv) (QL= 120 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DEXPAK TAB (Step Therapy requires trial of dexamethasone)	ST	Preferred	CORTICOSTEROIDS
dextroamphetamine 5mg tab (QL= 180 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dextroamphetamine tab 10mg (QL= 6 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DIALYVITE TAB	-	Select	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	Select	MULTIVITAMINS
DIAPHRAGM	-	Preventive	MEDICAL DEVICES AND SUPPLIES
diazepam conc (VALIUM equiv)	-	Select	ANTIANXIETY AGENTS
DIAZEPAM GEL (QL= 1 kit/30 days)	QL	Preferred	ANTICONVULSANTS
diazepam oral soln (QL= 360ml/30 days)	QL	Select	ANTIANXIETY AGENTS
diazepam rectal gel (QL= 1 pack/30 days)	QL	Select	ANTICONVULSANTS
diazepam tab (VALIUM equiv)	-	Select	ANTIANXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	Select	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	Select	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv)	-	Select	DERMATOLOGICALS
diclofenac potassium tab (CATAFLAM equiv) (QL= 4 tabs/day)	QL	Select	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	-	Select	OPHTHALMIC AGENTS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv)	-	Select	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
dicloxacillin cap (DYNAPEN equiv)	-	Select	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	Select	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	Select	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	Select	ULCER DRUGS
DIDANOSINE DR CAP (QL= 2 caps/day)	QL	Preferred	ANTIVIRALS

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didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	QL	Select	ANTIVIRALS
DIFICID SUSP (QL= 136 mL/30 days)	QL	Preferred	MACROLIDES
DIFICID TAB (QL= 20 tabs/30 days)	QL	Preferred	MACROLIDES
diflunisal tab (DOLOBID equiv)	-	Select	ANALGESICS - NONNARCOTIC
digoxin tab (LANOXIN equiv)	-	Select	CARDIOTONICS
digoxin tab 62.5mcg (LANOXIN equiv) (QL= 1 tab/day)	QL	Select	CARDIOTONICS
DILANTIN CAP 30MG	-	Preferred	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	Select	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)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
diphenhydramine inj	-	Select	ANTIHISTAMINES
DIPHENOXYLATE/ATROPINE LIQUID	-	Preferred	ANTIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	Select	ANTIDIARRHEALS
dipyridamole tab (PERSANTINE equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	Select	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	Preferred	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	Select	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	Select	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	Select	ANTICONVULSANTS
donepezil ODT (ARICEPT equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 10mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 5mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
dorzolamide ophth soln (TRUSOPT equiv)	-	Select	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Select	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS

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dorzolamide/timolol ophth soln (COSOPT equiv)	-	Select	OPHTHALMIC AGENTS
doxazosin tab (CARDURA equiv)	-	Select	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv) (QL= 2 tabs/day)	QL	Select	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	Select	ANTIDEPRESSANTS
doxycycline hyclate cap (QL= 2 caps/day)	QL	Select	TETRACYCLINES
doxycycline hyclate cap 50mg (VIBRAMYCIN equiv) (QL= 2 caps/day)	QL	Select	TETRACYCLINES
doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Select	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day)	QL	Select	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	Select	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	Select	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day)	QL	Select	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	Select	TETRACYCLINES
doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days)	QL	Select	ANTIEMETICS
D-PENAMINE TAB	-	Preferred	ASSORTED CLASSES
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	QL	Select	ANTIEMETICS
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	Preventive	CONTRACEPTIVES
DROXIA CAP	-	Preferred	HEMATOPOIETIC AGENTS
droxidopa cap (NORTHERA equiv)	AMSP	Generic Specialty	VASOPRESSORS
DRYSOL SOLN	-	Preferred	DERMATOLOGICALS
DULERA INHALER (QL= 1 inhaler/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine EC cap 20mg (QL= 6 caps/day)	QL	Select	ANTIDEPRESSANTS
duloxetine EC cap 30mg (QL= 4 caps/day)	QL	Select	ANTIDEPRESSANTS
duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day)	QL	Select	ANTIDEPRESSANTS
DUPIXENT INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
dutasteride cap (AVODART equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
econazole cream (SPECTAZOLE equiv)	-	Select	DERMATOLOGICALS
EDURANT TAB (QL= 1 tab/day)	QL	Preferred	ANTIVIRALS
EFAVIRENZ CAP	-	Select	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	Select	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	Select	ANTIVIRALS
ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days)	QL	Preferred	ANTICOAGULANTS

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ELIQUIS TAB 2.5MG (QL= 60 tabs/30 days)	QL	Preferred	ANTICOAGULANTS
ELIQUIS TAB 5MG (QL= 74 tabs/30 days)	QL	Preferred	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	Preventive	CONTRACEPTIVES
ELMIRON CAP	-	Preferred	GENITOURINARY AGENTS - MISCELLANEOUS
eluryng vaginal ring (NUVARING equiv)	-	Preventive	CONTRACEPTIVES
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	Preferred	MIGRAINE PRODUCTS
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day)	QL	Select	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days)	QL	Select	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days)	QL	Preventive	ANTIVIRALS
EMTRIVA SOLN (QL= 850ml/30 days)	QL	Preferred	ANTIVIRALS
enalapril tab (VASOTEC equiv)	-	Value	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	Value	ANTIHYPERTENSIVES
ENBREL INJ (QL= 8 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 25MG (QL= 8 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENDOMETRIN INSERT	PA	Preferred	VAGINAL PRODUCTS
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	Preventive	VACCINES
enoxaparin inj (LOVENOX equiv)	-	Select	ANTICOAGULANTS
enoxaparin inj 300mg (LOVENOX equiv)	-	Select	ANTICOAGULANTS
enpresse tab (TRI-LEVELEN equiv)	-	Preventive	CONTRACEPTIVES
entacapone tab (COMTAN equiv)	-	Select	ANTIPARKINSON AGENTS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	Generic Specialty	ANTIVIRALS
ENTRESTO CAP (QL= 8 caps/day)	QL	Preferred	CARDIOVASCULAR AGENTS - MISC.

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PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
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Drug Name	Special Code	Tier	Category
ENTRESTO TAB (QL= 2 tabs/day)	QL	Preferred	CARDIOVASCULAR AGENTS - MISC.
ENTYVIO INJ (QL= 1.36ml/28 days; Only available through Optum 877-445-6874)	LD-PA-QL	Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
EOHILIA SUS 2MG/10ML (Step therapy requires trial of fluticasone MDI AND budesonide vials; Diagnosis Restricted – Eosinophilic esophagitis (K20.0))	RDX-ST	Preferred	CORTICOSTEROIDS
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	Preferred Specialty	ANTICONVULSANTS
EPINEPHRINE INJ	-	Preferred	VASOPRESSORS
epinephrine inj (ADRENALIN equiv)	-	Select	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	Preferred Specialty	ANTIVIRALS
eplerenone tab (INSPRA equiv)	-	Select	ANTIHYPERTENSIVES
ERIVEDGE CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB 240MG (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib 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	-	Select	DERMATOLOGICALS
erythromycin DR cap (ERYC equiv)	-	Select	MACROLIDES
ERYTHROMYCIN EC CAP	-	Preferred	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	Select	MACROLIDES
erythromycin gel	-	Select	DERMATOLOGICALS
erythromycin ophth oint	-	Select	OPHTHALMIC AGENTS
erythromycin pad	-	Select	DERMATOLOGICALS
erythromycin soln	-	Select	DERMATOLOGICALS
erythromycin tab (ERY-TAB equiv)	-	Select	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	Select	MACROLIDES
escitalopram soln (LEXAPRO equiv)	-	Select	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	Value	ANTIDEPRESSANTS
estazolam tab (PROSOM equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	Select	ESTROGENS

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Drug Name	Special Code	Tier	Category
estradiol cream (ESTRACE equiv)	-	Select	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days)	QL	Select	ESTROGENS
estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days)	QL	Select	ESTROGENS
estradiol tab (ESTRACE equiv)	-	Select	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	Select	VAGINAL PRODUCTS
estradiol/norethindrone tab (ACTIVELLA equiv)	-	Select	ESTROGENS
ESTRING (QL= 1 ring/90 days; 3 copays per Rx)	QL	Preferred	VAGINAL PRODUCTS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ethambutol tab (MYAMBUTOL equiv)	-	Select	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	Select	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	Select	ANTICONVULSANTS
etodolac cap (LODINE equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	Select	ANALGESICS - ANTI-INFLAMMATORY
ETOPOSIDE CAP	-	Preferred	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etoposide cap (VEPESID equiv)	-	Select	ANTINEOPLASTICS
etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day)	QL	Select	ANTIVIRALS
etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
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	Preferred	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	Preferred Specialty	NEUROMUSCULAR AGENTS
ezetimibe tab (ZETIA equiv) (QL= 1 tab/day)	QL	Select	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day)	QL	Select	ANTIHYPERLIPIDEMICS
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
famciclovir tab 500mg (FAMVIR equiv) (QL= 21 tabs/fill, 2 fills/month)	QL	Select	ANTIVIRALS
FARXIGA TAB (QL= 1 tab/day)	QL	Preferred	ANTIDIABETICS
febuxostat tab (ULORIC equiv) (QL= 1 tab/day)	QL	Select	GOUT AGENTS
felbamate susp (FELBATOL equiv) (QL= 30ml/day)	QL	Select	ANTICONVULSANTS
felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day)	QL	Select	ANTICONVULSANTS
felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
FEMALE CONDOMS	OTC	Preventive	MEDICAL DEVICES AND SUPPLIES
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	Select	ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	Select	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	Preferred	ANTIHYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	Select	ANTIHYPERLIPIDEMICS

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Drug Name	Special Code	Tier	Category
fenofibric acid DR cap (TRILIPIX equiv)	-	Select	ANTIHYPERLIPIDEMICS
FIASP FLEXTOUCH INJ (QL= 60 units/30 days)	QL	Preferred	ANTIDIABETICS
FIASP INJ (QL= 60 units/30 days)	QL	Preferred	ANTIDIABETICS
FIASP PENFILL INJ (QL= 60 units/30 days)	QL	Preferred	ANTIDIABETICS
FIASP PUMP CARTRIDGE (QL= 60 units/30 days)	QL	Preferred	ANTIDIABETICS
finasteride tab (PROSCAR equiv)	-	Select	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	-	Preferred	OPHTHALMIC AGENTS
flecainide tab (TAMBOCOR equiv)	-	Select	ANTIARRHYTHMICS
FLORIVA DROPS	-	Preferred	MINERALS & ELECTROLYTES
FLORIVA PLUS DROPS	-	Preventive	MULTIVITAMINS
FLUAD INJ	VAC	Preventive	VACCINES
FLUAD QUAD INJ	VAC	Preventive	VACCINES
FLUBLOK INJ	VAC	Preventive	VACCINES
FLUBLOK INJ (QL= 0.5ml/fill)	VAC-QL	Preventive	VACCINES
FLUBLOK QUAD PF INJ	VAC	Preventive	VACCINES
FLUCELVAX INJ (QL= 0.5ml/fill)	QL-VAC	Preventive	VACCINES
FLUCELVAX QUAD INJ	VAC	Preventive	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	Select	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	Select	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	Select	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	Select	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	Preventive	VACCINES
FLUMIST NASAL (QL= 1 dose/fill; Limited to members aged 2 to 49 years old)	QL-VAC	Preventive	VACCINES
FLUMIST QUADRIVALENT NASAL SUSP	VAC	Preventive	VACCINES
fluocinolone acetonide cream	-	Select	DERMATOLOGICALS
fluocinolone acetonide oil	-	Select	DERMATOLOGICALS
fluocinolone acetonide oint	-	Select	DERMATOLOGICALS
fluocinolone acetonide soln	-	Select	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	Select	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	Select	DERMATOLOGICALS
fluocinonide emollient cream	-	Select	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
fluocinonide gel	-	Select	DERMATOLOGICALS
fluocinonide oint	-	Select	DERMATOLOGICALS
fluocinonide soln	-	Select	DERMATOLOGICALS
FLUORABON SOLN (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive	MINERALS & ELECTROLYTES
FLUORIDEX SENSITIVITY PASTE	-	Select	MOUTH/THROAT/DENTAL AGENTS
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	Select	OPHTHALMIC AGENTS
fluorouracil cream (EFUDEX CREAM equiv)	-	Select	DERMATOLOGICALS
FLUOROURACIL SOLN	-	Preferred	DERMATOLOGICALS
fluorouracil soln (FLUOROURACIL equiv)	-	Select	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	Value	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine cap 90mg (QL= 4 caps/28 days)	QL	Select	ANTIDEPRESSANTS
fluoxetine soln (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
FLUOXETINE TAB	-	Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine tab 10mg, 20mg (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	Preferred	OPHTHALMIC AGENTS
FLURBIPROFEN TAB	-	Select	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
flutamide cap (EULEXIN equiv)	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fluticasone propionate cream (CUTIVATE equiv)	-	Select	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	Select	DERMATOLOGICALS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv) (QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventive	ANTIHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventive	ANTIHYPERLIPIDEMICS
FLUVIRIN INJ	VAC	Preventive	VACCINES
fluvoxamine tab (LUVOX equiv)	-	Select	ANTIDEPRESSANTS
FLUZONE HD PF INJ	VAC	Preventive	VACCINES
FLUZONE HIGH DOSE PF INJ	VAC	Preventive	VACCINES
FLUZONE QUAD INJ	VAC	Preventive	VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	Preventive	VACCINES
FOLBEE PLUS CZ TAB	-	Select	MULTIVITAMINS

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Drug Name	Special Code	Tier	Category
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)	-	Select	ANTICOAGULANTS
fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv)	-	Select	ANTICOAGULANTS
fondaparinux inj 5mg/0.4ml (ARIXTRA equiv)	-	Select	ANTICOAGULANTS
fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv)	-	Select	ANTICOAGULANTS
fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day)	QL	Select	ANTIVIRALS
fosinopril tab (MONOPRIL equiv)	-	Select	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	Select	ANTIHYPERTENSIVES
FREE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 READER (QL= 1 receiver/1 year)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIPS (QL= 300 strips/30 days)	QL	Preferred	DIAGNOSTIC PRODUCTS
FULPHILA INJ (QL= 2 syringes/28 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
FUROSEMIDE SOLN	-	Value	DIURETICS
furosemide soln (LASIX equiv)	-	Value	DIURETICS
furosemide tab (LASIX equiv)	-	Value	DIURETICS
FUZEON INJ	AMSP	Preferred Specialty	ANTIVIRALS
gabapentin cap (NEURONTIN equiv)	-	Select	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	Select	ANTICONVULSANTS
galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
GALANTAMINE SOLN	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days)	QL	Select	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)	-	Select	ANTIHYPERLIPIDEMICS
GENOTROPIN INJ 0.2MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.4MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.6MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.8MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.2MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.4MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.6MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.8MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 12MG (QL= 4 cartridges/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 2MG (QL= 21 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	Select	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	Select	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	Select	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
gentamicin sulfate oint	-	Select	DERMATOLOGICALS
GENVOYA TAB (QL= 1 tab/day)	QL	Preferred	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	Preferred 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)	-	Select	ANTIDIABETICS
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferred	ANTIDIABETICS
GLUCAGEN INJ	-	Preferred	DIAGNOSTIC PRODUCTS
GLUCAGON DIAGNOSTIC INJ	-	Preferred	DIAGNOSTIC PRODUCTS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	Preferred	ANTIDIABETICS
GLYBURID MCR TAB	-	Select	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	Value	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	Value	ANTIDIABETICS
glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day)	QL	Select	ULCER DRUGS
glycopyrrolate tab (ROBINUL equiv)	-	Select	ULCER DRUGS
GLYXAMBI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Preferred	ANTIDIABETICS
granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days)	QL	Select	ANTIEMETICS
GRASTEK SL TAB (QL= 30 tabs/30 days)	QL	Preferred	BIOLOGICALS MISC
griseofulvin susp (GRIFULVIN equiv)	-	Select	ANTIFUNGALS
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month)	OTC-QL	Preferred	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month)	OTC-QL	Select	COUGH/COLD/ALLERGY
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	Select	ANTIHYPERTENSIVES
GUANIDINE TAB	-	Select	ANTIMYASTHENIC/CHOLINERGIC AGENTS
GVOKE INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferred	ANTIDIABETICS
GVOKE INJ KIT (QL= 2 vials/fill, 2 fills/30 days)	QL	Preferred	ANTIDIABETICS

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Drug Name	Special Code	Tier	Category
GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferred	ANTIDIABETICS
HADLIMA INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
HALDOL DECANOATE INJ	-	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
halobetasol propionate cream (ULTRAVATE equiv)	-	Select	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	Select	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	Select	DERMATOLOGICALS
haloperidol decanoate inj	AMSP	Generic Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol lactate conc (HALDOL equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HAVRIX INJ, VAQTA INJ	VAC	Preventive	VACCINES
HC BUTYRATE CREAM	-	Select	DERMATOLOGICALS
HC BUTYRATE SOLN	-	Preferred	DERMATOLOGICALS
HEMLIBRA INJ	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
heparin porcine inj	-	Select	ANTICOAGULANTS
HEPLISAV-B INJ	VAC	Preventive	VACCINES
HEXALEN CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	ANTINEOPLASTICS
HIZENTRA INJ (Only available through Emerging Health 971-290-2010)	LD-PA	Preferred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HIZENTRA INJ, VIVAGLOBIN INJ (Only available through Emerging Health 971-290-2010)	LD-PA	Preferred Specialty	PASSIVE IMMUNIZING AGENTS
HOMATROPINE OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
HUMULIN R INJ U-500 (QL= 40ml/30 days)	QL	Select	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ (QL= 24ml/30 days)	QL	Select	ANTIDIABETICS
HYCAMTIN CAP	LMSP-PA	Preferred Specialty	ANTINEOPLASTICS
HYD POL/CPM SUSP (QL= 10ml/day)	QL	Select	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	Select	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	Value	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	Value	DIURETICS
hydrocodone/acetaminophen cap (LORCET equiv)	-	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 180ml/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10-325mg (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5-325mg (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	Select	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	Select	COUGH/COLD/ALLERGY
HYDROCODONE/IBUPROFEN TAB (QL= 5 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	QL--	Select	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	Select	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	Select	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	Select	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	Select	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	Select	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	Select	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	Select	DERMATOLOGICALS
hydrocortisone oint	-	Select	DERMATOLOGICALS
hydrocortisone tab (CORTEF equiv)	-	Select	CORTICOSTEROIDS
hydrocortisone valerate cream	-	Select	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	Select	DERMATOLOGICALS
hydromorphone liquid (DILAUDID equiv)	-	Select	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	Select	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	Select	ANALGESICS - OPIOID
hydroxychloroquine tab (PLAQUENIL equiv)	-	Select	ANTIMALARIALS
HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days)	AMSP-PA-QL	Preferred Specialty	PROGESTINS
hydroxyurea cap (HYDREA equiv)	-	Select	ANTINEOPLASTICS
hydroxyzine pamoate cap (VISTARIL equiv)	-	Select	ANTIANXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	Select	ANTIANXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	Select	ANTIANXIETY AGENTS
HYOPHEN TAB	-	Preferred	ANTI-INFECTIVE AGENTS - MISC.
HYPODERMIC NEEDLES	OTC	Preferred	MEDICAL DEVICES

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HYQVIA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	PASSIVE IMMUNIZING AGENTS
ibandronate tab 150mg (BONIVA equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	Select	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab cold/sinus (QL= 240 tabs/30 days)	QL	Select	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	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
icosapent ethyl cap 0.5gm (VASCEPA equiv) (QL= 2 caps/day)	QL	Select	ANTIHYPERLIPIDEMICS
icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day)	QL	Select	ANTIHYPERLIPIDEMICS
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	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA SUSP (QL= 2 bottles/30 days; Only available through Optum 877-445-6874)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imipramine tab (TOFRANIL equiv)	-	Select	ANTIDEPRESSANTS
imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days)	QL	Select	DERMATOLOGICALS
IMOVAX INJ	-	Preventive	VACCINES
IMPAVIDO CAP (QL= 3 caps/day)	AMSP-QL	Preferred Specialty	ANTI-INFECTIVE AGENTS - MISC.
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	Preventive	CONTRACEPTIVES
INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER (QL= 30 units/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	Select	DIURETICS
indomethacin cap (INDOCIN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
INFANRIX INJ	VAC	Preventive	TOXOIDS

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Drug Name	Special Code	Tier	Category
INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days	QL	Select	ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
INTELENCE TAB (QL= 4 tabs/day)	QL	Preferred	ANTIVIRALS
INTELENCE TAB 25MG (QL= 4 tabs/day)	QL	Preferred	ANTIVIRALS
INTRON-A INJ	AMSP	Preferred Specialty	ANTINEOPLASTICS
INVEGA HAFYERA INJ	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA INJ	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVIRASE CAP (QL= 10 caps/day)	QL	Preferred	ANTIVIRALS
INVIRASE TAB (QL= 4 tabs/day)	QL	Preferred	ANTIVIRALS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	Select	DERMATOLOGICALS
IPOL INJ	-	Preventive	VACCINES
ipratropium nasal spray (ATROVENT equiv)	-	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	Select	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	Select	ANTIHYPERTENSIVES
ISENTRESS (HD) TAB (QL= 2 tabs/day)	QL	Preferred	ANTIVIRALS
ISENTRESS CHEW TAB (QL= 6 tabs/day)	QL	Preferred	ANTIVIRALS
ISENTRESS POWDER PACK (QL= 2 packets/day)	QL	Preferred	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	Preventive	CONTRACEPTIVES
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	Preferred	MIGRAINE PRODUCTS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	Select	MIGRAINE PRODUCTS
ISONIAZID TAB	-	Select	ANTIMYCOBACTERIAL AGENTS
isosorbide dinitrate tab 5mg (ISORDIL equiv)	-	Select	ANTIANGINAL AGENTS
isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day)	QL	Select	CARDIOVASCULAR AGENTS - MISC.
isosorbide mononitrate ER tab (IMDUR equiv)	-	Select	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	Select	ANTIANGINAL AGENTS
ISOXSUPRINE TAB (QL= 120 tabs/30 days)	QL	Preferred	CARDIOVASCULAR AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
isradipine cap (DYNACIRC equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
itraconazole cap (SPORANOX equiv)	-	Select	ANTIFUNGALS
ivabradine hcl tab (CORLANOR equiv) (QL= 60 tabs/30 days)	PA-QL	Select	CARDIOVASCULAR AGENTS - MISC.
ivermectin tab (STROMECTOL equiv)	-	Select	ANTHELMINTICS
IXIARO INJ	-	Preventive	VACCINES
IYUZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln)	QL-ST	Preferred	OPHTHALMIC AGENTS
JAKAFI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JARDIANCE TAB (QL= 1 tab/day)	QL	Preferred	ANTIDIABETICS
JENTADUETO TAB (QL= 2 tabs/day)	QL	Preferred	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	Preferred	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	Select	ESTROGENS
JULUCA TAB (QL= 1 tab/day)	QL	Preferred	ANTIVIRALS
junel FE tab (LOESTRIN FE equiv)	-	Preventive	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	Preventive	CONTRACEPTIVES
JUXTAPID CAP (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty	ANTIHYPERLIPIDEMICS
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNNEOS INJ	-	Preventive	VACCINES
KALETRA TAB 100-25MG (QL= 2 tabs/day)	QL	Preferred	ANTIVIRALS
KALETRA TAB 200-50MG (QL= 4 tabs/day)	QL	Preferred	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
kelnor tab (DEMULEN equiv)	-	Preventive	CONTRACEPTIVES

Drug Name	Special Code	Tier	Category
KESIMPTA INJ (QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ketoconazole cream (NIZORAL CREAM equiv)	-	Select	DERMATOLOGICALS
ketoconazole shampoo	-	Select	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	Select	ANTIFUNGALS
KETOROLAC INJ	-	Preferred	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj	-	Select	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln .05% (ACULAR (LS) equiv)	-	Select	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
KISQALI PAK (QL= 91 tabs/28 days)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KLOXXADO NASAL SPRAY	-	Preferred	ANTIDOTES AND SPECIFIC ANTAGONISTS
KRINTAFEL TAB (QL= 2 tabs/365 days)	QL	Preferred	ANTIMALARIALS
K-TAB	-	Select	MINERALS & ELECTROLYTES
KYLEENA IUD	-	Preventive	CONTRACEPTIVES
labetalol tab (NORMODYNE equiv)	-	Select	BETA BLOCKERS
lacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30 days)	QL	Select	ANTICONVULSANTS
lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
lactulose soln	-	Select	GASTROINTESTINAL AGENTS - MISC.
LAGEVRIO CAP 200MG (QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older)	QL	Preferred	ANTIVIRALS
lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days)	QL	Select	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty	ANTIVIRALS
lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	Select	ANTICONVULSANTS
lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	Select	ANTICONVULSANTS
LAMPIT TAB 120MG (QL= 225 tabs/30 days)	QL	Preferred	ANTI-INFECTIVE AGENTS - MISC.
LAMPIT TAB 30MG (QL= 360 tabs/30 days)	QL	Preferred	ANTI-INFECTIVE AGENTS - MISC.
LANCET KIT	OTC	Preferred	MEDICAL DEVICES AND SUPPLIES

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AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
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VAC	Vaccine Program				

Drug Name	Special Code	Tier	Category
LANCETS	OTC	Preferred	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	Select	GASTROINTESTINAL AGENTS - MISC.
lanthanum carbonate chew tab 500mg (FOSRENOL equiv) (QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab)	QL-ST	Select	GASTROINTESTINAL AGENTS - MISC.
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	Preferred Specialty	ANTIVIRALS
leflunomide tab (ARAVA equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Generic Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
letrozole tab (FEMARA equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	Select	ANTINEOPLASTICS
LEUPROLIDE INJ (QL= 1 kit/90 days)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levalbuterol neb soln (XOPENEX equiv)	-	Select	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	Preferred	ANTIDIABETICS
LEVEMIR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Preferred	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	Select	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	Select	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	Select	ANTICONVULSANTS
LEVOBUNOLOL OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv)	-	Select	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
levofloxacin ophth soln (QUIXIN equiv)	-	Select	OPHTHALMIC AGENTS
levofloxacin oral soln 25mg/ml (LEVOFLOXACIN equiv)	-	Select	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	Select	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	Preventive	CONTRACEPTIVES
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	Preventive	CONTRACEPTIVES
levothyroxine tab (SYNTHROID equiv)	-	Select	THYROID AGENTS
l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps)	AMSP-QL-ST	Generic Specialty	HEMATOPOIETIC AGENTS
LIDOCAINE GEL	-	Select	DERMATOLOGICALS

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

Drug Name	Special Code	Tier	Category
lidocaine gel (GLYDO equiv)	-	Select	DERMATOLOGICALS
lidocaine oint (QL= 8gm/day)	QL	Select	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	Preferred	MOUTH/THROAT/DENTAL AGENTS
lidocaine soln (XYLOCAINE equiv)	-	Select	DERMATOLOGICALS
lidocaine viscous soln 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	Select	ANORECTAL AGENTS
lidocaine/hydrocortisone kit (ANALPRAM equiv)	-	Select	ANORECTAL AGENTS
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	Select	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	Select	DERMATOLOGICALS
LIKMEZ SUSP (QL= 210ml/14 days)	QL	Preferred	ANTI-INFECTIVE AGENTS - MISC.
linezolid susp	-	Select	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	Select	THYROID AGENTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	Value	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	Value	ANTIHYPERTENSIVES
lithium carbonate cap (ESKALITH ER equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium oral solution (LITHIUM equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LO LOESTRIN TAB	-	Preventive	CONTRACEPTIVES
LOCOID LIPOCREAM	-	Select	DERMATOLOGICALS
LOKELMA PAK (QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone)	QL-ST	Preferred	MISCELLANEOUS THERAPEUTIC CLASSES
LONSURF TAB (Only available through Optum 877-445-6874 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	Select	ANTIDIARRHEALS
lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days)	QL	Select	ANTIVIRALS
lopinavir-ritonavir tab 100-25mg (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day)	QL	Select	ANTIVIRALS
lorazepam conc (ATIVAN equiv)	-	Select	ANTIANXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	Select	ANTIANXIETY AGENTS
LORTUSS EX LIQUID (QL= 1200ml/30 days)	QL	Select	COUGH/COLD/ALLERGY
LORTUSS LIQUID (QL= 1200ml/30 days)	QL	Preferred	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	Preferred	OPHTHALMIC AGENTS
LOTEMAX SM GEL	-	Preferred	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX equiv)	-	Select	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)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lubiprostone cap (AMITIZA equiv) (QL= 60 caps/30 days)	QL	Select	GASTROINTESTINAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
LUPRON DEPOT INJ	AMSP-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ (1-MONTH) (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ (3-MONTH) (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
malathion lotion (OVIDE equiv)	-	Select	DERMATOLOGICALS
MAPROTILINE TAB	-	Select	ANTIDEPRESSANTS
maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 tabs/day)	QL	Select	ANTIVIRALS
MAR-COF CG LIQUID (QL= 473ml/month)	QL	Preferred	COUGH/COLD/ALLERGY
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	ANTINEOPLASTICS
MAVYRET PAK (QL= 5 packets/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
MAXIDEX OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS
meclizine chew tab (BONINE equiv)	OTC	Select	ANTIEMETICS
MECLOFENAMATE CAP	-	Preferred	ANALGESICS - ANTI-INFLAMMATORY
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days)	QL	Preventive	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	Select	PROGESTINS
megestrol ES susp (MEGACE ES equiv)	-	Select	PROGESTINS
MEGESTROL SUSP	-	Select	PROGESTINS
megestrol susp (MEGACE equiv)	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
MEKINIST SOLN (QL= 40ml/day)	LMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meloxicam tab (MOBIC equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
MELPHALAN TAB	AMSP	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine titrapak (NAMENDA equiv) (QL= 49 tabs/28 days)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	Preventive	VACCINES
M-END DMX LIQUID (QL= 1800ml/30 days)	QL	Preferred	COUGH/COLD/ALLERGY
MENEST TAB	-	Preferred	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	-	Preferred	ANALGESICS - OPIOID
meperidine tab (DEMEROL equiv) (QL= 6 tabs/day)	QL	Select	ANALGESICS - OPIOID
mercaptopurine tab (PURINETHOL equiv)	-	Select	ANTINEOPLASTICS
mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv) (QL= 60mL/day)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv) (QL= 8 caps/day)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	AMSP	Preferred Specialty	ANTINEOPLASTICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	Value	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	Value	ANTIDIABETICS
methadone sol 10mg/5ml (QL= 20ml/day)	QL	Select	ANALGESICS - OPIOID
methadone soln (QL= 4 ml/day)	QL	Select	ANALGESICS - OPIOID
methadone soln 5mg/5ml (QL= 40ml/day)	QL	Select	ANALGESICS - OPIOID

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Drug Name	Special Code	Tier	Category
methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day)	QL	Select	ANALGESICS - OPIOID
methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day)	QL	Select	ANALGESICS - OPIOID
methadose tab (QL= 1 tab/day)	QL	Select	ANALGESICS - OPIOID
methenamine hippurate tab (HIPREX equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
methenamine mandelate tab	-	Select	ANTI-INFECTIVE AGENTS - MISC.
methimazole tab (TAPAZOLE equiv)	-	Select	THYROID AGENTS
methocarbamol tab (ROBAXIN equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	Select	ANTINEOPLASTICS
methoxsalen cap (OXSORALEN ULTRA equiv)	-	Select	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	Select	ULCER DRUGS
METHYCLOTHIAZIDE TAB	-	Select	DIURETICS
METHYLDOPA TAB	-	Preferred	ANTIHYPERTENSIVES
methyldopa tab (ALDOMET equiv)	-	Select	ANTIHYPERTENSIVES
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	Select	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv)	-	Select	OXYTOCICS
METHYLPHENIDATE ER TAB (QL= 1 tab/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 10mg (QL= 3 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 20mg (QL= 3 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate tab 10mg (RITALIN equiv) (QL= 180 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate tab 20mg (RITALIN equiv) (QL= 90 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate tab 5mg (RITALIN equiv) (QL= 360 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	Select	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	Select	CORTICOSTEROIDS
METIPRANOLOL OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	Select	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	Value	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	Value	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	Select	ANTIHYPERTENSIVES
metronidazole cream (METROCREAM equiv)	-	Select	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	Select	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	Select	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	Select	VAGINAL PRODUCTS
mexiletine hcl cap	-	Select	ANTIARRHYTHMICS
mibelas chew tab (MINASTRIN equiv)	-	Preventive	CONTRACEPTIVES

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Drug Name	Special Code	Tier	Category
MICORT-HC CREAM	-	Preferred	DERMATOLOGICALS
midazolam hcl syrup	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
midazolam inj (MIDAZOLAM equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
midodrine tab (PROAMATINE equiv)	-	Select	VASOPRESSORS
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)	AMSP-PA-QL	Generic Specialty	ANTIDIABETICS
mifepristone tab (MIFEPREX equiv)	AMSP-PA-QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIGERGOT SUPP (QL= 20 supp/28 days)	QL	Preferred	MIGRAINE PRODUCTS
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	Generic Specialty	HEMATOPOIETIC AGENTS
minocycline cap (MINOCIN equiv)	-	Select	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	Select	ANTIHYPERTENSIVES
MIRENA IUD	-	Preventive	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	Select	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	Select	ANTIDEPRESSANTS
misoprostol tab (CYTOTEC equiv)	-	Select	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)	-	Select	ANTIHYPERTENSIVES
MOLINDONE TAB	-	Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	Preventive	ANTIVIRALS
mometasone cream (ELOCON equiv)	-	Select	DERMATOLOGICALS
mometasone oint (ELOCON equiv)	-	Select	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	Select	DERMATOLOGICALS
montelukast chew tab (SINGULAIR equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Select	ANALGESICS - OPIOID
morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Select	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day)	QL	Select	ANALGESICS - OPIOID
MORPHINE SULFATE ORAL SOLN 100MG/5ML (QL= 90ml/fill for members ag 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Select	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	Select	ANALGESICS - OPIOID

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Drug Name	Special Code	Tier	Category
MORPHINE SULFATE SOLN	-	Preferred	ANALGESICS - OPIOID
MORPHINE SULFATE SOLN	-	Select	ANALGESICS - OPIOID
morphine sulfate soln (MORPHINE equiv)	-	Select	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP	-	Preferred	ANALGESICS - OPIOID
morphine sulfate tab	-	Select	ANALGESICS - OPIOID
MOVANTIK TAB (QL= 30 tabs/30 days)	PA-QL	Preferred	GASTROINTESTINAL AGENTS - MISC.
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	Select	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	Select	FLUOROQUINOLONES
multigen plus tab (CHROMAGEN FORTE equiv)	-	Select	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	Select	HEMATOPOIETIC AGENTS
mupirocin cream (BACTROBAN CREAM equiv)	-	Select	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	Select	DERMATOLOGICALS
mycophenolate DR tab (MYFORTIC equiv)	-	Select	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	Select	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	Select	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	Select	ASSORTED CLASSES
MYHIBBIN SUSP	-	Preferred	MISCELLANEOUS THERAPEUTIC CLASSES
MYLERAN TAB	AMSP	Preferred Specialty	ANTINEOPLASTICS
nabumetone tab (RELAFEN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	Select	BETA BLOCKERS
NAFTIFINE CREAM 1%	-	Preferred	DERMATOLOGICALS
naloxone hcl nasal spray (NARCAN equiv)	-	Select	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	-	Select	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE NASAL SPRAY	-	Select	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone prefilled inj	-	Select	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fills/month)	--QL	Select	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	Select	ANTIDOTES
NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab)	QL-ST	Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP (QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
naproxen EC tab (NAPROSYN EC equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	Preferred	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
NARCAN HCL SPRAY (OTC)	OTC	Select	ANTIDOTES AND SPECIFIC ANTAGONISTS
NATACYN OPHTH SUSP (QL= 45ml/30 days)	QL	Preferred	OPHTHALMIC AGENTS
NATAZIA TAB	-	Preventive	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	Select	ANTIDIABETICS

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NAYZILAM SPRAY (QL= 4 units/fill, 5 fills/month)	QL	Preferred	ANTICONVULSANTS
nebivolol hcl tab (BYSTOLIC equiv) (QL= 1 tab/day)	QL	Select	BETA BLOCKERS
NEFAZODONE TAB	-	Select	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	Select	ANTIDEPRESSANTS
neomycin tab	-	Select	AMINOGLYCOSIDES
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	-	Select	OTIC AGENTS
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv)	-	Select	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	Select	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	Select	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS
NEPHRON FA TAB	-	Preferred	HEMATOPOIETIC AGENTS
NEVIRAPINE ER TAB (QL= 3 tabs/day)	QL	Preferred	ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
NEVIRAPINE SUSP (QL= 1200ml/30 days)	QL	Preferred	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days)	QL	Preferred	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	Select	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
NICAZELDOXY KIT	-	Preferred	TETRACYCLINES
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	Select	CALCIUM CHANNEL BLOCKERS

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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	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nitisinone cap (ORFADIN equiv)	LMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-BID OINT	-	Preferred	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin susp (FURADANTIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP	-	Select	ANTIANGINAL AGENTS
nitroglycerin oint (RECTIV equiv) (Diagnosis Restricted – Anal Fissure (K60.2))	RDX	Select	ANORECTAL AND RELATED PRODUCTS
nitroglycerin patch (NITRO-DUR equiv)	-	Select	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	Select	ANTIANGINAL AGENTS
NIZATIDINE CAP	-	Preferred	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
nizatidine cap (AXID equiv)	-	Select	ULCER DRUGS
nizoral a-d shampoo (NIZORAL equiv)	OTC	Select	DERMATOLOGICALS
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv)	-	Preventive	CONTRACEPTIVES
norethindrone tab (NORA-QD equiv)	-	Preventive	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	Select	PROGESTINS
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	Preventive	CONTRACEPTIVES
NORPACE CR CAP	-	Preferred	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)	-	Select	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	Select	ANTIDEPRESSANTS
NORVIR CAP (QL= 12 caps/day)	QL	Preferred	ANTIVIRALS
NORVIR POWDER PACK (QL= 12 packets/day)	QL	Preferred	ANTIVIRALS
NORVIR SOLN (QL= 480ml/30 days)	QL	Preferred	ANTIVIRALS
NOVOFINE PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ (QL= 60 units/30 days)	OTC-QL	Select	ANTIDIABETICS
NOVOLIN 70/30 INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN N INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN N RELION INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN R INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS

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NOVOLIN RELION INJ 70/30 (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN VIAL (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG FLEXPEN INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG MIX INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG PENFILL INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOTWIST PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
NUBEQA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NUCALA INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUEDEXTA CAP (QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA)	QL-ST	Preferred	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	Preferred	VAGINAL PRODUCTS
nystatin cream (MYCOSTATIN CREAM equiv)	-	Select	DERMATOLOGICALS
nystatin oint	-	Select	DERMATOLOGICALS
nystatin powder	-	Select	ANTIFUNGALS
nystatin susp	-	Select	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	Select	ANTIFUNGALS
nystatin topical powder	-	Select	DERMATOLOGICALS
nystatin/triamcinolone cream	-	Select	DERMATOLOGICALS
nystatin/triamcinolone oint	-	Select	DERMATOLOGICALS
NYVEPRIA INJ (QL= 2 inj/28 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
octreotide inj (SANDOSTATIN equiv)	AMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCTREOTIDE INJ 100MCG	AMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODACTRA SL TAB (QL= 30 tabs/30 days)	QL	Preferred	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB (QL= 1 tab/day)	QL	Preferred	ANTIVIRALS
ODOMZO CAP	AMSP-PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	Select	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	Select	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	Select	FLUOROQUINOLONES
olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olmesartan tab (BENICAR equiv)	-	Select	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) (QL= 30 tabs/30 days)	QL	Select	ANTIHYPERTENSIVES

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olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	Select	ANTIHYPERTENSIVES
omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day)	QL	Select	ANTIHYPERLIPIDEMICS
OMNIPOD 5 G6 INTRO KIT (QL= 1 kit/year)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G6 KIT (QL= 1 kit/year)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G6 MIS PODS (QL= 15 pods/30 days)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G6 PODS MISC (QL= 15 pods/30 days)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G7 MIS PODS (QL= 15 pods/30 days)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 PACK PODS (QL= 15 pods/30 days)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH KIT (QL= 1 kit/year)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS (QL= 15 pods/30 days)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 10 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 15 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 20 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 25 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 30 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 35 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 40 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ (QL= 9 cartridges/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMNITROPE INJ 5.8MG (QL= 8 vials/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ondansetron ODT (ZOFRAN equiv)	-	Select	ANTIEMETICS
ondansetron soln (ZOFRAN equiv) (QL= 50ml/fill, 1 fill/15 days)	QL	Select	ANTIEMETICS
ONDANSETRON TAB	-	Select	ANTIEMETICS
ondansetron tab (ZOFRAN equiv)	-	Select	ANTIEMETICS
OPILL TAB	-	Preventive	CONTRACEPTIVES
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
OPVEE NASAL SPRAY	-	Preferred	ANTIDOTES AND SPECIFIC ANTAGONISTS
ORACIT SOLN	-	Preferred	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB (QL= 30 tabs/30 days)	QL	Preferred	BIOLOGICALS MISC
ORENITRAM TAB (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Select	ANTIVIRALS
oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Select	ANTIVIRALS
oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days)	QL	Select	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days)	QL	Select	ANTIVIRALS
OTEZLA STARTER PACK (QL= 1 pack/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	Select	OTIC AGENTS
OVIDREL INJ	-	INF	ENDOCRINE AND METABOLIC AGENTS - MISC.
oxaprozin tab (DAYPRO equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
oxcarbazepine susp (TRILEPTAL equiv)	-	Select	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	Select	ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	-	Select	URINARY ANTISPASMODICS
oxybutynin syrup	-	Select	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	Select	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	Select	ANALGESICS - OPIOID
OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred	ANALGESICS - OPIOID
OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred	ANALGESICS - OPIOID
OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred	ANALGESICS - OPIOID
OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred	ANALGESICS - OPIOID
OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred	ANALGESICS - OPIOID
OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred	ANALGESICS - OPIOID
OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	Select	ANALGESICS - OPIOID

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oxycodone tab (ROXICODONE equiv)	-	Select	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	Select	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 10-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 2.5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 7.5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
OXYCODONE/ASPIRIN TAB	-	Select	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	Select	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day)	QL	Preferred	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day)	QL	Preferred	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day)	QL	Preferred	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day)	QL	Preferred	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day)	QL	Preferred	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day)	QL	Preferred	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day)	QL	Preferred	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	Select	ANALGESICS - OPIOID
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred	ANTIDIABETICS
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PARAGARD IUD	-	Preventive	CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	Select	DERMATOLOGICALS
paricalcitol cap (ZEMPLAR equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	Select	AMINOGLYCOSIDES
paroxetine tab (PAXIL equiv)	-	Select	ANTIDEPRESSANTS
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 18 years or older)	QL	Preferred	ANTIVIRALS
PAXLOVID TAB 300-100 (QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 18 years or older)	QL	Preferred	ANTIVIRALS
pazopanib hcl tab (VOTRIENT equiv) (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PCE TAB	-	Preferred	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

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

Drug Name	Special Code	Tier	Category
PEGASYS INJ	AMSP-PA	Preferred Specialty	ANTIVIRALS
PEG-INTRON INJ (Only available through Lumicera 855-847-3553)	LMSP	Preferred Specialty	ANTIVIRALS
PENBRAYA INJ (Covered for members age 10 through 25 years)	-	Preventive	VACCINES
penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days)	QL	Select	MISCELLANEOUS THERAPEUTIC CLASSES
penicillin vk tab (VEETIDS equiv)	-	Select	PENICILLINS
pentazocine/acetaminophen tab (TALACEN equiv)	-	Select	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	Select	ANALGESICS - OPIOID
pentoxifylline ER tab (TRENTAL equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
perindopril tab (ACEON equiv)	-	Select	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	Select	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PERSERIS INJ	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
phenazopyridine tab (PYRIDIUM equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
PHENELZINE SULFATE TAB (QL= 4 tabs/day)	QL	Select	ANTIDEPRESSANTS
phenelzine tab (NARDIL equiv)	-	Select	ANTIDEPRESSANTS
phenobarbital elixir	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenobarbital tab	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
phenylephrine ophth soln (MYDFRIN equiv)	-	Select	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	Select	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	Select	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	Select	ANTICONVULSANTS
PHEXXI GEL (QL= 180gm/30 days)	QL	Preventive	VAGINAL AND RELATED PRODUCTS
PHOSLYRA SOLN	-	Preferred	GASTROINTESTINAL AGENTS - MISC.
phytonadione tab (MEPHYTON equiv)	-	Select	VITAMINS
PIFELTRO TAB	-	Preferred	ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	Select	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
PIMOZIDE TAB	-	Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	Select	BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	Select	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	Select	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.

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Drug Name	Special Code	Tier	Category
PIRFENIDONE TAB 534MG (QL= 4 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	Generic Specialty	RESPIRATORY AGENTS - MISC.
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty	RESPIRATORY AGENTS - MISC.
piroxicam cap (FELDENE equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
PNEUMOVAX INJ	VAC	Preventive	VACCINES
PODOCON SOLN	-	Preferred	DERMATOLOGICALS
PODOFILOX SOLN (QL= 0.5ml/day)	QL	Preferred	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	QL--	Select	DERMATOLOGICALS
POLYETHYLENE GLYCOL 8000 GRANULES	-	Preferred	PHARMACEUTICAL ADJUVANTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	Select	OPHTHALMIC AGENTS
POMALYST CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
POT/CHLORIDE EFFER TAB	-	Select	MINERALS & ELECTROLYTES
POTABA POWDER PACKET	-	Preferred	VITAMINS
potassium chloride effer tab (K-LYTE/CL equiv)	-	Select	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	Select	MINERALS & ELECTROLYTES
potassium chloride ER tab (K-TAB equiv)	-	Select	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	Select	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE TAB ER	-	Select	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K TAB equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
potassium iodide oral soln (SSKI equiv) (QL= 90ml/30 days)	QL	Select	COUGH/COLD/ALLERGY
potassium phosphate monobasic tab (K-PHOS equiv) (QL= 8 tabs/day)	QL	Select	MINERALS & ELECTROLYTES
pramipexole tab (MIRAPEX equiv)	-	Select	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1-1%	-	Preferred	DERMATOLOGICALS
PRAMOSONE E CREAM	-	Preferred	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv) (QL= 1 tab/day)	QL	Select	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)	-	Select	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	Select	ANTIHYPERTENSIVES
PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred	DIAGNOSTIC PRODUCTS
PRED MILD OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
PREDNICARBATE CREAM	-	Preferred	DERMATOLOGICALS
PREDNICARBATE OIN	-	Preferred	DERMATOLOGICALS
PREDNISOLONE OPHTH SUSP	-	Select	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
PREDNISOLONE SOLN	-	Preferred	CORTICOSTEROIDS
PREDNISOLONE SOLN	-	Select	CORTICOSTEROIDS
prednisolone soln (PEDIAPRED equiv)	-	Select	CORTICOSTEROIDS
prednisone pack	-	Select	CORTICOSTEROIDS
PREDNISONE SOLN	-	Select	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	Select	CORTICOSTEROIDS
pregabalin cap (LYRICA equiv)	-	Select	ANTICONVULSANTS
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	Select	ANTICONVULSANTS
PREMARIN TAB	-	Preferred	ESTROGENS
PREMARIN VAGINAL CREAM	-	Preferred	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	Preferred	ESTROGENS
PRENATABS RX TAB	-	Preferred	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	Preferred	MULTIVITAMINS
PRENATAL 19 TAB	-	Preferred	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	Preferred	MULTIVITAMINS
PREVIDENT 5000 PLUS CREAM (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 13 INJ	VAC	Preventive	VACCINES
PREVNAR 20 INJ	VAC	Preventive	VACCINES
PREZCOBIX TAB (QL= 1 tab/day)	QL	Preferred	ANTIVIRALS
PREZISTA SUSP (QL= 400ml/30 days)	QL	Preferred	ANTIVIRALS
PREZISTA TAB (QL= 1 tab/day)	QL	Preferred	ANTIVIRALS
PREZISTA TAB 150MG (QL= 8 tabs/day)	QL	Preferred	ANTIVIRALS
PREZISTA TAB 600MG (QL= 2 tabs/day)	QL	Preferred	ANTIVIRALS
PREZISTA TAB 75MG (QL= 16 tabs/day)	QL	Preferred	ANTIVIRALS
PRIMIDONE TAB (QL= 4 tabs/day)	QL	Select	ANTICONVULSANTS
primidone tab (MYSOLINE equiv)	QL--	Select	ANTICONVULSANTS
PRIMSOL SOLN	-	Preferred	ANTI-INFECTIVE AGENTS - MISC.

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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
PRIORIX INJ	VAC	Preventive	VACCINES
probenecid tab (BENEMID equiv)	-	Select	GOUT AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCTOFOAM HC FOAM	-	Preferred	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	Select	ANORECTAL AGENTS
PRODRIN TAB	-	Select	MIGRAINE PRODUCTS
progesterone cap (PROMETRIUM equiv)	-	Select	PROGESTINS
progesterone oil inj	-	Select	PROGESTINS
PROLIA INJ	AMSP-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
PROMACTA POWDER (QL= 6 packets/day)	AMSP-PA-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
PROMACTA TAB (QL= 2 tabs/day)	AMSP-PA-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	Select	COUGH/COLD/ALLERGY
promethazine inj (PHENERGAN equiv)	-	Select	ANTIHISTAMINES
promethazine supp (PHENERGAN equiv)	-	Select	ANTIHISTAMINES
promethazine syrup	-	Select	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	Select	ANTIHISTAMINES
PROMETHAZINE VC SYRUP	-	Select	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	-	Select	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	Select	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	Select	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	Select	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	Select	ANTIHISTAMINES
propafenone tab (RYTHMOL equiv)	-	Select	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	Preferred	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	Select	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	Select	BETA BLOCKERS
propranolol oral soln	-	Select	BETA BLOCKERS
PROPRANOLOL SOLN	-	Select	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	Select	BETA BLOCKERS
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	Select	ANTIHYPERTENSIVES
propylthiouracil tab	-	Select	THYROID AGENTS
PROQUAD INJ	-	Preventive	VACCINES
protriptyline tab (VIVACTIL equiv)	-	Select	ANTIDEPRESSANTS
PROZAC WEEKLY CAP	-	Preferred	ANTIDEPRESSANTS
pseudoephedrine ER tab 120mg (QL= 2 tabs/day)	QL	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days)	QL	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 30mg (QL= 8 tabs/day)	QL	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 60mg (QL= 4 tabs/day)	QL	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL

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Drug Name	Special Code	Tier	Category
PULMOZYME INH SOLN (QL= 30 ampules/30 days)	AMSP-QL-RDX	Preferred Specialty	RESPIRATORY AGENTS - MISC.
PURIXAN SUSP	AMSP-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pyrazinamide tab	-	Select	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	Select	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	Select	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	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quinapril tab (ACCUPRIL equiv)	-	Select	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	Select	ANTIHYPERTENSIVES
quinidine sulfate tab (QL= 8 tabs/day)	QL	Select	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB 200MG (QL= 8 tabs/day)	QL	Preferred	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB 300MG (QL= 5 tabs/day)	QL	Preferred	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	Select	ANTIMALARIALS
QVAR REDIHALER (QL= 21.2gm/30 days)	QL	Preferred	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	Preferred Specialty	NEUROMUSCULAR AGENTS
RAGWITEK SL TAB (QL= 30 tabs/30 days)	QL	Preferred	BIOLOGICALS MISC
raloxifene tab (EVISTA equiv) (QL= 1 tab/day)	QL	Preventive	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramipril cap (ALTACE equiv)	-	Select	ANTIHYPERTENSIVES
ranitidine cap (ZANTAC equiv)	-	Select	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	Select	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	Select	ULCER DRUGS
ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days)	QL	Select	ANTIANGINAL AGENTS
rasagiline tab (AZILECT equiv) (QL= 1 tab/day)	QL	Select	ANTIPARKINSON AGENTS
REBETOL SOLN	AMSP	Preferred Specialty	ANTIVIRALS
REBIF INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBINYN INJ (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month)	QL	Preferred	ANTIVIRALS
RELTONE CAP (Step therapy requires trial of ursodiol tab)	ST	Select	GASTROINTESTINAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
REPAGLINIDE TAB	-	Preferred	ANTIDIABETICS
repaglinide tab (PRANDIN equiv)	-	Select	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	Preferred	ANTIHYPERLIPIDEMICS
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	Preferred	ANTIHYPERLIPIDEMICS
RESCRIPTOR TAB	-	Preferred	ANTIVIRALS
RETACRIT INJ (QL= 12 vials/30 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
RETACRIT INJ (QL= 4 vials/30 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
REYATAZ POWDER PACK (QL= 5 packets/day)	QL	Preferred	ANTIVIRALS
REZYST CHEW TAB	-	Select	ANTIDIARRHEALS
RIBAPAK TAB (Step Therapy requires trial of ribavirin)	AMSP-ST	Preferred Specialty	ANTIVIRALS
RIBAVIRIN CAP	AMSP	Generic Specialty	ANTIVIRALS
ribavirin cap (REBETOL equiv)	AMSP	Generic Specialty	ANTIVIRALS
RIBAVIRIN TAB	AMSP	Generic Specialty	ANTIVIRALS
rifabutin cap (MYCOBUTIN equiv)	-	Select	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	Select	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv)	AMSP	Generic Specialty	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	Select	ANTIVIRALS
risperidone microspheres inj (RISPERDAL equiv)	AMSP	Generic Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERIDONE ODT	-	Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ritonavir tab (NORVIR equiv) (QL= 12 tabs/day)	QL	Select	ANTIVIRALS
rivastigmine cap (EXELON equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
roflumilast tab (DALIRESP equiv) (QL= 1 tab/day)	PA-QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ropinirole tab (REQUIP equiv)	-	Select	ANTIPARKINSON AGENTS
rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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RYBELSUS TAB (QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred	ANTIDIABETICS
SAFETY SYRINGE	-	Preferred	MEDICAL DEVICES AND SUPPLIES
salicylic acid shampoo (SALEX equiv)	-	Select	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	Select	ANALGESICS - NONNARCOTIC
SANDOSTATIN LAR INJ KIT	AMSP	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	Preferred	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	Select	ANTIEMETICS
selegiline cap (ELDEPRYL equiv)	-	Select	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv) (QL= 2 tabs/day)	QL	Select	ANTIPARKINSON AGENTS
selenium sulfide lotion	-	Select	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	Select	DERMATOLOGICALS
SELZENTRY SOLN (QL= 31ml/day)	QL	Preferred	ANTIVIRALS
SELZENTRY TAB 150MG (QL= 2 tabs/day)	QL	Preferred	ANTIVIRALS
SELZENTRY TAB 25MG (QL= 4 tabs/day)	QL	Preferred	ANTIVIRALS
SELZENTRY TAB 300MG (QL= 4 tabs/day)	QL	Preferred	ANTIVIRALS
SELZENTRY TAB 75MG (QL= 2 tabs/day)	QL	Preferred	ANTIVIRALS
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv) (QL= 60ml/30 days)	QL	Preferred	ANTIDIABETICS
SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv) (QL= 60ml/30 day	QL	Preferred	ANTIDIABETICS
sertraline conc (ZOLOFT equiv)	-	Value	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	Value	ANTIDEPRESSANTS
sevelamer hydrochloride tab (RENAGEL equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (RENVELA equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
SHINGRIX INJ (Covered for members age 18 or older)	VAC	Preventive	VACCINES
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	AMSP-PA-QL	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	Select	CARDIOVASCULAR AGENTS - MISC.
SILVER NITRATE SOLN	-	Preferred	DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	Select	DERMATOLOGICALS

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

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Drug Name	Special Code	Tier	Category
SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Preferred	ANTIHYPERLIPIDEMICS
simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	PA-QL	Preventive	ANTIHYPERLIPIDEMICS
SIRTURO TAB (Only available through MMS Solutions 855-691-0963)	LD	Preferred Specialty	ANTIMYCOBACTERIAL AGENTS
SIVEXTRO TAB (QL= 6 tabs/fill)	QL	Preferred	ANTI-INFECTIVE AGENTS - MISC.
SKYLA IUD	-	Preventive	CONTRACEPTIVES
SKYTROFA INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SLYND TAB	-	Preventive	CONTRACEPTIVES
smz/tmp (DS) tab (BACTRIM DS equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
sodium chloride inj	-	Select	MINERALS & ELECTROLYTES
sodium chloride neb soln (HYPER-SAL equiv)	-	Select	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride paste (PREVIDENT equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	Select	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 fluoride/potassium nitrate paste (PREVIDENT equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
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)	-	Select	DERMATOLOGICALS
sodium/potassium/magnesium soln (SUPREP equiv) (QL= 2 fills/year)	QL	Select	LAXATIVES
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
solifenacin tab (VESICARE equiv) (QL= 1 tab/day)	QL	Select	URINARY ANTISPASMODICS
SOLU-CORTEF INJ	-	Preferred	CORTICOSTEROIDS
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
sorafenib tosylate tab (NEXAVAR equiv)	AMSP-PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
sotalol AF tab (BETAPACE AF equiv)	-	Select	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	Select	BETA BLOCKERS
SPIKEVAX INJ (QL= 1 dose/24 days)	QL	Preventive	VACCINES
SPIKEVAX INJ 50/0.5ML	VAC	Preventive	VACCINES
SPIKEVAX INJ 50MCG/0.5ML	VAC	Preventive	VACCINES
SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Preferred	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	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone tab (ALDACTONE equiv)	-	Value	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	Select	DIURETICS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	Preventive	CONTRACEPTIVES
SPRYCEL TAB	AMSP-PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STAHIST AD TAB 25-60MG (QL= 4 tabs/day)	QL	Preferred	COUGH/COLD/ALLERGY
STAMARIL INJ	-	Preventive	VACCINES
stavudine cap (ZERIT equiv) (QL= 2 caps/day)	QL	Select	ANTIVIRALS
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
STIMATE NASAL SOLN	-	Preferred	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER (QL= 1 inhaler/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIBILD TAB (QL= 1 tab/day)	QL	Preferred	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SUBOXONE SL FILM 12-3MG (QL= 2 films/day)	QL	Preferred	ANALGESICS - OPIOID

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SUBOXONE SL FILM 8-2MG (QL= 3 films/day)	QL	Preferred	ANALGESICS - OPIOID
sucralfate susp (CARAFATE equiv)	-	Select	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
sucralfate tab (CARAFATE equiv)	-	Select	ULCER DRUGS
SUFLAVE SOLN (QL= 2 fills/year)	QL	Preferred	LAXATIVES
SULFACETAMIDE SODIUM OPHTH OINT	-	Preferred	OPHTHALMIC AGENTS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	Select	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	Select	OPHTHALMIC AGENTS
SULFADIAZINE TAB (QL= 8 tabs/day)	QL	Preferred	SULFONAMIDES
sulfadiazine tab (SULFADIAZINE equiv) (QL= 8 tabs/day)	QL	Select	SULFONAMIDES
SULFAMYLON CREAM	-	Preferred	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days)	QL	Preferred	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/30 days; Step therapy requires trial of two: naratriptan tab, rizatriptan tab, rizatriptan ODT, or sumatriptan tab)	QL-ST	Select	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
SYMJEPI INJ (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
SYMPROIC TAB (QL= 30 tabs/30 days)	PA-QL	Preferred	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	Preferred	ANTIVIRALS
SYNAGIS INJ (QL= 2 inj/28 days)	LMSP-PA-QL	Preferred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SYNAREL NASAL SOLN	-	Preferred	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNJARDY TAB (QL= 2 tabs/day)	QL	Preferred	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	Preferred	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	Preferred	ANTIDIABETICS
SYNRIBO INJ (Only available through US Bioservices 888-518-7246)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYRINGE LUER-LOK	OTC	Preferred	MEDICAL DEVICES AND SUPPLIES

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TABLOID TAB (QL= 4 tabs/day)	AMSP-QL	Preferred Specialty	ANTINEOPLASTICS
tacrolimus cap (PROGRAF equiv)	-	Select	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	Select	DERMATOLOGICALS
tadalafil tab (CIALIS equiv) (QL= 1 tab/day)	QL	Select	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day)	QL	Select	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAFINLAR TAB (QL= 12 tabs/day)	LMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tafluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days)	QL	Select	OPHTHALMIC AGENTS
TAGRISSO TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ 150MG/ML (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
tamoxifen tab (NOLVADEX equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
TASIGNA CAP	AMSP-PA-SF	Preferred 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	Select	DERMATOLOGICALS
tazarotene gel (TAZORAC equiv) (QL= 360g/30 days)	QL	Select	DERMATOLOGICALS
TB SYRINGE	-	Preferred	MEDICAL DEVICES AND SUPPLIES
telmisartan tab (MICARDIS equiv)	-	Select	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
temozolomide cap (TEMODAR equiv)	AMSP	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
terazosin cap (HYTRIN equiv)	-	Select	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	Select	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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terconazole cream (TERAZOL equiv)	-	Select	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	Select	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	Select	VAGINAL PRODUCTS
teriflunomide tab (AUBAGIO equiv) (QL= 30 tabs/30 days)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv) (QL= 2.4 units/28 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
TERIPARATIDE INJ 620MCG/2.48ML (QL= 2.48 units/28 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	Select	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 1 vial/28 days	--QL	Select	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	--QL	Select	ANDROGENS-ANABOLIC
testosterone cypionate inj 200mg/ml (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	QL	Select	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ (QL= 5 mL/28 days)	QL	Preferred	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	Preferred	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 150gm/30 days)	PA-QL	Select	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (QL= 300gm/30 days)	QL	Select	ANDROGENS-ANABOLIC
testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 300gm/30 days)	QL	Select	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	Preferred	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 150gm/30 days)	QL	Select	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP, VOGELXO GEL PUMP (QL= 300g/30 days)	QL	Select	ANDROGENS-ANABOLIC
TESTOSTERONE INJ (QL= 1 vial/28 days)	QL	Preferred	ANDROGENS-ANABOLIC
TESTOSTERONE INJ (QL= 4 vials/28 days)	QL	Preferred	ANDROGENS-ANABOLIC
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days)	QL	Preferred	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	-	Select	OPHTHALMIC AGENTS
tetracycline cap	-	Select	TETRACYCLINES
THALOMID CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-QL	Preferred Specialty	ASSORTED CLASSES
theophylline CR tab (QUIBRON-T equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOPHYLLINE TAB ER (QL= 1 tab/day)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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thioridazine tab (MELLARIL equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select	ANTICONVULSANTS
tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day)	QL	Select	ANTICONVULSANTS
tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select	ANTICONVULSANTS
tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select	ANTICONVULSANTS
TIGLUTIK SUSP (Only available through AnovoRx 844-288-5007)	LD-PA	Preferred 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)	-	Select	BETA BLOCKERS
tinidazole tab (TINDAMAX equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
tiopronin tab (THIOLA equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Generic Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
tiopronin tab delayed release (THIOLA EC equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
tiotropium bromide cap inhaler (SPIRIVA equiv) (QL= 1 cap/day; For use with Handihaler device)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TIVICAY PD TAB (QL= 180 tabs/30 days)	QL	Preferred	ANTIVIRALS
TIVICAY TAB (QL= 180 tabs/30 days)	QL	Preferred	ANTIVIRALS
tizanidine tab (ZANAFLEX equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
TOBRADEX OPHTH OINT	-	Preferred	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)	-	Select	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	Select	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	Preventive	VAGINAL PRODUCTS
tolazamide tab (TOLINASE equiv)	-	Select	ANTIDIABETICS
TOLBUTAMIDE TAB	-	Preferred	ANTIDIABETICS
tolmetin cap (TOLECTIN DS equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
topiramate sprinkle cap (TOPAMAX equiv)	-	Select	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	Select	ANTICONVULSANTS
toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen)	ST	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torsemide tab (DEMADEX equiv)	-	Select	DIURETICS
TOUJEO MAX SOLOSTAR INJ (QL= 18ml/30 days)	QL	Preferred	ANTIDIABETICS

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

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tricitrates soln (POLYCITRA-LC equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
trientine cap 250mg (SYPRINE equiv)	-	Select	MISCELLANEOUS THERAPEUTIC CLASSES
trifluoperazine tab (STELAZINE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
trihexyphenidyl elixir (ARTANE equiv)	-	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
TRIHEXYPHENIDYL SOLN (QL= 946ml/28 days)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	Select	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)	-	Select	ANTIEMETICS
TRIMETHOPRIM TAB	-	Preferred	ANTI-INFECTIVE AGENTS - MISC.
trimethoprim tab (PROLOPRIM equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Select	ANTIDEPRESSANTS
triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day)	QL	Select	COUGH/COLD/ALLERGY
trispec pse liquid (QL= 1200ml/30 days)	OTC-QL	Select	COUGH/COLD/ALLERGY
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	Preventive	CONTRACEPTIVES
TRIUMEQ PD TAB (QL= 6 tabs/day)	QL	Preferred	ANTIVIRALS
TRIUMEQ TAB (QL= 1 tab/day)	QL	Preferred	ANTIVIRALS
tropicamide ophth soln (MYDRIACYL equiv)	-	Select	OPHTHALMIC AGENTS
TRULANCE TAB (QL= 30 tabs/30 days)	QL	Preferred	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred	ANTIDIABETICS
TRUMENBA INJ	VAC	Preventive	VACCINES
tussigon tab (HYCODAN equiv)	-	Select	COUGH/COLD/ALLERGY
tussin cf liquid (QL= 1200ml/30 days)	QL	Select	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	Preventive	VACCINES
TWIRLA PATCH	-	Preventive	CONTRACEPTIVES
TYBLUME TAB	-	Preventive	CONTRACEPTIVES
TYBOST TAB	-	Preferred	ANTIVIRALS
TYMLOS INJ (QL= 1.56 units/30 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYPHOID VI MULTI-DOSE	-	Preventive	VACCINES

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TYRVAYA SOLN (QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	QL-ST	Preferred	OPHTHALMIC AGENTS
TYVASO DPI POWDER 16-32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TYZEKA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ANTIVIRALS
UBRELVY TAB (QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptan ODT, sumatriptan tab)	QL-ST	Preferred	MIGRAINE PRODUCTS
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
ursodiol cap (ACTIGALL equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
UTA cap	-	Select	ANTI-INFECTIVE AGENTS - MISC.
valacyclovir tab (VALTREX equiv)	-	Select	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum 877-445-6874)	LD-PA-QL	Preferred Specialty	DERMATOLOGICALS
valganciclovir soln (VALCYTE equiv)	-	Select	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	Select	ANTIVIRALS
valproic acid cap (DEPAKENE equiv)	-	Select	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	Select	ANTICONVULSANTS
VALSARTAN SOLN (QL= 2400ml/30 days)	QL	Preferred	ANTIHYPERTENSIVES
valsartan tab (DIOVAN equiv)	-	Select	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	Select	ANTIHYPERTENSIVES
VALTOCO NASAL SPRAY	QL	Preferred	ANTICONVULSANTS
VALTOCO NASAL SPRAY (QL= 4 doses/fill, 5 fills/month)	QL	Preferred	ANTICONVULSANTS
vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days)	QL	Select	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days)	QL	Select	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl for iv soln (VANCOMYCIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN INJ	-	Preferred	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN INJ	-	Select	ANTI-INFECTIVE AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
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	Preferred	ANTIEMETICS
VAXCHORA SUSP	VAC	Preventive	VACCINES
VAXELIS INJ	VAC	Preventive	TOXOIDS
VAXNEUVANCE INJ	VAC	Preventive	VACCINES
VELIVET PAK	-	Preventive	CONTRACEPTIVES
velivet tab (CYCLESSA equiv)	-	Preventive	CONTRACEPTIVES
VEMLIDY TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	Select	ANTIDEPRESSANTS
VENLAFAXINE ER TAB	-	Preferred	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	Select	ANTIDEPRESSANTS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
VERZENIO TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred	ANTIDIABETICS
VIDEX SOLN (QL= 600ml/30 days)	QL	Preferred	ANTIVIRALS
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	Preventive	CONTRACEPTIVES
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Generic Specialty	ANTICONVULSANTS
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	Generic Specialty	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv) (QL= 6 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Generic Specialty	ANTICONVULSANTS

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Drug Name	Special Code	Tier	Category
viorele tab, kariva tab (MIRCETTE equiv)	-	Preventive	CONTRACEPTIVES
VIRACEPT TAB	-	Preferred	ANTIVIRALS
VIREAD POWDER	-	Preferred	ANTIVIRALS
VIREAD TAB (QL= 1 tab/day)	QL	Preferred	ANTIVIRALS
VISTOGARD PAK (Only available through Biologics 800-850-4306)	LD	Preferred Specialty	ANTIDOTES
vitamin D cap (RX strength only)	-	Select	VITAMINS
VIVITROL INJ	AMSP	Preferred Specialty	ANTIDOTES
VIVOTIF CAP	-	Preventive	VACCINES
voriconazole susp (VFEND equiv)	-	Select	ANTIFUNGALS
voriconazole tab (VFEND equiv)	-	Select	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANTIVIRALS
VOTRIENT TAB (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VP-PNV-DHA CAP	-	Select	MULTIVITAMINS
VTOL SOLN	-	Select	ANALGESICS - NONNARCOTIC
VUMERITY CAP (QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
warfarin tab (COUMADIN equiv)	-	Select	ANTICOAGULANTS
XALKORI CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XALKORI SPRINKLE CAP (QL= 6 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XARELTO STARTER PACK 15MG/20MG (QL= 1 pack/30 days)	QL	Preferred	ANTICOAGULANTS
XARELTO SUSP (QL= 10ml/day)	QL	Preferred	ANTICOAGULANTS
XARELTO TAB 10MG (QL= 30 tabs/30 days)	QL	Preferred	ANTICOAGULANTS
XARELTO TAB 15MG (QL= 60 tabs/30 days)	QL	Preferred	ANTICOAGULANTS
XARELTO TAB 2.5MG (QL= 60 tabs/30 days)	QL	Preferred	ANTICOAGULANTS
XARELTO TAB 20MG (QL= 30 tabs/30 days)	QL	Preferred	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	Preferred Specialty	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
XELJANZ SOLN (QL= 10ml/day)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ TAB (QL= 2 tabs/day)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
XIGDUO XR TAB (QL= 1 tab/day)	QL	Preferred	ANTIDIABETICS
XIGDUO XR TAB 2.5-1000MG (QL= 2 tabs/day)	QL	Preferred	ANTIDIABETICS
XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day)	QL	Preferred	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	Preferred	ANTIDIABETICS
XOLAIR INJ (QL= 1 syringe/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ (QL= 1 vial/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 150MG/ML (QL= 1ml/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 75MG/0.5ML (QL= 0.5ml/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
YF-VAX INJ	-	Preventive	VACCINES
zafemy patch (XULANE equiv)	-	Preventive	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zaleplon cap 10mg (SONATA equiv) (QL= 2 caps/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZARXIO INJ (QL= 15 syringes/30 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
ZARXIO INJ 480/0.8 (QL= 15 syringes/30 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
ZEJULA CAP (QL= 30 caps/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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ZEJULA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELBORAF TAB (QL= 8 tabs/day)	LMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZERVIATE OPHTH SOLN (QL= 30 single use containers/30 days)	QL	Preferred	OPHTHALMIC AGENTS
zidovudine cap (RETROVIR equiv) (QL= 6 caps/day)	QL	Select	ANTIVIRALS
zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days)	QL	Select	ANTIVIRALS
zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
ziprasidone cap (GEODON equiv) (QL= 2 caps/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIRGAN OPHTH GEL	-	Preferred	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	Preferred	MACROLIDES
ZOLINZA CAP	LMSP-PA-SF	Preferred Specialty	ANTINEOPLASTICS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	Select	HYPNOTICS
zonisamide cap (ZONEGRAN equiv)	-	Select	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	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA CAP (QL= 3 caps/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP	-	Preferred	OPHTHALMIC AGENTS
ZYPREXA RELPREVV INJ	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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

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

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

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DrugName	Special Code	Tier
OPIOID AGONISTS		
MEPERIDINE SOLN	-	Preferred
MORPHINE SULFATE SOLN	-	Preferred
MORPHINE SULFATE SUPP	-	Preferred
OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day)	QL	Preferred
OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day)	QL	Preferred
OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day)	QL	Preferred
OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day)	QL	Preferred
OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day)	QL	Preferred
OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day)	QL	Preferred
OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day)	QL	Preferred
codeine sulfate tab	-	Select
hydromorphone liquid (DILAUDID equiv)	-	Select
HYDROMORPHONE SUPP	-	Select
hydromorphone tab (DILAUDID equiv)	-	Select
meperidine tab (DEMEROL equiv) (QL= 6 tabs/day)	QL	Select
methadone sol 10mg/5ml (QL= 20ml/day)	QL	Select
methadone soln (QL= 4 ml/day)	QL	Select
methadone soln 5mg/5ml (QL= 40ml/day)	QL	Select
methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day)	QL	Select
methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day)	QL	Select
methadose tab (QL= 1 tab/day)	QL	Select
morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Select
morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Select
morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day)	QL	Select
MORPHINE SULFATE ORAL SOLN 100MG/5ML (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	Select
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	Select
MORPHINE SULFATE SOLN	-	Select
morphine sulfate soln (MORPHINE equiv)	-	Select
morphine sulfate tab	-	Select
oxycodone cap (OXYIR equiv)	-	Select
oxycodone soln (ROXICODONE equiv)	-	Select
oxycodone tab (ROXICODONE equiv)	-	Select
oxymorphone tab (OPANA equiv)	-	Select
tramadol ER tab 100mg (ULTRAM ER equiv)	-	Select
tramadol ER tab 200mg (ULTRAM ER equiv)	-	Select
tramadol ER tab 300mg (ULTRAM ER equiv)	-	Select
tramadol hcl tab 100mg (QL= 4 tabs/day)	QL	Select
tramadol tab (ULTRAM equiv)	-	Select

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

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

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

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

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

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

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select
lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Select
lamotrigine tab (LAMICTAL equiv)	-	Select
levetiracetam ER tab (KEPPRA XR equiv)	-	Select
levetiracetam soln (KEPPRA equiv)	-	Select
levetiracetam tab (KEPPRA equiv)	-	Select
oxcarbazepine susp (TRILEPTAL equiv)	-	Select
oxcarbazepine tab (TRILEPTAL equiv)	-	Select
pregabalin cap (LYRICA equiv)	-	Select
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	Select
PRIMIDONE TAB (QL= 4 tabs/day)	QL	Select
primidone tab (MYSOLINE equiv)	QL--	Select
topiramate sprinkle cap (TOPAMAX equiv)	-	Select
topiramate tab (TOPAMAX equiv)	-	Select
zonisamide cap (ZONEGRAN equiv)	-	Select
CARBAMATES		
felbamate susp (FELBATOL equiv) (QL= 30ml/day)	QL	Select
felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day)	QL	Select
felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day)	QL	Select
GABA MODULATORS		
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Generic Specialty
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
tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select
tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day)	QL	Select
tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select
tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Select
HYDANTOINS		
DILANTIN CAP 30MG	-	Preferred
phenytoin cap (DILANTIN equiv)	-	Select
phenytoin chew tab (DILANTIN equiv)	-	Select
phenytoin susp (DILANTIN equiv)	-	Select
SUCCINIMIDES		
ethosuximide cap (ZARONTIN equiv)	-	Select
ethosuximide soln (ZARONTIN equiv)	-	Select
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	Select
divalproex sodium DR tab (DEPAKOTE equiv)	-	Select
divalproex sprinkle cap (DEPAKOTE equiv)	-	Select
valproic acid cap (DEPAKENE equiv)	-	Select
valproic acid syrup (DEPAKENE equiv)	-	Select
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		

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

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

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
DEGLUDEC FLEXTOUCH INJ 100 UNIT (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Preferred
DEGLUDEC FLEXTOUCH INJ 200 UNIT (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Preferred
DEGLUDEC INJ 100 UNIT (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Preferred
FIASP FLEXTOUCH INJ (QL= 60 units/30 days)	QL	Preferred
FIASP INJ (QL= 60 units/30 days)	QL	Preferred
FIASP PENFILL INJ (QL= 60 units/30 days)	QL	Preferred
FIASP PUMP CARTRIDGE (QL= 60 units/30 days)	QL	Preferred
LEVEMIR FLEXTOUCH INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo	QL-ST	Preferred
LEVEMIR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Preferred
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv) (QL= 60ml/30 days)	QL	Preferred
SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv) (QL= 60ml/30 days)	QL	Preferred
TOUJEO MAX SOLOSTAR INJ (QL= 18ml/30 days)	QL	Preferred
TOUJEO SOLOSTAR INJ (QL= 18ml/30 days)	QL	Preferred
TRESIBA FLEXTOUCH INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Preferred
TRESIBA INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Preferred
HUMULIN R INJ U-500 (QL= 40ml/30 days)	QL	Select
HUMULIN R U-500 KWIKPEN INJ (QL= 24ml/30 days)	QL	Select
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select
INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select
INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select
INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select
NOVOLIN 70/30 FLEXPEN INJ (QL= 60 units/30 days)	OTC-QL	Select
NOVOLIN 70/30 INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN N FLEXPEN INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN N INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN N RELION INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN R INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN RELION INJ 70/30 (QL= 60 units/30 days)	QL	Select
NOVOLIN VIAL (QL= 60 units/30 days)	QL	Select
NOVOLOG FLEXPEN INJ (QL= 60 units/30 days)	QL	Select
NOVOLOG INJ (QL= 60 units/30 days)	QL	Select
NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days)	QL	Select
NOVOLOG MIX INJ (QL= 60 units/30 days)	QL	Select
NOVOLOG PENFILL INJ (QL= 60 units/30 days)	QL	Select
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	-	Select
MEGLITINIDE ANALOGUES		
nateglinide tab (STARLIX equiv)	-	Select
repaglinide tab (PRANDIN equiv)	-	Select
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB (QL= 1 tab/day)	QL	Preferred
JARDIANCE TAB (QL= 1 tab/day)	QL	Preferred

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ANTIDIABETICS Cont.		
SULFONYLUREAS		
TOLBUTAMIDE TAB	-	Preferred
GLYBURID MCR TAB	-	Select
tolazamide tab (TOLINASE equiv)	-	Select
glimepiride tab (AMARYL equiv)	-	Value
glipizide ER tab (GLUCOTROL XL equiv)	-	Value
glipizide tab (GLUCOTROL equiv)	-	Value
glyburide tab (MICRONASE equiv)	-	Value
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
DIPHENOXYLATE/ATROPINE LIQUID	-	Preferred
ANTIDIARRHEALS		
ANTIDIARRHEAL AGENTS - MISC.		
REZYST CHEW TAB	-	Select
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	Select
loperamide cap (IMODIUM equiv)	-	Select
ANTIDOTES		
ANTIDOTES		
VISTOGARD PAK (Only available through Biologics 800-850-4306)	LD	Preferred Specialty
OPIOID ANTAGONISTS		
VIVITROL INJ	AMSP	Preferred Specialty
naltrexone tab (REVIA equiv)	-	Select
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	-	Preferred
OPVEE NASAL SPRAY	-	Preferred
naloxone hcl nasal spray (NARCAN equiv)	-	Select
naloxone inj	-	Select
NALOXONE NASAL SPRAY	-	Select
naloxone prefilled inj	-	Select
NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fills/month)	--QL	Select
NARCAN HCL SPRAY (OTC)	OTC	Select

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DrugName	Special Code	Tier
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days)	QL	Select
ondansetron ODT (ZOFRAN equiv)	-	Select
ondansetron soln (ZOFRAN equiv) (QL= 50ml/fill, 1 fill/15 days)	QL	Select
ONDANSETRON TAB	-	Select
ondansetron tab (ZOFRAN equiv)	-	Select
ANTIEMETICS - ANTICHOLINERGIC		
meclizine chew tab (BONINE equiv)	OTC	Select
scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days)	QL	Select
trimethobenzamide cap (TIGAN equiv)	-	Select
ANTIEMETICS - MISCELLANEOUS		
doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days)	QL	Select
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	QL	Select
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
VARUBI TAB (QL= 2 tabs/day; Step Therapy requires trial of ondansetron)	QL-ST	Preferred
aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Select
aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Select
aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Select
aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron)	QL-ST	Select
ANTIFUNGALS		
ANTIFUNGALS		
flucytosine cap (ANCOBON equiv)	-	Select
griseofulvin susp (GRIFULVIN equiv)	-	Select
nystatin powder	-	Select
nystatin tab	-	Select
terbinafine tab (LAMISIL equiv)	-	Select
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	Select
fluconazole tab (DIFLUCAN equiv)	-	Select
itraconazole cap (SPORANOX equiv)	-	Select
ketoconazole tab (NIZORAL equiv)	-	Select
voriconazole susp (VFEND equiv)	-	Select
voriconazole tab (VFEND equiv)	-	Select
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMINE SOLN (QL= 40ml/day)	QL	Select
carbinoxamine tab (PALGIC equiv) (QL= 240 tabs/30 days)	QL	Select
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	Select
diphenhydramine inj	-	Select
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine inj (PHENERGAN equiv)	-	Select
promethazine supp (PHENERGAN equiv)	-	Select
promethazine syrup	-	Select
promethazine tab (PHENERGAN equiv)	-	Select
PROMETHEGAN SUPP	-	Select

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

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DrugName	Special Code	Tier
ANTIHISTAMINES Cont.		
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	Select
cyproheptadine tab	-	Select
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day)	QL	Select
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl cap 0.5gm (VASCEPA equiv) (QL= 2 caps/day)	QL	Select
icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day)	QL	Select
omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day)	QL	Select
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	Select
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	Select
cholestyramine powder (QUESTRAN equiv)	-	Select
cholestyramine powder pack (QUESTRAN equiv)	-	Select
colesevelam tab (WELCHOL equiv)	-	Select
colestipol granule (COLESTID equiv)	-	Select
colestipol powder packet (COLESTID equiv)	-	Select
colestipol tab (COLESTID equiv)	-	Select
FIBRIC ACID DERIVATIVES		
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	Preferred
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	Select
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	Select
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	Select
fenofibric acid DR cap (TRILIPIX equiv)	-	Select
gemfibrozil tab (LOPID equiv)	-	Select
HMG COA REDUCTASE INHIBITORS		
SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Preferred
atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
fluvastatin cap (LESCOL equiv) (QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventive
fluvastatin ER tab (LESCOL XL equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventive
lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	PA-QL	Preventive
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		

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DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
ezetimibe tab (ZETIA equiv) (QL= 1 tab/day)	QL	Select
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day)	QL	Select
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	Preferred
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	Preferred
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	Select
fosinopril tab (MONOPRIL equiv)	-	Select
moexipril tab (UNIVASC equiv)	-	Select
perindopril tab (ACEON equiv)	-	Select
quinapril tab (ACCUPRIL equiv)	-	Select
ramipril cap (ALTACE equiv)	-	Select
trandolapril tab (MAVIK equiv)	-	Select
enalapril tab (VASOTEC equiv)	-	Value
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	Value
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
VALSARTAN SOLN (QL= 2400ml/30 days)	QL	Preferred
candesartan tab (ATACAND equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Select
irbesartan tab (AVAPRO equiv)	-	Select
olmesartan tab (BENICAR equiv)	-	Select
telmisartan tab (MICARDIS equiv)	-	Select
valsartan tab (DIOVAN equiv)	-	Select
losartan tab (COZAAR equiv)	-	Value
ANTIADRENERGIC ANTIHYPERTENSIVES		
METHYLDOPA TAB	-	Preferred
clonidine tab (CATAPRES equiv)	-	Select
doxazosin tab (CARDURA equiv)	-	Select
guanfacine IR tab (TENEX equiv)	-	Select
methyldopa tab (ALDOMET equiv)	-	Select
prazosin cap (MINIPRESS equiv)	-	Select
terazosin cap (HYTRIN equiv)	-	Select
ANTIHYPERTENSIVE COMBINATIONS		
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug)	ST	Preferred
amlodipine/benazepril cap (LOTREL equiv)	-	Select
amlodipine/olmesartan tab (AZOR TAB equiv)	-	Select
amlodipine/valsartan tab (EXFORGE equiv)	-	Select
atenolol/chlorthalidone tab (TENORETIC equiv)	-	Select
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	Select

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ANTIHYPERTENSIVES Cont.		
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Select
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	Select
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	Select
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	Select
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	Select
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	Select
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) (QL= 30 tabs/30 days)	QL	Select
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	Select
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	Select
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	Select
trandolapril/verapamil ER tab (TARKA equiv)	-	Select
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	Select
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	Value
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	Value
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	Value
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	Value
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv)	-	Select
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	Select
minoxidil tab (LONITEN equiv)	-	Select
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
LIKMEZ SUSP (QL= 210ml/14 days)	QL	Preferred
PRIMSOL SOLN	-	Preferred
TRIMETHOPRIM TAB	-	Preferred
IMPAVIDO CAP (QL= 3 caps/day)	AMSP-QL	Preferred Specialty
metronidazole tab (FLAGYL equiv)	-	Select
tinidazole tab (TINDAMAX equiv)	-	Select
trimethoprim tab (PROLOPRIM equiv)	-	Select
ANTI-INFECTIVE MISC. - COMBINATIONS		
HYOPHEN TAB	-	Preferred
smz/tmp (DS) tab (BACTRIM DS equiv)	-	Select
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	Select
UTA cap	-	Select
ANTIPROTOZOAL AGENTS		
LAMPIT TAB 120MG (QL= 225 tabs/30 days)	QL	Preferred
LAMPIT TAB 30MG (QL= 360 tabs/30 days)	QL	Preferred
atovaquone susp (MEPRON equiv)	-	Select
GLYCOPEPTIDES		
VANCOMYCIN INJ	-	Preferred
vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days)	QL	Select
vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days)	QL	Select
vancomycin hcl for iv soln (VANCOMYCIN equiv)	-	Select

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DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
VANCOMYCIN INJ	-	Select
LEPROSTATICS		
dapsone tab	-	Select
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	Select
clindamycin soln (CLEOCIN equiv)	-	Select
MONOBACTAMS		
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
OXAZOLIDINONES		
SIVEXTRO TAB (QL= 6 tabs/fill)	QL	Preferred
linezolid susp	-	Select
linezolid tab (ZYVOX equiv)	-	Select
POLYMYXINS		
colistimethate inj (COLY-MYCIN M equiv)	-	Select
URINARY ANTI-INFECTIVES		
methenamine hippurate tab (HIPREX equiv)	-	Select
methenamine mandelate tab	-	Select
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	Select
nitrofurantoin monohydrate cap (MACROBID equiv)	-	Select
nitrofurantoin susp (FURADANTIN equiv)	-	Select
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	Select
ANTIMALARIALS		
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty
KRINTAFEL TAB (QL= 2 tabs/365 days)	QL	Preferred
chloroquine tab (ARALEN equiv)	-	Select
hydroxychloroquine tab (PLAQUENIL equiv)	-	Select
quinine sulfate cap (QUALAQUIN equiv)	-	Select
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
GUANIDINE TAB	-	Select
pyridostigmine CR tab (MESTINON equiv)	-	Select
pyridostigmine tab (MESTINON equiv)	-	Select
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
SIRTURO TAB (Only available through MMS Solutions 855-691-0963)	LD	Preferred Specialty
cycloserine cap (CYCLOSERINE equiv)	-	Select
ethambutol tab (MYAMBUTOL equiv)	-	Select
ISONIAZID TAB	-	Select
pyrazinamide tab	-	Select
rifabutin cap (MYCOBUTIN equiv)	-	Select

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DrugName	Special Code	Tier
ANTIMYCOBACTERIAL AGENTS Cont.		
rifampin cap (RIFADIN equiv)	-	Select
ANTINEOPLASTICS		
ALKYLATING AGENTS		
HEXALEN CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
MYLERAN TAB	AMSP	Preferred Specialty
ANTIMETABOLITES		
TABLOID TAB (QL= 4 tabs/day)	AMSP-QL	Preferred Specialty
mercaptopurine tab (PURINETHOL equiv)	-	Select
methotrexate tab (TREXALL equiv)	-	Select
ANTINEOPLASTIC ENZYME INHIBITORS		
ZOLINZA CAP	LMSP-PA-SF	Preferred Specialty
ANTINEOPLASTICS MISC.		
tretinoin cap (VESANOID equiv)	AMSP	Generic Specialty
INTRON-A INJ	AMSP	Preferred Specialty
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
hydroxyurea cap (HYDREA equiv)	-	Select
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
MESNEX TAB	AMSP	Preferred Specialty
leucovorin tab	-	Select
MITOTIC INHIBITORS		
etoposide cap (VEPESID equiv)	-	Select
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	LMSP-PA	Preferred Specialty
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
cyclophosphamide cap	-	Generic Specialty
MELPHALAN TAB	AMSP	Generic Specialty
temozolomide cap (TEMODAR equiv)	AMSP	Generic Specialty
ANTIMETABOLITES		
capecitabine tab (XELODA equiv)	AMSP	Generic Specialty
PURIXAN SUSP	AMSP-PA	Preferred Specialty
methotrexate inj	-	Select
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty
VENCLEXTA TAB (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib tab 100mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty
erlotinib tab 150mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty
gefitinib tab (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TAGRISSO TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Preferred Specialty
ODOMZO CAP	AMSP-PA-SF	Preferred Specialty
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
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
ERLEADA TAB (QL= 4 tabs/day)	AMSP-PA-QL	Preferred Specialty
ERLEADA TAB 240MG (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty
HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days)	AMSP-PA-QL	Preferred Specialty
LEUPROLIDE INJ (QL= 1 kit/90 days)	AMSP-PA-QL	Preferred Specialty
LUPRON DEPOT INJ	AMSP-PA	Preferred Specialty
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
NUBEQA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
anastrozole tab (ARIMIDEX equiv)	-	Preventive

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
exemestane tab (AROMASIN equiv)	-	Preventive
letrozole tab (FEMARA equiv)	-	Preventive
tamoxifen tab (NOLVADEX equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	-	Preventive
bicalutamide tab (CASODEX equiv)	-	Select
flutamide cap (EULEXIN equiv)	-	Select
megestrol susp (MEGACE equiv)	-	Select
megestrol tab (MEGACE equiv)	-	Select
toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen)	ST	Select
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
ANTINEOPLASTIC COMBINATIONS		
KISQALI PAK (QL= 91 tabs/28 days)	AMSP-PA-QL	Preferred Specialty
LONSURF TAB (Only available through Optum 877-445-6874 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty
ANTINEOPLASTIC ENZYME INHIBITORS		
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
sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day)	AMSP-PA-QL-SF	Generic Specialty
ALECENSA CAP (QL= 8 caps/day)	AMSP-PA-QL	Preferred Specialty
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Preferred 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	Preferred Specialty
BOSULIF CAP (QL= 5 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
BOSULIF TAB (Only available through Walgreens 888-347-3416)	LD-PA-SF	Preferred Specialty
CABOMETYX TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
CALQUENCE CAP (QL= 2 caps/day)	AMSP-PA-QL-SF	Preferred Specialty
CALQUENCE TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
CAPRELSA TAB 100MG (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Preferred Specialty
CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Preferred Specialty
COMETRIQ KIT (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty
COTELLIC TAB (QL= 3 tabs/day)	LMSP-PA-QL	Preferred Specialty
ICLUSIG TAB (Only available through AcariaHealth 800-511-5144)	LD-PA-SF	Preferred Specialty
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty
IMBRUVICA SUSP (QL= 2 bottles/30 days; Only available through Optum 877-445-6874)	LD-PA-QL	Preferred Specialty
IMBRUVICA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL	Preferred Specialty
JAKAFI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
KISQALI TAB (QL= 63 tabs/28 days)	AMSP-PA-QL	Preferred Specialty
LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty
MEKINIST SOLN (QL= 40ml/day)	LMSP-PA-QL	Preferred Specialty
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	AMSP-PA-QL	Preferred Specialty
MEKINIST TAB 2MG (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty
NINLARO CAP	AMSP-PA	Preferred Specialty
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty
sorafenib tosylate tab (NEXAVAR equiv)	AMSP-PA-SF	Preferred Specialty
SPRYCEL TAB	AMSP-PA-SF	Preferred Specialty
STIVARGA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
TAFINLAR CAP (QL= 4 caps/day)	AMSP-PA-QL	Preferred Specialty
TAFINLAR TAB (QL= 12 tabs/day)	LMSP-PA-QL	Preferred Specialty
TASIGNA CAP	AMSP-PA-SF	Preferred Specialty
VERZENIO TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty
VOTRIENT TAB (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Preferred Specialty

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
XALKORI CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
XALKORI SPRINKLE CAP (QL= 6 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
ZEJULA CAP (QL= 30 caps/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty
ZEJULA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty
ZELBORAF TAB (QL= 8 tabs/day)	LMSP-PA-QL-SF	Preferred Specialty
ZYDELIG TAB (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty
ZYKADIA CAP (QL= 3 caps/day)	AMSP-PA-QL-SF	Preferred Specialty
ZYKADIA TAB (QL= 3 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty
ANTINEOPLASTICS MISC.		
bexarotene cap (TARGRETIN equiv)	AMSP-PA-SF	Generic Specialty
SYNRIBO INJ (Only available through US Bioservices 888-518-7246)	LD-PA	Preferred Specialty
MITOTIC INHIBITORS		
ETOPOSIDE CAP	-	Preferred
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	Select
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	Select
trihexyphenidyl tab (ARTANE equiv)	-	Select
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	Select
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	Select
amantadine syrup (SYMMETREL equiv)	-	Select
amantadine tab	-	Select
bromocriptine cap (PARLODEL equiv)	-	Select
bromocriptine tab (PARLODEL equiv)	-	Select
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	Select
carbidopa/levodopa ODT (PARCOPA equiv)	-	Select
carbidopa/levodopa tab (SINEMET equiv)	-	Select
pramipexole tab (MIRAPEX equiv)	-	Select
ropinirole tab (REQUIP equiv)	-	Select
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline tab (AZILECT equiv) (QL= 1 tab/day)	QL	Select
selegiline cap (ELDEPRYL equiv)	-	Select
selegiline tab (ELDEPRYL equiv) (QL= 2 tabs/day)	QL	Select
ANTIPARKINSON AND RELATED THERAPY AGENTS		

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTIPARKINSON AND RELATED THERAPY AGENTS Cont.		
ANTIPARKINSON ANTICHOLINERGICS		
trihexyphenidyl elixir (ARTANE equiv)	-	Select
TRIHEXYPHENIDYL SOLN (QL= 946ml/28 days)	QL	Select
ANTIPARKINSON DOPAMINERGICS		
apomorphine inj (APOKYN equiv) (QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767)	LD-QL	Generic Specialty
amantadine soln	-	Select
carbidopa-levodopa-entacapone tab 12.5-50-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select
carbidopa-levodopa-entacapone tab 18.75-75-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select
carbidopa-levodopa-entacapone tab 25-100-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select
carbidopa-levodopa-entacapone tab 31.25-125-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select
carbidopa-levodopa-entacapone tab 37.5-150-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select
carbidopa-levodopa-entacapone tab 50-200-200mg (STALEVO equiv) (QL= 6 tabs/day)	QL	Select
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap (ESKALITH ER equiv)	-	Select
lithium carbonate ER tab (LITHOBID equiv)	-	Select
lithium carbonate tab	-	Select
lithium oral solution (LITHIUM equiv)	-	Select
ANTIPSYCHOTICS - MISC.		
lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day)	QL	Select
ziprasidone cap (GEODON equiv) (QL= 2 caps/day)	QL	Select
BENZISOXAZOLES		
risperidone microspheres inj (RISPERDAL equiv)	AMSP	Generic Specialty
RISPERIDONE ODT	-	Preferred
INVEGA HAFYERA INJ	AMSP	Preferred Specialty
INVEGA INJ	AMSP	Preferred Specialty
PERSERIS INJ	AMSP	Preferred Specialty
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	Select
risperidone ODT (RISPERDAL M equiv)	-	Select
risperidone soln (RISPERDAL equiv)	-	Select
risperidone tab (RISPERDAL equiv)	-	Select
BUTYROPHENONES		
haloperidol decanoate inj	AMSP	Generic Specialty
HALDOL DECANOATE INJ	-	Preferred Specialty
haloperidol lactate conc (HALDOL equiv)	-	Select
haloperidol tab (HALDOL equiv)	-	Select
DIBENZAPINES		
ZYPREXA RELPREVV INJ	AMSP	Preferred Specialty
CLOZAPINE ODT (QL= 3 tabs/day)	QL	Select

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day)	QL	Select
clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day)	QL	Select
loxapine cap (LOXITANE equiv)	-	Select
olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day)	QL	Select
olanzapine tab (ZYPREXA equiv)	-	Select
quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day)	QL	Select
quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day)	QL	Select
DIHYDROINDOLONES		
MOLINDONE TAB	-	Preferred
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	Select
fluphenazine tab (PROLIXIN equiv)	-	Select
perphenazine tab (TRILAFON equiv)	-	Select
prochlorperazine supp (COMPAZINE equiv)	-	Select
prochlorperazine tab (COMPAZINE equiv)	-	Select
thioridazine tab (MELLARIL equiv)	-	Select
trifluoperazine tab (STELAZINE equiv)	-	Select
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII INJ 720MG/2.4ML	AMSP	Preferred Specialty
ABILIFY ASIMTUFII INJ 960MG/3.2ML	AMSP	Preferred Specialty
ABILIFY MAINTENA INJ	AMSP	Preferred Specialty
ARISTADA 675MG/2.4ML INJ	AMSP	Preferred Specialty
ARISTADA INJ	AMSP	Preferred Specialty
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	Select
aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day)	QL	Select
aripiprazole tab (ABILIFY equiv)	-	Select
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	Select
ANTIVIRALS		
ANTIRETROVIRALS		
APTIVUS CAP (QL= 4 caps/day)	QL	Preferred
APTIVUS SOLN (QL= 380ml/30 days)	QL	Preferred
ATRIPLA TAB (QL= 1 tab/day)	QL	Preferred
BIKTARVY TAB (QL= 1 tab/day)	QL	Preferred
CIMDUO TAB	-	Preferred
COMPLERA TAB (QL= 1 tab/day)	QL	Preferred
CRIXIVAN CAP	-	Preferred
DELSTRIGO TAB	-	Preferred
DESCOVY TAB (QL= 1 tab/day)	PA-QL	Preferred
DIDANOSINE DR CAP (QL= 2 caps/day)	QL	Preferred
EDURANT TAB (QL= 1 tab/day)	QL	Preferred
EMTRIVA SOLN (QL= 850ml/30 days)	QL	Preferred

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
EVOTAZ TAB (QL= 1 tab/day)	QL	Preferred
GENVOYA TAB (QL= 1 tab/day)	QL	Preferred
INTELENCE TAB (QL= 4 tabs/day)	QL	Preferred
INTELENCE TAB 25MG (QL= 4 tabs/day)	QL	Preferred
INVIRASE CAP (QL= 10 caps/day)	QL	Preferred
INVIRASE TAB (QL= 4 tabs/day)	QL	Preferred
ISENTRESS (HD) TAB (QL= 2 tabs/day)	QL	Preferred
ISENTRESS CHEW TAB (QL= 6 tabs/day)	QL	Preferred
ISENTRESS POWDER PACK (QL= 2 packets/day)	QL	Preferred
JULUCA TAB (QL= 1 tab/day)	QL	Preferred
KALETRA TAB 100-25MG (QL= 2 tabs/day)	QL	Preferred
KALETRA TAB 200-50MG (QL= 4 tabs/day)	QL	Preferred
NEVIRAPINE ER TAB (QL= 3 tabs/day)	QL	Preferred
NEVIRAPINE SUSP (QL= 1200ml/30 days)	QL	Preferred
NORVIR CAP (QL= 12 caps/day)	QL	Preferred
NORVIR POWDER PACK (QL= 12 packets/day)	QL	Preferred
NORVIR SOLN (QL= 480ml/30 days)	QL	Preferred
ODEFSEY TAB (QL= 1 tab/day)	QL	Preferred
PIFELTRO TAB	-	Preferred
PREZCOBIX TAB (QL= 1 tab/day)	QL	Preferred
PREZISTA SUSP (QL= 400ml/30 days)	QL	Preferred
PREZISTA TAB (QL= 1 tab/day)	QL	Preferred
PREZISTA TAB 150MG (QL= 8 tabs/day)	QL	Preferred
PREZISTA TAB 600MG (QL= 2 tabs/day)	QL	Preferred
PREZISTA TAB 75MG (QL= 16 tabs/day)	QL	Preferred
RESCRIPTOR TAB	-	Preferred
REYATAZ POWDER PACK (QL= 5 packets/day)	QL	Preferred
SELZENTRY SOLN (QL= 31ml/day)	QL	Preferred
SELZENTRY TAB 150MG (QL= 2 tabs/day)	QL	Preferred
SELZENTRY TAB 25MG (QL= 4 tabs/day)	QL	Preferred
SELZENTRY TAB 300MG (QL= 4 tabs/day)	QL	Preferred
SELZENTRY TAB 75MG (QL= 2 tabs/day)	QL	Preferred
STRIBILD TAB (QL= 1 tab/day)	QL	Preferred
SYMTUZA TAB	-	Preferred
TIVICAY PD TAB (QL= 180 tabs/30 days)	QL	Preferred
TIVICAY TAB (QL= 180 tabs/30 days)	QL	Preferred
TRIUMEQ PD TAB (QL= 6 tabs/day)	QL	Preferred
TRIUMEQ TAB (QL= 1 tab/day)	QL	Preferred
TYBOST TAB	-	Preferred
VIDEX SOLN (QL= 600ml/30 days)	QL	Preferred
VIRACEPT TAB	-	Preferred
VIREAD POWDER	-	Preferred
VIREAD TAB (QL= 1 tab/day)	QL	Preferred
FUZEON INJ	AMSP	Preferred Specialty
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days)	QL	Preventive

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ANTIVIRALS Cont.		
abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days)	QL	Select
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	QL	Select
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day)	QL	Select
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	QL	Select
atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Select
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Select
atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day)	QL	Select
darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/day)	QL	Select
darunavir tab 800mg (PREZISTA equiv) (QL= 1 tab/day)	QL	Select
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	QL	Select
EFAVIRENZ CAP	-	Select
efavirenz tab (SUSTIVA equiv)	-	Select
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	Select
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	Select
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day)	QL	Select
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days)	QL	Select
etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day)	QL	Select
etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day)	QL	Select
fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day)	QL	Select
lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days)	QL	Select
lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day)	QL	Select
lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day)	QL	Select
lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day)	QL	Select
lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days)	QL	Select
lopinavir-ritonavir tab 100-25mg (QL= 2 tabs/day)	QL	Select
lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day)	QL	Select
maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 tabs/day)	QL	Select
maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 tabs/day)	QL	Select
nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day)	QL	Select
nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day)	QL	Select
ritonavir tab (NORVIR equiv) (QL= 12 tabs/day)	QL	Select
stavudine cap (ZERIT equiv) (QL= 2 caps/day)	QL	Select
tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day)	QL	Select
zidovudine cap (RETROVIR equiv) (QL= 6 caps/day)	QL	Select
zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days)	QL	Select
zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day)	QL	Select
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 18 years or older)	QL	Preferred
PAXLOVID TAB 300-100 (QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 18 years or older)	QL	Preferred
CMV AGENTS		
valganciclovir soln (VALCYTE equiv)	-	Select
valganciclovir tab (VALCYTE equiv)	-	Select
HEPATITIS AGENTS		
adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day)	AMSP-QL	Generic Specialty
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	Generic Specialty

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ANTIVIRALS Cont.		
lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty
RIBAVIRIN CAP	AMSP	Generic Specialty
ribavirin cap (REBETOL equiv)	AMSP	Generic Specialty
RIBAVIRIN TAB	AMSP	Generic Specialty
BARACLUDE SOLN (QL= 630ml/30 days)	AMSP-PA-QL	Preferred Specialty
EPIVIR HBV SOLN (QL= 720ml/30 days)	AMSP-QL	Preferred Specialty
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
MAVYRET PAK (QL= 5 packets/day)	AMSP-QL	Preferred Specialty
MAVYRET TAB (QL= 3 tabs/day)	AMSP-QL	Preferred Specialty
PEGASYS INJ	AMSP-PA	Preferred Specialty
PEG-INTRON INJ (Only available through Lumicera 855-847-3553)	LMSP	Preferred Specialty
REBETOL SOLN	AMSP	Preferred Specialty
RIBAPAK TAB (Step Therapy requires trial of ribavirin)	AMSP-ST	Preferred Specialty
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
TYZEKA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
VEMLIDY TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
VOSEVI TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	Select
acyclovir susp (ZOVIRAX equiv)	-	Select
acyclovir tab (ZOVIRAX equiv)	-	Select
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select
famciclovir tab 500mg (FAMVIR equiv) (QL= 21 tabs/fill, 2 fills/month)	QL	Select
valacyclovir tab (VALTREX equiv)	-	Select
INFLUENZA AGENTS		
RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month)	QL	Preferred
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Select
oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Select
oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days)	QL	Select
oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days)	QL	Select
RIMANTADINE TAB	-	Select

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

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DrugName	Special Code	Tier
BIOLOGICALS MISC Cont.		
RAGWITEK SL TAB (QL= 30 tabs/30 days)	QL	Preferred
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
diltiazem ER cap (CARDIZEM CD equiv)	-	Select
diltiazem ER cap (CARDIZEM SR equiv)	-	Select
diltiazem ER cap (DILACOR XR equiv)	-	Select
diltiazem ER cap (TIAZAC equiv)	-	Select
diltiazem ER tab (CARDIZEM LA equiv)	-	Select
diltiazem tab (CARDIZEM equiv)	-	Select
felodipine ER tab (PLENDIL equiv)	-	Select
isradipine cap (DYNACIRC equiv)	-	Select
nicardipine cap (CARDENE equiv)	-	Select
nifedipine cap (PROCARDIA equiv)	-	Select
nifedipine ER tab (ADALAT CC equiv)	-	Select
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	Select
verapamil tab (CALAN equiv)	-	Select
amlodipine tab (NORVASC equiv)	-	Value
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin tab (LANOXIN equiv)	-	Select
digoxin tab 62.5mcg (LANOXIN equiv) (QL= 1 tab/day)	QL	Select
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
ENTRESTO CAP (QL= 8 caps/day)	QL	Preferred
ENTRESTO TAB (QL= 2 tabs/day)	QL	Preferred
isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day)	QL	Select
IMPOTENCE AGENTS		
tadalafil tab (CIALIS equiv) (QL= 1 tab/day)	QL	Select
PERIPHERAL VASODILATORS		
ISOXSUPRINE TAB (QL= 120 tabs/30 days)	QL	Preferred
PROSTAGLANDIN VASODILATORS		
treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty
treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty
treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty
ORENITRAM TAB (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty
TYVASO DPI POWDER 16-32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Generic Specialty
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	AMSP-PA-QL	Generic Specialty
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	Select
tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day)	QL	Select
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
SINUS NODE INHIBITORS		
ivabradine hcl tab (CORLANOR equiv) (QL= 60 tabs/30 days)	PA-QL	Select
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	Select
cefadroxil susp (DURICEF equiv)	-	Select
cefadroxil tab (DURICEF equiv)	-	Select
cephalexin cap (KEFLEX equiv)	-	Select
cephalexin susp (KEFLEX equiv)	-	Select
CEPHALEXIN TAB	-	Select
CEPHALOSPORINS - 2ND GENERATION		
cefprozil susp (CEFZIL equiv)	-	Select
cefprozil tab (CEFZIL equiv)	-	Select
cefuroxime tab (CEFTIN equiv)	-	Select
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	Select
cefdinir susp (OMNICEF equiv)	-	Select
cefixime cap (SUPRAX equiv)	-	Select
cefixime susp (SUPRAX equiv)	-	Select
cefpodoxime proxetil susp (VANTIN equiv)	-	Select
cefpodoxime proxetil tab (VANTIN equiv)	-	Select
CONTRACEPTIVES		

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CONTRACEPTIVES Cont.

COMBINATION CONTRACEPTIVES - ORAL

DrugName	Special Code	Tier
amethyst tab (LYBREL equiv)	-	Preventive
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	Preventive
cryselle tab	-	Preventive
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	Preventive
enpresse tab (TRI-LEVELEN equiv)	-	Preventive
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	Preventive
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	Preventive
junel FE tab (LOESTRIN FE equiv)	-	Preventive
junel tab (LOESTRIN equiv)	-	Preventive
kelnor tab (DEMULEN equiv)	-	Preventive
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	Preventive
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	Preventive
LO LOESTRIN TAB	-	Preventive
mibelas chew tab (MINASTRIN equiv)	-	Preventive
NATAZIA TAB	-	Preventive
NEXTSTELLIS TAB (QL= 28 tabs/24 days)	QL	Preventive
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv)	-	Preventive
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	Preventive
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	Preventive
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

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

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DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
GLUCOCORTICOSTEROIDS		
CORTISONE ACETATE TAB	-	Preferred
DEXAMETHASONE CONC	-	Preferred
DEXAMETHASONE SOLN	-	Preferred
DEXAMETHASONE TAB 20MG (QL= 8 tabs/30 days)	QL	Preferred
DEXPAK TAB (Step Therapy requires trial of dexamethasone)	ST	Preferred
EOHILIA SUS 2MG/10ML (Step therapy requires trial of fluticasone MDI AND budesonide vials; Diagnosis Restricted – Eosinophilic esophagitis (K20.0))	RDX-ST	Preferred
PREDNISOLONE SOLN	-	Preferred
SOLU-CORTEF INJ	-	Preferred
deflazacort susp (EMFLAZA equiv) (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty
deflazacort tab (EMFLAZA equiv)	AMSP-PA	Preferred Specialty
budesonide SR cap (ENTOCORT EC equiv)	-	Select
dexamethasone elixir	-	Select
dexamethasone pak (DEXPAK equiv)	-	Select
dexamethasone tab (DEXAMETHASONE equiv)	-	Select
hydrocortisone tab (CORTEF equiv)	-	Select
methylprednisolone dose pack (MEDROL equiv)	-	Select
methylprednisolone tab (MEDROL equiv)	-	Select
prednisolone soln	-	Select
prednisolone soln (PEDIAPRED equiv)	-	Select
prednisone pack	-	Select
PREDNISONE SOLN	-	Select
prednisone tab (DELTASONE equiv)	-	Select
MINERALOCORTICOIDS		
fludrocortisone tab (FLORINEF equiv)	-	Select
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap (TESSALON equiv)	-	Select
hydrocodone/homatropine syrup (HYCODAN equiv)	-	Select
tussigon tab (HYCODAN equiv)	-	Select
COUGH/COLD/ALLERGY COMBINATIONS		
ACTINEL LIQUID (QL= 1200ml/30 days)	QL	Preferred
CAPMIST DM TAB (QL= 4 tabs/day)	QL	Preferred
CODITUSSIN LIQUID DAC (QL= 1200ml/30 days)	QL	Preferred
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month)	OTC-QL	Preferred
LORTUSS LIQUID (QL= 1200ml/30 days)	QL	Preferred
MAR-COF CG LIQUID (QL= 473ml/month)	QL	Preferred
M-END DMX LIQUID (QL= 1800ml/30 days)	QL	Preferred
NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days)	QL	Preferred
STAHIST AD TAB 25-60MG (QL= 4 tabs/day)	QL	Preferred
ADVIL COLD/ TAB SINUS (QL= 240 tabs/30 days)	QL	Select
cold/allergy elx children (QL= 2400ml/30 days)	QL	Select
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month)	OTC-QL	Select

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COUGH/COLD/ALLERGY Cont.		
HYD POL/CPM SUSP (QL= 10ml/day)	QL	Select
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	Select
ibuprofen tab cold/sinus (QL= 240 tabs/30 days)	QL	Select
LORTUSS EX LIQUID (QL= 1200ml/30 days)	QL	Select
promethazine DM syrup	-	Select
PROMETHAZINE VC SYRUP	-	Select
promethazine VC syrup (PHENERGAN VC equiv)	-	Select
PROMETHAZINE VC/CODEINE SYRUP	-	Select
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	Select
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	Select
triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day)	QL	Select
trispec pse liquid (QL= 1200ml/30 days)	OTC-QL	Select
tussin cf liquid (QL= 1200ml/30 days)	QL	Select
EXPECTORANTS		
potassium iodide oral soln (SSKI equiv) (QL= 90ml/30 days)	QL	Select
MISC. RESPIRATORY INHALANTS		
sodium chloride neb soln (HYPER-SAL equiv)	-	Select
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	Select
DERMATOLOGICALS		
ACNE PRODUCTS		
adapalene cream (DIFFERIN equiv) (QL= 360g/30 days)	QL	Select
adapalene gel 0.3% (DIFFERIN equiv) (QL= 360g/30 days)	QL	Select
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	Select
clindamycin gel (CLEOCIN GEL equiv)	-	Select
clindamycin lotion (CLEOCIN- T equiv)	-	Select
clindamycin pad (CLEOCIN-T equiv)	-	Select
clindamycin topical soln (CLEOCIN-T equiv)	-	Select
ERY PAD	-	Select
erythromycin gel	-	Select
erythromycin pad	-	Select
erythromycin soln	-	Select
sodium sulfacetamide lotion (KLARON equiv)	-	Select
tretinoin cream (RETIN-A CREAM equiv) (QL= 360g/30 days)	QL	Select
tretinoin gel (RETIN-A GEL equiv) (QL= 360g/30 days)	QL	Select
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	Select
gentamicin sulfate oint	-	Select
mupirocin cream (BACTROBAN CREAM equiv)	-	Select
mupirocin oint (BACTROBAN OINT equiv)	-	Select
ANTIFUNGALS - TOPICAL		
NAFTIFINE CREAM 1%	-	Preferred
ciclopirox cream (LOPROX CREAM equiv)	-	Select
ciclopirox gel (LOPROX GEL equiv)	-	Select
ciclopirox nail soln (PENLAC SOLN equiv)	-	Select

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	Select
ciclopirox topical susp (LOPROX SUSP equiv)	-	Select
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	Select
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	Select
CLOTRIMAZOLE/BETAMETHASONE LOTION	-	Select
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	Select
econazole cream (SPECTAZOLE equiv)	-	Select
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	Select
ketoconazole cream (NIZORAL CREAM equiv)	-	Select
ketoconazole shampoo	-	Select
nizoral a-d shampoo (NIZORAL equiv)	OTC	Select
nystatin cream (MYCOSTATIN CREAM equiv)	-	Select
nystatin oint	-	Select
nystatin topical powder	-	Select
nystatin/triamcinolone cream	-	Select
nystatin/triamcinolone oint	-	Select
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac gel 1% (VOLTAREN equiv)	-	Select
diclofenac soln 1.5% (PENNSAID equiv)	-	Select
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene gel (TARGRETIN equiv) (QL= 60g/30 days)	AMSP-PA-QL	Generic Specialty
FLUOROURACIL SOLN	-	Preferred
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum 877-445-6874)	LD-PA-QL	Preferred Specialty
diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month)	QL	Select
fluorouracil cream (EFUDEX CREAM equiv)	-	Select
fluorouracil soln (FLUOROURACIL equiv)	-	Select
ANTIPSORIATICS		
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty
COSENTYX INJ (2-PACK) (QL= 2 inj/56 days)	AMSP-PA-QL	Preferred Specialty
COSENTYX INJ 300MG/2ML (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty
TREMFYA INJ (QL= 1 inj/56 days)	AMSP-PA-QL	Preferred Specialty
calcipotriene cream (DOVONEX CREAM equiv)	-	Select
calcipotriene oint	-	Select
CALCIPOTRIENE SOLN	-	Select
calcipotriene soln (DOVONEX SOLN equiv)	-	Select
methoxsalen cap (OXSORALEN ULTRA equiv)	-	Select
tazarotene cream 0.1% (TAZORAC equiv) (QL= 360g/30 days)	QL	Select
tazarotene gel (TAZORAC equiv) (QL= 360g/30 days)	QL	Select

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

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DERMATOLOGICALS Cont.

DrugName	Special Code	Tier
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion	-	Select
selenium sulfide shampoo (SELSEB equiv)	-	Select
BURN PRODUCTS		
SULFAMYLON CREAM	-	Preferred
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	Select
CAUTERIZING AGENTS		
SILVER NITRATE SOLN	-	Preferred
CORTICOSTEROIDS - TOPICAL		
AMCINONIDE LOTION	-	Preferred
HC BUTYRATE SOLN	-	Preferred
MICORT-HC CREAM	-	Preferred
PRAMOSONE CREAM 1-1%	-	Preferred
PRAMOSONE E CREAM	-	Preferred
PREDNICARBATE CREAM	-	Preferred
PREDNICARBATE OIN	-	Preferred
alclometasone cream (ACLOVATE equiv)	-	Select
alclometasone oint (ACLOVATE OINT equiv)	-	Select
AMCINONIDE CREAM 0.1%	-	Select
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	Select
betamethasone augmented gel	-	Select
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	Select
betamethasone augmented oint (DIPROLENE OINT equiv)	-	Select
betamethasone diproprionate cream (DIPROSONE CREAM equiv)	-	Select
betamethasone diproprionate lotion	-	Select
betamethasone diproprionate oint (DIPROSONE OINT equiv)	-	Select
betamethasone valerate cream	-	Select
betamethasone valerate lotion	-	Select
betamethasone valerate oint	-	Select
clobetasol foam (OLUX equiv)	-	Select
clobetasol lotion (CLOBEX equiv)	-	Select
clobetasol propionate cream (TEMOVATE equiv)	-	Select
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	Select
clobetasol propionate gel (TEMOVATE GEL equiv)	-	Select
clobetasol propionate oint (TEMOVATE equiv)	-	Select
clobetasol propionate soln (TEMOVATE equiv)	-	Select
clobetasol shampoo (CLOBEX equiv)	-	Select
clobetasol spray (CLOBEX equiv)	-	Select
dermawerx pak (DERMACINRX KIT equiv) (QL= 1 kit/30 days)	QL	Select
desonide cream	-	Select
desonide lotion	-	Select
desonide oint	-	Select
desoximetasone cream (TOPICORT CREAM equiv)	-	Select
desoximetasone gel (TOPICORT equiv)	-	Select
desoximetasone oint (TOPICORT equiv)	-	Select
fluocinolone acetonide cream	-	Select

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
fluocinolone acetonide oil	-	Select
fluocinolone acetonide oint	-	Select
fluocinolone acetonide soln	-	Select
fluocinonide cream 0.05% (LIDEX equiv)	-	Select
fluocinonide emollient cream	-	Select
FLUOCINONIDE GEL	-	Select
fluocinonide oint	-	Select
fluocinonide soln	-	Select
fluticasone propionate cream (CUTIVATE equiv)	-	Select
fluticasone propionate oint (CUTIVATE equiv)	-	Select
halobetasol propionate cream (ULTRAVATE equiv)	-	Select
halobetasol propionate oint (ULTRAVATE equiv)	-	Select
halonate pac kit (ULTRAVATE KIT equiv)	-	Select
HC BUTYRATE CREAM	-	Select
hydrocortisone butyrate cream (LOCOID equiv)	-	Select
hydrocortisone butyrate lipocream (LOCOID equiv)	-	Select
hydrocortisone butyrate oint (LOCOID equiv)	-	Select
hydrocortisone butyrate soln (LOCOID equiv)	-	Select
hydrocortisone cream (PROCTOCORT equiv)	-	Select
hydrocortisone lotion (HYTONE equiv)	-	Select
hydrocortisone oint	-	Select
hydrocortisone valerate cream	-	Select
hydrocortisone valerate oint (WESTCORT equiv)	-	Select
LOCOID LIPOCREAM	-	Select
mometasone cream (ELOCON equiv)	-	Select
mometasone oint (ELOCON equiv)	-	Select
mometasone soln (ELOCON equiv)	-	Select
paramox hc gel (NOVACORT GEL equiv)	-	Select
triamcinolone acetonide oint 0.025% (TRIANEX equiv)	-	Select
triamcinolone acetonide oint 0.1% (TRIANEX equiv)	-	Select
triamcinolone acetonide oint 0.5% (TRIANEX equiv)	-	Select
triamcinolone cream	-	Select
triamcinolone lotion	-	Select
ECZEMA AGENTS		
DUPIXENT INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
DUPIXENT PEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
DUPIXENT PEN INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	-	Select
ammonium lactate lotion (LAC-HYDRIN equiv)	-	Select
ENZYMES - TOPICAL		
SANTYL OINT (QL= 90gm/30 days)	QL	Preferred
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days)	QL	Select

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DERMATOLOGICALS Cont.		
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus oint (PROTOPIC OINT equiv)	-	Select
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOCON SOLN	-	Preferred
PODOFILOX SOLN (QL= 0.5ml/day)	QL	Preferred
podofilox soln (CONDYLOX equiv)	-	Select
salicylic acid shampoo (SALEX equiv)	-	Select
LOCAL ANESTHETICS - TOPICAL		
LIDOCAINE GEL	-	Select
lidocaine gel (GLYDO equiv)	-	Select
lidocaine oint (QL= 8gm/day)	QL	Select
lidocaine soln (XYLOCAINE equiv)	-	Select
lidocaine/prilocaine cream (EMLA equiv)	-	Select
MISC. TOPICAL		
DRYSOL SOLN	-	Preferred
ROSACEA AGENTS		
azelaic acid gel (FINACEA equiv)	-	Select
metronidazole cream (METROCREAM equiv)	-	Select
metronidazole gel (METROGEL equiv)	-	Select
metronidazole lotion (METROLOTION equiv)	-	Select
SCABICIDES & PEDICULICIDES		
SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Preferred
malathion lotion (OVIDE equiv)	-	Select
permethrin cream (ELIMITE CREAM equiv)	-	Select
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN INJ	-	Preferred
GLUCAGON DIAGNOSTIC INJ	-	Preferred
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred
DIAGNOSTIC TESTS		
CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days)	QL	Preferred
CONTOUR TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred
FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred
FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred
FREESTYLE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred
FREESTYLE TEST STRIPS (QL= 300 strips/30 days)	QL	Preferred
PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred
CUE HEALTH MIS MONITOR (QL= 1 kit/year)	QL	Preventive
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	Preferred
DIURETICS		

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DIURETICS Cont.		
CARBONIC ANHYDRASE INHIBITORS		
dichlorphenamide tab (KEVEYIS equiv) (QL= 4 tabs/day)	AMSP-PA-QL	Generic Specialty
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	Select
acetazolamide tab	-	Select
DIURETIC COMBINATIONS		
AMILORIDE/HCTZ TAB	-	Select
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	Select
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	Select
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	Select
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	Select
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	Select
torsemide tab (DEMADEX equiv)	-	Select
FUROSEMIDE SOLN	-	Value
furosemide soln (LASIX equiv)	-	Value
furosemide tab (LASIX equiv)	-	Value
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	Select
spironolactone tab (ALDACTONE equiv)	-	Value
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
DIURIL SUSP	-	Preferred
CHLOROTHIAZIDE TAB	-	Select
chlorothiazide tab (DIURIL equiv)	-	Select
indapamide tab (LOZOL equiv)	-	Select
METHYCLOTHIAZIDE TAB	-	Select
metolazone tab (ZAROXOLYN equiv)	-	Select
chlorthalidone tab	-	Value
hydrochlorothiazide cap (MICROZIDE equiv)	-	Value
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	Value
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
PROLIA INJ	AMSP-PA	Preferred Specialty
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv) (QL= 2.4 units/28 days)	AMSP-PA-QL	Preferred Specialty
TERIPARATIDE INJ 620MCG/2.48ML (QL= 2.48 units/28 days)	AMSP-PA-QL	Preferred Specialty
TYMLOS INJ (QL= 1.56 units/30 days)	AMSP-PA-QL	Preferred Specialty
alendronate sodium oral soln (FOSAMAX equiv) (QL= 300ml/28 days)	QL	Select
calcitonin nasal spray (MIACALCIN equiv)	-	Select
ibandronate tab 150mg (BONIVA equiv)	-	Select
alendronate tab (FOSAMAX equiv)	-	Value
ALENDRONATE TAB 40MG	-	Value
CORTICOTROPIN		

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
ACTHAR HP GEL INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty
ACTHAR INJ 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty
FERTILITY REGULATORS		
CLOMID TAB	-	INF
OVIDREL INJ	-	INF
GNRH/LHRH ANTAGONISTS		
cetrorelix acetate for inj kit (CETROTIDE equiv)	-	INF
CETROTIDE KIT	PA	INF
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty
GROWTH HORMONES		
GENOTROPIN INJ 0.2MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 0.4MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 0.6MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 0.8MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 1.2MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 1.4MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 1.6MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 1.8MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 12MG (QL= 4 cartridges/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 1MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 2MG (QL= 21 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days)	AMSP-QL	Preferred Specialty
OMNITROPE INJ (QL= 9 cartridges/28 days)	AMSP-QL	Preferred Specialty
OMNITROPE INJ 5.8MG (QL= 8 vials/28 days)	AMSP-QL	Preferred Specialty
SKYTROFA INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Preferred Specialty
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (QL= 1 tab/day)	QL	Preventive
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD	Preferred Specialty
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	-	Preferred
LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days)	AMSP-PA-QL	Preferred Specialty
LUPRON DEPOT-PED INJ (1-MONTH) (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Preferred Specialty
LUPRON DEPOT-PED INJ (3-MONTH) (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Preferred Specialty
METABOLIC MODIFIERS		
betaine powder for oral solution (CYSTADANE equiv) (QL= 540 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty
carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376)	LD-PA	Generic Specialty
nitisinone cap (ORFADIN equiv)	LMSP-PA	Generic Specialty
sapropterin dihydrochloride powder packet (KUVAN equiv)	AMSP-PA	Generic Specialty
sapropterin dihydrochloride soluble tab (KUVAN equiv)	AMSP-PA	Generic Specialty
sodium phenylbutyrate powder (BUPHENYL equiv)	AMSP-PA	Generic Specialty
sodium phenylbutyrate tab (BUPHENYL equiv)	AMSP-PA	Generic Specialty
CYSTADANE POWDER (QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through AnovoRx 844-288-5007)	LD-QL-ST	Preferred Specialty
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Preferred Specialty
calcitriol cap (ROCALTROL equiv)	-	Select
calcitriol soln (CALCITRIOL equiv)	-	Select
cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Select
cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Select
cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day)	QL	Select
levocarnitine soln (CARNITOR equiv)	-	Select
levocarnitine tab (CARNITOR equiv)	-	Select
paricalcitol cap (ZEMPLAR equiv)	-	Select
POSTERIOR PITUITARY HORMONES		
STIMATE NASAL SOLN	-	Preferred
desmopressin acetate nasal spray (DDAVP equiv)	-	Select
desmopressin acetate tab (DDAVP equiv)	-	Select
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab (MIFEPREX equiv)	-	Select
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	Select
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv)	AMSP-PA	Generic Specialty

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

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
cromolyn conc (GASTROCROM equiv)	-	Select
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap (AMITIZA equiv) (QL= 60 caps/30 days)	QL	Select
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	Select
metoclopramide tab (REGLAN equiv)	-	Select
INFLAMMATORY BOWEL AGENTS		
CIMZIA INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	AMSP-PA-QL	Preferred Specialty
ENTYVIO INJ (QL= 1.36ml/28 days; Only available through Optum 877-445-6874)	LD-PA-QL	Preferred Specialty
balsalazide cap (COLAZAL equiv)	-	Select
mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day)	QL	Select
mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day)	QL	Select
mesalamine enema (ROWASA equiv) (QL= 60mL/day)	QL	Select
mesalamine ER cap (APRISO equiv) (QL= 8 caps/day)	QL	Select
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	QL	Select
sulfasalazine EC tab (AZULFIDINE equiv)	-	Select
sulfasalazine tab (AZULFIDINE equiv)	-	Select
INTESTINAL ACIDIFIERS		
lactulose soln	-	Select
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron tab (LOTRONEX equiv)	-	Select
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB (QL= 30 tabs/30 days)	PA-QL	Preferred
SYMPROIC TAB (QL= 30 tabs/30 days)	PA-QL	Preferred
PHOSPHATE BINDER AGENTS		
PHOSLYRA SOLN	-	Preferred
calcium acetate cap (PHOSLO equiv)	-	Select
lanthanum carbonate chew tab (FOSRENOL equiv) (QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab)	QL-ST	Select
lanthanum carbonate chew tab 500mg (FOSRENOL equiv) (QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab)	QL-ST	Select
sevelamer hydrochloride tab (RENAGEL equiv)	-	Select
sevelamer powder pak (RENVELA equiv)	-	Select
sevelamer tab (RENVELA TAB equiv)	-	Select
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
ORACIT SOLN	-	Preferred
CYTRA K CRYSTALS	-	Select
CYTRA-3 SYRUP	-	Select
potassium citrate CR tab (UROCIT-K TAB equiv)	-	Select
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	Select
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	Select

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

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DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
sodium citrate/citric acid soln (BICITRA equiv)	-	Select
tricitrates soln (POLYCITRA-LC equiv)	-	Select
CYSTINOSIS AGENTS		
CYSTAGON CAP 150MG (Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-RDX	Preferred Specialty
CYSTAGON CAP 50MG (QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-QL-RDX	Preferred Specialty
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	Preferred
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	Select
dutasteride cap (AVODART equiv)	-	Select
finasteride tab (PROSCAR equiv)	-	Select
tamsulosin cap (FLOMAX equiv)	-	Select
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIUM equiv)	-	Select
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; Only available through Eversana 636-519-2400)	LD-PA-QL	Preferred Specialty
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	Select
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	Select
colchicine tab (COLCRYS equiv) (QL= 4 tabs/day)	QL	Select
febuxostat tab (ULORIC equiv) (QL= 1 tab/day)	QL	Select
URICOSURICS		
probenecid tab (BENEMID equiv)	-	Select
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
AFSTYLA KIT (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
BENEFIX INJ	AMSP-PA	Preferred Specialty
HEMLIBRA INJ	AMSP-PA	Preferred Specialty
REBINYN INJ (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days)	AMSP-PA-QL	Generic Specialty
icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days; Only available through Accredo 888-773-7376)	AMSP-PA-QL-LD	Generic Specialty
COMPLEMENT INHIBITORS		

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DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	Select
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TAKHZYRO INJ 150MG/ML (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	Select
cilostazol tab (PLETAL equiv)	-	Select
clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days)	QL	Select
clopidogrel tab 75mg (PLAVIX equiv)	-	Select
dipyridamole tab (PERSANTINE equiv)	-	Select
prasugrel tab (EFFIENT equiv) (QL= 1 tab/day)	QL	Select
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	Generic Specialty
CERDELGA CAP (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	Preferred
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	-	Select
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	Preferred Specialty
ARANESP INJ (QL= 4 vials/30 days)	AMSP-QL	Preferred Specialty

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
FULPHILA INJ (QL= 2 syringes/28 days)	AMSP-QL	Preferred Specialty
NYVEPRIA INJ (QL= 2 inj/28 days)	AMSP-QL	Preferred Specialty
PROMACTA POWDER (QL= 6 packets/day)	AMSP-PA-QL	Preferred Specialty
PROMACTA TAB (QL= 2 tabs/day)	AMSP-PA-QL	Preferred Specialty
RETACRIT INJ (QL= 12 vials/30 days)	AMSP-QL	Preferred Specialty
RETACRIT INJ (QL= 4 vials/30 days)	AMSP-QL	Preferred Specialty
ZARXIO INJ (QL= 15 syringes/30 days)	AMSP-QL	Preferred Specialty
ZARXIO INJ 480/0.8 (QL= 15 syringes/30 days)	AMSP-QL	Preferred Specialty
HEMATOPOIETIC MIXTURES		
NEPHRON FA TAB	-	Preferred
multigen plus tab (CHROMAGEN FORTE equiv)	-	Select
multigen tab (CHROMAGEN equiv)	-	Select
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid soln (AMICAR equiv)	AMSP	Generic Specialty
tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days)	QL	Select
HYPNOTICS		
NON-BARBITURATE HYPNOTICS		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	Select
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	Select
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	Select
phenobarbital tab	-	Select
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	Select
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	Select
midazolam hcl syrup	-	Select
midazolam inj (MIDAZOLAM equiv)	-	Select
temazepam cap 15mg (RESTORIL equiv)	-	Select
temazepam cap 30mg (RESTORIL equiv)	-	Select
triazolam tab (HALCION equiv)	-	Select
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	Select
zaleplon cap 10mg (SONATA equiv) (QL= 2 caps/day)	QL	Select
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	Select

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HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
SELECTIVE MELATONIN RECEPTOR AGONISTS		
tasimelteon capsule (HETLIOZ equiv)	AMSP-PA	Generic Specialty
LAXATIVES		
LAXATIVE COMBINATIONS		
SUFLAVE SOLN (QL= 2 fills/year)	QL	Preferred
GAVILYTE-C SOLN (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive
peg 3350/electrolytes soln (COLYTE equiv) (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive
trilyte soln (NULYTELY equiv) (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive
sodium/potassium/magnesium soln (SUPREP equiv) (QL= 2 fills/year)	QL	Select
LAXATIVES - MISCELLANEOUS		
lactulose soln	-	Select
MACROLIDES		
AZITHROMYCIN		
ZITHROMAX POWDER PACK	-	Preferred
azithromycin susp (ZITHROMAX equiv)	-	Select
azithromycin tab (ZITHROMAX equiv)	-	Select
CLARITHROMYCIN		
CLARITHROMYC SUSP	-	Preferred
clarithromycin ER tab (BIAXIN XL equiv)	-	Select
clarithromycin tab (BIAXIN equiv)	-	Select
ERYTHROMYCINS		
ERYTHROMYCIN EC CAP	-	Preferred
PCE TAB	-	Preferred
erythromycin DR cap (ERYC equiv)	-	Select
erythromycin ethylsuccinate susp (ERYPED equiv)	-	Select
erythromycin tab (ERY-TAB equiv)	-	Select
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	Select
FIDAXOMICIN		
DIFICID SUSP (QL= 136 mL/30 days)	QL	Preferred
DIFICID TAB (QL= 20 tabs/30 days)	QL	Preferred
MEDICAL DEVICES		
PARENTERAL THERAPY SUPPLIES		
HYPODERMIC NEEDLES	OTC	Preferred
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CERVICAL CAP	-	Preventive
DIAPHRAGM	-	Preventive
FEMALE CONDOMS	OTC	Preventive

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DrugName	Special Code	Tier

MEDICAL DEVICES AND SUPPLIES Cont.

DIABETIC SUPPLIES

CALIBRATION LIQUID	OTC	Preferred
DEXCOM G6 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred
FREE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred
FREESTYLE LIBRE 3 READER (QL= 1 receiver/1 year)	QL	Preferred
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred
LANCET KIT	OTC	Preferred
LANCETS	OTC	Preferred
OMNIPOD 5 G6 INTRO KIT (QL= 1 kit/year)	QL	Preferred
OMNIPOD 5 G6 KIT (QL= 1 kit/year)	QL	Preferred
OMNIPOD 5 G6 MIS PODS (QL= 15 pods/30 days)	QL	Preferred
OMNIPOD 5 G6 PODS MISC (QL= 15 pods/30 days)	QL	Preferred
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	Preferred
OMNIPOD 5 G7 MIS PODS (QL= 15 pods/30 days)	QL	Preferred
OMNIPOD 5 PACK PODS (QL= 15 pods/30 days)	QL	Preferred
OMNIPOD DASH KIT (QL= 1 kit/year)	QL	Preferred
OMNIPOD DASH PODS (QL= 15 pods/30 days)	QL	Preferred
OMNIPOD GO KIT 10 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred
OMNIPOD GO KIT 15 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred
OMNIPOD GO KIT 20 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred
OMNIPOD GO KIT 25 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred
OMNIPOD GO KIT 30 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred
OMNIPOD GO KIT 35 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred
OMNIPOD GO KIT 40 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	Preferred

PARENTERAL THERAPY SUPPLIES

HYPODERMIC NEEDLES	OTC	Preferred
SAFETY SYRINGE	-	Preferred
SYRINGE LUER-LOK	OTC	Preferred
TB SYRINGE	-	Preferred
B-D INSULIN SYRINGE	--OTC	Select
BD NEEDLES	OTC	Select
B-D PEN NEEDLE	OTC	Select
NOVOFINE PEN NEEDLE	OTC	Select
NOVOTWIST PEN NEEDLE	OTC	Select

RESPIRATORY THERAPY SUPPLIES

AEROCHAMBER (QL= 1 device/365 days)	QL	Preferred

MIGRAINE PRODUCTS

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DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
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	Preferred
MIGRAINE COMBINATIONS		
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	Preferred
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	Preferred
MIGERGOT SUPP (QL= 20 supp/28 days)	QL	Preferred
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	Select
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	Select
PRODRIN TAB	-	Select
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	Preferred
AJOVY INJ (QL= 1 inj/28 days)	PA-QL	Preferred
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	Preferred
SEROTONIN AGONISTS		
SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days)	QL	Preferred
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)	QL	Select
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Select
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Select
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/30 days; Step therapy requires trial of two: naratriptan tab, rizatriptan tab, rizatriptan ODT, or sumatriptan tab)	QL-ST	Select
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	Select
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	Select
MINERALS & ELECTROLYTES		
FLUORIDE		
FLORIVA DROPS	-	Preferred
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		
potassium phosphate monobasic tab (K-PHOS equiv) (QL= 8 tabs/day)	QL	Select
POTASSIUM		
K-TAB	-	Select
POT/CHLORIDE EFFER TAB	-	Select
potassium chloride effer tab (K-LYTE/CL equiv)	-	Select
potassium chloride ER cap (MICRO-K equiv)	-	Select
potassium chloride ER tab (K-TAB equiv)	-	Select
potassium chloride micro tab (K-DUR equiv)	-	Select
POTASSIUM CHLORIDE TAB ER	-	Select
SODIUM		
sodium chloride inj	-	Select

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DrugName	Special Code	Tier
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days)	QL	Select
trientine cap 250mg (SYPRINE equiv)	-	Select
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	-	Preferred
POTASSIUM REMOVING AGENTS		
LOKELMA PAK (QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone)	QL-ST	Preferred
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
LIDOCAINE ORAL SOLN 4%	-	Preferred
lidocaine viscous soln 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv)	-	Select
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	Select
nystatin susp	-	Select
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	Select
DENTAL PRODUCTS		
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
FLUORIDEX SENSITIVITY PASTE	-	Select
sodium fluoride gel (PREVIDENT equiv)	-	Select
sodium fluoride paste (PREVIDENT equiv)	-	Select
sodium fluoride rinse (PREVIDENT equiv)	-	Select
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	Select
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	Select
THROAT PRODUCTS - MISC.		
cevimeline cap (EVOXAC equiv)	-	Select
pilocarpine tab (SALAGEN equiv)	-	Select
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	Select
DIALYVITE/ZINC TAB	-	Select
FOLBEE PLUS CZ TAB	-	Select
PED MV W/ FLUORIDE		
ADC/FLUORIDE DROP	-	Preventive
FLORIVA PLUS DROPS	-	Preventive

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MULTIVITAMINS Cont.		
pediatric multiple vitamins/fluoride soln	-	Preventive
PRENATAL VITAMINS		
CONCEPT DHA CAP	-	Preferred
PRENATABS RX TAB	-	Preferred
PRENATAL 19 CHEW TAB	-	Preferred
PRENATAL 19 TAB	-	Preferred
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	Preferred
VP-PNV-DHA CAP	-	Select
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
BACLOFEN TAB 5MG	-	Preferred
baclofen tab (BACLOFEN equiv)	-	Select
carisoprodol tab (SOMA equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Select
chlorzoxazone tab (QL= 4 tabs/day)	QL	Select
chlorzoxazone tab 500mg	-	Select
cyclobenzaprine tab (FLEXERIL equiv)	-	Select
methocarbamol tab (ROBAXIN equiv)	-	Select
orphenadrine citrate ER tab (NORFLEX equiv)	-	Select
tizanidine tab (ZANAFLEX equiv)	-	Select
MUSCLE RELAXANT COMBINATIONS		
CARISOPRODOL/ASPIRIN TAB	-	Select
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	Select
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	Select
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	Select
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	Select
SYMPATHOMIMETIC DECONGESTANTS		
pseudoephedrine ER tab 120mg (QL= 2 tabs/day)	QL	Select
pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days)	QL	Select
pseudoephedrine tab 30mg (QL= 8 tabs/day)	QL	Select
pseudoephedrine tab 60mg (QL= 4 tabs/day)	QL	Select
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	AMSP	Generic Specialty
EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Preferred Specialty
RADICAVA ORS SUSP (QL= 70ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TIGLUTIK SUSP (Only available through AnovoRx 844-288-5007)	LD-PA	Preferred Specialty
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		

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

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	Preferred
METIPRANOLOL OPHTH SOLN	-	Preferred
betaxolol ophth soln (BETOPTIC-S equiv)	-	Select
CARTEOLOL OPHTH SOLN	-	Select
carteolol ophth soln (OCUPRESS equiv)	-	Select
dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Select
dorzolamide/timolol ophth soln (COSOPT equiv)	-	Select
LEVOBUNOLOL OPHTH SOLN	-	Select
levobunolol ophth soln (BETAGAN equiv)	-	Select
timolol maleate ophth soln 0.25% (TIMOPTIC equiv)	-	Value
timolol maleate ophth soln 0.5% (TIMOPTIC equiv)	-	Value
CHOLINERGIC AGONISTS		
TYRVAYA SOLN (QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	QL-ST	Preferred
CYCLOPLEGIC MYDRIATICS		
HOMATROPINE OPHTH SOLN	-	Preferred
atropine ophth oint	-	Select
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days)	QL	Select
cyclopentolate ophth soln (CYCLOGYL equiv)	-	Select
phenylephrine ophth soln (MYDFRIN equiv)	-	Select
tropicamide ophth soln (MYDRIACYL equiv)	-	Select
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	Select
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine ophth soln 0.2% (ALPHAGAN equiv)	-	Select
OPHTHALMIC ANTI-INFECTIVES		
BACITRACIN OPHTH OINT	-	Preferred
NATACYN OPHTH SUSP (QL= 45ml/30 days)	QL	Preferred
SULFACETAMIDE SODIUM OPHTH OINT	-	Preferred
ZIRGAN OPHTH GEL	-	Preferred
XDEMVY DROP (QL= 10 units/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Claim requires DX of Demodex blepharitis (acariasis or unspecified blepharitis))	LD-QL-RDX	Preferred Specialty
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	Select
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	Select
ciprofloxacin ophth soln (CILOXAN equiv)	-	Select
erythromycin ophth oint	-	Select
GENTAK OPHTH OINT	-	Select
gentamicin ophth soln (GARAMYCIN equiv)	-	Select
levofloxacin ophth soln (QUIXIN equiv)	-	Select
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	Select
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	Select
ofloxacin ophth soln (OCUFLOX equiv)	-	Select
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	Select
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	Select
tobramycin ophth soln (TOBREX equiv)	-	Select
TRIFLURIDINE OPHTH SOLN	-	Select

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OPHTHALMIC AGENTS Cont.

DrugName	Special Code	Tier
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days)	QL	Select
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	Select
tetracaine ophth soln	-	Select
OPHTHALMIC STEROIDS		
BLEPHAMIDE OPHTH SOLN	-	Preferred
FLAREX OPHTH SUSP	-	Preferred
LOTEMAX OPHTH OINT 0.5% (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Preferred
LOTEMAX SM GEL	-	Preferred
MAXIDEX OPHTH SOLN	-	Preferred
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	Preferred
PRED MILD OPHTH SOLN	-	Preferred
PRED-G OPHTH SOLN	-	Preferred
TOBRADEX OPHTH OINT	-	Preferred
ZYLET OPHTH SUSP	-	Preferred
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	Select
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	Select
loteprednol ophth susp (LOTEMAX equiv)	-	Select
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	Select
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	Select
PREDNISOLONE OPHTH SUSP	-	Select
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	Select
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	Select
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	Select
OPHTHALMICS - MISC.		
ACULAR (LS) OPHTH SOLN	-	Preferred
ACUVAIL OPHTH SOLN	-	Preferred
ALOCRIL OPHTH SOLN	-	Preferred
FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	Preferred
ZERVIATE OPHTH SOLN (QL= 30 single use containers/30 days)	QL	Preferred
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416)	LD-QL-RDX	Preferred Specialty
azelastine ophth soln (OPTIVAR equiv)	-	Select
cromolyn ophth soln (CROLOM equiv)	-	Select
CROMOLYN SODIUM OPHTH SOLN	-	Select
diclofenac sodium ophth soln (VOLTAREN equiv)	-	Select
dorzolamide ophth soln (TRUSOPT equiv)	-	Select
ketorolac ophth soln .05% (ACULAR (LS) equiv)	-	Select
PROSTAGLANDINS - OPHTHALMIC		
IYUZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln)	QL-ST	Preferred
bimatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Select
tafluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days)	QL	Select
travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Select

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
latanoprost ophth soln (XALATAN equiv)	-	Value
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	Select
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	Select
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN OTIC SOLN	-	Preferred
ofloxacin otic soln (FLOXIN equiv)	-	Select
OTIC COMBINATIONS		
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	Select
ciporofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	Select
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	-	Select
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv)	-	Select
otomax-HC otic soln (CORTANE-B equiv)	-	Select
OTIC STEROIDS		
fluocinolone otic oil (DERMOTIC equiv)	-	Select
OXYTOCICS		
OXYTOCICS		
methylergonovine tab (METHERGINE equiv)	-	Select
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ, VIVAGLOBIN INJ (Only available through Emerging Health 971-290-2010)	LD-PA	Preferred Specialty
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CUVITRU INJ (Only available through AllianceRx Walgreens Prime 855-244-2555)	LD-PA	Preferred Specialty
HIZENTRA INJ (Only available through Emerging Health 971-290-2010)	LD-PA	Preferred Specialty
MONOCLONAL ANTIBODIES		
SYNAGIS INJ (QL= 2 inj/28 days)	LMSP-PA-QL	Preferred Specialty
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	Select
amoxicillin chew tab (AMOXIL equiv)	-	Select
AMOXICILLIN CHEW TAB 250MG	-	Select
amoxicillin susp (TRIMOX equiv)	-	Select
amoxicillin tab (AMOXIL equiv)	-	Select
ampicillin cap (AMPICILLIN equiv)	-	Select
NATURAL PENICILLINS		

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DrugName	Special Code	Tier
PENICILLINS Cont.		
penicillin vk tab (VEETIDS equiv)	-	Select
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	Select
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	Select
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	Select
PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	Preferred
PROGESTINS		
PROGESTINS		
hydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days)	AMSP-PA-QL	Preferred Specialty
medroxyprogesterone tab (PROVERA equiv)	-	Select
megestrol ES susp (MEGACE ES equiv)	-	Select
MEGESTROL SUSP	-	Select
norethindrone tab (AYGESTIN equiv)	-	Select
progesterone cap (PROMETRIUM equiv)	-	Select
progesterone oil inj	-	Select
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium DR tab (CAMPRAL equiv)	-	Select
disulfiram tab (ANTABUSE equiv)	-	Select
ANTIDEMENTIA AGENTS		
NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab)	QL-ST	Preferred
NAMZARIC CAP (QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Preferred
donepezil ODT (ARICEPT equiv)	-	Select
donepezil tab 10mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Select
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Select
donepezil tab 5mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Select
galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day)	QL	Select
GALANTAMINE SOLN	-	Select
galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days)	QL	Select
memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Select
memantine tab (NAMENDA equiv)	-	Select
memantine titrapak (NAMENDA equiv) (QL= 49 tabs/28 days)	QL	Select
rivastigmine cap (EXELON equiv)	-	Select
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	Preferred
PERPHENAZINE/ AMITRIPTYLINE TAB	-	Select
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv)	AMSP-PA	Generic Specialty
MULTIPLE SCLEROSIS AGENTS		

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
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
AVONEX INJ (QL= 1 kit/28 days)	AMSP-QL	Preferred Specialty
AVONEX INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Preferred Specialty
KESIMPTA INJ (QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Preferred Specialty
REBIF INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Preferred Specialty
VUMERITY CAP (QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Preferred Specialty
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE TAB	-	Preferred
FLUOXETINE CAP (PMDD)	-	Value
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP (QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA)	QL-ST	Preferred
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
PIMOZIDE TAB	-	Preferred
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	Preventive
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	Preventive
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	Preventive
varenicline tartrate tab (CHANTIX equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive
varenicline tartrate tab start pack (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
PULMOZYME INH SOLN (QL= 30 ampules/30 days)	AMSP-QL-RDX	Preferred Specialty
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
PULMONARY FIBROSIS AGENTS		
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
OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB (QL= 8 tabs/day)	QL	Preferred
sulfadiazine tab (SULFADIAZINE equiv) (QL= 8 tabs/day)	QL	Select
TETRACYCLINES		
TETRACYCLINE COMBINATIONS		
NICAZELDOXY KIT	-	Preferred
TETRACYCLINES		
demeclocycline tab (DECLOMYCIN equiv)	-	Select
doxycycline hyclate cap (QL= 2 caps/day)	QL	Select
doxycycline hyclate cap 50mg (VIBRAMYCIN equiv) (QL= 2 caps/day)	QL	Select

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DrugName	Special Code	Tier
TETRACYCLINES Cont.		
doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Select
doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day)	QL	Select
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	Select
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	Select
doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day)	QL	Select
doxycycline susp (VIBRAMYCIN equiv)	-	Select
minocycline cap (MINOCIN equiv)	-	Select
tetracycline cap	-	Select
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	-	Select
propylthiouracil tab	-	Select
THYROID HORMONES		
levothyroxine tab (SYNTHROID equiv)	-	Select
liothyronine tab (CYTOMEL equiv)	-	Select
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL/BOOSTRIX INJ	VAC	Preventive
INFANRIX INJ	VAC	Preventive
TETANUS/DIPHTHERIA TOXOID INJ	VAC	Preventive
VAXELIS INJ	VAC	Preventive
ULCER DRUGS		
ANTISPASMODICS		
BELLADONNA ALKALOID/OPIUM SUPP	-	Preferred
PROPANTHELINE TAB	-	Preferred
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	Select
dicyclomine cap (BENTYL equiv)	-	Select
dicyclomine soln (BENTYL equiv)	-	Select
dicyclomine tab (BENTYL equiv)	-	Select
glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day)	QL	Select
glycopyrrolate tab (ROBINUL equiv)	-	Select
methscopolamine tab (PAMINE equiv)	-	Select
H-2 ANTAGONISTS		
cimetidine soln (CIMETIDINE equiv)	-	Select
cimetidine tab (TAGAMET equiv)	-	Select
nizatidine cap (AXID equiv)	-	Select
ranitidine cap (ZANTAC equiv)	-	Select
ranitidine syrup (ZANTAC equiv)	-	Select
ranitidine tab (Rx Only) (ZANTAC equiv)	-	Select
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	Select

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

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

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

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	Select
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
H-2 ANTAGONISTS		
NIZATIDINE CAP	-	Preferred
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	Select
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
oxybutynin ER tab (DITROPAN XL equiv)	-	Select
oxybutynin syrup	-	Select
oxybutynin tab (DITROPAN equiv)	-	Select
solifenacin tab (VESICARE equiv) (QL= 1 tab/day)	QL	Select
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	Select
VACCINES		
BACTERIAL VACCINES		
BEXSERO INJ	VAC	Preventive
BIOTHRAX INJ	-	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
TYPHOID VI MULTI-DOSE	-	Preventive
VAXCHORA SUSP	VAC	Preventive

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DrugName	Special Code	Tier
VACCINES Cont.		
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
FLUAD QUAD INJ	VAC	Preventive
FLUBLOK INJ	VAC	Preventive
FLUBLOK INJ (QL= 0.5ml/fill)	VAC-QL	Preventive

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
VACCINES Cont.		
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
IXIARO INJ	-	Preventive
JYNNEOS INJ	-	Preventive
M-M-R II INJ	VAC	Preventive
PRIORIX INJ	VAC	Preventive
PROQUAD INJ	-	Preventive
RABAVERT INJ	-	Preventive
SHINGRIX INJ (Covered for members age 18 or older)	VAC	Preventive
SPIKEVAX INJ (QL= 1 dose/24 days)	QL	Preventive
SPIKEVAX INJ 50/0.5ML	VAC	Preventive

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

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DrugName	Special Code	Tier
VACCINES Cont.		
SPIKEVAX INJ 50MCG/0.5ML	VAC	Preventive
STAMARIL INJ	-	Preventive
TWINRIX INJ	VAC	Preventive
VARIVAX INJ	VAC	Preventive
YF-VAX INJ	-	Preventive
VAGINAL AND RELATED PRODUCTS		
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL (QL= 180gm/30 days)	QL	Preventive
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	-	Preferred
NUVESSA VAGINAL GEL, VANDAZOLE GEL (QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln)	QL-ST	Preferred
clindamycin vaginal cream (CLEOCIN equiv) (QL= 1 tube/fill)	QL	Select
metronidazole vaginal gel (METROGEL equiv)	-	Select
terconazole cream (TERAZOL equiv)	-	Select
TERCONAZOLE CREAM 0.8%	-	Select
terconazole supp (TERAZOL equiv)	-	Select
VAGINAL ESTROGENS		
ESTRING (QL= 1 ring/90 days; 3 copays per Rx)	QL	Preferred
PREMARIN VAGINAL CREAM	-	Preferred
estradiol cream (ESTRACE equiv)	-	Select
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	Select
VAGINAL PROGESTINS		
ENDOMETRIN INSERT	PA	Preferred
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
epinephrine inj (ADRENALIN equiv)	-	Select
EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill)	QL	Value
EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill)	QL	Value

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DrugName	Special Code	Tier
VASOPRESSORS Cont.		
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	-	Preferred
midodrine tab (PROAMATINE equiv)	-	Select
VITAMINS		
OIL SOLUBLE VITAMINS		
phytonadione tab (MEPHYTON equiv)	-	Select
vitamin D cap (RX strength only)	-	Select
WATER SOLUBLE VITAMINS		
POTABA POWDER PACKET	-	Preferred

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VAC	Vaccine Program				

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OEBB High Performance Formulary (INF)
Prior Authorization Drug List
Last Updated* 9/1/2024

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
abiraterone acetate tab 500mg	Generic Specialty
abiraterone tab 250mg	Generic Specialty
ACTEMRA ACTPEN INJ	Preferred Specialty
ACTEMRA SC INJ	Preferred Specialty
ACTHAR HP GEL INJ	Preferred Specialty
ACTHAR INJ 80UNIT	Preferred Specialty
ADALIMUMAB-ADAZ INJ 40MG/0.4ML	Preferred Specialty
AFSTYLA KIT	Preferred Specialty
AIMOVIG INJ	Preferred
AJOVY INJ	Preferred
ALECENSA CAP	Preferred Specialty
ALUNBRIG TAB 30MG	Preferred Specialty
ALUNBRIG TAB 90MG, 180MG	Preferred Specialty
ambrisentan tab	Generic Specialty
BARACLUDE SOLN	Preferred Specialty
BENEFIX INJ	Preferred Specialty
betaine powder for oral solution	Generic Specialty
bexarotene cap	Generic Specialty
bexarotene gel	Generic Specialty
bosentan tab	Generic Specialty
BOSULIF CAP	Preferred Specialty
BOSULIF TAB	Preferred Specialty
CABOMETYX TAB	Preferred Specialty
CALQUENCE CAP	Preferred Specialty
CALQUENCE TAB	Preferred Specialty
CAPRELSA TAB 100MG	Preferred Specialty
CAPRELSA TAB 300MG	Preferred Specialty
carglumic acid tab	Generic Specialty
CERDELGA CAP	Preferred Specialty
CETROTIDE KIT	INF
CIMZIA INJ	Preferred Specialty
CIMZIA STARTER INJ KIT	Preferred Specialty
COMETRIQ KIT	Preferred Specialty
COSENTYX INJ (1-PACK)	Preferred Specialty
COSENTYX INJ (2-PACK)	Preferred Specialty
COSENTYX INJ 300MG/2ML	Preferred Specialty
COTELLIC TAB	Preferred Specialty
CUVITRU INJ	Preferred Specialty
dalfampridine ER tab	Generic Specialty
deferasirox granules packet	Generic Specialty
deferasirox tab	Generic Specialty
deferasirox tab 90mg, 360mg	Generic Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
deferiprone tab	Generic Specialty
deferiprone tab 1000mg	Generic Specialty
deflazacort susp	Preferred Specialty
deflazacort tab	Preferred Specialty
DESCOVY TAB	Preferred
dichlorphenamide tab	Generic Specialty
DOPTELET TAB	Preferred Specialty
DUPIXENT INJ	Preferred Specialty
DUPIXENT PEN INJ	Preferred Specialty
EMGALITY INJ	Preferred
ENBREL INJ	Preferred Specialty
ENBREL INJ 25MG	Preferred Specialty
ENBREL INJ 50MG	Preferred Specialty
ENBREL MINI INJ	Preferred Specialty
ENBREL SURECLICK INJ 50MG	Preferred Specialty
ENDOMETRIN INSERT	Preferred
ENTYVIO INJ	Preferred Specialty
EPIDIOLEX SOLN	Preferred Specialty
ERIVEDGE CAP	Preferred Specialty
ERLEADA TAB	Preferred Specialty
ERLEADA TAB 240MG	Preferred Specialty
erlotinib tab 100mg	Generic Specialty
erlotinib tab 150mg	Generic Specialty
erlotinib tab 25mg	Generic Specialty
everolimus tab	Generic Specialty
everolimus tab for oral susp	Generic Specialty
EXSERVAN FILM	Preferred Specialty
gefitinib tab	Generic Specialty
GILOTRIF TAB	Preferred Specialty
HADLIMA INJ 40MG/0.4ML	Preferred Specialty
HADLIMA INJ 40MG/0.8ML	Preferred Specialty
HADLIMA PUSH INJ 40MG/0.4ML	Preferred Specialty
HADLIMA PUSH INJ 40MG/0.8ML	Preferred Specialty
HAEGARDA INJ 2000U	Preferred Specialty
HAEGARDA INJ 3000U	Preferred Specialty
HEMLIBRA INJ	Preferred Specialty
HIZENTRA INJ	Preferred Specialty
HIZENTRA INJ, VIVAGLOBIN INJ	Preferred Specialty
HYCAMTIN CAP	Preferred Specialty
hydroxyprogesterone caproate inj	Preferred Specialty
HYQVIA INJ	Preferred Specialty
icatibant inj	Generic Specialty

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

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

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

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
VOSEVI TAB	Preferred Specialty
VOTRIENT TAB	Preferred Specialty
XALKORI CAP	Preferred Specialty
XALKORI SPRINKLE CAP	Preferred Specialty
XELJANZ SOLN	Preferred Specialty
XELJANZ TAB	Preferred Specialty
XELJANZ XR TAB	Preferred Specialty
XOLAIR INJ	Preferred Specialty
XOLAIR INJ 150MG/ML	Preferred Specialty
XOLAIR INJ 300MG/2ML	Preferred Specialty
XOLAIR INJ 75MG/0.5ML	Preferred Specialty
ZEJULA CAP	Preferred Specialty
ZEJULA TAB	Preferred Specialty
ZELBORAF TAB	Preferred Specialty
ZOLINZA CAP	Preferred Specialty
ZYDELIG TAB	Preferred Specialty
ZYKADIA CAP	Preferred Specialty
ZYKADIA TAB	Preferred Specialty

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

Over-the-Counter (OTC) Medications

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

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

Mandatory Specialty Pharmacy (MSP) Medications

ABILIFY ASIMTUFII INJ 720MG/2.4ML	ABILIFY ASIMTUFII INJ 960MG/3.2ML	ABILIFY MAINTENA INJ	abiraterone acetate tab 500mg
abiraterone tab 250mg	ACTEMRA ACTPEN INJ	ACTEMRA SC INJ	ACTHAR HP GEL INJ
ACTHAR INJ 80UNIT	ADALIMUMAB-ADAZ INJ 40MG/0.4ML	adefovir dipivoxil tab	AFSTYLA KIT
ALECENSA CAP	ALUNBRIG TAB 30MG	ALUNBRIG TAB 90MG, 180MG	ambrisentan tab
aminocaproic acid soln	apomorphine inj	ARANESP INJ	ARISTADA 675MG/2.4ML IN
ARISTADA INJ	AVONEX INJ	BARACLUDE SOLN	BENEFIX INJ
betaine powder for oral solution	bexarotene cap	bexarotene gel	bosentan tab
BOSULIF CAP	BOSULIF TAB	CABOMETYX TAB	CALQUENCE CAP
CALQUENCE TAB	capecitabine tab	CAPRELSA TAB 100MG	CAPRELSA TAB 300MG
carglumic acid tab	CAYSTON INH SOLN	CERDELGA CAP	CIMZIA INJ
CIMZIA STARTER INJ KIT	COMETRIQ KIT	COSENTYX INJ (1-PACK)	COSENTYX INJ (2-PACK)
COSENTYX INJ 300MG/2ML	COTELLIC TAB	CUVITRU INJ	CYSTADANE POWDER
CYSTAGON CAP 150MG	CYSTAGON CAP 50MG	CYSTARAN OPHTH SOLN	dalfampridine ER tab
deferasirox granules packet	deferasirox tab	deferasirox tab 90mg, 360mg	deferiprone tab
deferiprone tab 1000mg	deflazacort susp	deflazacort tab	dichlorphenamide tab
dimethyl fumarate DR cap	dimethyl fumarate DR starter pack	DOPTELET TAB	droxidopa cap
DUPIXENT INJ	DUPIXENT PEN INJ	ENBREL INJ	ENBREL INJ 25MG
ENBREL INJ 50MG	ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG	ENTYVIO INJ
EPIDIOLEX SOLN	EPIVIR HBV SOLN	ERIVEDGE CAP	ERLEADA TAB
ERLEADA TAB 240MG	erlotinib tab 100mg	erlotinib tab 150mg	erlotinib tab 25mg
everolimus tab	everolimus tab for oral susp	EXSERVAN FILM	fingolimod hcl cap
FULPHILA INJ	FUZEON INJ	gefitinib tab	GENOTROPIN INJ 0.2MG
GENOTROPIN INJ 0.4MG	GENOTROPIN INJ 0.6MG	GENOTROPIN INJ 0.8MG	GENOTROPIN INJ 1.2MG
GENOTROPIN INJ 1.4MG	GENOTROPIN INJ 1.6MG	GENOTROPIN INJ 1.8MG	GENOTROPIN INJ 12MG
GENOTROPIN INJ 1MG	GENOTROPIN INJ 2MG	GENOTROPIN INJ 5MG	GILOTRIF TAB
glatiramer inj 20mg/ml	glatiramer inj 40mg/ml	HADLIMA INJ 40MG/0.4ML	HADLIMA INJ 40MG/0.8ML
HADLIMA PUSH INJ 40MG/0.4ML	HADLIMA PUSH INJ 40MG/0.8ML	HAEGARDA INJ 2000U	HAEGARDA INJ 3000U
haloperidol decanoate inj	HEMLIBRA INJ	HEXALEN CAP	HIZENTRA INJ
HIZENTRA INJ, VIVAGLOBIN INJ	HYCAMTIN CAP	hydroxyprogesterone caproate inj	HYQVIA INJ
icatibant inj	ICLUSIG TAB	imatinib tab 100mg	imatinib tab 400mg

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

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

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
aprepitant cap 125mg	QL= 1 cap/21 days; Step Therapy requires trial of ondansetron
aprepitant cap 40mg	QL= 1 cap/28 days; Step Therapy requires trial of ondansetron
aprepitant cap 80mg	QL= 2 caps/21 days; Step Therapy requires trial of ondansetron
aprepitant pak	QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron
arformoterol tartrate neb soln	QL= 120ml/30 days; Step therapy requires trial of albuterol neb soln OR levalbuterol neb soln
ASPRUZYO SPRINKLE GRANULES	QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab
AVONEX INJ	QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
bimatoprost ophth soln	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln
candesartan tab	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
candesartan/hydrochlorothiazide tab	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug
carisoprodol tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
CYSTADANE POWDER	QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through AnovoRx 844-288-5007
DEGLUDEC FLEXTOUCH INJ 100 UNIT	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
DEGLUDEC FLEXTOUCH INJ 200 UNIT	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
DEGLUDEC INJ 100 UNIT	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
DEXPAK TAB	Step Therapy requires trial of dexamethasone
dorzolamide/timolol (pf) ophth soln	Step Therapy requires trial of dorzolamide/timolol ophth soln
doxycycline hyclate DR tab 100mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
EOHILIA SUS 2MG/10ML	Step therapy requires trial of fluticasone MDI AND budesonide vials; Diagnosis Restricted – Eosinophilic esophagitis (K20.0)
FLURBIPROFEN OPHTH SOLN	Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
fluvastatin cap	QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastati pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
fluvastatin ER tab	QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay
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 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 opht soln
KESIMPTA INJ	QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
lanthanum carbonate chew tab	QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
lanthanum carbonate chew tab 500mg	QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
LEVEMIR FLEXTOUCH INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
LEVEMIR INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
l-glutamine powder packet	QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps
LOKELMA PAK	QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone
LOTEMAX OPHTH OINT 0.5%	Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
memantine ER cap	QL= 1 cap/day; Step Therapy requires trial of memantine tab
morphine sulfate ER cap 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 30mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
NAMENDA XR TITRATION PACK	QL= 28 caps/28 days; Step Therapy requires trial of memantine tab
NAMZARIC CAP	QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er
NUEDEXTA CAP	QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA
NUVESSA VAGINAL GEL, VANDAZOLE GEL	QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln
OXYCODONE ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab

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

OEBB High Performance Formulary (INF)
Smoking Cessation Agents
Last Updated* 9/1/2024

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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
abacavir soln	QL= 960ml/30 days
abacavir tab	QL= 2 tabs/day
abacavir/lamivudine tab	QL= 1 tab/day
abacavir/lamivudine/zidovudine tab	QL= 2 tabs/day
abiraterone acetate tab 500mg	QL= 2 tabs/day
abiraterone tab 250mg	QL= 4 tabs/day
ABRYSVO INJ	QL= 1 inj/fill, 1 fill/lifetime
ACTEMRA ACTPEN INJ	QL= 2 inj/28 days
ACTEMRA SC INJ	QL= 2 inj/28 days
ACTINEL LIQUID	QL= 1200ml/30 days
ADALIMUMAB-ADAZ INJ 40MG/0.4ML	QL= 2 inj/28 days
adapalene cream	QL= 360g/30 days
adapalene gel 0.3%	QL= 360g/30 days
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
aprepitant pak	QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
APTIOM TAB	QL= 1 tab/day
APTIVUS CAP	QL= 4 caps/day
APTIVUS SOLN	QL= 380ml/30 days
ARANESP INJ	QL= 4 syringes/30 days
AREXVY INJ	QL= 1 inj/day, 1 fill/lifetime; Covered for members 60 years of age and older
arformoterol tartrate neb soln	QL= 120ml/30 days; Step therapy requires trial of albuterol neb soln OR levalbuterol neb soln
aripiprazole ODT	QL= 2 tabs/day
aripiprazole soln	QL= 30 ml/day
armodafinil tab 150mg	QL= 1 tab/day
armodafinil tab 200mg	QL= 1 tab/day
armodafinil tab 250mg	QL= 1 tab/day
armodafinil tab 50mg	QL= 3 tabs/day
ARNUITY ELLIPTA INHALER	QL= 1 inhaler/30 days
ASMANEX HFA INHALER	QL= 1 inhaler/30 days
ASMANEX INHALER	QL= 1 inhaler/30 days
ASPRUZYO SPRINKLE GRANULES	QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab
atazanavir cap 150mg	QL= 2 caps/day
atazanavir cap 200mg	QL= 2 caps/day
atazanavir cap 300mg	QL= 1 cap/day
atomoxetine cap 100mg	QL= 1 cap/day
atomoxetine cap 10mg	QL= 2 caps/day
atomoxetine cap 18mg	QL= 2 caps/day
atomoxetine cap 25mg	QL= 2 caps/day
atomoxetine cap 40mg	QL= 2 caps/day
atomoxetine cap 60mg	QL= 1 cap/day
atomoxetine cap 80mg	QL= 1 cap/day
atorvastatin tab	QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
ATRIPLA TAB	QL= 1 tab/day
atropine ophth soln	QL= 1 bottle/30 days
ATROVENT HFA INHALER	QL= 25.8gm/30 days
AVONEX INJ	QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill, 2 fills/month
BARACLUDE SOLN	QL= 630ml/30 days
betaine powder for oral solution	QL= 540 grams/30 days; Only available through Walgreens 888-347-3416
bexarotene gel	QL= 60g/30 days
BIKTARVY TAB	QL= 1 tab/day
bimatoprost ophth soln	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln
bosentan tab	QL= 2 tabs/day; Only available through Lumicera 855-847-3553
BOSULIF CAP	QL= 5 caps/day; Only available through Walgreens 888-347-3416
BREO ELLIPTA INHALER	QL= 1 inhaler/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
BREZTRI AEROSPHERE INHALER	QL= 1 inhaler/30 days
budesonide inh susp 0.25mg/2ml, 0.5mg/2ml	QL= 120 units/30 days
budesonide inh susp 1mg/2ml	QL= 60 units/30 days
bupropion SR tab	Limited to 180 days/plan year
butalbital/acetaminophen tab	QL= 6 tabs/day
butorphanol nasal spray	QL= 5ml/30 days
CABOMETYX TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
CALQUENCE CAP	QL= 2 caps/day
CALQUENCE TAB	QL= 2 tabs/day
CAPMIST DM TAB	QL= 4 tabs/day
CAPRELSA TAB 100MG	QL= 2 tabs/day; Only available through Biologics 800-850-4306
CAPRELSA TAB 300MG	QL= 1 tab/day; Only available through Biologics 800-850-4306
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
CHANTIX PAK	Limited to 180 days/plan year
CHANTIX TAB	Limited to 180 days/plan year
chlorzoxazone tab	QL= 4 tabs/day
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA STARTER INJ KIT	QL= 1 kit/plan year
cinacalcet tab 30mg	QL= 2 tabs/day
cinacalcet tab 60mg	QL= 2 tabs/day
cinacalcet tab 90mg	QL= 4 tabs/day
clindamycin vaginal cream	QL= 1 tube/fill
clobazam susp	QL= 480ml/30 days
clonidine ER tab	QL= 4 tabs/day
clopidogrel tab 300mg	QL= 4 tabs/30 days
CLOZAPINE ODT	QL= 3 tabs/day
clozapine ODT 25mg, 100mg	QL= 3 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
clozapine tab	QL= 3 tabs/day
CODITUSSIN LIQUID DAC	QL= 1200ml/30 days
colchicine tab	QL= 4 tabs/day
cold/allergy elx children	QL= 2400ml/30 days
COMBIVENT RESPIMAT INHALER	QL= 2 inhalers/30 days
COMPLERA TAB	QL= 1 tab/day
CONTOUR BLOOD GLUCOSE TEST STRI	QL= 300 strips/30 days
CONTOUR TEST STRIP	QL= 300 test strips/30 days
COSENTYX INJ (1-PACK)	QL= 1 inj/28 days
COSENTYX INJ (2-PACK)	QL= 2 inj/56 days
COSENTYX INJ 300MG/2ML	QL= 1 inj/28 days
COTELLIC TAB	QL= 3 tabs/day
COVID-19 VACCINE BIVALENT BOOSTEF INJ (MODERNA)	QL=1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF INJ (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF INJ 5-11Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF INJ 6M-4Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF INJ 6M-5Y (MODERNA)	QL= 1 inj/fill
COVID-19 VACCINE INJ (JANSSEN)	QL= 1 dose/45 days
COVID-19 VACCINE INJ (NOVAVAX)	QL= 1 dose/17 days
CUE HEALTH MIS MONITOR	QL= 1 kit/year
cyclosporine ophth emulsion	QL= 60 vials/30 days
CYSTADANE POWDER	QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through AnovoRx 844-288-5007
CYSTAGON CAP 50MG	QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04)
CYSTARAN OPHTH SOLN	QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416
dabigatran etexilate mesylate cap	QL= 2 caps/day
danazol cap	QL= 4 caps/day
darunavir tab 600mg	QL= 2 tabs/day
darunavir tab 800mg	QL= 1 tab/day
DEGLUDEC FLEXTOUCH INJ 100 UNIT	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo
DEGLUDEC FLEXTOUCH INJ 200 UNIT	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo
DEGLUDEC INJ 100 UNIT	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/84 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
dermawerx pak	QL= 1 kit/30 days
DESCOVY TAB	QL= 1 tab/day
desvenlafaxine ER tab	QL= 1 tab/day
DEXAMETHASONE TAB 20MG	QL= 8 tabs/30 days
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
dexmethylphenidate ER cap	QL= 1 cap/day
dexmethylphenidate tab 10mg	QL= 60 tabs/30 days
dexmethylphenidate tab 2.5mg	QL= 240 tabs/30 days
dexmethylphenidate tab 5mg	QL= 120 tabs/30 days
dextroamphetamine 5mg tab	QL= 180 tabs/30 days
dextroamphetamine tab 10mg	QL= 6 tabs/day
DIAZEPAM GEL	QL= 1 kit/30 days
diazepam oral soln	QL= 360ml/30 days
diazepam rectal gel	QL= 1 pack/30 days
dichlorphenamide tab	QL= 4 tabs/day
diclofenac gel	QL= 100gm/fill, 2 fills/month
diclofenac potassium tab	QL= 4 tabs/day
DIDANOSINE DR CAP	QL= 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
dimethyl fumarate DR starter pack	QL= 60 caps/30 days
donepezil tab 10mg	QL= 1 tab/day
donepezil tab 23mg	QL= 1 tab/day
donepezil tab 5mg	QL= 1 tab/day
DOPTELET TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
doxepin cap	QL= 2 tabs/day
doxycycline hyclate cap	QL= 2 caps/day
doxycycline hyclate cap 50mg	QL= 2 caps/day
doxycycline hyclate DR tab 100mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate tab	QL= 2 tabs/day
doxycycline monohydrate tab	QL= 2 tabs/day
doxylamine/pyridoxine dr tab	QL= 120 tabs/30 days
dronabinol cap	QL= 2 caps/day
DULERA INHALER	QL= 1 inhaler/30 days
duloxetine EC cap 20mg	QL= 6 caps/day
duloxetine EC cap 30mg	QL= 4 caps/day
duloxetine EC cap 60mg	QL= 2 caps/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
DUPIXENT INJ	QL= 2 inj/28 days
DUPIXENT PEN INJ	QL= 2 inj/28 days
EDURANT TAB	QL= 1 tab/day
efavirenz/emtricitabine/tenofovir df tab	QL= 1 tab/day
ELIQUIS STARTER PACK 5MG	QL= 1 pack/30 days
ELIQUIS TAB 2.5MG	QL= 60 tabs/30 days
ELIQUIS TAB 5MG	QL= 74 tabs/30 days
EMGALITY INJ	QL= 1 inj/28 days
emtricitabine cap	QL= 1 cap/day
emtricitabine/tenofovir disoproxil fumarate tab	QL= 30 tabs/30 days
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg	QL= 30 tabs/30 days
EMTRIVA SOLN	QL= 850ml/30 days
ENBREL INJ	QL= 8 inj/28 days
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
entecavir tab	QL= 1 tab/day
ENTRESTO CAP	QL= 8 caps/day
ENTRESTO TAB	QL= 2 tabs/day
ENTYVIO INJ	QL= 1.36ml/28 days; Only available through Optum 877-445-6874
EPINEPHRINE INJ 0.15MG	QL= 2 inj/fill
EPINEPHRINE INJ 0.3MG	QL= 2 inj/fill
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/fill
EPIVIR HBV SOLN	QL= 720ml/30 days
ERIVEDGE CAP	QL= 1 cap/day
ERLEADA TAB	QL= 4 tabs/day
ERLEADA TAB 240MG	QL= 1 tab/day
erlotinib tab 100mg	QL= 3 tabs/day
erlotinib tab 150mg	QL= 3 tabs/day
erlotinib tab 25mg	QL= 3 tabs/day
estradiol patch	QL= 8 patches/28 days
ESTRING	QL= 1 ring/90 days; 3 copays per Rx
eszopiclone tab	QL= 1 tab/day
etravirine tab 100mg	QL= 4 tabs/day
etravirine tab 200mg	QL= 2 tabs/day
everolimus tab	QL= 1 tab/day
everolimus tab for oral susp	QL= 1 tab/day
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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ezetimibe/simvastatin tab	QL= 1 tab/day
famciclovir tab 125mg	QL= 2 tabs/day
famciclovir tab 250mg	QL= 2 tabs/day
famciclovir tab 500mg	QL= 21 tabs/fill, 2 fills/month
FARXIGA TAB	QL= 1 tab/day
febuxostat tab	QL= 1 tab/day
felbamate susp	QL= 30ml/day
felbamate tab 400mg	QL= 9 tabs/day
felbamate tab 600mg	QL= 6 tabs/day
FIASP FLEXTOUCH INJ	QL= 60 units/30 days
FIASP INJ	QL= 60 units/30 days
FIASP PENFILL INJ	QL= 60 units/30 days
FIASP PUMP CARTRIDGE	QL= 60 units/30 days
fingolimod hcl cap	QL= 30 caps/30 days
FLUBLOK INJ	QL= 0.5ml/fill
FLUCELVAX INJ	QL= 0.5ml/fill
FLUMIST NASAL	QL= 1 dose/fill; Limited to members aged 2 to 49 years old
fluoxetine cap 90mg	QL= 4 caps/28 days
fluticasone/salmeterol inhaler, wixela inhale	QL= 1 inhaler/30 days
fluvastatin cap	QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay
fluvastatin ER tab	QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay
fosamprenavir tab	QL= 4 tabs/day
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
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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
GAVILYTE-C SOLN	Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
gefitinib tab	QL= 1 tab/day
GENOTROPIN INJ 0.2MG	QL= 35 syringes/28 days
GENOTROPIN INJ 0.4MG	QL= 35 syringes/28 days
GENOTROPIN INJ 0.6MG	QL= 35 syringes/28 days
GENOTROPIN INJ 0.8MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.2MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.4MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.6MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.8MG	QL= 35 syringes/28 days
GENOTROPIN INJ 12MG	QL= 4 cartridges/28 days
GENOTROPIN INJ 1MG	QL= 35 syringes/28 days
GENOTROPIN INJ 2MG	QL= 21 syringes/28 days
GENOTROPIN INJ 5MG	QL= 9 cartridges/28 days
GENVOYA TAB	QL= 1 tab/day
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
glatiramer inj 20mg/ml	QL= 30 syringes/30 days
glatiramer inj 40mg/ml	QL= 12 syringes/28 days
GLUCAGEN HYPOKIT INJ	QL= 2 inj/fill, 2 fills/month
GLUCAGON EMR INJ	QL= 2 inj/fill
glycopyrrolate oral soln	QL= 9ml/day
GLYXAMBI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab
granisetron tab	QL= 8 tabs/30 days
GRASTEK SL TAB	QL= 30 tabs/30 days
GUAIFENESIN/CODEINE SYRUP	QL= 240ml/fill, 2 fills/month
guanfacine ER tab	QL= 1 tab/day
guanfacine ER tab 1mg	QL= 2 tabs/day
guanfacine ER tab 2mg	QL= 2 tabs/day
GVOKE INJ	QL= 2 inj/fill, 2 fills/month
GVOKE INJ KIT	QL= 2 vials/fill, 2 fills/30 days
GVOKE PFS INJ	QL= 2 inj/fill, 2 fills/month
HADLIMA INJ 40MG/0.4ML	QL= 2 inj/28 days
HADLIMA INJ 40MG/0.8ML	QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.4ML	QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.8ML	QL= 2 inj/28 days
HAEGARDA INJ 2000U	QL= 30 vials/30 days; Only available through Accredo 800-803-2523
HAEGARDA INJ 3000U	QL= 20 vials/30 days; Only available through Accredo 800-803-2523
HUMULIN R INJ U-500	QL= 40ml/30 days
HUMULIN R U-500 KWIKPEN INJ	QL= 24ml/30 days
HYD POL/CPM SUSP	QL= 10ml/day
hydrocodone/acetaminophen soln	QL= 180ml/day
hydrocodone/acetaminophen tab 10-325mg	QL= 12 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
hydrocodone/acetaminophen tab 2.5-325mg	QL= 12 tabs/day
hydrocodone/acetaminophen tab 5-325mg	QL= 12 tabs/day
hydrocodone/acetaminophen tab 7.5mg-325mg	QL= 12 tabs/day
HYDROCODONE/IBUPROFEN TAB	QL= 5 tabs/day
hydroxyprogesterone caproate inj	QL= 4 vials/28 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
INCRUSE ELLIPTA INHALER	QL= 30 units/30 days
INLYTA TAB	QL= 8 tabs/day; Only available through Walgreens 888-347-3416
INSULIN ASPART FLEXPEN INJ	QL= 60 units/30 days
INSULIN ASPART INJ	QL= 60 units/30 days
INSULIN ASPART MIX FLEXPEN INJ	QL= 60 units/30 days
INSULIN ASPART MIX INJ	QL= 60 units/30 days
INSULIN ASPART PENFILL INJ	QL= 60 units/30 days
INTELENCE TAB	QL= 4 tabs/day
INTELENCE TAB 25MG	QL= 4 tabs/day
INVIRASE CAP	QL= 10 caps/day
INVIRASE TAB	QL= 4 tabs/day
ISENTRESS (HD) TAB	QL= 2 tabs/day
ISENTRESS CHEW TAB	QL= 6 tabs/day
ISENTRESS POWDER PACK	QL= 2 packets/day
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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
KALETRA TAB 200-50MG	QL= 4 tabs/day
KALYDECO PAK	QL= 2 packets/day; Only available through Walgreens 888-347-3416
KALYDECO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
KESIMPTA INJ	QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
KISQALI PAK	QL= 91 tabs/28 days
KISQALI TAB	QL= 63 tabs/28 days
KRINTAFEL TAB	QL= 2 tabs/365 days
lacosamide oral solution	QL= 1200ml/30 days
lacosamide tab	QL= 2 tabs/day
LAGEVRIO CAP 200MG	QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older
lamivudine soln	QL= 960ml/30 days
lamivudine tab 100mg	QL= 1 tab/day
lamivudine tab 150mg	QL= 2 tabs/day
lamivudine tab 300mg	QL= 1 tab/day
lamivudine/zidovudine tab	QL= 2 tabs/day
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
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
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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
lopinavir-ritonavir tab 100-25mg	QL= 2 tabs/day
lopinavir-ritonavir tab 200-50mg	QL= 4 tabs/day
LORTUSS EX LIQUID	QL= 1200ml/30 days
LORTUSS LIQUID	QL= 1200ml/30 days
lovastatin tab	QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
lubiprostone cap	QL= 60 caps/30 days
LUPRON DEPOT INJ PED	QL= 1 syringe kit/180 days
LUPRON DEPOT-PED INJ (1-MONTH)	QL= 1 syringe kit/30 days
LUPRON DEPOT-PED INJ (3-MONTH)	QL= 1 syringe kit/90 days
lurasidone hcl tab	QL= 1 tab/day
LYNPARZA CAP	QL= 16 caps/day; Only available through Biologics 800-850-4306
LYNPARZA TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
maraviroc tab 150mg	QL= 2 tabs/day
maraviroc tab 300mg	QL= 4 tabs/day
MAR-COF CG LIQUID	QL= 473ml/month
MAVYRET PAK	QL= 5 packets/day
MAVYRET TAB	QL= 3 tabs/day
medroxyprogesterone inj	QL= 1 inj/84 days
MEKINIST SOLN	QL= 40ml/day
MEKINIST TAB 0.5MG	QL= 3 tabs/day
MEKINIST TAB 2MG	QL= 1 tab/day
memantine ER cap	QL= 1 cap/day; Step Therapy requires trial of memantine tab
memantine titrapak	QL= 49 tabs/28 days
M-END DMX LIQUID	QL= 1800ml/30 days
meperidine tab	QL= 6 tabs/day
mesalamine DR cap	QL= 6 caps/day
mesalamine DR tab	QL= 4 tabs/day
mesalamine enema	QL= 60mL/day
mesalamine ER cap	QL= 8 caps/day
mesalamine supp	QL= 1 supp/day
methadone sol 10mg/5ml	QL= 20ml/day
methadone soln	QL= 4 ml/day
methadone soln 5mg/5ml	QL= 40ml/day
methadone tab 10mg	QL= 4 tabs/day
methadone tab 5mg	QL= 8 tabs/day
methadose tab	QL= 1 tab/day
METHYLPHENIDATE ER TAB	QL= 1 tab/day
methylphenidate ER tab 10mg	QL= 3 tabs/day
methylphenidate ER tab 20mg	QL= 3 tabs/day
methylphenidate tab 10mg	QL= 180 tabs/30 days
methylphenidate tab 20mg	QL= 90 tabs/30 days
methylphenidate tab 5mg	QL= 360 tabs/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
mifepristone tab	QL= 4 tabs/day
MIGERGOT SUPP	QL= 20 supp/28 days
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
NALOXONE PREFILLED INJ	QL= 2 inj/fill, 2 fills/month
NAMENDA XR TITRATION PACK	QL= 28 caps/28 days; Step Therapy requires trial of memantine tab
NAMZARIC CAP	QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantin or memantin er
naratriptan tab	QL= 9 tabs/30 days
NATACYN OPHTH SUSP	QL= 45ml/30 days
NAYZILAM SPRAY	QL= 4 units/fill, 5 fills/month
nebivolol hcl tab	QL= 1 tab/day
NEVIRAPINE ER TAB	QL= 3 tabs/day
NEVIRAPINE SUSP	QL= 1200ml/30 days
nevirapine tab	QL= 2 tabs/day
NEXAFED SINUS TAB + PAIN	QL= 240 tabs/30 days
NEXTSTELLIS TAB	QL= 28 tabs/24 days
niacin ER tab	QL= 2 tabs/day
NICODERM PATCH	Limited to 180 days/plan year
NICORETTE GUM	Limited to 180 days/plan year
NICORETTE LOZENGE	Limited to 180 days/plan year
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	Limited to 180 days/plan year
nicotine lozenge	Limited to 180 days/plan year
nicotine patch	Limited to 180 days/plan year
NICOTROL INHALER	Limited to 180 days/plan year
NICOTROL NASAL SPRAY	Limited to 180 days/plan year
nilutamide tab	QL= 150mg/day after the first 30 days
NORVIR CAP	QL= 12 caps/day
NORVIR POWDER PACK	QL= 12 packets/day
NORVIR SOLN	QL= 480ml/30 days
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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
NOVOLIN N RELION INJ	QL= 60 units/30 days
NOVOLIN R FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN R INJ	QL= 60 units/30 days
NOVOLIN RELION INJ 70/30	QL= 60 units/30 days
NOVOLIN VIAL	QL= 60 units/30 days
NOVOLOG FLEXPEN INJ	QL= 60 units/30 days
NOVOLOG INJ	QL= 60 units/30 days
NOVOLOG MIX FLEXPEN INJ	QL= 60 units/30 days
NOVOLOG MIX INJ	QL= 60 units/30 days
NOVOLOG PENFILL INJ	QL= 60 units/30 days
NUBEQA TAB	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
NUCALA INJ	QL= 1 inj/28 days
NUEDEXTA CAP	QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA
NUVESSA VAGINAL GEL, VANDAZOLE GEL	QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln
NYVEPRIA INJ	QL= 2 inj/28 days
ODACTRA SL TAB	QL= 30 tabs/30 days
ODEFSEY TAB	QL= 1 tab/day
OFEV CAP	QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
olanzapine ODT	QL= 1 tab/day
olmesartan/amlodipine/hydrochlorothiazide tab	QL= 30 tabs/30 days
omega-3-acid ethyl esters cap	QL= 4 caps/day
OMNIPOD 5 G6 INTRO KIT	QL= 1 kit/year
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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
OXYCODONE ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 80MG	QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
oxycodone/acetaminophen tab 10-325mg	QL= 12 tabs/day
oxycodone/acetaminophen tab 2.5-325mg	QL= 12 tabs/day
oxycodone/acetaminophen tab 5-325mg	QL= 12 tabs/day
oxycodone/acetaminophen tab 7.5-325mg	QL= 12 tabs/day
OXYMORPHONE ER TAB 10MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 15MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 20MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 30MG	QL= 4 tabs/day
OXYMORPHONE ER TAB 40MG	QL= 4 tabs/day
OXYMORPHONE ER TAB 5MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 7.5MG	QL= 2 tabs/day
OZEMPIC INJ	QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
paliperidone ER tab	QL= 1 tab/day
PAXLOVID TAB 150-100	QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 18 years or older
PAXLOVID TAB 300-100	QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 18 years or older
pazopanib hcl tab	QL= 120 tabs/30 days
peg 3350/electrolytes soln	Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
penicillamine tab	QL= 480 tabs/30 days
PHENELZINE SULFATE TAB	QL= 4 tabs/day
PHEXXI GEL	QL= 180gm/30 days
pirfenidone cap	QL= 3 caps/day
pirfenidone tab 267mg	QL= 9 tabs/day
PIRFENIDONE TAB 534MG	QL= 4 tabs/day; Only available through Lumicera 855-847-3553
pirfenidone tab 801mg	QL= 3 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
PREZISTA TAB	QL= 1 tab/day
PREZISTA TAB 150MG	QL= 8 tabs/day
PREZISTA TAB 600MG	QL= 2 tabs/day
PREZISTA TAB 75MG	QL= 16 tabs/day
PRIMIDONE TAB	QL= 4 tabs/day
PROMACTA POWDER	QL= 6 packets/day
PROMACTA TAB	QL= 2 tabs/day
pseudoephedrine ER tab 120mg	QL= 2 tabs/day
pseudoephedrine liquid 15mg/5ml	QL= 2400ml/30 days
pseudoephedrine tab 30mg	QL= 8 tabs/day
pseudoephedrine tab 60mg	QL= 4 tabs/day
PULMOZYME INH SOLN	QL= 30 ampules/30 days
pyrimethamine tab	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
quetiapine tab	QL= 3 tabs/day
quetiapine XR tab	QL= 1 tab/day
quinidine sulfate tab	QL= 8 tabs/day
QUINIDINE SULFATE TAB 200MG	QL= 8 tabs/day
QUINIDINE SULFATE TAB 300MG	QL= 5 tabs/day
QVAR REDIHALER	QL= 21.2gm/30 days
RADICAVA ORS SUSP	QL= 70ml/28 days; Only available through Accredo 800-803-2523
RAGWITEK SL TAB	QL= 30 tabs/30 days
raloxifene tab	QL= 1 tab/day
ranolazine tab	QL= 120 tabs/30 days
rasagiline tab	QL= 1 tab/day
REBIF INJ	QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
RELENZA DISKHALER	QL= 1 inhaler/fill, 1 fill/month
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
RETACRIT INJ	QL= 12 vials/30 days
REYATAZ POWDER PACK	QL= 5 packets/day
ritonavir tab	QL= 12 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
rizatriptan ODT	QL= 12 tabs/30 days
rizatriptan tab	QL= 12 tabs/30 days
roflumilast tab	QL= 1 tab/day
rosuvastatin tab	QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
RUBRACA TAB	QL= 4 tabs/day; Only available through Optum 877-445-6874
RYBELSUS TAB	QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
SANTYL OINT	QL= 90gm/30 days
scopolamine patch	QL= 10 patches/30 days
selegiline tab	QL= 2 tabs/day
SELZENTRY SOLN	QL= 31ml/day
SELZENTRY TAB 150MG	QL= 2 tabs/day
SELZENTRY TAB 25MG	QL= 4 tabs/day
SELZENTRY TAB 300MG	QL= 4 tabs/day
SELZENTRY TAB 75MG	QL= 2 tabs/day
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv)	QL= 60ml/30 days
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 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
STELARA INJ	QL= 1 inj/84 days
STIOLTO INHALER	QL= 1 inhaler/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
STIVARGA TAB	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
STRIBILD TAB	QL= 1 tab/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
SUBOXONE SL FILM 12-3MG	QL= 2 films/day
SUBOXONE SL FILM 8-2MG	QL= 3 films/day
SUFLAVE SOLN	QL= 2 fills/year
sulfadiazine tab	QL= 8 tabs/day
SUMATRIPTAN INJ 6MG/0.5ML	QL= 8 inj/30 days
sumatriptan nasal spray	QL= 6 sprays/30 days; Step therapy requires trial of two: naratriptan tab, rizatriptan tab, rizatriptan ODT, or sumatriptan tab
sumatriptan tab	QL= 9 tabs/30 days
sunitinib malate cap	QL= 1 cap/day
SYMDEKO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
SYMJEPI INJ	QL= 2 inj/fill
SYMPROIC TAB	QL= 30 tabs/30 days
SYNAGIS INJ	QL= 2 inj/28 days
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day
TABLOID TAB	QL= 4 tabs/day
tadalafil tab	QL= 1 tab/day
tadalafil tab (PAH)	QL= 2 tabs/day
TAFINLAR CAP	QL= 4 caps/day
TAFINLAR TAB	QL= 12 tabs/day
tafluprost preservative free (pf) ophth soln	QL= 30 pouches/30 days
TAGRISSO TAB	QL= 1 tab/day
TAKHZYRO INJ	QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523
TAKHZYRO INJ 150MG/ML	QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523
tazarotene cream 0.1%	QL= 360g/30 days
tazarotene gel	QL= 360g/30 days
tenofovir disoproxil fumarate tab	QL= 1 tab/day
teriflunomide tab	QL= 30 tabs/30 days
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml	QL= 2.4 units/28 days
TERIPARATIDE INJ 620MCG/2.48ML	QL= 2.48 units/28 days
testosterone cypionate inj	QL= 4 vials/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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 150gm/30 days
TESTOSTERONE GEL PUMP, VOGELXO GEL PUMP	QL= 300g/30 days
TESTOSTERONE INJ	QL= 1 vial/28 days
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ	QL= 1 vial/28 days
THALOMID CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
THEOPHYLLINE TAB ER	QL= 1 tab/day
tiagabine tab 12mg	QL= 4 tabs/day
tiagabine tab 16mg	QL= 3 tabs/day
tiagabine tab 2mg	QL= 4 tabs/day
tiagabine tab 4mg	QL= 4 tabs/day
tiopronin tab	QL= 8 tabs/day; Only available through Eversana 636-519-2400
tiopronin tab delayed release	QL= 8 tabs/day; Only available through Eversana 636-519-2400
tiotropium bromide cap inhaler	QL= 1 cap/day; For use with Handihaler device
TIVICAY PD TAB	QL= 180 tabs/30 days
TIVICAY TAB	QL= 180 tabs/30 days
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/30 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= 1 inj/56 days
TRESIBA FLEXTOUCH INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo
TRESIBA INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo
tretinoin cream	QL= 360g/30 days
tretinoin gel	QL= 360g/30 days
TRIHEXYPHENIDYL SOLN	QL= 946ml/28 days
trilyte soln	Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
triprolidine/pseudoephedrine tab 2.5-60 mg	QL= 4 tabs/day
trispec pse liquid	QL= 1200ml/30 days
TRIUMEQ PD TAB	QL= 6 tabs/day
TRIUMEQ TAB	QL= 1 tab/day
TRULANCE TAB	QL= 30 tabs/30 days

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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TRULICITY INJ	QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
tussin cf liquid	QL= 1200ml/30 days
TYMLOS INJ	QL= 1.56 units/30 days
TYRVAYA SOLN	QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis)
TYVASO DPI POWDER 16-32-48MCG	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER 16-32MCG	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER 32-48MCG	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 800-803-2523
UBRELVY TAB	QL= 10 tabs/30 days; ST requires trial of 2: naratriptan tab, rizatriptan tab, rizatriptan ODT, sumatriptan tab
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Optum 877-445-6874
VALSARTAN SOLN	QL= 2400ml/30 days
VALTOCO NASAL SPRAY	
vancomycin cap 125mg	QL= 56 caps/30 days
vancomycin cap 250mg	QL= 112 caps/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
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
VOSEVI TAB	QL= 1 tab/day
VOTRIENT TAB	QL= 120 tabs/30 days
VUMERITY CAP	QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
XALKORI CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
XALKORI SPRINKLE CAP	QL= 6 caps/day; Only available through Walgreens 888-347-3416
XARELTO STARTER PACK 15MG/20MG	QL= 1 pack/30 days
XARELTO SUSP	QL= 10ml/day
XARELTO TAB 10MG	QL= 30 tabs/30 days
XARELTO TAB 15MG	QL= 60 tabs/30 days
XARELTO TAB 2.5MG	QL= 60 tabs/30 days
XARELTO TAB 20MG	QL= 30 tabs/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
ZERVIATE OPHTH SOLN	QL= 30 single use containers/30 days
zidovudine cap	QL= 6 caps/day
zidovudine syrup	QL= 1920ml/30 days
zidovudine tab	QL= 2 tabs/day
ziprasidone cap	QL= 2 caps/day
zolmitriptan tab	QL= 9 tabs/30 days
zolpidem ER tab	QL= 1 tab/day
zolpidem tab	QL= 1 tab/day
ZYBAN TAB	Limited to 180 days/plan year
ZYKADIA CAP	QL= 3 caps/day
ZYKADIA TAB	QL= 3 tabs/day

Nondiscrimination notice

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

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

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

If you need any of the above, call:

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

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

Customer Service for all other plans,
888-217-2363 (TDD/TTY 711)

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

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

Scott White coordinates our nondiscrimination work:

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

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

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

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

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

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

modahealth.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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