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

Moda Small Group Formulary
Alphabetical Index
Last Updated 11/18/2025

Drug Name	Special Code	Tier	Category
5-HYDROXYTRYPTOPHAN TAB	-	EXC	ALTERNATIVE MEDICINES
5-HYDROXYTRYPTOPHAN TAB DISINTEGRATING	-	EXC	ALTERNATIVE MEDICINES
abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days)	AMSP-QL	Preferred Specialty	ANTIVIRALS
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
ABECMA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABILIFY ASIMTUFII INJ 720MG/2.4ML	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY ASIMTUFII INJ 960MG/3.2ML	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MAINTENA	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE PACK (QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics)	QL-ST	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE TAB (QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics)	QL-ST	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABLYSINOL SOLN	-	EXC	CARDIOVASCULAR AGENTS - MISC.
ABRAXANE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABREVA RAPID PAIN RELIEF	-	EXC	MOUTH/THROAT/DENTAL AGENTS
ABRILADA INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ABRYSVO INJ (QL= 1 inj/fill, 1 fill/lifetime; Covered for members 50 years of age and older or weeks 32-36 of pregnancy)	QL-VAC	Preventive	VACCINES

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

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Drug Name	Special Code	Tier	Category
ACACIA INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ACAM2000 INJ	-	Preventive	VACCINES
acamprosate calcium DR tab (CAMPRAL equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	Select	ANTIDIABETICS
ACCRUFER CAP	-	EXC	HEMATOPOIETIC AGENTS
acebutolol cap (SECTRAL equiv)	-	Select	BETA BLOCKERS
ACETAMINOPHEN SUPP	-	EXC	ANALGESICS - NONNARCOTIC
ACETAMINOPHEN W/ DM LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	Select	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	Preferred	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	Preferred	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
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	Select	OTIC AGENTS
ACETYL L-CARNITINE HCL CAP	-	EXC	NUTRIENTS
acetylcysteine soln (MUCOMYST equiv)	-	Select	COUGH/COLD/ALLERGY
ACID GONE SUSP	-	EXC	ANTACIDS
ACIOXIA GEL (QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- (crm, lot, oint))	QL-ST	Non-Preferred	DERMATOLOGICALS
ACIPHEX SPRINKLE CAP (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC	ULCER DRUGS
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ACTHAR HP GEL INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	ACA-LD-PA-VAC	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHAR INJ 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	ACA-LD-PA-VAC	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHAR INJ GEL (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTIFRUIT CHEW	-	EXC	ALTERNATIVE MEDICINES
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ANTINEOPLASTICS

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Drug Name	Special Code	Tier	Category
ACTINEL LIQUID (QL= 1200ml/30 days)	QL	Preferred	COUGH/COLD/ALLERGY
ACTINEL PEDIATRIC LIQUID (QL= 2400ml/30 days)	QL	Non-Preferred	COUGH/COLD/ALLERGY
ACTOPLUS MET XR TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred	ANTIDIABETICS
ACUVAIL OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS
ACYCLONINE MUM AERO POWDER	-	EXC	MOUTH/THROAT/DENTAL AGENTS
acyclovir cap (ZOVIRAX equiv)	-	Select	ANTIVIRALS
acyclovir oint (ZOVIRAX OINT equiv)	-	Preferred	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	Select	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	Select	ANTIVIRALS
ADACEL/BOOSTRIX INJ	VAC	Preventive	TOXOIDS
ADALIMU-ADBM KIT (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMU-ADBM KIT (QL= 4 inj/28 days, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMU-ADBM KIT (QL= 6 inj/28 days, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMU-ADBM KIT 40/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMU-FKJP KIT 20/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB KIT ADBM (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY KIT (QL= 2 inj/28 days)	PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY KIT 20MG/0.2ML (QL= 2 inj/28 days)	PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY KIT 80MG/0.8ML (QL= 1 kit/365 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv) (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ 10MG/0.1ML (QL= 0.2ml/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY

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ADALIMUMAB-ADAZ INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADBM KIT (QL= 1 pack/fill, 1 fill/year; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML (QL= 2 inj/2 days)	LMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 40MG/0.4ML (QL= 2 inj/28 days)	LMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK INJ (QL= 2 syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
adapalene cream (DIFFERIN equiv) (QL= 360g/30 days)	QL	Select	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv) (QL= 360g/30 days)	QL	Select	DERMATOLOGICALS
adapalene gel 0.1% (DIFFERIN equiv)	OTC	EXC	DERMATOLOGICALS
ADAPALENE SOLN (QL= 360ml/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream)	QL-ST	Non-Preferred	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	EXC	DERMATOLOGICALS
ADAPALENE/BENZOYL PEROXIDE PAD	-	EXC	DERMATOLOGICALS
ADAPALENE/BENZOYL PEROXIDE/NIACINAMIDE GEL	-	EXC	DERMATOLOGICALS
adapalene-benzoyl peroxide gel 0.3-2.5% (EPIDUO equiv)	-	EXC	DERMATOLOGICALS
ADAZIN CREAM	-	Non-Preferred	DERMATOLOGICALS
ADBRY INJ (QL= 4 syringes/28 days)	LMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
ADBRY INJ (QL= 4ml/28 days)	LMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
ADC/FLUORIDE DROP	-	Preventive	MULTIVITAMINS
ADDYI TAB	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
ADENOCAINE INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
ADLARITY PATCH (QL= 4 patches/28 days; Step therapy requires trial of donepezil tab OR donepezil ODT)	QL-ST	Non-Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ADMELOG INJ, HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred	ANTIDIABETICS
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) (QL= units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred	ANTIDIABETICS
ADRENACLICK INJ, EPINEPHRINE INJ	-	Non-Preferred	VASOPRESSORS
ADRENALIN INJ	-	EXC	VASOPRESSORS
ADSTILADRIN SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ADUHELM INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ADULT BARRIER OINT	-	EXC	DERMATOLOGICALS
ADVATE INJ 1000 UNIT	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 1500 UNIT	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 2000 UNIT	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 250 UNIT	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 3000 UNIT	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 4000 UNIT	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVATE INJ 500 UNIT	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ADVICOR TAB 1000-20MG (QL= 2 tabs/day)	QL	Non-Preferred	ANTIHYPERLIPIDEMICS
ADVICOR TAB 500-20MG, 1000-40MG (QL= 1 tab/day)	QL	Non-Preferred	ANTIHYPERLIPIDEMICS
ADVICOR TAB 750-20MG (QL= 2 tabs/day)	QL	Non-Preferred	ANTIHYPERLIPIDEMICS
ADVIL DUAL TAB ACTION	OTC	EXC	ANALGESICS - ANTI-INFLAMMATORY
ADVIL JR ST TAB 100MG	OTC	EXC	ANALGESICS - ANTI-INFLAMMATORY
ADYNOVATE INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ADZYNMA KIT	-	EXC	HEMATOLOGICAL AGENTS - MISC.
AEROCHAMBER (QL= 1 device/365 days)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
AFLURIA INJ (QL= 0.5ml/fill)	QL-VAC	Preventive	VACCINES

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Drug Name	Special Code	Tier	Category
AFLURIA INJ, FLUZONE INJ	VAC	Preventive	VACCINES
AFREZZA INH POWDER (QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred	ANTIDIABETICS
AFREZZA INH POWDER (QL= 360 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred	ANTIDIABETICS
AFREZZA INH POWDER (QL= 630 inhalations/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred	ANTIDIABETICS
AFRIN CHILD NASAL SOLN	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AFSTYLA KIT (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
AGAMREE SUSP (QL= 225ml/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	CORTICOSTEROIDS
age shield lotion (CERAVE equiv)	-	EXC	DERMATOLOGICALS
AGGRASTAT INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	Preferred	MIGRAINE PRODUCTS
AIRSUPRA AER 90-80MCG (QL= 2 inh/30 days; Step Therapy requires trial of albuterol AND two of: Arnuity, Asmanex, Qvar)	QL-ST	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ (QL= 1 inj/28 days)	PA-QL	Preferred	MIGRAINE PRODUCTS
AKEEGA TAB (QL= 60 tablets/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AKOVAZ INJ	-	EXC	VASOPRESSORS
AKTEN OPHTH GEL	-	Non-Preferred	OPHTHALMIC AGENTS
AKYNZEO CAP (QL= 1 cap/28 days; Step Therapy requires trial of aprepitant, granisetron, or ondansetron)	QL-ST	Non-Preferred	ANTIEMETICS
ALAHIST DM LIQ	OTC	EXC	COUGH/COLD/ALLERGY
ALAHIST DM LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
ALAMAX CR TAB	-	EXC	ALTERNATIVE MEDICINES
ALA-SCALP LOTION	-	EXC	DERMATOLOGICALS
ALASKA WILD CAP FISH OIL	-	EXC	NUTRIENTS
ALBUKED INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
ALBUTEROL 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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albuterol/ipratropium neb soln (DUONEB equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	Select	DERMATOLOGICALS
ALCLOMETASONE OINT	-	Select	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	Select	DERMATOLOGICALS
ALCOHOL SWABS	OTC	EXC	MEDICAL DEVICES AND SUPPLIES
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	Preferred	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	Value	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	Value	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALEVE PM TAB	OTC	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ALEVICYN SOLN DERMAL	-	Non-Preferred	DERMATOLOGICALS
ALFALFA INJ	-	EXC	DIAGNOSTIC PRODUCTS
ALFA-MAX CAP	OTC	EXC	ALTERNATIVE MEDICINES
ALFERON-N INJ	-	EXC	ANTINEOPLASTICS
alfuzosin SR tab (UROXATRAL equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
ALHEMO INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ALIMTA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALIVE GUMMIE CHEW CHILDREN	-	EXC	MULTIVITAMINS
ALIVE PREM CAP PRENATAL	OTC	EXC	MULTIVITAMINS
ALIVE PREMIU CHW PRENATAL	-	EXC	MULTIVITAMINS
ALKA-SELTZER PAK PLUS	-	EXC	COUGH/COLD/ALLERGY
ALKA-SELTZER TAB	-	EXC	ANALGESICS - NONNARCOTIC
ALKINDI SPRINKLE CAP	PA	Non-Preferred	CORTICOSTEROIDS
ALLEGRA-D 24-HOUR TAB	-	EXC	COUGH/COLD/ALLERGY
ALLEGRA-D TAB	-	EXC	COUGH/COLD/ALLERGY
ALLEGRA-D TAB 12 HOUR	-	EXC	COUGH/COLD/ALLERGY
ALLERGY CONGESTION TAB	-	EXC	COUGH/COLD/ALLERGY
ALLERGY RELIEF CHEW	OTC	EXC	ANTIHISTAMINES
ALLERGY TRAY	-	Non-Preferred	MEDICAL DEVICES AND SUPPLIES
allopurinol tab (ZYLOPRIM equiv)	-	Select	GOUT AGENTS
ALLOPURINOL TAB 200MG (QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs)	QL-ST	Preferred	GOUT AGENTS
ALMOND INJ	-	EXC	DIAGNOSTIC PRODUCTS
almotriptan tab 12.5mg (AXERT equiv) (QL= 12 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Preferred	MIGRAINE PRODUCTS

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

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Drug Name	Special Code	Tier	Category
almotriptan tab 6.25mg (AXERT equiv) (QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Preferred	MIGRAINE PRODUCTS
ALOCANE SPRAY	-	EXC	DERMATOLOGICALS
ALOCRIL OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS
ALOGLIPTIN TAB (QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto)	QL-ST	Non-Preferred	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB (QL= 2 tabs/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto)	QL-ST	Non-Preferred	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB (QL= 1 tab/day; Step therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred	ANTIDIABETICS
ALOMIDE OPHTH SOLN	-	Non-Preferred	OPHTHALMIC AGENTS
ALOQUIN GEL	-	Non-Preferred	DERMATOLOGICALS
alosetron tab (LOTRONEX equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
ALPHA LIPOIC ACID-BIOTIN-BERBERINE CAP	-	EXC	ALTERNATIVE MEDICINES
ALPHA LIPOIC LIQUID	-	EXC	ALTERNATIVE MEDICINES
ALPHA LIPOIC TAB	--OTC	EXC	ALTERNATIVE MEDICINES
ALPHANATE, HUMATE-P INJ	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ALPHANINE SD INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
alprazolam ER tab (XANAX XR equiv)	-	Select	ANTIANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	Preferred	ANTIANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	Select	ANTIANXIETY AGENTS
ALPROLIX INJ (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ALTAFLUOR-BE OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
ALTERNAR ALT INJ	-	EXC	DIAGNOSTIC PRODUCTS
ALTERNARIA ALTERNATA INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ALTOPREV TAB (QL= 1 tab/day)	QL	Non-Preferred	ANTIHYPERLIPIDEMICS
ALTUVIIIO INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ALUNBRIG PAK (QL= 1 pack/365 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
ALURODERM PAD	-	EXC	DERMATOLOGICALS

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ALVAIZ TAB	AMSP-PA	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
ALVESCO INHALER (QL= 12.2gm/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR)	QL-ST	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALYFTREK TAB 10-50-125MG (QL= 90 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
ALYFTREK TAB 4-20-50MG (QL= 60 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
ALYGLO INJ	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ALYMSYS IV SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALZAIR NASAL SPRAY	-	Non-Preferred	NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	Select	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
amantadine tab	-	Select	ANTIPARKINSON AGENTS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1% (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred	DERMATOLOGICALS
AMCINONIDE LOTION	-	Preferred	DERMATOLOGICALS
amcinonide oint (Step therapy requires trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol))	ST	Preferred	DERMATOLOGICALS
AMCINONIDE OINTMENT (QL= 454 gm/30 days; Step Therapy requires trial o 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred	DERMATOLOGICALS
AMERICAN ELM INJ	-	EXC	DIAGNOSTIC PRODUCTS
AMERICAN LOBSTER INJ	-	EXC	DIAGNOSTIC PRODUCTS
AMERICAN SYCAMORE INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
amethyst tab (LYBREL equiv)	-	Preventive	CONTRACEPTIVES
amiloride tab (MIDAMOR equiv)	-	Select	DIURETICS
AMILORIDE/HCTZ TAB	-	Select	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	Select	DIURETICS
AMINO ACIDS SOL HEP/DEXT	-	EXC	NUTRIENTS
AMINO ACIDS/ SOLN DEXTROSE	-	EXC	NUTRIENTS
AMINO ACIDS-DEXTROSE-LIPIDS WITH ELECTROLYTES	-	EXC	NUTRIENTS
AMINO/DEXTRO SOL CAL/HEP	-	EXC	NUTRIENTS
aminocaproic acid soln (AMICAR equiv)	AMSP	Preferred Specialty	HEMOSTATICS
AMINOFEN TAB	-	EXC	ANALGESICS - NONNARCOTIC

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AMINOPHYLLINE INJ	-	EXC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
amiodarone hcl inj	-	EXC	ANTIARRHYTHMICS
amiodarone tab (CORDARONE equiv)	-	Select	ANTIARRHYTHMICS
amitriptyline tab (ELAVIL equiv)	-	Value	ANTIDEPRESSANTS
AMJEVITA AUTO-INJECTOR (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ 10MG/0.2ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ 20MG/0.2ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ 40MG/0.4ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ 80MG/0.8ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA SYRINGE 20MG/0.4ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AMLEXANOX (BULK) POWDER	-	EXC	CHEMICALS
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
AMMONIA AROM INH	OTC	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
AMMONIA N 13 INJ	-	EXC	DIAGNOSTIC PRODUCTS
ammonium lactate cream (LAC-HYDRIN equiv)	-	Select	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	-	Preferred	DERMATOLOGICALS
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	Preferred	DERMATOLOGICALS
AMNIOTIC MEMBRANE ALLOGRAFT (HUMAN) SHEET	-	EXC	DERMATOLOGICALS
AMONDYS INJ	-	EXC	NEUROMUSCULAR AGENTS
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 tab (EVEKEO equiv) (QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine)	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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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
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphotericin b liposome iv for susp (AMBISOME equiv)	-	EXC	ANTIFUNGALS
ampicillin cap (AMPICILLIN equiv)	-	Select	PENICILLINS
AMPICILLIN INJ	-	EXC	PENICILLINS
ampicillin-sulbactam sodium for iv soln	-	EXC	PENICILLINS
AMTAGVI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AMVUTTRA SOLN	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMZEEQ FOAM (QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Non-Preferred	DERMATOLOGICALS
ANACAINE OINT	-	Non-Preferred	DERMATOLOGICALS
ANACIN TAB	-	EXC	ANALGESICS - NONNARCOTIC
ANADROL TAB	-	Non-Preferred	ANDROGENS-ANABOLIC
anagrelide cap (AGRYLIN equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM ADVANCED KIT	-	Non-Preferred	ANORECTAL AGENTS
ANALPRAM-E KIT	-	Non-Preferred	ANORECTAL AGENTS
ANALPRAM-HC CREAM 1-1% (ST req trial of: LIDOCAINE-HYDROCORTISONE ACETATE perianal/RECTAL CREAM)	ST	Non-Preferred	ANORECTAL AND RELATED PRODUCTS
ANASTIA LOTION	-	Non-Preferred	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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ANDEMBRY INJ (QL= 1.2 mL/28 days; Only available through Accredo 800-803-2523, Orsini 800-410-8575 or CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	Non-Preferred	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	Non-Preferred	ESTROGENS
ANKTIVA SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANNOVERA RING	-	Preventive	CONTRACEPTIVES
ANORO ELLIPTA INHALER (QL= 60 gm/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTACID EXTR CHW	OTC	EXC	ANTACIDS
ANTARA CAP (QL= 2 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130))	QL-ST	Non-Preferred	ANTIHYPERLIPIDEMICS
ANTARA CAP 30MG, FENOFIBRATE MICRONIZED CAP 30MG (QL= 2 caps/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg)	QL-ST	Preferred Specialty	ANTIHYPERLIPIDEMICS
ANTARA CAP 90MG, FENOFIBRATE MICRONIZED CAP 90MG (QL= 1 cap/da Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg)	QL-ST	Preferred Specialty	ANTIHYPERLIPIDEMICS
ANTICHOLIUM INJ	-	EXC	ANTIDOTES AND SPECIFIC ANTAGONISTS
ANTI-DIARRHEA LIQ	-	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	Select	OTIC AGENTS
ANTIVERT TAB, MECLIZINE TAB	OTC	EXC	ANTIEMETICS
ANZEMET TAB (QL= 1 tab/30 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Preferred	ANTIEMETICS
APADAZ TAB (QL= 12 tabs/day)	PA-QL	Non-Preferred	ANALGESICS - OPIOID
APAP/CODEINE SOLN	-	Select	ANALGESICS - OPIOID
APHEXDA INJ	-	EXC	HEMATOPOIETIC AGENTS
apomorphine inj (APOKYN equiv) (QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767)	LD-QL	Preferred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
APONVIE INJ	-	EXC	ANTIEMETICS
APPLE CIDER CHEW	OTC	EXC	ALTERNATIVE MEDICINES
apple cider vinegar tab	-	EXC	ALTERNATIVE MEDICINES
APPLE CIDER VINEGAR-GINGER CHEW TAB	OTC	EXC	ALTERNATIVE MEDICINES
APPLE INJ	-	EXC	DIAGNOSTIC PRODUCTS
APRACLONIDIN OPHTH SOLN (QL= 5mL/30 days; Step therapy requires trial of 2: latanoprost, travoprost, brimonidine, carteolol, levobunolol, timolol)	QL-ST	Non-Preferred	OPHTHALMIC AGENTS
apraclonidine ophth soln 0.5% (IOPIDINE equiv)	-	Preferred	OPHTHALMIC AGENTS
aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Select	ANTIEMETICS
aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Select	ANTIEMETICS
aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Select	ANTIEMETICS

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aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron)	QL-ST	Select	ANTIEMETICS
APRETUDE SUSP	-	EXC	ANTIVIRALS
APRIZIO PAK KIT	-	Non-Preferred	DERMATOLOGICALS
APTIOM TAB (QL= 60 tabs/30 days)	QL	Non-Preferred	ANTICONVULSANTS
APTIVUS CAP (QL= 4 caps/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
APTIVUS SOLN (QL= 380ml/30 days)	AMSP-QL	Preferred Specialty	ANTIVIRALS
AQNEURSA POWDER (QL= 112 packets/28 days; Only available through Curant Health 1-866-437-8040)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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
ARBLI SUSP (QL= 10 mL/day)	QL	Select	ANTIHYPERTENSIVES
ARCALYST INJ (QL= 4 vials/21 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ARCAPTA NEOHALER (Step Therapy requires trial of STRIVERDI RESPIMAT, ANORO ELLIPTA or STIOLTO INHALER)	ST	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARCTIC RELIEF GEL	-	EXC	DERMATOLOGICALS
AREXVY INJ (QL= 1 inj/fill, 1 fill/lifetime; Covered for members 50 years of age and older or weeks 32-36 of pregnancy)	QL-VAC	Preventive	VACCINES
arformoterol tartrate neb soln (BROVANA equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARGATROBAN INJ	-	EXC	ANTICOAGULANTS
argatroban iv soln	-	EXC	ANTICOAGULANTS
ARIKAYCE SUSP (QL= 252ml/30days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Non-Preferred Specialty	AMINOGLYCOSIDES
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	Preferred	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 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= 60 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	EXC	THYROID AGENTS
ARNUITY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARTIFICIAL TEARS DROP	-	EXC	OPHTHALMIC AGENTS
ARZERRA CON	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ASACOL HD TAB, MESALAMINE TAB (Step Therapy requires trial of APRISO or LIALDA)	ST	Non-Preferred	GASTROINTESTINAL AGENTS - MISC.
ASCORBIC ACID INJ	-	EXC	VITAMINS
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	Preventive	CONTRACEPTIVES
ashwagandha (withana somnfera) cap	-	EXC	ALTERNATIVE MEDICINES
ASHWAGANDHA (WITHANA SOMNFERA) CHEW TAB	-	EXC	ALTERNATIVE MEDICINES
ASHWAGANDHA CAP	-	EXC	ALTERNATIVE MEDICINES
ASHWAGANDHA CAP 35	OTC	EXC	ALTERNATIVE MEDICINES
ASHWAGANDHA TAB	-	EXC	ALTERNATIVE MEDICINES
ASIAN GINSNG CAP	-	EXC	NUTRIENTS
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER (QL= 1 inhaler/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASPEN POLLEN EXTRACT INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ASPERCREME LOTION	-	EXC	DERMATOLOGICALS
ASPERG FUMIG INJ	-	EXC	DIAGNOSTIC PRODUCTS
aspirin chew tab 81mg (Covered for females only)	OTC	Preventive	ANALGESICS - NONNARCOTIC
aspirin ec tab 325mg	OTC	EXC	ANALGESICS - NONNARCOTIC
aspirin ec tab 325mg (Covered for females only)	OTC	Preventive	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for females only)	OTC	Preventive	ANALGESICS - NONNARCOTIC
aspirin effer tab (ALKA-SELTZER equiv)	-	EXC	ANALGESICS - NONNARCOTIC
aspirin tab	-	EXC	ANALGESICS - NONNARCOTIC
aspirin tab (BAYER ADV TAB equiv)	-	EXC	ANALGESICS - NONNARCOTIC
aspirin tab 325mg	OTC	EXC	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	Select	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENOX equiv)	-	Preferred	HEMATOLOGICAL AGENTS - MISC.
aspirin-caffeine powder packet (BC FAST PAIN RELIEF equiv)	-	EXC	ANALGESICS - NONNARCOTIC
ASPRUZYO SPRINKLE GRANULES (QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab)	QL-ST	Preferred	ANTIANGINAL AGENTS
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ASTHMANEFRIN NEB SOLN	-	EXC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day)	QL	Preferred Specialty	ANTIVIRALS
atenolol tab (TENORMIN equiv)	-	Value	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	Select	ANTIHYPERTENSIVES
ATGAM INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
ATHLETE FOOT SPRAY	OTC	EXC	DERMATOLOGICALS
ATLANTIC COD INJ	-	EXC	DIAGNOSTIC PRODUCTS
ATLANTIC SALMON INJ	-	EXC	DIAGNOSTIC PRODUCTS
ATLANTIC/EASTERN OYSTER INJ	-	EXC	DIAGNOSTIC PRODUCTS
atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
atomoxetine cap 10mg (STRATTERA equiv) (QL= 120 caps/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
ATORVALIQ SUSP (QL = 600ml/30 days; Step therapy requires trial of 2: atorvastatin tab, rosuvastatin tab or simvastatin tab)	QL-ST	Non-Preferred	ANTIHYPERLIPIDEMICS
atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
atorvastatin tab 10mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
atorvastatin tab 20mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
atorvastatin tab 30mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	Select	ANTIMALARIALS
atracurium besylate iv soln	-	Select	NEUROMUSCULAR AGENTS
ATRIX SYSTEM KIT	-	EXC	DERMATOLOGICALS
atropine ophth oint	-	Preferred	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days)	QL	Select	OPHTHALMIC AGENTS
ATROPINE SUL INJ	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
ATROPINE SUL OPHTH OINT	-	Non-Preferred	OPHTHALMIC AGENTS

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atropine sulfate inj	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
atropine sulfate iv soln	-	EXC	ULCER DRUGS
ATROVENT HFA INHALER (QL= 25.8gm/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ATTRUBY PAK (QL= 112 tabs/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
AUCATZYL INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AUDENZ INJ	-	EXC	VACCINES
AUGTYRO CAP (QL= 240 caps/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AUGTYRO CAP 160MG (QL= 2 caps/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AUREOBASIDIU SOL PULLULAN	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
AURLUMYN INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.
AURYXIA TAB, FERRIC CITRATE TAB (QL= 12 tabs/day)	QL	Non-Preferred	GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB 12MG (QL= 120 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO TAB 6MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO TAB 9MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB 18MG (QL= 2 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB 24MG (QL= 60 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB 6MG (QL= 8 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB TITRATION PACK (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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AUVELITY TAB (QL= 60 tabs/30 days; ST req trial of 4 (citalopram, escitalopram, fluoxetine cap/tab, fluvoxamine, paroxetine IR/ER, sertraline, desvenlafaxine ER, venlafaxine IR/ER, bupropion, mirtazapine) followed by vilazodone)	QL-ST	Non-Preferred	ANTIDEPRESSANTS
AUVI-Q INJ (QL= 2 inj/fill)	QL	Preferred	VASOPRESSORS
avanafil tab (STENDRA equiv)	-	EXC	CARDIOVASCULAR AGENTS - MISC.
AVANDIA TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred	ANTIDIABETICS
AVAR AEROSOL FOAM	-	Non-Preferred	DERMATOLOGICALS
AVAR GEL	-	Preferred	DERMATOLOGICALS
AVC VAGINAL CREAM	-	Preferred	VAGINAL PRODUCTS
AVEENO BABY KIT CARE	-	EXC	MEDICAL DEVICES AND SUPPLIES
AVEIDA GEL	-	EXC	DERMATOLOGICALS
AVERI TAB	-	Preventive	CONTRACEPTIVES
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.
AVTOZMA INJ	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
azathioprine tab (IMURAN equiv)	-	Select	ASSORTED CLASSES
azelaic acid gel (FINACEA equiv)	-	Select	DERMATOLOGICALS
azelastine nasal spray (ASTELIN equiv)	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	Select	OPHTHALMIC AGENTS
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZESCHEW TAB 13-1MG	-	Non-Preferred	MULTIVITAMINS
AZESCO TAB	-	Non-Preferred	MULTIVITAMINS
azithromycin susp (ZITHROMAX equiv)	-	Select	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	Select	MACROLIDES
AZO D-MANNOS CHW	-	EXC	ALTERNATIVE MEDICINES
AZO MENOPAUS CHW DAYTIME	-	EXC	ALTERNATIVE MEDICINES
AZO MENOPAUS CHW NIGHTTIM	-	EXC	ALTERNATIVE MEDICINES
AZO URINARY PAK HEALTH	-	EXC	MULTIVITAMINS
AZO UTI/VAGI KIT PH TEST	-	EXC	DIAGNOSTIC PRODUCTS
AZOPT OPHTH SUSP	-	Non-Preferred	OPHTHALMIC AGENTS
B-12 SL TAB	OTC	EXC	HEMATOPOIETIC AGENTS
B-12 TAB ODT	OTC	EXC	HEMATOPOIETIC AGENTS
BABY CHEST CREAM RUB	-	EXC	DERMATOLOGICALS
BACITRACIN INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
BACITRACIN OPHTH OINT	-	Preferred	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	Select	OPHTHALMIC AGENTS

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bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	Select	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	Preferred	OPHTHALMIC AGENTS
BACLOFEN INJ 500MCG/ML	-	EXC	MUSCULOSKELETAL THERAPY AGENTS
baclofen intrathecal inj (BACLOFEN equiv)	-	EXC	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN KIT INJ	-	EXC	MUSCULOSKELETAL THERAPY AGENTS
baclofen oral soln 10mg/5ml (QL= 16 mL/day; ST req trial of baclofen (5/10mg) tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	Non-Preferred Specialty	MUSCULOSKELETAL THERAPY AGENTS
baclofen oral soln 5mg/5ml (QL= 16ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can open or crush))	QL-ST	Preferred	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN SOLN (QL= 480ml/30 days; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	Non-Preferred	MUSCULOSKELETAL THERAPY AGENTS
baclofen susp (BACLOFEN equiv) (QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	Preferred	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab (BACLOFEN equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB 15MG (QL= 8 tabs/day; ST req trial 2: baclofen 5/10mg tab, cyclobenz, tizanidine, methocarb, chlorzoxazone, orphenadrine)	QL-ST	Preferred	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB 5MG	-	Preferred	MUSCULOSKELETAL THERAPY AGENTS
BACTINE MAX OIN	OTC	EXC	DERMATOLOGICALS
BAFIERTAM CAP (QL= 120 caps/30 days; Only Available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BALFAXAR INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
balsalazide cap (COLAZAL equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
BALSAM PERU/CASTOR OIL OINT	-	EXC	DERMATOLOGICALS
BALVERSA TAB 3MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 4MG (QL= 2 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 5MG (QL= 1 tab/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BANANA INJ	-	EXC	DIAGNOSTIC PRODUCTS
BAND-AID SPRAY ANTISEPTIC	-	EXC	DERMATOLOGICALS
BAQSIMI NASAL POWDER (QL= 2 inhlations/fill, 2 fills/month)	QL	Preferred	ANTIDIABETICS
BARACLUDE SOLN (QL= 630ml/30 days)	AMSP-PA-QL	Preferred Specialty	ANTIVIRALS
BARRIGEL INJ	-	EXC	ANORECTAL AND RELATED PRODUCTS
BASAGLAR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred	ANTIDIABETICS
BASAGLAR KWIKPEN (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred	ANTIDIABETICS
BASAGLAR TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred	ANTIDIABETICS
BASE D PEG GRANULES	-	EXC	PHARMACEUTICAL ADJUVANTS

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BAXDELA TAB (QL= 2 tabs/day)	PA-QL	Non-Preferred	FLUOROQUINOLONES
BC FAST PAIN POW RLF MAX	OTC	EXC	ANALGESICS - NONNARCOTIC
BC FAST PAIN RELIEF POWDER	-	EXC	ANALGESICS - NONNARCOTIC
B-COMPLEX INJ	-	EXC	MULTIVITAMINS
B-COMPLEX VITAMIN DISINTEGRATING TAB	-	EXC	MULTIVITAMINS
b-complex w/ c and folic acid tab (NEPHRO-VITE equiv)	OTC	EXC	MULTIVITAMINS
b-complex-folic acid cap (PAXLYTE equiv)	-	EXC	MULTIVITAMINS
B-D INSULIN SYRINGE	--OTC	Select	MEDICAL DEVICES AND SUPPLIES
BD NEEDLES	OTC	Select	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv) (QL= 8 tabs/day)	QL	Preferred	ULCER DRUGS
BEANO TAB	-	EXC	GASTROINTESTINAL AGENTS - MISC.
BEBTELOVIMAB IV SOLN	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
BECONASE AQ NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
BEEF INJ	-	EXC	DIAGNOSTIC PRODUCTS
BEIZRAY INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BELBUCA FILM (Step therapy requires trial of buprenorphine patch)	ST	Non-Preferred	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	Preferred	ULCER DRUGS
BENADRYL SOLN CHILD	OTC	EXC	COUGH/COLD/ALLERGY
benazepril tab (LOTENSIN equiv)	-	Select	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	Select	ANTIHYPERTENSIVES
bendamustine hcl for iv soln (TREANDA equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENEFIBER PAK DUAL ACT	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
BENEFIBER CHEW	OTC	EXC	LAXATIVES
BENEFIBER PAK ADVANCED	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
BENEFIBER POWDER PACKET	-	EXC	LAXATIVES
BENEFIX INJ	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	AMSP-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ (QL= 4 inj/28 day)	AMSP-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
BENTIVITE TAB	-	EXC	HEMATOPOIETIC AGENTS
BENZAC AC WASH LIQUID	-	EXC	DERMATOLOGICALS
BENZACLIN GEL	-	EXC	DERMATOLOGICALS
BENZAMYCIN GEL	-	EXC	DERMATOLOGICALS
BENZAMYCIN GEL PACK	-	EXC	DERMATOLOGICALS
BENZASHAVE 5	-	EXC	DERMATOLOGICALS
benzethonium chloride liquid (DYNAWOUND equiv)	-	EXC	ANTISEPTICS & DISINFECTANTS
BENZNIDAZOLE TAB	-	Preferred	ANTHELMINTICS

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benzocaine aerosol spray (AMERICAINE equiv)	-	EXC	DERMATOLOGICALS
BENZOCAINE DENTAL ADHERING DISK	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
benzocaine dental cream	-	EXC	MOUTH/THROAT/DENTAL AGENTS
benzocaine-docusate sodium rectal enema	OTC	EXC	LAXATIVES
BENZOCAINE-ISOPROPYL ALCOHOL PADS	-	EXC	DERMATOLOGICALS
BENZOCAINE-LIDOCAINE-TETRACAINE CREAM	OTC	EXC	DERMATOLOGICALS
BENZOCAINE-MENTHOL LIQUID	-	EXC	MOUTH/THROAT/DENTAL AGENTS
BENZOCAINE-MENTHOL-ZINC CL GEL	-	EXC	MOUTH/THROAT/DENTAL AGENTS
BENZONATATE CAP (QL= 3 caps/day)	QL	Select	COUGH/COLD/ALLERGY
benzonatate cap (TESSALON equiv)	QL--	Select	COUGH/COLD/ALLERGY
benzoyl peroxide foam (DAYLOGIC equiv)	OTC	EXC	DERMATOLOGICALS
BENZOYL PEROXIDE LOTION	--OTC	EXC	DERMATOLOGICALS
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	EXC	DERMATOLOGICALS
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	EXC	DERMATOLOGICALS
BENZPHETAMINE TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
benztropine tab	-	Select	ANTIPARKINSON AGENTS
BENZYL ALCOHOL-ZINC CHLORIDE LIQUID	-	EXC	MOUTH/THROAT/DENTAL AGENTS
BEOVU INJ	-	EXC	OPHTHALMIC AGENTS
bepotastine besilate ophth soln (BEPREVE equiv) (QL= 5ml/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln)	QL-ST	Preferred	OPHTHALMIC AGENTS
BEQVEZ INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
berberine chloride cap	OTC	EXC	ALTERNATIVE MEDICINES
BERINERT INJ (QL= 20ml/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
BESREMI INJ (QL= 2 inj/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BETA CAROTENE CAP	-	EXC	VITAMINS
BETADINE SOLN	-	EXC	ANTISEPTICS & DISINFECTANTS
betaine powder for oral solution (CYSTADANE equiv) (QL= 540 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
BETAMETH VALERATE LOTION	-	Select	DERMATOLOGICALS
betamethasone augmented cream (DIPROLENE AF CREAM equiv) (QL= 200 gm/30 days)	QL	Select	DERMATOLOGICALS
BETAMETHASONE AUGMENTED GEL (QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone (oint, crm, lot), clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred	DERMATOLOGICALS
betamethasone augmented gel (QL= 200 gm/30 days; ST req trial of 2 high potency steroids: betameth- (oint, crm, lot), clobet-, halobet-, or fluocin-)	QL-ST	Preferred	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv) (QL= 200 ml/30 days)	QL	Select	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	Select	DERMATOLOGICALS
betamethasone diproprionate cream (DIPROSONE CREAM equiv) (QL= 200 gm/30 days)	QL	Select	DERMATOLOGICALS
betamethasone diproprionate lotion (QL= 200 ml/30 days)	QL	Select	DERMATOLOGICALS
betamethasone diproprionate oint (DIPROSONE OINT equiv) (QL= 200 gm/30 days)	QL	Select	DERMATOLOGICALS
betamethasone valerate cream	-	Select	DERMATOLOGICALS

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betamethasone valerate lotion	-	Select	DERMATOLOGICALS
betamethasone valerate oint	-	Select	DERMATOLOGICALS
BETASERON INJ (QL= 14 kits/28 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BETAXOLOL OPHTH SOLN (QL=5mL/30 days; Step therapy requires trial of 2: carteolol, levobunolol, dorzolamide-timolol, timolol)	QL-ST	Non-Preferred	OPHTHALMIC AGENTS
betaxolol ophth soln (BETOPTIC-S equiv)	QL-ST	Select	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	Select	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	Select	URINARY ANTISPASMODICS
BETIMOL OPHTH SOLN (QL= 10ml/30 days)	QL	Non-Preferred	OPHTHALMIC AGENTS
BETIMOL OPHTH SOLN (QL= 15ml/30 days)	QL	Non-Preferred	OPHTHALMIC AGENTS
BETIMOL OPHTH SOLN (QL= 5ml/30 days)	QL	Non-Preferred	OPHTHALMIC AGENTS
BEVACIZUMAB INJ	-	EXC	OPHTHALMIC AGENTS
BEVYXXA CAP (QL= 43 caps/42 days)	PA-QL	Non-Preferred	ANTICOAGULANTS
BEXAGLIFLOZN TAB (QL= 30 tabs/30 days; ST req trial of 2: farxiga tab, xigduo xr tab, Jardiance tab, synjardy tab, or synjardy xr tab)	QL-ST	Non-Preferred	ANTIDIABETICS
bexarotene cap (TARGRETIN equiv)	AMSP-PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bexarotene gel (TARGRETIN equiv) (QL= 60g/30 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
BEXSERO INJ	VAC	Preventive	VACCINES
BEYFORTUS INJ	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
BIAFINE EMULSION	-	Non-Preferred	DERMATOLOGICALS
bicalutamide tab (CASODEX equiv)	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIFERARX TAB	-	Non-Preferred	HEMATOPOIETIC AGENTS
BIJUVA CAP	-	Non-Preferred	ESTROGENS
BIKTARVY TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
bilberry (vaccinium myrtillus) cap	-	EXC	ALTERNATIVE MEDICINES
BILDYOS INJ (QL= 1 mL (1 syringe)/180 days)	LMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
BILPREVDA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bimatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Select	OPHTHALMIC AGENTS
bimatoprost topical soln (LATISSE equiv)	-	EXC	DERMATOLOGICALS
BIMATOPROST/BRIMONIDINE DORZOLOMIDE OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS

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BIMATOPROST/TIMOLOL MALEATE OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
BIMZELX INJ (QL= 2ml/56 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
BIODCREAM CREAM	-	EXC	DERMATOLOGICALS
BIOFREEZE LIQUID	-	EXC	DERMATOLOGICALS
BIORPHEN INJ	-	EXC	VASOPRESSORS
BIOSTEP SHEET, INNOVAMATRIX SHEET	-	EXC	DERMATOLOGICALS
BIOTHRAX INJ	-	Preventive	VACCINES
BIOTIN CHEW TAB	OTC	EXC	VITAMINS
biotin chew tab (YUMVS equiv)	OTC--	EXC	VITAMINS
BIOTIN LIQUID	OTC	EXC	VITAMINS
BIOTIN TAB	-	EXC	VITAMINS
BIOTIN W/ LUTEIN TAB	-	EXC	MULTIVITAMINS
BIOTIN W/ VITAMIN C CHEW TAB	-	EXC	MULTIVITAMINS
BIOTIN-KERAT CAP ALPHA	-	EXC	ALTERNATIVE MEDICINES
BIPOL SOROKI INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
BISMUTH SUBSALICYLATE CAP	-	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
BISMUTH SUBSALICYLATE TAB	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
bismuth/metro/tetra cap (PYLERA equiv) (QL= 120 tab/10 days)	QL	Select	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
BISOPROLOL FUMARATE TAB (QL= 8 tabs/day; ST req trial of bisoprolol 5/10mg tab, atenolol tab, metoprolol succ tab, AND acebutolol cap)	QL-ST	Non-Preferred	BETA BLOCKERS
bisoprolol tab (ZEBETA equiv)	-	Select	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	Value	ANTIHYPERTENSIVES
BITTER MELON TAB	-	EXC	ALTERNATIVE MEDICINES
BIVALIRUDIN INJ	-	EXC	ANTICOAGULANTS
BIVALIRUDIN SOLN RTU	-	EXC	ANTICOAGULANTS
BIZENGRI INJ 750 DOSE	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BKEMV INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
black cohosh cap	--OTC	EXC	ALTERNATIVE MEDICINES
BLACK COHOSH TAB	OTC	EXC	ALTERNATIVE MEDICINES
BLACK ELDERBERRY (SAMBUCUS NIGRA) CAP	-	EXC	ALTERNATIVE MEDICINES
BLACK ELDERBERRY SYRUP	-	EXC	ALTERNATIVE MEDICINES
BLACK WALNUT CAP	OTC	EXC	ALTERNATIVE MEDICINES
BLACK WALNUT INJ	-	EXC	DIAGNOSTIC PRODUCTS
BLACK WILLOW INJ	-	EXC	DIAGNOSTIC PRODUCTS
BLACK/SWEET BIRCH POLLEN INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
BL-C KIT	-	EXC	DIAGNOSTIC PRODUCTS
BLENREP INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BLEPHAMIDE OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS
BLT-25 KIT	-	EXC	CORTICOSTEROIDS
BLUDIGO INJ	-	EXC	DIAGNOSTIC PRODUCTS
BLUE CRAB INJ	-	EXC	DIAGNOSTIC PRODUCTS

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BLUES AWAY LIQUID	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
BLUJEPA TAB (QL= 20 tab/5 days, no roll up, 6 fills/year; Step therapy req trial of 2: nitrofurantoin, trimethoprim-sulfamethoxazole, cephalexin)	QL-ST	Non-Preferred	ANTI-INFECTIVE AGENTS - MISC.
BOMYNTRA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BOMYNTRA INJ 120MG/1.7ML	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BONSITY, TERIPARATIDE INJ (QL= 2.24 units/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
BORTEZOMIB INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bortezomib inj (VELCADE equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BORUZU INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
bosentan tab for oral susp (TRACLEER equiv) (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred 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
BOSWELLIA TAB	-	EXC	ALTERNATIVE MEDICINES
BOTULISM IMMUNE GLOBULIN (HUMAN) IV FOR SOLN	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
BOX ELDER INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAZIL NUT INJ	-	EXC	DIAGNOSTIC PRODUCTS
BREEZA ORAL SOLN	-	EXC	DIAGNOSTIC PRODUCTS
BREKIYA INJ (QL= 24mL/28 days; ST req 2: nara tab, riza tab/ODT, zolmi tab, suma tab, eletrip FOLLOWED BY generic DHE inj/nasal)	QL-ST	Non-Preferred	MIGRAINE PRODUCTS
BREO ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREVITAL SOD INJ	-	EXC	GENERAL ANESTHETICS
BREZTRI AEROSPHERE INHALER (QL= 1 inhaler/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
brimonidine ophth soln 0.2% (ALPHAGAN equiv)	-	Select	OPHTHALMIC AGENTS
brimonidine tartrate gel (MIRVASO equiv)	-	EXC	DERMATOLOGICALS
brimonidine tartrate ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Preferred	OPHTHALMIC AGENTS
brimonidine tartrate-timolol maleate ophth soln (COMBIGAN equiv) (QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate)	QL-ST	Preferred	OPHTHALMIC AGENTS

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BRIMONIDONE/DORZOLAMIDE SOLN	-	EXC	OPHTHALMIC AGENTS
BRIUMVI INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIXADI SOLN	-	EXC	ANALGESICS - OPIOID
BROMFED DM SYRUP	-	EXC	COUGH/COLD/ALLERGY
bromfenac sodium ophth soln 0.07% (PROLENSA equiv) (QL= 3ml/30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	QL-ST	Preferred	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	Select	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	Select	ANTIPARKINSON AGENTS
brompheniramine-dextromethorphan liquid	-	EXC	COUGH/COLD/ALLERGY
BRONCHIAL SYRUP	-	EXC	ALTERNATIVE MEDICINES
BRONCHITOL CAP (QL= 560 caps/28 days; ST req trial of hypertonic saline; Diagnosis Restricted – Cystic Fibrosis (E84))	AMSP-QL-RDX-ST	Non-Preferred Specialty	RESPIRATORY AGENTS - MISC.
BROWN SHRIMP INJ	-	EXC	DIAGNOSTIC PRODUCTS
BRUKINSA CAP (QL= 4 caps/day)	LMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRUKINSA TAB (QL= 60 tabs/30 days)	LMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRUSELIX TAB	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
BRYNOVIN SOLN (QL= 1 bottle/30 days; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred	ANTIDIABETICS
BUCAPSOL CAP (QL= 2 caps/day; Step req trial of buspirone tabs, hydroxyzine, and doxepin (10, 25, 50, 75, 100, or 150mg))	QL-ST	Non-Preferred	ANTIANXIETY AGENTS
budesonide ER tab (UCERIS equiv)	-	Preferred	CORTICOSTEROIDS
budesonide inh susp (PULMICORT equiv) (QL= 120 units/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide rectal foam (UCERIS equiv) (QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema)	QL-ST	Preferred	ANORECTAL AND RELATED PRODUCTS
budesonide SR cap (ENTOCORT EC equiv)	-	Select	CORTICOSTEROIDS
budesonide/formoterol inhaler (BREYNA equiv) (QL= 10.3gm/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela)	QL-ST	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BUFFERED C POWDER	OTC	EXC	VITAMINS
bumetanide tab (BUMEX equiv)	-	Select	DIURETICS
BUPIVAC/LIDO INJ	-	EXC	OPHTHALMIC AGENTS
buprenorphine hcl buccal film (BELBUCA equiv)	-	Select	ANALGESICS - OPIOID
buprenorphine patch (BUTRANS equiv)	-	Select	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	Select	ANALGESICS - OPIOID
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	Select	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	Select	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	Select	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	Select	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	Select	ANTIDEPRESSANTS

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BURN RELIEF GEL	-	EXC	DERMATOLOGICALS
buspirone tab (BUSPAR equiv)	-	Select	ANTIANXIETY AGENTS
butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day)	QL	Preferred	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine soln	-	Preferred	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine/codeine cap (FIORICET/CODEINE equiv) (QL= 6 caps/day)	QL	Select	ANALGESICS - OPIOID
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	Non-Preferred	ANALGESICS - NONNARCOTIC
butorphanol nasal spray (QL= 5ml/30 days)	QL	Preferred	ANALGESICS - OPIOID
BYDUREON INJ (QL= 4 inj/28 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC and RYBELSUS; Diagnosis Restricted – Type 2 Diabete (E11))	QL-RDX-ST	Non-Preferred	ANTIDIABETICS
BYLVAY CAP (Only available through Accredo 800-803-2523 or PantheRx Pharmacy 855-726-8479)	LD-PA	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
BYOOVIZ INJ	-	EXC	OPHTHALMIC AGENTS
BYVALSON TAB	-	Non-Preferred	ANTIHYPERTENSIVES
CABENUVA IM SUSP	-	EXC	ANTIVIRALS
cabergoline tab (DOSTINEX equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CABTREO GEL	-	EXC	DERMATOLOGICALS
caffeine citrate soln (CAFCIT equiv)	-	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
calamine phenolated lotion	OTC	EXC	DERMATOLOGICALS
CALC CIT+D3 TAB	OTC	EXC	MINERALS & ELECTROLYTES
calcipotriene cream (TRIONEX equiv)	-	EXC	DERMATOLOGICALS
calcipotriene cream (DOVONEX CREAM equiv)	-	Select	DERMATOLOGICALS
CALCIPOTRIENE FOAM (QL= 60gm/30 days; Step therapy requires trial of calcipotriene soln)	QL-ST	Non-Preferred	DERMATOLOGICALS
CALCIPOTRIENE FOAM, SORILUX FOAM (QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln)	QL-ST	Non-Preferred	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.
CALCIUM + D3 TAB	OTC	EXC	MINERALS & ELECTROLYTES

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CALCIUM 1200 CHEW	-	EXC	MINERALS & ELECTROLYTES
CALCIUM 600 TAB + MIN	OTC	EXC	MINERALS & ELECTROLYTES
CALCIUM 600 TAB +D	-	EXC	MINERALS & ELECTROLYTES
calcium acetate cap (PHOSLO equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
CALCIUM ALGINATE-SILVER ROPE 1/4"X12"	OTC	EXC	DERMATOLOGICALS
CALCIUM AND PHOS W/ VIT D CHEW TAB	-	EXC	MINERALS & ELECTROLYTES
CALCIUM CARB SUSP	OTC	EXC	ANTACIDS
CALCIUM CARBONATE DISINTEGRATING TAB	-	EXC	ANTACIDS
calcium carbonate-vitamin d tab (CALCIUM/VITAMIN D equiv)	-	EXC	MINERALS & ELECTROLYTES
CALCIUM CHEW	-	EXC	MINERALS & ELECTROLYTES
CALCIUM CHEW FOR WOMEN	-	EXC	MINERALS & ELECTROLYTES
CALCIUM CHEW VIT D/PR	-	EXC	MINERALS & ELECTROLYTES
CALCIUM CHLORIDE INJ	-	EXC	MINERALS & ELECTROLYTES
CALCIUM CITRATE + TAB	-	EXC	MINERALS & ELECTROLYTES
CALCIUM D-CAP GLUCARAT	OTC	EXC	ALTERNATIVE MEDICINES
CALCIUM GLU/NACL INJ	-	EXC	MINERALS & ELECTROLYTES
CALCIUM GLUCONATE CAP	-	EXC	MINERALS & ELECTROLYTES
CALCIUM GLUCONATE INJ	-	EXC	MINERALS & ELECTROLYTES
calcium gluconate inj (CALCIUM GLUCONATE equiv)	-	EXC	MINERALS & ELECTROLYTES
calcium gluconate-nacl iv soln (CALCIUM GLU/NACL equiv)	-	EXC	MINERALS & ELECTROLYTES
calcium phos-cholecalcif chew tab	-	EXC	MINERALS & ELECTROLYTES
CALCIUM W/ MAGNESIUM POWDER	OTC	EXC	MINERALS & ELECTROLYTES
CALCIUM/MAGNESIUM CARBONATES TAB	OTC	EXC	ANTACIDS
calcium-magnesium-zinc tab 334-134-5mg	OTC	EXC	MINERALS & ELECTROLYTES
CALIBRATION LIQUID	OTC	Preferred	MEDICAL DEVICES AND SUPPLIES
CALIUM GLUCONATE/NACL INJ	-	EXC	MINERALS & ELECTROLYTES
CAL-MAG TAB	OTC	EXC	MINERALS & ELECTROLYTES
CAL-MAG-ZINC TAB VIT D3	-	EXC	MINERALS & ELECTROLYTES
CALOMIST NASAL SPRAY	-	Non-Preferred	HEMATOPOIETIC AGENTS
CALQUENCE CAP (QL= 2 caps/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALQUENCE TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALSODORE PAK	-	EXC	DERMATOLOGICALS
CAMCEVI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAMPATH INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
camphor-menthol-methyl salicylate gel (NEURACIN equiv)	-	EXC	DERMATOLOGICALS
CAMPHOR-MENTHOL-METHYL SALICYLATE PATCH	-	EXC	DERMATOLOGICALS
CAMZYOS CAP (QL= 1 cap/day; Only available through AllianceRx Walgreens Prime 855-244-2555)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
candesartan tab (ATACAND equiv) (Step Therapy requires trial of 2: irbesartan, losartan, or valsartan)	ST	Select	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Select	ANTIHYPERTENSIVES

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capecitabine tab (XELODA equiv)	AMSP	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPHOSOL SOLN	-	EXC	MOUTH/THROAT/DENTAL AGENTS
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
CAPRON DM LIQUID	-	EXC	COUGH/COLD/ALLERGY
capsaicin cream	-	EXC	DERMATOLOGICALS
CAPSAICIN PAD	-	EXC	DERMATOLOGICALS
capsaicin patch (CAPSAICIN equiv)	-	EXC	DERMATOLOGICALS
capsaicin-men-methyl nic-methyl sal patch (NUVIRA equiv)	OTC	EXC	DERMATOLOGICALS
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
CAPVAXIVE INJ (QL= 0.5 mL/fill; Covered for ages 19 years and older)	QL-VAC	Preventive	VACCINES
CAPZASIN-P CREAM	-	EXC	DERMATOLOGICALS
CARAWAY SEED-LEVOMENTHOL CAP DELAYED RELEASE ER	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
carbamazepine chew tab (TEGRETOL equiv)	-	Select	ANTICONVULSANTS
CARBAMAZEPINE CHEW TAB 200MG (Step therapy requires trial of carbamazepine 100mg chew tab)	ST	Non-Preferred	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 maleate tab (QL= 120 tabs/30 days; Step therapy requires trial of carbinoxamine 4mg tab)	QL-ST	Preferred	ANTIHISTAMINES

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CARBINOXAMINE TAB (QL= 240 tabs/30 days)	QL	Select	ANTIHISTAMINES
CARBOPROST TROMETHAMINE IM SOLN PREF SYR	-	EXC	OXYTOCICS
CARBZAH SOLN (QL= 40ml/day)	QL	Preferred Specialty	ANTIHISTAMINES
CARDIOCHEK MIS PLUS	-	EXC	MEDICAL DEVICES AND SUPPLIES
CARELESSWEED INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
CA-REZZ LIQUID	-	EXC	ANTISEPTICS & DISINFECTANTS
carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
carisoprodol tab (SOMA equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Select	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	-	Select	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	Select	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	EXC	DERMATOLOGICALS
CARMUSTINE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARNITEX CAP	OTC	EXC	NUTRIENTS
CARNITOR INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CARTEOLOL OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	Select	OPHTHALMIC AGENTS
carvedilol tab (COREG equiv)	-	Value	BETA BLOCKERS
CARVYKTI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CASGEVY INJ	-	EXC	HEMATOPOIETIC AGENTS
CASHEW NUT INJ	-	EXC	DIAGNOSTIC PRODUCTS
CASTOR OIL POLY 40	-	EXC	CHEMICALS
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	ANTI-INFECTIVE AGENTS - MISC.
CEFACLOR CAP	-	Non-Preferred	CEPHALOSPORINS
CEFACLOR ER TAB	-	Non-Preferred	CEPHALOSPORINS
CEFACLOR SUSP	-	Non-Preferred	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	Select	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	Select	CEPHALOSPORINS
CEFADROXIL TAB	-	Non-Preferred	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	Select	CEPHALOSPORINS
CEFAZOL/DEX SOLN	-	EXC	CEPHALOSPORINS
CEFAZOLIN INJ	-	EXC	CEPHALOSPORINS
CEFAZOLIN INJ DEXTROSE	-	EXC	CEPHALOSPORINS
CEFAZOLIN SODIUM IV SOLN PREF SYRINGE	-	EXC	CEPHALOSPORINS

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cefdinir cap (OMNICEF equiv)	-	Select	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	Select	CEPHALOSPORINS
CEFDITOREN TAB	-	Non-Preferred	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	Select	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	Select	CEPHALOSPORINS
cefotetan disodium for inj (CEFOTETAN equiv)	-	EXC	CEPHALOSPORINS
CEFOTETAN INJ	-	EXC	CEPHALOSPORINS
CEFPODOXIME PROXETIL SUSP	-	Select	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	Select	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	Select	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	Select	CEPHALOSPORINS
CEFTAZIDIME INJ	-	EXC	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	Select	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
CELERY INJ	-	EXC	DIAGNOSTIC PRODUCTS
CENTANY OINT	-	Non-Preferred	DERMATOLOGICALS
CENTRUM MORN CHW SICKNESS	OTC	EXC	ALTERNATIVE MEDICINES
cephalexin cap (KEFLEX equiv)	-	Select	CEPHALOSPORINS
cephalexin cap 750mg (QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexin 500mg tab/cap)	QL-ST	Non-Preferred	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	Select	CEPHALOSPORINS
cephalexin tab	-	Select	CEPHALOSPORINS
CEQUR SIMPLICITY 2U (QL= 10 patches/30 days)	QL	Non-Preferred	MEDICAL DEVICES AND SUPPLIES
CEQUR SIMPLICITY INSERTER (QL= 1 inserter/lifetime)	QL	Non-Preferred	MEDICAL DEVICES AND SUPPLIES
CERDELGA CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
CERVARIX INJ	VAC	Preventive	VACCINES
CERVICAL CAP	-	Preventive	MEDICAL DEVICES AND SUPPLIES
CERVIDIL INSERTS	-	Non-Preferred	OXYTOCICS
CESAMET CAP (Step Therapy requires trial of ondansetron)	ST	Non-Preferred	ANTIEMETICS
cetirizine hcl orally disintegrating tab (ZYRTEC equiv)	OTC	EXC	ANTIHISTAMINES
cetirizine/pseudoepherine tab 5-120mg	-	EXC	COUGH/COLD/ALLERGY
cetrorelix acetate for inj kit (CETROTIDE equiv)	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETYLEV TAB	-	Non-Preferred	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
CHAMOMILE CAP	OTC	EXC	ALTERNATIVE MEDICINES
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
CHENODAL TAB (ST req trial of 1: ursodiol caps or tabs)	RDX-ST	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
CHICKEN MEAT INJ	-	EXC	DIAGNOSTIC PRODUCTS
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	-	Select	ANTIMALARIALS
chloroquine tab (ARALEN equiv)	-	Select	ANTIMALARIALS
CHLOROTHIAZIDE TAB	-	Select	DIURETICS
chlorothiazide tab (DIURIL equiv)	-	Select	DIURETICS
CHLORPROMAZINE CONC (QL= 800ml/30 days)	QL	Non-Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CHLORPROMAZINE CONC 100MG/ML (QL= 2000ml/30 days)	QL	Non-Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CHLORPROMAZINE CONC 30MG/ML (QL= 600ml/30 days)	QL	Non-Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine hcl inj	-	EXC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine tab (THORAZINE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	Value	DIURETICS
chlorzoxazone tab (QL= 4 tabs/day)	QL	Preferred	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	Select	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
CHOLECALCIFEROL CHEW TAB	OTC	EXC	VITAMINS
cholecalciferol tab (VITAMIN D3 equiv)	-	EXC	VITAMINS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	Select	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	Select	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	Select	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	Select	ANTIHYPERLIPIDEMICS
CHOLINE/INOS CAP	OTC	EXC	NUTRIENTS
CHOLINE-SILICON LIQUID\	-	EXC	ALTERNATIVE MEDICINES
CHORION MEMBRANE ALLOGRAFT (HUMAN) SHEET	-	EXC	DERMATOLOGICALS
chromic chloride inj	-	EXC	MINERALS & ELECTROLYTES
CHROMIUM CHLORIDE INJ	-	EXC	MINERALS & ELECTROLYTES
CIBINQO TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
cicatrace kit (REXASIL equiv)	-	Preferred	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	Select	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	Select	DERMATOLOGICALS
ciclopirox nail soln (PENLAC SOLN equiv)	-	Select	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	Select	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	Select	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.

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CIMDUO TAB	AMSP	Preferred Specialty	ANTIVIRALS
CIMERLI INJ	-	EXC	OPHTHALMIC AGENTS
cimetidine soln (CIMETIDINE equiv) (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
cimetidine tab (TAGAMET equiv)	-	Select	ULCER DRUGS
CIMZIA INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.
CIMZIA INJ (QL= 2 inj/28 days)	--AMSP-PA-QL	Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
CIMZIA INJ 200MG/ML (QL= 2 units/28 days)	AMSP-PA-QL	Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Preferred	ENDOCRINE AND METABOLIC AGENTS - MISC.
cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Preferred	ENDOCRINE AND METABOLIC AGENTS - MISC.
cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day)	QL	Preferred	ENDOCRINE AND METABOLIC AGENTS - MISC.
CINNAMON-CHROMIUM-BIOTIN TAB	-	EXC	ALTERNATIVE MEDICINES
CINQAIR INJ (QL= 4 vials/28 days; Only available through Walgreens 888-347-3416)	LD-M-PA-QL	Non-Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ciporofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	Select	OTIC AGENTS
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	Select	OTIC AGENTS
CIPROFLOXACIN INJ	-	EXC	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv)	-	Select	OPHTHALMIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	Preferred	FLUOROQUINOLONES
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	Select	FLUOROQUINOLONES
CIRCATA CREAM	-	EXC	DERMATOLOGICALS
CISPLATIN INJ 50MG/50ML	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CITALOPRAM CAP (QL= 1 cap/day; Step therapy requires trial of citalopram tab)	QL-ST	Non-Preferred	ANTIDEPRESSANTS
citalopram soln (CELEXA equiv)	-	Select	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	Value	ANTIDEPRESSANTS
CITRULLINE EASY TAB	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLADO SPHAER INJ	-	EXC	DIAGNOSTIC PRODUCTS
CLARINEX SYRUP	-	EXC	ANTIHISTAMINES
CLARINEX-D TAB	-	EXC	COUGH/COLD/ALLERGY
CLARINEX-D TAB 12 HOUR	-	EXC	COUGH/COLD/ALLERGY
CLARISCAN INJ, DOTAREM INJ	-	EXC	DIAGNOSTIC PRODUCTS
CLARITHROMYC SUSP	-	Preferred	MACROLIDES

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clarithromycin ER tab (BIAXIN XL equiv)	-	Select	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	Select	MACROLIDES
CLARITIN CHEW TAB	-	EXC	ANTIHISTAMINES
CLARITIN-D TAB 10-240MG	-	EXC	COUGH/COLD/ALLERGY
CLARITIN-D TAB 5-120MG	-	EXC	COUGH/COLD/ALLERGY
CLARITY GEL SUPPORT	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
CLEAR EYES SOLN	-	EXC	OPHTHALMIC AGENTS
clemastine fumarate syrup (CLEMASTINE equiv)	OTC	EXC	ANTIHISTAMINES
CLEMASTINE SYRUP	-	EXC	ANTIHISTAMINES
CLEMASTINE TAB	--OTC	EXC	ANTIHISTAMINES
CLEMASTINE TAB, CLEMASZ TAB	OTC	EXC	ANTIHISTAMINES
CLENIA PLUS SUSP	-	EXC	DERMATOLOGICALS
CLENPIQ SOLN	-	Non-Preferred	LAXATIVES
CLEOCIN PHOS INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN PHOSPHATE INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
CLEVER CHOIC MIS HEAR AID	-	EXC	MEDICAL DEVICES AND SUPPLIES
CLIMARA PRO PATCH	-	Non-Preferred	ESTROGENS
CLINDACIN KIT	-	EXC	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
clindamycin gel (CLEOCIN GEL equiv)	-	Select	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv) (QL= 360g/30 days)	QL	Select	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv) (QL= 360 swabs/30 days)	QL	Select	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv) (QL= 360mL/30 days)	QL	Select	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv) (QL= 1 tube/fill)	QL	Select	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	EXC	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	--OTC	EXC	DERMATOLOGICALS
CLINDAVIX KIT	-	EXC	DERMATOLOGICALS
CLINISTIX TES KIDNEY	-	EXC	DIAGNOSTIC PRODUCTS
CLINISTIX TEST STRIP	OTC	EXC	DIAGNOSTIC PRODUCTS
clobazam susp (ONFI equiv) (QL= 480ml/30 days)	QL	Select	ANTICONVULSANTS
clobazam tab (ONFI equiv)	-	Select	ANTICONVULSANTS
clobetasol foam (OLUX equiv) (QL= 200 gm/30 days)	QL	Select	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv) (QL= 200 ml/30 days)	QL	Select	DERMATOLOGICALS
CLOBETASOL OPHTH SUSP (QL= 3.5ml/17 days; ST req trial of 2: prednisolone sol/sus 1%, dexamethasone soln 0.1%, fluorometholone susp 0.1% ophth)	QL-ST	Non-Preferred	OPHTHALMIC AGENTS
clobetasol propionate cream (TEMOVATE equiv) (QL= 200 gm/30 days)	QL	Select	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv) (QL= 200 gm/30 days; Step Therapy requires trial of 2 high pot steroids: betamethasone, clobetasol (crm, lot, gel, oint, etc.), halobetasol, or fluocinonide)	QL-ST	Preferred	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv) (QL= 200 gm/30 days)	QL	Select	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv) (QL= 200 gm/30 days)	QL	Select	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv) (QL= 200 ml/30 days)	QL	Select	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv) (QL= 200 ml/30 days)	QL	Select	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv) (QL= 200 ml/30 days)	QL	Select	DERMATOLOGICALS
CLOMID TAB	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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clomiphene citrate tab (CLOMID equiv)	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomipramine cap (ANAFRANIL equiv)	-	Select	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	Select	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	Select	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
CLONIDINE INJ	-	EXC	ANALGESICS - NONNARCOTIC
clonidine 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	Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day)	QL	Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT (QL= 3 tabs/day)	QL	Non-Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CNJ-016 INJ	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CO Q-10 CAP	-	EXC	ALTERNATIVE MEDICINES
COAGADEX INJ (Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
coal tar shampoo (IONIL-T equiv)	-	EXC	DERMATOLOGICALS
cobalamin combination sl tab	OTC	EXC	HEMATOPOIETIC AGENTS
COBENFY CAP (QL= 60 caps/30 days; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COBENFY CAP STARTER PACK (QL= 56 caps/28 days; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COCAINE HCL SOLN	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
COCKROACH INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
COCONUT INJ	-	EXC	DIAGNOSTIC PRODUCTS
COCONUT OIL	-	EXC	ALTERNATIVE MEDICINES
CODEINE SULFATE SOLN	-	Non-Preferred	ANALGESICS - OPIOID
codeine sulfate tab	-	Preferred	ANALGESICS - OPIOID
CODITUSSIN LIQUID DAC (QL= 1200ml/30 days)	QL	Preferred	COUGH/COLD/ALLERGY
COFFEE BEAN CAP	-	EXC	ALTERNATIVE MEDICINES
COGNIUM COMPLETE GUMMIES	-	EXC	MULTIVITAMINS

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colchicine cap (MITIGARE equiv) (QL= 4 caps/day)	QL	Preferred	GOUT AGENTS
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)	OTC-QL	Preferred	COUGH/COLD/ALLERGY
COLD/COUGH CHILDREN LIQUID	-	EXC	COUGH/COLD/ALLERGY
COLD/COUGH LIQ CHLD NGT	OTC	EXC	COUGH/COLD/ALLERGY
colesevelam pack (WELCHOL equiv) (Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol)	ST	Preferred	ANTIHYPERLIPIDEMICS
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
COLLAGEN MATRIX LIQUID	-	EXC	DERMATOLOGICALS
COLLAGEN-VITAMIN C TAB	OTC	EXC	ALTERNATIVE MEDICINES
COLUMVI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COLY-MYCIN-S SUSP OTIC	-	Non-Preferred	OTIC AGENTS
COMBIPATCH	-	Non-Preferred	ESTROGENS
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBOGESIC INJ	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
COMBOGESIC TAB	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
COMETRIQ KIT (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMIRNATY INJ	VAC	Preventive	VACCINES
COMIRNATY INJ 30MCG/0.3ML	VAC	Preventive	VACCINES
COMPLEX B-100 TAB	-	EXC	MULTIVITAMINS
COMPOUND W AER NITROFRE	-	EXC	DERMATOLOGICALS
CONCEPT DHA CAP	-	Preferred	MULTIVITAMINS
CONEX COLD/ SOL ALLERGY	OTC	EXC	COUGH/COLD/ALLERGY
CONEXXENCE INJ 60MG/ML (QL= 1mL/180 days)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
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

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Drug Name	Special Code	Tier	Category
CONTRACEPTIVE SUPP	OTC	Preventive	VAGINAL PRODUCTS
COPIKTRA CAP (QL= 2 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
copper gluconate tab	-	EXC	MINERALS & ELECTROLYTES
COPPER INJ	-	EXC	MINERALS & ELECTROLYTES
COPPER TAB	-	EXC	MINERALS & ELECTROLYTES
COQ10/BLACK PEPPER CAP	-	EXC	ALTERNATIVE MEDICINES
COQMAX OMEGA CAP	OTC	EXC	ALTERNATIVE MEDICINES
CORDRAN OINTMENT	-	Non-Preferred	DERMATOLOGICALS
CORIFACT KIT	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
CORLANOR SOLN	PA	Non-Preferred	CARDIOVASCULAR AGENTS - MISC.
CORN INJ	-	EXC	DIAGNOSTIC PRODUCTS
CORN SMUT INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
CORTIC-ND DROPS	-	EXC	OTIC AGENTS
CORTIFOAM	-	Non-Preferred	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	Preferred	CORTICOSTEROIDS
CORTISPORIN OINT	-	Non-Preferred	DERMATOLOGICALS
CORTROPHIN GEL 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	ACA-LD-PA-VAC	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
CORTROPHIN INJ (Only available through CVS Specialty 800-238-7828)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
COSENTYX INJ	-	EXC	DERMATOLOGICALS
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
COSENTYX INJ (2-PACK) (QL= 2 inj/56 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
COSENTYX INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
COTELLIC TAB (QL= 3 tabs/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COUGH DROPS LOZENGE	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
COVID-19 TEST	OTC	EXC	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL=1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL	Preventive	VACCINES

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Drug Name	Special Code	Tier	Category
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ (PFIZER 5-11 YEARS)	-	EXC	VACCINES
COVID-19 VACCINE INJ (PFIZER)	-	EXC	VACCINES
COVID-19 VACCINE INJ 5-11Y (PFIZER)	VAC	Preventive	VACCINES
COVID-19 VACCINE INJ 6-11Y (MODERNA)	-	EXC	VACCINES
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	VAC	Preventive	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	-	EXC	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	--VAC	Preventive	VACCINES
COVID-19 VACCINE INJ 6M-5Y (MODERNA)	-	EXC	VACCINES
COW MILK INJ	-	EXC	DIAGNOSTIC PRODUCTS
COXANTO CAP (QL= 180 caps/30 days; ST req trial of generic oxaprozin 600mg AND 2 addl NSAID (e.g., diclofenac, etodolac, sulindac))	QL-ST	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
CPB WC LIQUID	-	EXC	COUGH/COLD/ALLERGY
CRANBERRY CAP	OTC	EXC	ALTERNATIVE MEDICINES
CRANBERRY CAP URIN COM	-	EXC	MULTIVITAMINS
CRANBERRY TAB	OTC	EXC	ALTERNATIVE MEDICINES
CRANBERRY TAB DISINTEGRATING	-	EXC	ALTERNATIVE MEDICINES
CRANRX CHW	-	EXC	ALTERNATIVE MEDICINES
CREATINE MONOHYDRATE LIQUID	-	EXC	NUTRIENTS
CRENESSITY CAP (QL= 60 caps/30 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
CRENESSITY SOLN (QL= 120ml/30 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
CREON CAP	-	Preferred	DIGESTIVE AIDS
CRESEMBA CAP 186MG (QL= 72 caps/30 days; Step therapy requires trial of two: voriconazole and posaconazole)	QL-ST	Non-Preferred	ANTIFUNGALS
CRESEMBA CAP 74.5MG (QL= 180 caps/30 days; Step therapy requires trial of two: voriconazole and posaconazole)	QL-ST	Non-Preferred	ANTIFUNGALS
CRESEMBA INJ	-	EXC	ANTIFUNGALS
CRIXIVAN CAP	AMSP	Preferred Specialty	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

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Drug Name	Special Code	Tier	Category
CROMOLYN SODIUM OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
CROTAN LOTION (ST req trial of permethrin cream)	ST	Non-Preferred	DERMATOLOGICALS
cryselle tab	-	Preventive	CONTRACEPTIVES
CUE COVID-19 INJ TEST CARTRIDGE	OTC	EXC	DIAGNOSTIC PRODUCTS
CUE HEALTH MIS MONITOR (QL= 1 kit/year)	QL	Preventive	DIAGNOSTIC PRODUCTS
cupric chloride inj (COPPER equiv)	-	EXC	MINERALS & ELECTROLYTES
CUTAQUIG INJ (QL= 576ml/28 days)	LMSP-PA-QL	Non-Preferred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUVITRU INJ (Only available through Emerging Health 971-290-2010)	LD-PA	Preferred Specialty	PASSIVE IMMUNIZING AGENTS
CUVRIOR TAB (QL= 10 tabs/day; ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap)	QL-ST	Non-Preferred	MISCELLANEOUS THERAPEUTIC CLASSES
CVS B12 CHEW	-	EXC	HEMATOPOIETIC AGENTS
CVS BALANCED TAB B100	OTC	EXC	MULTIVITAMINS
CVS CALCIUM TAB	OTC	EXC	MINERALS & ELECTROLYTES
CVS CINNAMON CAP COMPLEX	-	EXC	ALTERNATIVE MEDICINES
CVS DIGITAL TEST PREGNANCY	-	EXC	DIAGNOSTIC PRODUCTS
CVS GARLIC TAB	OTC	EXC	ALTERNATIVE MEDICINES
CVS MSM CAP	OTC	EXC	ALTERNATIVE MEDICINES
cyanocobalamin chew tab	-	EXC	HEMATOPOIETIC AGENTS
cyanocobalamin inj	-	Select	HEMATOPOIETIC AGENTS
cyanocobalamin nasal spray 500mcg/0.1ml (NASCOBAL equiv) (ST req trial of cyanocobalamin injection)	ST	Preferred	HEMATOPOIETIC AGENTS
cyclobenzaprine tab (FLEXERIL equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
CYCLOGYL OPHTH SOLN	-	Non-Preferred	OPHTHALMIC AGENTS
CYCLOMYDRIL OPHTH SOLN	-	Non-Preferred	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	Preferred	OPHTHALMIC AGENTS
cyclophosphamide cap	AMSP	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE TAB	-	Non-Preferred	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cyclophosphamide tab (CYTOXAN equiv)	-	Select	ANTINEOPLASTICS
CYCLOSERINE CAP	-	Non-Preferred	ANTIMYCOBACTERIAL AGENTS
cyclosporine cap (SANDIMMUNE equiv)	AMSP	Preferred Specialty	ASSORTED CLASSES
CYCLOSPORINE EMULSION 0.1% OPHTH	-	EXC	OPHTHALMIC AGENTS
cyclosporine modified cap (NEORAL equiv)	-	Select	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	Select	ASSORTED CLASSES

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Drug Name	Special Code	Tier	Category
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days)	QL	Select	OPHTHALMIC AGENTS
CYLTEZO AUTO-INJECTOR (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO INJ 10MG/0.2ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO INJ 20MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO INJ CROHNS (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO INJ PSORIASIS (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO KIT (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO KIT CROHNS (QL= 6 inj/28 days, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO PSORIASIS KIT (QL= 4 inj/28 days, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
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 Walgreens 888-347-3416)	LD-QL-ST	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
CYSTADROPS SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-QL-RDX	Non-Preferred Specialty	OPHTHALMIC AGENTS
CYSTAGON CAP 150MG (Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-RDX	Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTAGON CAP 50MG (QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-QL-RDX	Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416)	LD-QL-RDX	Preferred Specialty	OPHTHALMIC AGENTS
CYSTEX URINA CAP VAGINAL	OTC	EXC	ALTERNATIVE MEDICINES
CYTARABINE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cytarabine inj pf	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYTOGAM INJ	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS

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CYTRA K CRYSTALS	-	Preferred	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	OTC	Select	GENITOURINARY AGENTS - MISCELLANEOUS
D2.5W/NACL INJ	-	EXC	MINERALS & ELECTROLYTES
D5W/NACL INJ	-	EXC	MINERALS & ELECTROLYTES
dabigatran etexilate mesylate cap (PRADAXA equiv) (QL= 2 caps/day)	QL	Select	ANTICOAGULANTS
DAILY MENOPA TAB VIT D	-	EXC	ALTERNATIVE MEDICINES
DAKLINZA TAB (Only available through Lumicera 855-847-3553)	LMSP-PA	Non-Preferred Specialty	ANTIVIRALS
dalbavancin hcl for iv soln (DALVANCE equiv)	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
dalfampridine ER tab (AMPYRA equiv)	AMSP-PA	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALVANCE INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
danazol cap (DANOCRINE equiv) (QL= 4 caps/day)	QL	Select	ANDROGENS-ANABOLIC
DANDELION (TARAXACUM OFFICINALE) CAP	-	EXC	ALTERNATIVE MEDICINES
dantrolene cap (DANTRIUM equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Preferred	MUSCULOSKELETAL THERAPY AGENTS
DANZITEN TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAPAGLIF PRO TAB 10MG (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred	ANTIDIABETICS
DAPAGLIF PRO TAB 5MG (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred	ANTIDIABETICS
DAPAGLIF-MET TAB 10-1000 (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred	ANTIDIABETICS
dapsone tab	-	Select	ANTI-INFECTIVE AGENTS - MISC.
DAPTOMY/NACL INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
darifenacin SR tab (ENABLEX equiv) (Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER, solifenacin)	ST	Preferred	URINARY ANTISPASMODICS
DARTISLA ODT TAB (QL= 4 tabs/day, Step therapy requires trial of glycopyrrolate tab or glycopyrrolate solution)	QL-ST	Non-Preferred	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty	ANTIVIRALS
darunavir tab 800mg (PREZISTA equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty	ANTIVIRALS
DARZALEX FASPRO SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dasatinib tab (SPRYCEL equiv)	AMSP-PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DATROWAY INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
daunorubicin hcl iv soln	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
DAUNORUBICIN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAURISMO TAB 100MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAURISMO TAB 25MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAVIMET/FLUORIDE CHEW 0.75MG	-	EXC	MULTIVITAMINS
DAVIMET/IRON CHEW	-	EXC	MULTIVITAMINS
DAXXIFY INJ	-	EXC	NEUROMUSCULAR AGENTS
DAYBUE SOLN (QL= 4000ml/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	NEUROMUSCULAR AGENTS
DAZAVEIDAOXI GEL	-	EXC	DERMATOLOGICALS
DAZOMON GEL	-	EXC	DERMATOLOGICALS
DEFENCATH SOLN	-	EXC	ANTICOAGULANTS
deferasirox granules packet (JADENU equiv)	AMSP-PA	Preferred Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (EXJADE equiv)	AMSP-PA	Preferred Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 90mg, 360mg (JADENU equiv)	AMSP-PA	Preferred Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Preferred Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab 1000mg (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Preferred 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 or Insulin Glargine U-300)	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 or Insulin Glargine U-300)	QL-ST	Preferred	ANTIDIABETICS
DEGLUDEC INJ 100 UNIT (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300)	QL-ST	Preferred	ANTIDIABETICS
dehydrated alcohol intra-arterial soln (ABLYSINOL equiv)	-	EXC	CARDIOVASCULAR AGENTS - MISC.
DELSTRIGO TAB	AMSP	Preferred Specialty	ANTIVIRALS
demeclocycline tab (DECLOMYCIN equiv)	-	Select	TETRACYCLINES
DENGVAXIA SUSP	-	EXC	VACCINES

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DENOVO PLUS CAP B12	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEOXIATAR SOLN	-	EXC	DERMATOLOGICALS
DEPLIN FC CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPO-ESTRADIOL INJ	-	Non-Preferred	ESTROGENS
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days)	QL	Preventive	CONTRACEPTIVES
DERMACINRX KIT	-	EXC	DERMATOLOGICALS
DERMACINRX PAK DICLOLID	-	EXC	DERMATOLOGICALS
DERMAFIX SPRAY	-	EXC	DERMATOLOGICALS
dermawerx pak (DERMACINRX KIT equiv) (QL= 1 kit/30 days)	QL	Select	DERMATOLOGICALS
DERMAZINC BAR SOAP	-	EXC	DERMATOLOGICALS
DERMETAZOLE PAK	-	EXC	DERMATOLOGICALS
DESCOVY TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Specialty	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	Select	ANTIDEPRESSANTS
DESLORATADINE ODT	-	EXC	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	-	EXC	ANTIHISTAMINES
desmopressin acetate inj (DDAVP equiv)	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate nasal spray (DDAVP equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESMOPRESSIN NASAL SPRAY	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
desonide cream	-	Select	DERMATOLOGICALS
desonide lotion	-	Select	DERMATOLOGICALS
desonide oint	-	Select	DERMATOLOGICALS
DESOWEN CREAM KIT	-	Non-Preferred	DERMATOLOGICALS
DESOWEN LOTION KIT	-	Non-Preferred	DERMATOLOGICALS
DESOWEN OINT KIT	-	Non-Preferred	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	Select	DERMATOLOGICALS
DESOXIMETASONE GEL (QL= 454 gm/30 days; ST req trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	Select	DERMATOLOGICALS
desoximetasone oint 0.05% (TOPICORT equiv) (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Preferred	DERMATOLOGICALS
DESTRESS CHW GUMMIES	OTC	EXC	ALTERNATIVE MEDICINES
DESVENLAFAXINE ER TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred	ANTIDEPRESSANTS
DESVENLAFAXINE ER TAB (QL= 1 tab/day; Step Therapy requires trial of 2 antidepressants)	QL-ST	Non-Preferred	ANTIDEPRESSANTS
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day)	QL-ST	Select	ANTIDEPRESSANTS

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Drug Name	Special Code	Tier	Category
DEX24 INJ	-	EXC	OTIC AGENTS
DEXAMETHASONE CONC	-	Preferred	CORTICOSTEROIDS
dexamethasone elixir	-	Select	CORTICOSTEROIDS
dexamethasone pak (DEXPAK equiv)	-	Preferred	CORTICOSTEROIDS
DEXAMETHASONE PHOSPHATE INJ	-	EXC	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	Preferred	CORTICOSTEROIDS
dexamethasone tab (DEXAMETHASONE equiv)	-	Preferred	CORTICOSTEROIDS
DEXAMETHASONE TAB 20MG (QL= 8 tabs/30 days)	QL	Preferred	CORTICOSTEROIDS
dexchlorpheniramine-phenylephrine tab (RYMED equiv)	OTC	EXC	COUGH/COLD/ALLERGY
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
DEXCOM G7 SENSOR (15-DAY) (QL = 2 sensors/30 days; Step therapy requires trial of an insulin product)	QL-ST	Non-Preferred	MEDICAL DEVICES AND SUPPLIES
DEXILANT DR CAP (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
dexlansoprazole DR cap (DEXILANT equiv) (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
dexmedetomidine hcl iv soln	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
DEXMEDETOMIDINE HCL-NACL SOLN PREF SYR	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
DEXMEDETOMIDINE INJ	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 tab/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 ER cap 10mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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dextroamphetamine ER cap 15mg (QL= 4 caps/day)	QL	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dextroamphetamine ER cap 5mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dextroamphetamine soln (PROCENTRA equiv) (QL= 1800ml/30 days)	QL	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dextroamphetamine sulfate tab 15mg (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate)	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate)	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dextroamphetamine tab 10mg (QL= 6 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
DEXTROMETHORPHAN HBR CHEW TAB	-	EXC	COUGH/COLD/ALLERGY
dextromethorphan-guaifenesin liquid 20-200mg/20ml (ROBITUSSIN equiv)	-	EXC	COUGH/COLD/ALLERGY
dextromethorphan-pyrilamine liquid (CAPRON equiv)	-	EXC	COUGH/COLD/ALLERGY
DEXTROSE INJ	-	EXC	NUTRIENTS
dextrose w/ sodium chloride inj 2.5%-0.45% (D2.5W/NACL equiv)	-	EXC	MINERALS & ELECTROLYTES
dextrose w/ sodium chloride inj 5%-0.225% (DW5-NACL equiv)	-	EXC	MINERALS & ELECTROLYTES
dextrose w/ sodium chloride inj 5%-0.3% (D5W/NACL equiv)	-	EXC	MINERALS & ELECTROLYTES
DHIVY TAB (QL= 8 tabs/day; Step therapy requires trial of carbidopa-levodopa tab/ODT or carbidopa-levodopa ER tab)	QL-ST	Non-Preferred	ANTIPARKINSON AND RELATED THERAPY AGENTS
DIABECIN CS CRE	OTC	EXC	DERMATOLOGICALS
DIABECIN HR CRE	-	EXC	DERMATOLOGICALS
DIABETIC FIR GEL AID	-	EXC	DERMATOLOGICALS
DIACOMIT CAP (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Non-Preferred Specialty	ANTICONVULSANTS
DIACOMIT POWDER PACK (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Non-Preferred Specialty	ANTICONVULSANTS
DIADIMAXIA, DIASDIMAXIA CREAM	-	EXC	DERMATOLOGICALS
DIALYVITE TAB	-	Select	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	EXC	MULTIVITAMINS
DIAOXIA, DIASOXIA CREAM	-	EXC	DERMATOLOGICALS
DIAPHRAGM	-	Preventive	MEDICAL DEVICES AND SUPPLIES
DIASAXIATAR CREAM	-	EXC	DERMATOLOGICALS
DIASAXIATAR GEL	-	EXC	DERMATOLOGICALS
diatrizoate meglumine/sodium oral soln (GASTROGRAFIN equiv)	-	EXC	DIAGNOSTIC PRODUCTS
diazepam conc (VALIUM equiv)	-	Select	ANTIANXIETY AGENTS

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Drug Name	Special Code	Tier	Category
DIAZEPAM GEL (QL= 4 doses/fill)	QL	Preferred	ANTICONVULSANTS
diazepam oral soln 5mg/5ml (QL= 360ml/30 days)	QL	Select	ANTIANXIETY AGENTS
diazepam rectal gel (QL= 4 doses/fill)	QL	Value	ANTICONVULSANTS
diazepam tab (VALIUM equiv)	-	Select	ANTIANXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	Select	ANTIDIABETICS
dichlorphenamide tab (KEVEYIS equiv) (QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Preferred Specialty	DIURETICS
diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month)	QL	Select	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv)	-	EXC	DERMATOLOGICALS
diclofenac potassium (migraine) packet (CAMBIA equiv) (QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan))	QL-ST	Preferred	MIGRAINE PRODUCTS
diclofenac potassium cap (ZIPSOR equiv) (QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets)	QL-ST	Preferred	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab (CATAFLAM equiv) (QL= 4 tabs/day)	QL	Preferred	ANALGESICS - ANTI-INFLAMMATORY
DICLOFENAC SOD SOLN 2%, CAPSAICIN CREAM 0.025% THER PACK	-	EXC	DERMATOLOGICALS
diclofenac sodium EC tab (VOLTAREN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium gel kit (VENNGEL equiv)	-	EXC	DERMATOLOGICALS
diclofenac sodium ophth soln (VOLTAREN equiv)	-	Select	OPHTHALMIC AGENTS
diclofenac sodium soln 2% (PENNSAID equiv) (Step therapy requires trial of diclofenac 1.5% soln)	ST	Preferred	DERMATOLOGICALS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
DICLOFENAC SODIUM-MENTHOL-LIDOCAINE PATCH	-	EXC	DERMATOLOGICALS
diclofenac soln 1.5% (PENNSAID equiv)	-	Preferred	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
DICLONA GEL	-	EXC	DERMATOLOGICALS
DICLONA+ PAD	-	EXC	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	Select	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	Select	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	Select	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	Select	ULCER DRUGS
DICYCLOMINE TAB 40MG (QL= 4 tabs/day; Step therapy requires trial of dicyclomine 10mg cap/ 20mg tab/ 10mg/5mL soln)	QL-ST	Non-Preferred	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
DIDANOSINE DR CAP (QL= 2 caps/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
DIETHYLPROPION ER TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
diethylpropion tab	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DIFICID SUSP (QL= 136 mL/10 days)	QL	Preferred	MACROLIDES

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DIFICID TAB (QL= 20 tabs/10 days)	QL	Preferred	MACROLIDES
diflorasone oint (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Preferred	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	Select	ANALGESICS - NONNARCOTIC
DIGESTIVE ENZYME CAP DELAYED RELEASE	OTC	EXC	DIGESTIVE AIDS
DIGITAL THERAPY APPLICATION	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
DIGITAL THERAPY APPLICATION (QL= 1 membership/lifetime)	--PA-QL	Non-Preferred	MISCELLANEOUS THERAPEUTIC CLASSES
DIGITAL THERAPY APPLICATION - WOMENS HEALTH	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
digoxin soln (LANOXIN equiv)	-	Preferred	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	Select	CARDIOTONICS
digoxin tab 62.5mcg (LANOXIN equiv) (QL= 1 tab/day)	QL	Select	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 24ml/28 days)	QL	Preferred	MIGRAINE PRODUCTS
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Preferred	MIGRAINE PRODUCTS
DIHYRDROBERBERINE CAP	OTC	EXC	ALTERNATIVE MEDICINES
DILANTIN CAP 30MG	-	Preferred	ANTICONVULSANTS
DILAUDID INJ	-	EXC	ANALGESICS - OPIOID
diltiazem ER cap (CARDIZEM CD equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
DILTIAZEM INJ	-	EXC	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
DIMETAPP CHL LIQ	OTC	EXC	ANTIHISTAMINES
DIMETAPP LIQ	OTC	EXC	ANTIHISTAMINES
DIMETAPP LIQUID	-	EXC	COUGH/COLD/ALLERGY
dimethicone cream (DERMACINRX equiv)	-	EXC	DERMATOLOGICALS
dimethyl fumarate DR cap (TECFIDERA equiv) (QL= 60 caps/30 days)	AMSP-QL	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= 60 caps/30 days)	AMSP-QL	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIOOXIA CREAM	-	EXC	DERMATOLOGICALS
DIPENTUM CAP	-	Non-Preferred	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	OTC	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	OTC--	Select	ANTIHISTAMINES
DIPHENHYDRAMINE ELIXIR	-	EXC	ANTIHISTAMINES
diphenhydramine inj	-	EXC	ANTIHISTAMINES
diphenhydramine-phenylephrine tab	-	EXC	COUGH/COLD/ALLERGY
diphenhydramine-phenylephrine-apap liquid (DIMETAPP equiv)	-	EXC	COUGH/COLD/ALLERGY

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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.
DIUREX ULTRA TAB	OTC	EXC	DIURETICS
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
dobutamine hcl inj	-	EXC	CARDIOTONICS
DOCETAXEL INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DOCIVYX INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DOCK-SORREL INJ	-	EXC	DIAGNOSTIC PRODUCTS
DOCUSATE SYRUP	-	EXC	LAXATIVES
dofetilide cap (TIKOSYN equiv)	-	Select	ANTIARRHYTHMICS
DOG EPITHELI INJ	-	EXC	DIAGNOSTIC PRODUCTS
DOJOLVI ORAL LIQUID (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	NUTRIENTS
DOLOBID TAB (QL= 6 tabs/day; ST req trial of 3: diflunisal 500mg tab, diclofenac, etodolac, flurbiprofen, nabumetone)	QL-ST	Non-Preferred	ANALGESICS - NONNARCOTIC
DOLOBID TAB 375MG (QL= 4 tabs/day; ST req trial of 3: diflunisal 500mg tab, diclofenac, etodolac, flurbiprofen, nabumetone)	QL-ST	Non-Preferred	ANALGESICS - NONNARCOTIC
donepezil ODT (ARICEPT equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 10mg (ARICEPT equiv) (QL= 60 tabs/30 days)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 5mg (ARICEPT equiv) (QL= 60 tabs/30 days)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONG QUAI CAP	-	EXC	ALTERNATIVE MEDICINES
DOPTELET SPRINKLE CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
DORYX MPC TAB (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate followed by generic doxycycline hyclate DR)	QL-ST	Non-Preferred	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	Select	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Select	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS

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dorzolamide/timolol ophth soln (COSOPT equiv)	-	Select	OPHTHALMIC AGENTS
DOVATO TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
doxazosin tab (CARDURA equiv)	-	Select	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv) (QL= 2 tabs/day)	QL	Select	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	Select	ANTIDEPRESSANTS
doxepin hcl cream (ST req trial of a topical corticosteroid AND topical tacrolimus)	ST	Preferred	DERMATOLOGICALS
doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zaleplon cap, zolpidem IR/ER/SL tab, doxepin 10mg, trazodone tab)	QL-ST	Preferred	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
DOXIL INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
doxorubicin hcl inj (ADRIAMYCIN equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DOXORUBICIN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
doxycycline (rosacea) cap delayed release (ORACEA equiv) (QL= 1 cap/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Preferred	DERMATOLOGICALS
doxycycline hyclate cap (QL= 2 caps/day)	QL	Select	TETRACYCLINES
doxycycline hyclate cap 50mg (VIBRAMYCIN equiv) (QL= 2 caps/day)	QL	Preferred	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Preferred	TETRACYCLINES
doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Select	TETRACYCLINES
doxycycline hyclate DR tab 200mg (DORYX equiv) (QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Preferred	TETRACYCLINES
doxycycline hyclate DR tab 50mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Preferred	TETRACYCLINES
doxycycline hyclate DR tab 75mg (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Preferred	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day)	QL	Preferred	TETRACYCLINES
doxycycline hyclate tab 150mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Preferred	TETRACYCLINES
doxycycline hyclate tab 50mg (TARGADOX equiv) (Step Therapy requires trial of doxycycline monohydrate)	ST	Preferred	TETRACYCLINES
doxycycline hyclate tab 75mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Preferred	TETRACYCLINES
doxycycline monohydrate cap (MONODOX equiv) (QL= 2 caps/day)	QL	Preferred	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv) (QL= 2 caps/day)	QL	Preferred	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day)	QL	Select	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA PAK equiv) (QL= 2 tabs/day; Step therapy req trial of doxycycline monohydrate 50mg tabs, 100mg tabs, 50mg caps, or 100mg caps)	QL-ST	Preferred	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	Select	TETRACYCLINES
doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days)	QL	Select	ANTIEMETICS
DOXYLAMINE-DM CHEW TAB	-	EXC	COUGH/COLD/ALLERGY

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doxylamine-dm liquid (ROBITUSSIN equiv)	-	EXC	COUGH/COLD/ALLERGY
D-PENAMINE TAB	-	Preferred	ASSORTED CLASSES
DRIZALMA DR CAP	-	Non-Preferred	ANTIDEPRESSANTS
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	QL	Preferred	ANTIEMETICS
droperidol inj (INAPSINE equiv)	-	EXC	ANTIANXIETY AGENTS
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	Preventive	CONTRACEPTIVES
DROXIA CAP	-	Preferred	HEMATOPOIETIC AGENTS
droxidopa cap (NORTHERA equiv)	AMSP	Preferred Specialty	VASOPRESSORS
DRUG ASSAY (URINE) AND FUROSEMIDE TAB KIT	-	EXC	DIAGNOSTIC PRODUCTS
DRYSOL SOLN	-	Preferred	DERMATOLOGICALS
DULERA INHALER (QL= 1 inhaler/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv) (QL= 2 caps/day)	QL	Preferred	ANTIDEPRESSANTS
duloxetine EC cap 20mg (QL= 6 caps/day)	QL	Select	ANTIDEPRESSANTS
duloxetine EC cap 30mg (QL= 4 caps/day)	QL	Select	ANTIDEPRESSANTS
duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day)	QL	Select	ANTIDEPRESSANTS
DULOXICAINE PACK	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DUOVISC KIT	-	EXC	OPHTHALMIC AGENTS
DUPIXENT INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
DURLAZA CAP	-	Non-Preferred	HEMATOLOGICAL AGENTS - MISC.
dutasteride cap (AVODART equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB (QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers)	QL-ST	Non-Preferred	ANTIHYPERTENSIVES
DUVYZAT ORAL SUSP (QL= 140ml/11 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	NEUROMUSCULAR AGENTS
DUZALLO TAB (QL= 1 tab/day)	PA-QL	Non-Preferred	GOUT AGENTS
DW5-NACL INJ	-	EXC	MINERALS & ELECTROLYTES
DXEVO 11-DAY PAK (Step therapy requires trial of dexamethasone tab/soln)	ST	Preferred Specialty	CORTICOSTEROIDS

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Drug Name	Special Code	Tier	Category
DYCLOPRO SOLN	-	EXC	DERMATOLOGICALS
DYMISTA SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
DYNAWOUND SPRAY	-	EXC	ANTISEPTICS & DISINFECTANTS
E-400 SELENIUM CAP	-	EXC	MULTIVITAMINS
EASTERN COTTONWOOD INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
EBGLYSS INJ (QL= 2ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
EB-N3 DR CAP	-	EXC	MULTIVITAMINS
ECHINACEA-VITAMIN C CHEW TAB	OTC	EXC	ALTERNATIVE MEDICINES
econazole cream (SPECTAZOLE equiv)	-	Select	DERMATOLOGICALS
ECONAZOLE NITRATE FOAM, ECOZA FOAM	-	Non-Preferred	DERMATOLOGICALS
ECOZA FOAM	-	Non-Preferred	DERMATOLOGICALS
ED A-HIST LIQ	OTC	EXC	COUGH/COLD/ALLERGY
EDARAVONE INJ	-	EXC	NEUROMUSCULAR AGENTS
edaravone inj (RADICAVA equiv)	-	EXC	NEUROMUSCULAR AGENTS
EDURANT PED TAB (QL= 6 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
EDURANT TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
EFAVIRENZ CAP	AMSP	Preferred Specialty	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	AMSP	Preferred Specialty	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	Preferred Specialty	ANTIVIRALS
EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB (QL= 1 tab/day)	QL	Preferred Specialty	ANTIVIRALS
EFLORNITHINE POWDER	-	EXC	CHEMICALS
EGRIFTA WR KIT	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELAHERE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELDER/VIT C CAP ZINC	-	EXC	ALTERNATIVE MEDICINES
ELDERBERRY CHEW IMMUNE	-	EXC	ALTERNATIVE MEDICINES
ELDERBERRY-VITAMIN C-ZINC CHEW TAB	-	EXC	ALTERNATIVE MEDICINES
elderberry-vitamin c-zinc chew tab (ELDERBERRY CHEW IMMUNE equiv)	-	EXC	ALTERNATIVE MEDICINES
electrolyte-a solution (PLASMA-LYTE equiv)	-	EXC	MINERALS & ELECTROLYTES

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eletriptan tab (RELPAX equiv) (QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Preferred	MIGRAINE PRODUCTS
ELEVIDYS KIT	-	EXC	NEUROMUSCULAR AGENTS
ELFABRIO SOLN	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELIGARD INJ	AMSP-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days)	QL	Preferred	ANTICOAGULANTS
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
ELLENCE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELMIRON CAP (QL= 3 caps/day; Step Therapy requires trial of amitriptyline AND hydroxyzine)	QL-ST	Preferred	GENITOURINARY AGENTS - MISCELLANEOUS
ELOCTATE INJ	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ELREXFIO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
eltrombopag olamine powder pack for susp (PROMACTA equiv) (QL= 6 packets/day)	AMSP-PA-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
eltrombopag olamine tab (PROMACTA equiv) (QL= 2 tabs/day)	AMSP-PA-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
eluryng vaginal ring (NUVARING equiv)	-	Preventive	CONTRACEPTIVES
EMADINE OPHTH SOLN	-	Non-Preferred	OPHTHALMIC AGENTS
EMBECTA INSULIN SYRINGE	--OTC	Select	MEDICAL DEVICES AND SUPPLIES
EMBECTA PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
EMBLAVEO INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
EMBOLIZATION MICROSPHERES PREFILLED SYRINGE	-	EXC	MEDICAL DEVICES AND SUPPLIES
EMEND SUSP (QL= 3 doses/fill, 2 fills/month)	QL	Non-Preferred	ANTIEMETICS
EMETROL CHEW TAB	-	EXC	ANTACIDS
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	Preferred	MIGRAINE PRODUCTS
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	Non-Preferred	MIGRAINE PRODUCTS
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.

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EMRELIS INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMROSI CAP (QL= 30 caps/30 days; Step Therapy requires trial of two of the following: doxycycline monohydrate and minocycline cap)	QL-ST	Preferred Specialty	DERMATOLOGICALS
EMSAM PATCH	-	Non-Preferred	ANTIDEPRESSANTS
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preventive	ANTIVIRALS
emtricitabine-rilpivirine-tenofovir df tab (COMPLERA equiv) (QL= 1 tab/day)	QL	Preferred Specialty	ANTIVIRALS
EMTRIVA SOLN (QL= 850ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty	ANTIVIRALS
EMVERM TAB	-	Non-Preferred	ANTHELMINTICS
enalapril tab (VASOTEC equiv)	-	Value	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	Value	ANTIHYPERTENSIVES
enalaprilat inj	-	EXC	ANTIHYPERTENSIVES
ENBREL INJ (QL= 8 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 25MG (QL= 8 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENCELTO IMPLANT	-	EXC	OPHTHALMIC AGENTS
ENCLOMIPHENE POW CITRATE	-	EXC	CHEMICALS
ENDOMETRIN INSERT	PA	Preferred	VAGINAL PRODUCTS
ENDOMETRIN SUPP	PA	Preferred	VAGINAL AND RELATED PRODUCTS
ENDUR-AMIDE TAB	-	EXC	VITAMINS
ENERGY B-12 TAB	-	EXC	HEMATOPOIETIC AGENTS
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	Preventive	VACCINES

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ST	Step Therapy	VAC	Vaccine Program		

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Drug Name	Special Code	Tier	Category
ENGLISH PLAN INJ	-	EXC	DIAGNOSTIC PRODUCTS
ENGLISH WALNUT INJ	-	EXC	DIAGNOSTIC PRODUCTS
ENJAYMO SOLN	-	EXC	HEMATOLOGICAL AGENTS - MISC.
enoxaparin inj (LOVENOX equiv)	-	Select	ANTICOAGULANTS
enoxaparin inj 300mg (LOVENOX equiv)	-	Select	ANTICOAGULANTS
ENOXILUV KIT INJ	OTC	EXC	ANTICOAGULANTS
enpresse tab (TRI-LEVELEN equiv)	-	Preventive	CONTRACEPTIVES
ENSACOVE CAP 100MG (QL= 60 caps/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENSACOVE CAP 25MG (QL= 90 caps/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENSPRYNG INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
entacapone tab (COMTAN equiv)	-	Select	ANTIPARKINSON AGENTS
ENTADFI CAP (QL= 1 tab/day; Step therapy requires trial of an alpha 1 blocker (e.g. tamsulosin), finasteride 5mg AND tadalafil)	QL-ST	Non-Preferred	GENITOURINARY AGENTS - MISCELLANEOUS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
ENTRESTO CAP (QL= 8 caps/day)	QL	Preferred	CARDIOVASCULAR AGENTS - MISC.
ENTYVIO INJ (QL= 1.36ml/28 days)	AMSP-PA-QL	Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
EOHILIA SUSP (Step therapy requires trial of budesonide vials)	ST	Preferred	CORTICOSTEROIDS
EPCLUSA PAK (QL= 1 packet/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
EPCLUSA TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANTIVIRALS
ephedrine hcl tab (PRIMATENE equiv)	OTC	EXC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ephedrine sulfate prefilled syringe (AKOVAZ equiv)	-	EXC	VASOPRESSORS
EPHEDRINE SULF-NACL SOLN PREF SYR	-	EXC	VASOPRESSORS
EPICOCCUM NI INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	Preferred Specialty	ANTICONVULSANTS
EPIDUO FORTE GEL 0.3-2.5%	-	EXC	DERMATOLOGICALS
EPIDUO GEL 0.1-2.5%	-	EXC	DERMATOLOGICALS
EPIFOAM AEROSOL	-	Non-Preferred	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv) (QL= 5ml/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln)	QL-ST	Preferred	OPHTHALMIC AGENTS
epinephrine hcl nasal soln (ADRENALIN equiv)	-	Preferred	NASAL AGENTS - SYSTEMIC AND TOPICAL
epinephrine inj	-	EXC	VASOPRESSORS

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epinephrine inj (ADRENALIN equiv)	-	EXC	VASOPRESSORS
EPINEPHRINE INJ	-	Preferred	VASOPRESSORS
EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
EPINEPHRINE INJ/NACL	-	EXC	VASOPRESSORS
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
EPINEPHRINE PF INJ 1 MG/ML	-	Non-Preferred	VASOPRESSORS
EPINEPHRINE SOL NACL	-	EXC	VASOPRESSORS
EPINEPHRINE SOLN	-	EXC	VASOPRESSORS
EPIVIR HBV SOLN (QL= 720ml/30 days)	AMSP-QL	Preferred Specialty	ANTIVIRALS
EPKINLY INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
eplerenone tab (INSPRA equiv)	-	Select	ANTIHYPERTENSIVES
EPOGEN/PROCRIT (QL= 12 vials/30 days; ST req trial of Retacrit OR Aranesp	AMSP-QL-ST	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
EPOGEN/PROCRIT (ST req trial of Retacrit OR Aranesp)	AMSP-QL-ST	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
EPRONTIA SOLN (QL= 480mL/30 day; Step therapy requires trial of topiramate sprinkle caps)	QL-ST	Non-Preferred	ANTICONVULSANTS
EPSOLAY	-	EXC	DERMATOLOGICALS
EPYSQLI INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
EQL REDNESS RELIEF DROP	OTC	EXC	OPHTHALMIC AGENTS
EQUETRO CAP	-	Non-Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERGOLOID MESYLATES TAB	-	Non-Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOMAR SL TAB (QL= 12 tabs/30 days; ST req trial of Migergot rectal supp, and 2 of the following: nara- tab, riza- tab/ODT, suma- tab)	QL-ST	Non-Preferred	MIGRAINE PRODUCTS
ERGOTAMINE/CAFFEINE TAB (QL= 40 tabs/28 days)	QL	Preferred	MIGRAINE PRODUCTS
ergotamine/caffeine tab (CAFERGOT equiv) (QL= 40 tabs/28 days)	QL	Preferred	MIGRAINE PRODUCTS
ERGOTHIONEINE CAP	OTC	EXC	ALTERNATIVE MEDICINES
eribulin mesylate inj (HALAVEN equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERIVEDGE CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB 240MG (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLOTINIB HCL (BULK) POWDER	-	EXC	CHEMICALS

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Drug Name	Special Code	Tier	Category
erlotinib tab 100mg (TARCEVA equiv)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 150mg (TARCEVA equiv)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERMEZA SOLN 150MCG/5ML (QL= 10ml/day; Step therapy requires trial of levothyroxine tab)	QL-ST	Non-Preferred	THYROID AGENTS
ERTACZO CREAM	-	Non-Preferred	DERMATOLOGICALS
ERY PAD (QL= 360 pads/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Preferred	DERMATOLOGICALS
ERYTHROMYCIN CAP DR	-	Preferred	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	Select	MACROLIDES
ERYTHROMYCIN EC CAP	-	Preferred	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	Select	MACROLIDES
erythromycin gel	-	Select	DERMATOLOGICALS
erythromycin lactobionate for inj (ERYTHROCIN equiv)	-	EXC	MACROLIDES
erythromycin ophth oint	-	Select	OPHTHALMIC AGENTS
erythromycin pad	-	Select	DERMATOLOGICALS
erythromycin soln	-	Select	DERMATOLOGICALS
erythromycin tab (ERY-TAB equiv)	-	Select	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	Select	MACROLIDES
erythromycin/benzoyl peroxide gel	-	EXC	DERMATOLOGICALS
ERZOFRI INJ 117MG/0.75ML	AMSP	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERZOFRI INJ 156MG/ML	AMSP	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERZOFRI INJ 234MG/1.5ML	AMSP	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERZOFRI INJ 351MG/2.25ML	AMSP	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERZOFRI INJ 39MG/0.25ML	AMSP	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERZOFRI INJ 78MG/0.5ML	AMSP	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ESCITALOPRAM CAP (QL= 1 cap/day; ST req trial of escitalopram tabs AND one SSRI (eg. fluoxetine, sertraline) or SNRI (eg. venlafaxine, desven.))	QL-ST	Non-Preferred	ANTIDEPRESSANTS
escitalopram soln (LEXAPRO equiv)	-	Select	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	Value	ANTIDEPRESSANTS
ESKATA SOLN	-	EXC	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
eslicarbazepine acetate tab (APTIOM equiv) (QL= 60 tabs/30 days)	QL	Select	ANTICONVULSANTS
esomeprazole cap (NEXIUM equiv)	-	EXC	ULCER DRUGS
esomeprazole DR granule pack (NEXIUM equiv) (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
esomeprazole magnesium DR tab (NEXIUM equiv)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
ESOMEPRAZOLE STRONTIUM CAP (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC	ULCER DRUGS
ESPEROCT INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
estazolam tab (PROSOM equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	Select	ESTROGENS
estradiol cream (ESTRACE equiv)	-	Select	VAGINAL PRODUCTS
estradiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Preferred	ESTROGENS
estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days)	QL	Select	ESTROGENS
estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days)	QL	Select	ESTROGENS
estradiol tab (ESTRACE equiv)	-	Select	ESTROGENS
estradiol td gel (DIVIGEL equiv) (QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Preferred	ESTROGENS
estradiol td gel 1.25mg/1.25gm (DIVIGEL equiv) (QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Preferred	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	Select	VAGINAL PRODUCTS
estradiol valerate inj	-	Select	ESTROGENS
estradiol/norethindrone tab (ACTIVELLA equiv)	-	Select	ESTROGENS
ESTRING (QL= 1 ring/90 days; 3 copays per Rx)	QL	Preferred	VAGINAL PRODUCTS
estrogens, conjugated tab (PREMARIN equiv)	-	Preferred	ESTROGENS
ESTROVEN COM TAB ASHWAGAN	-	EXC	ALTERNATIVE MEDICINES
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ethacrynic tab (EDECRIN equiv)	-	Preferred	DIURETICS
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

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etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
EULEXIN CAP (QL= 6 caps/day)	QL	Non-Preferred	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EURAX CREAM	OTC	EXC	DERMATOLOGICALS
EVENING PRIMROSE OIL CAP	-	EXC	NUTRIENTS
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab (ZORTRESS equiv) (QL= 2 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
everolimus tab for oral susp (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVOTAZ TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
EVRYSDI SOLN (QL= 240ml/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	NEUROMUSCULAR AGENTS
EVRYSDI TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	NEUROMUSCULAR AGENTS
EVUSHELD SOLN	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY)	ST	Non-Preferred	ANTIDOTES AND SPECIFIC ANTAGONISTS
EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY)	ST	Non-Preferred	ANTIDOTES
EXELDERM CREAM, SULCONAZOLE CREAM	-	Non-Preferred	DERMATOLOGICALS
EXEMAX CRE	OTC	EXC	DERMATOLOGICALS
exemestane tab (AROMASIN equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXKIVITY CAP (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Preferred Specialty	NEUROMUSCULAR AGENTS
EXTAVIA INJ (QL= 14 kits/28 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EXTENCILLINE INJ	-	EXC	PENICILLINS
EXXUA TAB (QL= 1 tab/day)	PA-QL	Non-Preferred	ANTIDEPRESSANTS
EYLEA HD INJ	-	EXC	OPHTHALMIC AGENTS

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EYLEA INJ	-	EXC	OPHTHALMIC AGENTS
EZALLOR SPRINKLE CAP (QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, rosuvastatin, or simvastatin)	QL-ST	Non-Preferred	ANTIHYPERLIPIDEMICS
ezetimibe tab (ZETIA equiv) (QL= 1 tab/day)	QL	Select	ANTIHYPERLIPIDEMICS
EZETIMIBE/ATORVASTATIN TAB (QL= 1 tab/day; Step therapy requires trial of atorvastatin and ezetimibe)	QL-ST	Non-Preferred	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv)	-	Select	ANTIHYPERLIPIDEMICS
FABHALTA CAP (QL= 60 caps/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
FACTIVE TAB	-	Non-Preferred	FLUOROQUINOLONES
FALESSA KIT	-	Non-Preferred	CONTRACEPTIVES
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
famciclovir tab 500mg (FAMVIR equiv) (QL= 42 tabs/fill, 2 fills/month)	QL	Select	ANTIVIRALS
famotidine susp (PEPCID equiv) (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
famotidine tab (PEPCID equiv)	-	Select	ULCER DRUGS
FARXIGA TAB (QL= 1 tab/day)	QL	Preferred	ANTIDIABETICS
FASENRA INJ (QL= 1 syringe/56 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FASENRA INJ 10MG/0.5ML (QL= 1 syringe/56 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FASENRA PEN INJ (QL= 1 pen/56 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
febuxostat tab (ULORIC equiv) (QL= 1 tab/day; Step Therapy requires trial of allopurinol 100mg or 300mg)	QL-ST	Select	GOUT AGENTS
FEIBA INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
felbamate susp (FELBATOL equiv) (QL= 30ml/day)	QL	Select	ANTICONVULSANTS
felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day)	QL	Select	ANTICONVULSANTS
felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	Non-Preferred	VAGINAL PRODUCTS
FEMALE CONDOMS	OTC	Preventive	MEDICAL DEVICES AND SUPPLIES
FEMLYV TAB (QL= 28 tabs/24 days)	QL	Preventive	CONTRACEPTIVES
FENOFIBRATE CAP (QL= 3 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130))	QL-ST	Non-Preferred	ANTIHYPERLIPIDEMICS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	Select	ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	Select	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	Preferred	ANTIHYPERLIPIDEMICS

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FENOFIBRATE MICRO CAP 90MG (QL= 2 caps/day; ST req trial of 2: fenofibrate tab (Tricor) or fenofibrate cap (Lofibra))	QL-ST	Non-Preferred	ANTIHYPERLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	Preferred	ANTIHYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	Select	ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	Preferred	ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB 105MG (QL= 1 tab/day; ST req trial of fenofibrate tab (Tricor) AND fenofibrate cap (Lofibra))	QL-ST	Non-Preferred	ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB 35MG (QL= 2 tabs/day; ST req trial of fenofibrate tab (Tricor) AND fenofibrate cap (Lofibra))	QL-ST	Non-Preferred	ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB, FIBRICOR TAB	-	Non-Preferred	ANTIHYPERLIPIDEMICS
FENOPROFEN TAB (ST req trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
FENSOLVI INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
FENTA/ROPIVA INJ	-	EXC	ANALGESICS - OPIOID
FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	Non-Preferred	ANALGESICS - OPIOID
FENTANYL CIT INJ	-	EXC	ANALGESICS - OPIOID
fentanyl citrate inj	-	EXC	ANALGESICS - OPIOID
fentanyl citrate pf soln prefilled syringe (FENTANYL equiv)	-	EXC	ANALGESICS - OPIOID
FENTANYL CITRATE-BUPIVACAINE EPIDURAL INJ	-	EXC	ANALGESICS - OPIOID
FENTANYL CITRATE-NACL IV SOLN	-	EXC	ANALGESICS - OPIOID
FENTANYL CIT-ROPIV-NACL SOL PREF SYR	-	EXC	ANALGESICS - OPIOID
FENTANYL FE KIT	-	EXC	DIAGNOSTIC PRODUCTS
fentanyl patch (DURAGESIC equiv) (QL= 15 patches/30 days)	QL	Preferred	ANALGESICS - OPIOID
FENTANYL/BUPIVACAINE/NACL INJ	-	EXC	ANALGESICS - OPIOID
FENTANYL/ROPIVAC/NACL INJ	-	EXC	ANALGESICS - OPIOID
fenugreek (trigonella foenum-graecum) cap	-	EXC	ALTERNATIVE MEDICINES
FERIVA 21/7 TAB	-	EXC	HEMATOPOIETIC AGENTS
FERRIPROX 2 DAY TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Preferred Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Preferred Specialty	ANTIDOTES
FERRO-PLEX TAB	-	EXC	HEMATOPOIETIC AGENTS
ferrous fumarate-folic acid tab	-	EXC	HEMATOPOIETIC AGENTS
FERROUS SULF TAB EC	-	EXC	HEMATOPOIETIC AGENTS
ferrous sulfate ec tab	-	EXC	HEMATOPOIETIC AGENTS
ferrous sulfate elixir	OTC	EXC	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID	OTC	EXC	HEMATOPOIETIC AGENTS
ferrous sulfate soln	OTC	EXC	HEMATOPOIETIC AGENTS
ferumoxytol inj (FERAHEME equiv)	-	EXC	HEMATOPOIETIC AGENTS
fesoterodine fumarate er tab (TOVIAZ equiv) (QL= 1 tab/day)	QL	Select	URINARY ANTISPASMODICS
FETZIMA CAP (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred	ANTIDEPRESSANTS

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FETZIMA TITRATION PACK (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred	ANTIDEPRESSANTS
fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv)	-	EXC	COUGH/COLD/ALLERGY
fexofenadine/pseudoephedrine tab 60-120mg	-	EXC	COUGH/COLD/ALLERGY
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
FIBER LIQUID	OTC	EXC	LAXATIVES
FIBER PACKET	-	EXC	LAXATIVES
FIBER/VITAMIN D3 CHEW TAB	-	EXC	LAXATIVES
FIBRYGA INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
FILSPARI TAB (QL= 30 tabs/30 days; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
FILSUVEZ GEL (QL= 702g/30days; Only available through PantheRx 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
FINAPID SOLN	-	EXC	DERMATOLOGICALS
FINAPODTAR SOLN	-	EXC	DERMATOLOGICALS
finasteride tab (PROPECIA equiv)	-	EXC	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
FINAZOL TAB	-	EXC	MULTIVITAMINS
fingolimod hcl cap (GILENYA equiv) (QL= 30 caps/30 days)	AMSP-QL	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	ANTICONVULSANTS
FIRDAPSE TAB (QL= 8 tabs/day; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	ANTIMYASTHENIC/CHOLINERGIC AGENTS
FIRMAGON INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FIRST AID KIT	-	EXC	MEDICAL DEVICES
FIRST AID OINTMENT	-	EXC	ANTISEPTICS & DISINFECTANTS
FIRST METRONIDAZOLE SUSP	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	EXC	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	EXC	ULCER DRUGS
FIRST PANTOPRAZOLE SUSP	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
FIRVANQ SOLN 25MG/ML (QL= 300ml/30 days)	QL	Preferred	ANTI-INFECTIVE AGENTS - MISC.
FIRVANQ SOLN 50MG/ML (QL= 300ml/30 days)	QL	Preferred	ANTI-INFECTIVE AGENTS - MISC.

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FLAREX OPHTH SUSP	-	Preferred	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv) (QL= 8 tabs/day; Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER, solifenacin)	QL-ST	Preferred	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	Select	ANTIARRHYTHMICS
FLEQSUVY SUSP (QL= 16ml/day; Step therapy requires trial of baclofen and tizanidine)	QL-ST	Non-Preferred	MUSCULOSKELETAL THERAPY AGENTS
FLEXITOL ECZ CRE	OTC	EXC	DERMATOLOGICALS
FLOLIPID SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Non-Preferred	ANTIHYPERLIPIDEMICS
FLONASE NIGHT TIME ALLERGY RELIEF TAB	-	EXC	ANTIHISTAMINES
FLO-PRED SUSP	-	Non-Preferred	CORTICOSTEROIDS
FLORAFOL CHEW TAB	-	EXC	MULTIVITAMINS
FLORAFOL PEDIATRIC ORAL SOLN	-	EXC	MULTIVITAMINS
FLORASTOR CHW DIGEST	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
FLORIVA CHEW TAB	-	Non-Preferred	MULTIVITAMINS
FLORIVA DROPS	-	Preferred	MINERALS & ELECTROLYTES
FLORIVA PLUS DROPS	-	Preventive	MULTIVITAMINS
FLORTAUCIPIR F 18 IV SOLN	-	EXC	DIAGNOSTIC PRODUCTS
FLOTREX CHEW	-	EXC	MULTIVITAMINS
FLOXURIDINE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUAD INJ	VAC	Preventive	VACCINES
FLUAD QUAD INJ	VAC	Preventive	VACCINES
FLUBLOK INJ	VAC	Preventive	VACCINES
FLUBLOK INJ (QL= 0.5ml/fill)	VAC-QL	Preventive	VACCINES
FLUBLOK QUAD PF INJ	VAC	Preventive	VACCINES
FLUCELVAX INJ (QL= 0.5ml/fill)	QL-VAC	Preventive	VACCINES
FLUCELVAX QUAD INJ	VAC	Preventive	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	Select	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	Select	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	Select	ANTIFUNGALS
FLUDARABINE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUDEOXYGLUCOSE F 18 IV INJ	-	EXC	DIAGNOSTIC PRODUCTS
fludrocortisone tab (FLORINEF equiv)	-	Select	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	Preventive	VACCINES
FLUMIST NASAL (QL= 1 dose/fill; Limited to members aged 2 to 49 years old)	QL-VAC	Preventive	VACCINES

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FLUMIST QUADRIVALENT NASAL SUSP	VAC	Preventive	VACCINES
flunisolide nasal soln	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream 0.01% (SYNALAR equiv) (QL= 454 gm/30 days)	QL	Preferred	DERMATOLOGICALS
fluocinolone acetonide cream 0.025% (SYNALAR equiv) (QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone)	QL-ST	Preferred	DERMATOLOGICALS
fluocinolone acetonide cream 0.05% (TOPICORT equiv) (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Preferred	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
fluocinonide gel	-	Select	DERMATOLOGICALS
fluocinonide oint	-	Select	DERMATOLOGICALS
fluocinonide soln	-	Select	DERMATOLOGICALS
FLUOPAR KIT	-	EXC	DERMATOLOGICALS
FLUORABON SOLN (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive	MINERALS & ELECTROLYTES
FLUORESCEIN INJ	-	EXC	OPHTHALMIC AGENTS
fluorescein sodium iv soln (FLUORESCITE equiv)	-	EXC	OPHTHALMIC AGENTS
FLUORESCITE INJ OP	-	EXC	OPHTHALMIC AGENTS
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	Select	OPHTHALMIC AGENTS
fluorouracil cream (EFUDEX CREAM equiv)	-	Select	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	Non-Preferred	DERMATOLOGICALS
FLUOROURACIL SOLN	-	Preferred	DERMATOLOGICALS
fluorouracil soln (FLUOROURACIL equiv)	-	Select	DERMATOLOGICALS
FLUOVIX PAK	-	EXC	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	Value	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine cap 90mg (PROZAC equiv) (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
fluoxetine tab 60mg	-	Preferred	ANTIDEPRESSANTS
FLUOXIA CREAM	-	EXC	DERMATOLOGICALS
fluphenazine tab (PROLIXIN equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
flurandrenolide oint (CORDRAN equiv)	-	Preferred	DERMATOLOGICALS
FLURAZEPAM CAP (QL= 1 cap/day; Step Therapy requires trial of 2: estazolam, temazepam, and triazolam)	QL-ST	Non-Preferred	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

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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 (QL= 6 caps/day)	QL	Non-Preferred	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
flutamide cap (EULEXIN equiv)	QL--	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUTICASONE DISKUS INHALER (QL= 2 inhalers/30 days)	QL	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100 MCG/AC (QL= 1 inhaler/30 days)	QL	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200 MCG/AC (QL= 1 inhaler/30 days)	QL	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50 MCG/ACT (QL= 1 inhaler/30 days)	QL	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER 110MCG (QL= 2 inhalers/30 days)	QL	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER 220MCG (QL= 2 inhalers/30 days)	QL	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER 44MCG (QL= 2 inhalers/30 days)	QL	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone nasal spray (FLONASE equiv)	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	Select	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	Select	DERMATOLOGICALS
FLUTICASONE/SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
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	Preferred	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	Preferred	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
FLYPROGPIDTA SOLN	-	EXC	DERMATOLOGICALS
FLYRCADO INJ	-	EXC	DIAGNOSTIC PRODUCTS
FOAM ANTACID CHEW	-	EXC	ANTACIDS
FOAMIL LIQUID	-	EXC	PHARMACEUTICAL ADJUVANTS

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FOCINVEZ INJ	-	EXC	ANTIEMETICS
FOLAFY ER TAB	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
FOLBEE PLUS CZ TAB	-	Select	MULTIVITAMINS
FOLDITAM TAB	-	EXC	HEMATOPOIETIC AGENTS
folic acid cap (Covered at $0 for females only; All other members covered at generic copay)	-	Preventive	HEMATOPOIETIC AGENTS
FOLIC ACID LIQUID	-	EXC	HEMATOPOIETIC AGENTS
folic acid tab 1mg (Covered at $0 for females only; All other members covered at generic copay)	-	Preventive	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	Preventive	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	Preventive	HEMATOPOIETIC AGENTS
FOLIC ACID-CHOLECALCIFEROL CAP	-	EXC	HEMATOPOIETIC AGENTS
FOLIC AC-VIT B12-VIT B6-ARGININE TAB	-	EXC	HEMATOPOIETIC AGENTS
FOLOTYN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FOLPLEX TAB	-	EXC	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
FORFIVO XL TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred	ANTIDEPRESSANTS
FORTEO INJ 560MCG/2.24ML (QL= 2.24 mL/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORZINITY INJ (QL= 4 vials/28 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
fosinopril tab (MONOPRIL equiv)	-	Select	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	Select	ANTIHYPERTENSIVES
FOSRENOL POWDER PACK (QL= 3 packs/day)	QL	Non-Preferred	GASTROINTESTINAL AGENTS - MISC.
FOTIVDA CAP (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRAGMIN INJ	-	Non-Preferred	ANTICOAGULANTS
FRAGMIN INJ 7500 (QL= 3ml/30 days)	QL	Non-Preferred	ANTICOAGULANTS
FRAICHE 5000 GEL PREVI	-	EXC	MOUTH/THROAT/DENTAL AGENTS
FRAICHE 5000 GEL SENSITIV	-	EXC	MOUTH/THROAT/DENTAL AGENTS
FREE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred	DIAGNOSTIC PRODUCTS

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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 2-PLUS SENSOR (QL= 2 sensors/30 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; Step Therapy requires trial of one insulin product)	QL-ST	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
FRUCTOOLIGOSACCHARIDES (FOS)-INULIN POWDER	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
FRUZAQLA CAP 1MG (QL= 84 caps/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRUZAQLA CAP 5MG (QL= 21 caps/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FT CALCIUM VITAMIN D3 CAP	-	EXC	MINERALS & ELECTROLYTES
FULPHILA INJ (QL= 2 syringes/28 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
FULVESTRANT INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fulvestrant inj soln pref syringe	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FULVICIN P/G TAB (QL= 1 tab/day; ST req trial of itraconazole, fluconazole, terbinafine, and griseofulvin oral suspension)	QL-ST	Non-Preferred	ANTIFUNGALS
FULVICIN P/G TAB, GRISEOFULVIN ULTRA MICRO TAB (QL= 1 tab/day; ST r trial of itraconazole, fluconazole, terbinafine, and griseofulvin oral susp)	QL-ST	Non-Preferred	ANTIFUNGALS
FUNGIZYL AC CREAM	-	EXC	DERMATOLOGICALS
FUNGIZYL AL LIQUID	-	EXC	DERMATOLOGICALS
FUROSCIX KIT (QL= 8 kits/30 days; Step requires a trial of furosemide tabs or furosemide soln; Only available through Onco360 or CareMed 877-662-6633)	LD-QL-ST	Non-Preferred Specialty	DIURETICS
furosemide soln (LASIX equiv)	-	Preferred	DIURETICS
FUROSEMIDE SOLN	-	Value	DIURETICS
furosemide tab (LASIX equiv)	-	Value	DIURETICS

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

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Drug Name	Special Code	Tier	Category
FUZEON INJ	AMSP	Preferred Specialty	ANTIVIRALS
FYARRO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FYLNETRA INJ (QL= 2 syringes/28 days)	PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
G HIST FORTE TAB	-	EXC	COUGH/COLD/ALLERGY
GABA CAP	OTC	EXC	NUTRIENTS
GABA TAB	OTC	EXC	NUTRIENTS
gabapentin (once-daily) tab (GRALISE equiv) (QL= 2 tabs/day)	PA-QL	Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
gabapentin cap (NEURONTIN equiv)	-	Select	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	Select	ANTICONVULSANTS
GABARONE TAB (QL= 3 tabs/day; Step therapy requires trial of gabapentin capsules AND pregabalin capsules)	QL-ST	Non-Preferred	ANTICONVULSANTS
GADAVIST INJ	-	EXC	DIAGNOSTIC PRODUCTS
gadobutrol inj (GADAVIST equiv)	-	EXC	DIAGNOSTIC PRODUCTS
gadoterate meglumine iv soln (CLARISCAN INJ, DOTAREM INJ equiv)	-	EXC	DIAGNOSTIC PRODUCTS
gadoterate meglumine iv soln prefilled syringe (CLARISCAN INJ, DOTAREM IN equiv)	-	EXC	DIAGNOSTIC PRODUCTS
gadoteridol iv soln (PROHANCE equiv)	-	EXC	DIAGNOSTIC PRODUCTS
GALAFOLD CAP (QL= 15 caps/30 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALEN IQ 900 POWDER	-	EXC	PHARMACEUTICAL ADJUVANTS
GALZIN CAP	-	Non-Preferred	MINERALS & ELECTROLYTES
GARDASIL 9 INJ	VAC	Preventive	VACCINES
GARDASIL INJ	VAC	Preventive	VACCINES
GARLIC CAP	OTC	EXC	ALTERNATIVE MEDICINES
garlic tab (PURE-GAR equiv)	OTC	EXC	ALTERNATIVE MEDICINES
GAS RELIEF LIQUID INFANTS	OTC	EXC	GASTROINTESTINAL AGENTS - MISC.
GASTROGRAFIN SOLN	-	EXC	DIAGNOSTIC PRODUCTS
GATTEX KIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
GAUZE PADS/DRESSINGS 10" X 9"	OTC	EXC	MEDICAL DEVICES AND SUPPLIES
GAVILYTE-C SOLN (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive	LAXATIVES
gavilyte-h kit	-	Preferred	LAXATIVES

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GAVRETO CAP (QL= 120 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEAMETDRAY GEL	-	EXC	DERMATOLOGICALS
gefitinib tab (IRESSA equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELATIN ABSORBABLE POW	-	EXC	HEMOSTATICS
GELATIN CAP	OTC	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
GELCLAIR GEL	-	Non-Preferred	MOUTH/THROAT/DENTAL AGENTS
gemfibrozil tab (LOPID equiv)	-	Select	ANTIHYPERLIPIDEMICS
GEMTESA TAB (QL= 30 tabs/30 days; Step Therapy requires trial of oxybutynin IR/ER AND solifenacin)	QL-ST	Non-Preferred	URINARY ANTISPASMODICS
GEN7T PLUS PAD	-	Non-Preferred	DERMATOLOGICALS
GENOTROPIN INJ (QL= 21 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ (QL= 4 cartridges/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ (QL= 9 cartridges/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	Select	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	Select	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	Select	DERMATOLOGICALS
gentamicin sulfate inj (GENTAMICIN equiv)	-	EXC	AMINOGLYCOSIDES
gentamicin sulfate oint	-	Select	DERMATOLOGICALS
GENTAMICIN/NACL INJ	-	EXC	AMINOGLYCOSIDES
GENTEAL TEAR GEL SEV D/N	-	EXC	OPHTHALMIC AGENTS
GENVOYA TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
GERITOL LIQUID TONIC	-	EXC	MULTIVITAMINS
G-HIST PE TAB	-	EXC	COUGH/COLD/ALLERGY
GIALAX KIT	-	Non-Preferred	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	Preventive	CONTRACEPTIVES
GIAPREZA INJ	-	EXC	VASOPRESSORS
GILENYA CAP (QL= 30 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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GIMOTI NASAL SPRAY (QL= 1 bottle/28 days; ST req trial of metoclopramide tab)	QL-ST	Non-Preferred	GASTROINTESTINAL AGENTS - MISC.
GINGER ROOT CAP	OTC	EXC	ALTERNATIVE MEDICINES
GINGER-ASHWAGANDHA LOZENGE	-	EXC	ALTERNATIVE MEDICINES
GINGER-CHASTEBERRY-VALERIAN CAP	-	EXC	ALTERNATIVE MEDICINES
GINKGO BILOB CAP	-	EXC	ALTERNATIVE MEDICINES
GLASSIA INJ	-	EXC	RESPIRATORY AGENTS - MISC.
glatiramer inj 20mg/ml (COPAXONE equiv) (QL= 30 syringes/30 days)	AMSP-QL	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
glatiramer inj 40mg/ml (COPAXONE equiv) (QL= 12 syringes/28 days)	AMSP-QL	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLENTUSS LIQUID	-	EXC	COUGH/COLD/ALLERGY
GLEOLAN SOLN	-	EXC	DIAGNOSTIC PRODUCTS
GLEOSTINE/LOMUSTINE CAP	AMSP	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLIMEPIRIDE TAB (QL= 1 tab/day; ST req trial of glimepiride 1mg tab or 2mg tab)	QL-ST	Non-Preferred	ANTIDIABETICS
glimepiride tab (AMARYL equiv)	QL-ST	Value	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	Value	ANTIDIABETICS
GLIPIZIDE TAB (QL= 30 tabs/30 days; Step req trial of 3 of: glipizide IR tabs (5mg, 10mg), glipizide ER, glimepiride, glyburide)	QL-ST	Non-Preferred	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	QL-ST	Value	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	Select	ANTIDIABETICS
GLOPERBA SOLN (QL= 300ml/30 days; Step Therapy requires trial of colchicine)	QL-ST	Non-Preferred	GOUT AGENTS
GLP-DLAX TAB	-	EXC	MULTIVITAMINS
GLUCAGEN INJ	-	Preferred	DIAGNOSTIC PRODUCTS
glucagon (rdna) for inj kit (QL= 2 inj/fill, 2 fills/month)	QL	Select	ANTIDIABETICS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	Preferred	ANTIDIABETICS
GLUCORAPHANIN-MYOSINASE-ASCORBIC ACID CAP	OTC	EXC	ALTERNATIVE MEDICINES
GLUCOS/CHOND LIQ MAX-STR	OTC	EXC	ALTERNATIVE MEDICINES
GLUCOSAMINE TAB	OTC	EXC	ALTERNATIVE MEDICINES
GLUCOSAMINE/CHONDROITIN CAP	OTC	EXC	ALTERNATIVE MEDICINES
GLUCOSAMINE/MSM CAP	-	EXC	ALTERNATIVE MEDICINES
GLUCOSAMINE-CHONDROITIN-HYALURONIC ACID-MSM LIQUID	-	EXC	ALTERNATIVE MEDICINES
GLUCOSAMINE-CHONDROITIN-MSM CAP	OTC	EXC	ALTERNATIVE MEDICINES
GLUCOSAMINE-MSM-HYALURONIC ACID CAP	-	EXC	ALTERNATIVE MEDICINES
glucose chew tab	OTC	EXC	ANTIDIABETICS
GLUCOSE LIQUID	OTC	EXC	ANTIDIABETICS
GLUTATHIONE CAP	-	EXC	NUTRIENTS
GLYBURID MCR TAB	-	Select	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	Value	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	Value	ANTIDIABETICS
GLYCATE TAB (QL= 4 tabs/day; Step Therapy requires trial of glycopyrrolate tab 1mg or glycopyrrolate tab 2mg)	QL-ST	Preferred Specialty	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

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glycerol phenylbutyrate liquid (RAVICTI equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
glycopyrrolate inj 0.2mg/ml (ROBINUL equiv)	-	EXC	ULCER DRUGS
glycopyrrolate inj pf soln prefilled syringe	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day)	QL	Select	ULCER DRUGS
glycopyrrolate tab (ROBINUL equiv)	-	Select	ULCER DRUGS
GLY-OXIDE SOLN	-	EXC	MOUTH/THROAT/DENTAL AGENTS
GLYRX-PF INJ 0.2MG/ML	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
GLYXAMBI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Preferred	ANTIDIABETICS
GNP CREATINE CHW MONOHYDR	OTC	EXC	NUTRIENTS
GNP ELECTROL SOL FRUIT	OTC	EXC	MINERALS & ELECTROLYTES
GNP L-LYSINE TAB	-	EXC	NUTRIENTS
GOHIBIC INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
GOLDENSEAL CAP	-	EXC	ALTERNATIVE MEDICINES
GOMEKLI CAP (QL= 42 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GOMEKLI TAB (QL= 84 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GONIOTAIRE OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
GONITRO POWDER	-	Non-Preferred	ANTIANGINAL AGENTS
GRAFAPEX INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GRAFCO SILVER NITRATE APPLICATOR	-	EXC	DERMATOLOGICALS
granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days)	QL	Select	ANTIEMETICS
GRANISOL SOLN (QL= 60ml/30 days)	QL	Non-Preferred	ANTIEMETICS
GRANIX INJ (QL= 15 syringes/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
GRANIX INJ (QL= 15 vials/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
GRAPE SEED CAP	-	EXC	ALTERNATIVE MEDICINES
GRASS POLLEN INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
GRASTEK SL TAB (QL= 30 tabs/30 days)	QL	Preferred	BIOLOGICALS MISC
GREEN ASH POLLEN EXTRACT INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
GREEN TEA CAP	-	EXC	ALTERNATIVE MEDICINES
griseofulvin susp (GRIFULVIN equiv)	-	Select	ANTIFUNGALS

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Drug Name	Special Code	Tier	Category
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	Preferred	COUGH/COLD/ALLERGY
guaifenesin-DM oral liquid 10-100mg/5ml (ROBITUSSIN equiv)	-	EXC	COUGH/COLD/ALLERGY
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
guanfacine IR tab (TENEX equiv)	-	Select	ANTIHYPERTENSIVES
GUANIDINE TAB	-	Select	ANTIMYASTHENIC/CHOLINERGIC AGENTS
GUARDIAN 4 MIS SENSOR (QL= 5 sensors/30 days)	PA-QL	Non-Preferred	MEDICAL DEVICES AND SUPPLIES
GUARDIAN 4 TRANSMITTER (QL= 1 transmitter/year)	PA-QL	Non-Preferred	MEDICAL DEVICES AND SUPPLIES
GUINEA PIG INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
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
GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferred	ANTIDIABETICS
GVOKE VIALDX INJ	-	EXC	DIAGNOSTIC PRODUCTS
GYNAZOLE CREAM	-	Non-Preferred	VAGINAL PRODUCTS
HADLIMA INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
HALAVEN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HALFLYTELY BOWEL PREP KIT	-	Non-Preferred	LAXATIVES
halobetasol propionate cream (ULTRAVATE equiv) (QL= 200 gm/30 days)	QL	Select	DERMATOLOGICALS

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halobetasol propionate foam (LEXETTE equiv) (QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobet- crm/oint, or fluocinonide)	QL-ST	Preferred	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv) (QL= 200 gm/30 days)	QL	Select	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	Select	DERMATOLOGICALS
haloperidol decanoate inj	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol lactate conc (HALDOL equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HALUCORT GEL	-	Non-Preferred	DERMATOLOGICALS
HARVONI PELLET PAK (QL= 28 tabs/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIVIRALS
HARVONI TAB (QL= 28 tabs/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIVIRALS
HAVRIX INJ, VAQTA INJ	VAC	Preventive	VACCINES
HAZELNUT INJ	-	EXC	DIAGNOSTIC PRODUCTS
HC BUTYRATE CREAM	-	EXC	DERMATOLOGICALS
HC BUTYRATE CREAM	-	Select	DERMATOLOGICALS
HC BUTYRATE SOLN	-	Preferred	DERMATOLOGICALS
HC PRAMOXINE CREAM 1-2.5%	-	EXC	DERMATOLOGICALS
HC/PRAMOXINE CREAM 1-2.35%	-	EXC	DERMATOLOGICALS
HEALON DUET INJ	-	EXC	OPHTHALMIC AGENTS
HEALON GV INJ	-	EXC	OPHTHALMIC AGENTS
HEALTHY SLEE TAB 5HTP/LTH	OTC	EXC	ALTERNATIVE MEDICINES
HELIDAC PACK (QL= 224 tab/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole))	QL-ST	Non-Preferred	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
HEMANGEOL SOLN	-	Non-Preferred	BETA BLOCKERS
HEMATEX LIQ	OTC	EXC	HEMATOPOIETIC AGENTS
HEMATINIC PL TAB VITAMIN	-	EXC	HEMATOPOIETIC AGENTS
HEMATINIC/FA TAB	-	EXC	HEMATOPOIETIC AGENTS
HEMAX TAB	OTC	EXC	HEMATOPOIETIC AGENTS
HEMGENIX INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
HEMLIBRA INJ	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
HEMOFIL M, KOATE INJ	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
HEMORR/FISS OINT	OTC	EXC	ANORECTAL AND RELATED PRODUCTS
HEMORRHOID OINT	OTC	EXC	ANORECTAL AND RELATED PRODUCTS
HEMORRHOIDAL SUPP	--OTC	EXC	ANORECTAL AND RELATED PRODUCTS
heparin porcine inj	-	Preferred	ANTICOAGULANTS

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HEPARIN SODIUM/NACL INJ	-	EXC	ANTICOAGULANTS
HEPLISAV-B INJ	VAC	Preventive	VACCINES
HEPZATO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HERCESSI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HETASTARCH INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
HETLIOZ SUSP (QL= 158ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
HEXALEN CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	ANTINEOPLASTICS
HEXATRIONE SUSP	-	EXC	CORTICOSTEROIDS
HEXIOUNYL LOTION	-	EXC	DERMATOLOGICALS
HISTDAO TAB	OTC	EXC	DIGESTIVE AIDS
HIXDEFRIMA SOLN	-	EXC	DERMATOLOGICALS
HIZENTRA INJ (Only available through Emerging Health 971-290-2010)	LD-PA	Preferred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HOMATROPINE OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS
HOODIA CAP	-	EXC	ALTERNATIVE MEDICINES
HORIZANT TAB (QL= 30 tabs/30 days)	PA-QL	Non-Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HORIZANT TAB 600MG ER (QL= 60 tabs/30 days)	PA-QL	Non-Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HORSE CHESTNUT CAP	-	EXC	ALTERNATIVE MEDICINES
HORSE EPITHE INJ	-	EXC	DIAGNOSTIC PRODUCTS
HULIO INJ 40MG/0.8ML (QL= 2 pens/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HULIO KIT 20MG/0.4ML (QL = 2 pens/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred	ANTIDIABETICS
HUMALOG KWIKPEN INJ (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred	ANTIDIABETICS
HUMALOG KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred	ANTIDIABETICS
HUMALOG MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred	ANTIDIABETICS
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred	ANTIDIABETICS
HUMALOG PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred	ANTIDIABETICS
HUMALOG TEMPO PEN INJ 100UNIT/ML (QL= 60 units/30 days; Step Therap requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred	ANTIDIABETICS
HUMATIN CAP	-	Non-Preferred	AMINOGLYCOSIDES

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Drug Name	Special Code	Tier	Category
HUMATROPE INJ	AMSP-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA 10MG/0.1ML (CORDAVIS) (QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA 20MG/0.2ML (CORDAVIS) (QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA 40MG/0.4ML (CORDAVIS) (QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA 80MG/0.8ML (CORDAVIS) (QL= 2 syringes/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 80MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred	ANTIDIABETICS
HUMULIN R INJ U-500 (QL= 40 units/30 days)	QL	Select	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ (QL= 24 units/30 days)	QL	Select	ANTIDIABETICS
HURRICAINE SPRAY	-	EXC	MOUTH/THROAT/DENTAL AGENTS
HURRI-FREEZE AER MIST SPRAY	-	EXC	DERMATOLOGICALS
HYALURONIC CAP	-	EXC	ALTERNATIVE MEDICINES
HYCAMTIN CAP	LMSP-PA	Preferred Specialty	ANTINEOPLASTICS

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HYCLODEX SOLN	-	Non-Preferred	DERMATOLOGICALS
HYCOFENIX SOLN	-	EXC	COUGH/COLD/ALLERGY
HYD POL/CPM SUSP (QL= 10ml/day)	QL	Select	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	Select	ANTIHYPERTENSIVES
HYDRO 35 FOAM	-	EXC	DERMATOLOGICALS
HYDROCAINE CREAM	-	EXC	DERMATOLOGICALS
hydrochlorothiazide cap (MICROZIDE equiv)	-	Value	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	Value	DIURETICS
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred	ANALGESICS - OPIOID
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred	ANALGESICS - OPIOID
hydrocodone/acetaminophen cap (LORCET equiv)	-	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 180ml/day)	QL	Select	ANALGESICS - OPIOID
HYDROCODONE/ACETAMINOPHEN SOLN 10-325 MG/15ML (QL= 90ml/90 days for members age 20 or younger; QL= 210ml/90 days for members age 21 or older)	QL	Non-Preferred	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	QL--	Preferred	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10-325mg (QL= 12 tabs/day)	QL	Preferred	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	Preferred	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 12 tabs/day)	QL	Preferred	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	Select	COUGH/COLD/ALLERGY
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv)	-	EXC	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	Select	COUGH/COLD/ALLERGY
HYDROCODONE/IBUPROFEN TAB (QL= 5 tabs/day)	QL	Preferred	ANALGESICS - OPIOID
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	QL--	Select	ANALGESICS - OPIOID
HYDROCORTISONE POWDER	-	EXC	CHEMICALS
HYDROCORTISONE AC POWDER	-	EXC	CHEMICALS
hydrocortisone butyrate cream (LOCOID equiv)	-	Select	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	Select	DERMATOLOGICALS
HYDROCORTISONE BUTYRATE OINT	-	Select	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	Select	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	Select	DERMATOLOGICALS
HYDROCORTISONE CREAM	-	EXC	ANORECTAL AND RELATED PRODUCTS
hydrocortisone cream (PROCTOCORT equiv)	-	Preferred	DERMATOLOGICALS
HYDROCORTISONE CREAM 1%	-	EXC	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	Select	ANORECTAL AGENTS
hydrocortisone lotion	-	EXC	DERMATOLOGICALS
hydrocortisone lotion (HYTONE equiv)	-	Preferred	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	Preferred	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
HYDROCORTISONE LOTION 2.5%	-	EXC	DERMATOLOGICALS
hydrocortisone oint	-	EXC	DERMATOLOGICALS
hydrocortisone oint	-	Preferred	DERMATOLOGICALS
HYDROCORTISONE PAK	OTC	EXC	DERMATOLOGICALS
hydrocortisone sodium succinate pf for inj (SOLU-CORTEF equiv)	-	Select	CORTICOSTEROIDS
HYDROCORTISONE STICK	OTC	EXC	DERMATOLOGICALS
hydrocortisone tab (CORTEF equiv)	-	Select	CORTICOSTEROIDS
hydrocortisone valerate cream	-	Select	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	Select	DERMATOLOGICALS
HYDROCORTISONE/KETOCONAZOLE CREAM	-	EXC	DERMATOLOGICALS
HYDROCORTISONE/PRAMOXINE SUPP	-	EXC	ANORECTAL AND RELATED PRODUCTS
HYDROLYZED SILK TAB	-	EXC	ALTERNATIVE MEDICINES
HYDROMO/NACL INJ	-	EXC	ANALGESICS - OPIOID
hydromorphone ER tab 12mg (EXALGO equiv) (QL= 1 tab/day)	QL	Preferred	ANALGESICS - OPIOID
hydromorphone ER tab 16mg (EXALGO equiv) (QL= 1 tab/day)	QL	Preferred	ANALGESICS - OPIOID
hydromorphone ER tab 8mg (EXALGO equiv) (QL= 1 tab/day)	QL	Preferred	ANALGESICS - OPIOID
hydromorphone hcl inj (DILAUDID equiv)	-	EXC	ANALGESICS - OPIOID
HYDROMORPHONE HCL-NACL INJ SOLN PREF SYR	-	EXC	ANALGESICS - OPIOID
HYDROMORPHONE INJ	-	EXC	ANALGESICS - OPIOID
hydromorphone liquid (DILAUDID equiv)	-	Select	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	Preferred	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	Select	ANALGESICS - OPIOID
HYDROQUINONE-HYDROCORTISONE-TRETINOIN EMULSION	-	EXC	DERMATOLOGICALS
HYDROQUINONE-TRETINOIN EMULSION	-	EXC	DERMATOLOGICALS
HYDROQUINONE-TRETINOIN-TRIAMCINOLONE ACE EMUL	-	EXC	DERMATOLOGICALS
HYDROXYAPATITE CMPD-CHOLECAL-MG CAP	OTC	EXC	MINERALS & ELECTROLYTES
hydroxychloroquine tab (PLAQUENIL equiv)	-	Select	ANTIMALARIALS
HYDROXYM CREAM	-	EXC	DERMATOLOGICALS
HYDROXYM GEL	-	EXC	DERMATOLOGICALS
HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days)	AMSP-PA-QL	Preferred Specialty	PROGESTINS
hydroxyurea cap (HYDREA equiv)	-	Select	ANTINEOPLASTICS
hydroxyzine pamoate cap (VISTARIL equiv)	-	Select	ANTIANXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	Select	ANTIANXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	Select	ANTIANXIETY AGENTS
HYFTOR GEL (QL= 20 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
HYMPAVZI INJ (QL= 4ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.

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HYOPHEN TAB	-	Preferred	ANTI-INFECTIVE AGENTS - MISC.
HYOSCYAMINE INJ	-	EXC	ULCER DRUGS
hyoscyamine sulfate CR tab (LEVBID equiv)	-	EXC	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	EXC	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	EXC	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	EXC	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	EXC	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	EXC	ULCER DRUGS
HYPOCYN GEL	-	EXC	DERMATOLOGICALS
HYPODERMIC NEEDLES	OTC	Preferred	MEDICAL DEVICES AND SUPPLIES
HYQVIA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	PASSIVE IMMUNIZING AGENTS
HYRIMOZ INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ INJ 80MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ INJ CROHNS (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ INJ PLAQUE PSORIASIS (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ PFS INJ 10MG/0.1ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ PFS INJ 20MG/0.2ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ-PED INJ CROHNS (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ-PED INJ CROHNS 80MG/0.8ML (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ibandronate tab 150mg (BONIVA equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBRANCE TAB (QL= 21 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBSRELA TAB (QL= 60 tabs/30 days)	PA-QL	Non-Preferred	GASTROINTESTINAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	Preferred	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	Preferred	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	Select	ANALGESICS - ANTI-INFLAMMATORY
IBUPROFEN TAB 300MG (QL= 1 tab/day; ST req trial of ibup (200, 400, 600, 800) AND 2: diclof EC/XR, etodolac IR/ER, melox tab, celecoxib)	QL-ST	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab cold/sinus (QL= 240 tabs/30 days)	OTC-QL	Preferred	COUGH/COLD/ALLERGY
ibuprofen-acetaminophen tab (ADVIL equiv)	OTC	EXC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen-famotidine tab (DUEXIS equiv)	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
ICAR-C PLUS TAB	-	EXC	HEMATOPOIETIC AGENTS
icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days)	AMSP-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days; Only available through Accredo 888-773-7376)	AMSP-PA-QL-LD	Preferred 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
IDACIO INJ 40MG/0.8ML (QL= 2 pens/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
IDAOXIA GEL	-	EXC	DERMATOLOGICALS
IDARAN OINT	-	EXC	DERMATOLOGICALS
idarubicin inj	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDELVION INJ (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
IDHIFA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDOSE TR IMP	-	EXC	OPHTHALMIC AGENTS
IFOSFAMIDE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IGALMI FILM	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
IHEEZO GEL	-	EXC	OPHTHALMIC AGENTS
ILARIS INJ	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
ILUMYA INJ	-	EXC	DERMATOLOGICALS
IMAAVY INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
IMATINIB MES POW	-	EXC	CHEMICALS
imatinib tab 100mg (GLEEVEC equiv) (QL= 3 tabs/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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imatinib tab 400mg (GLEEVEC equiv) (QL= 2 tabs/day)	AMSP-PA-QL	Preferred 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= 216ml/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
IMCIVREE INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
IMDELLTRA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imipramine tab (TOFRANIL equiv)	-	Select	ANTIDEPRESSANTS
imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days)	QL	Select	DERMATOLOGICALS
IMJUDO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMKELDI SOLUTION (QL= 140ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMMUNOTIX CAP	OTC	EXC	ALTERNATIVE MEDICINES
IMOVAX INJ	-	Preventive	VACCINES
IMPAVIDO CAP (QL= 3 caps/day)	AMSP-QL	Preferred Specialty	ANTI-INFECTIVE AGENTS - MISC.
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	Preventive	CONTRACEPTIVES
IMULDOSA INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.
IMULDOSA SYRINGE 45MG/0.5ML (QL= 0.5 mL/84 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
IMULDOSA SYRINGE 90MG/ML (QL= 1 mL/84 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
INBRIJA INH POWDER (QL= 4 units/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
INCRELEX INJ (Only available through AnovoRx 844-288-5007)	LD	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER (QL= 30 units/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	Select	DIURETICS
INDERAL XL CAP, INNOPRAN XL CAP	-	Non-Preferred	BETA BLOCKERS

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Drug Name	Special Code	Tier	Category
INDOCYANINE INJ	-	EXC	DIAGNOSTIC PRODUCTS
indomethacin cap (INDOCIN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN CAP, TIVORBEX CAP (Step Therapy requires trial of 2 nonsteroidal anti-inflammatory agents (NSAIDs))	ST	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN INJ	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN SUPP	-	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
indomethacin suppository (INDOCIN equiv) (QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxen, diclofenac, meloxicam, etc))	QL-ST	Preferred	ANALGESICS - ANTI-INFLAMMATORY
indomethacin susp (INDOCIN equiv) (QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp)	QL-ST	Preferred	ANALGESICS - ANTI-INFLAMMATORY
INFANRIX INJ	VAC	Preventive	TOXOIDS
INFLUENZA-SARS AT HOME TEST	-	EXC	DIAGNOSTIC PRODUCTS
INFUVITE INJ	-	EXC	MULTIVITAMINS
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA PACK 40-80MG (QL= 1 pack/fill, 1 fill/plan year; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA SPRINKLE CAP (QL= 1 cap/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INJECTAFER INJ	-	EXC	HEMATOPOIETIC AGENTS
INLEXZO IMP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INLYTA TAB 5MG (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INNOVAMATRIX DISK	-	EXC	DERMATOLOGICALS
INOSITOL CAP	OTC	EXC	NUTRIENTS
INPEFA TAB (QL= 30 tabs/30 days; Step therapy requires trial of Jardiance and Farxiga)	QL-ST	Non-Preferred	CARDIOVASCULAR AGENTS - MISC.
INPEN INSULIN INJECTION DEVICE	-	EXC	MEDICAL DEVICES AND SUPPLIES
INQOVI TAB (QL= 5 tabs/28 days; Only available through Optum 877-445-6874 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INREBIC CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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

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Drug Name	Special Code	Tier	Category
INSULIN GLARGINE INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Non-Preferred	ANTIDIABETICS
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (1 UNIT DOSE) (QL= 18ml/ days)	QL	Preferred	ANTIDIABETICS
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (2 UNIT DIAL) (QL= 18ml/3 days)	QL	Preferred	ANTIDIABETICS
INSULIN GLARGINE-YFGN (SINGLE PEN) (QL= 60ml/30 days)	QL	Preferred	ANTIDIABETICS
INSULIN GLARGINE-YFGN PEN (CIVICA) 100UNIT/ML (QL= 60mL/30 days; S req Semglee or Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred	ANTIDIABETICS
INSULIN LISP INJ 100/ML (QL= 60 units/30 days)	QL	Preferred	ANTIDIABETICS
INTELENCE TAB (QL= 4 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
INTELENCE TAB 25MG (QL= 4 tabs/day)	QL	Preferred Specialty	ANTIVIRALS
INTRALIPID INJ	-	EXC	NUTRIENTS
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)	AMSP-QL	Preferred Specialty	ANTIVIRALS
INVIRASE TAB (QL= 4 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
INZDEAXIAVAR GEL	-	EXC	DERMATOLOGICALS
INZIRQO SUSP (QL= 5ml/day; ST req Diuril AND trial of 1: HCTZ tab/cap, chlorthal-, spirono- tab, spirono-HCTZ, or Triam-HCTZ)	QL-ST	Non-Preferred	DIURETICS
iodixanol inj (VISIPAQUE equiv)	-	EXC	DIAGNOSTIC PRODUCTS
IODOFLEX PAD	-	Non-Preferred	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	Preferred	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	Preferred	DERMATOLOGICALS
IOHEXOL/LIDOCAINE/BETAMETHASONE INJ KIT	-	EXC	DIAGNOSTIC PRODUCTS
iopamidol inj (ISOVUE-M equiv)	-	EXC	DIAGNOSTIC PRODUCTS
IPOL	-	Preventive	VACCINES
ipratropium nasal spray (ATROVENT equiv)	-	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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IQIRVO TAB (QL= 30 tabs/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
irbesartan tab (AVAPRO equiv)	-	Select	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	Select	ANTIHYPERTENSIVES
IRON GLYCINATE CAP	OTC	EXC	HEMATOPOIETIC AGENTS
IRON GLYCINATE LIQUID	-	EXC	HEMATOPOIETIC AGENTS
iron sucrose inj (VENOFER equiv)	-	EXC	HEMATOPOIETIC AGENTS
IRON TAB	-	EXC	HEMATOPOIETIC AGENTS
iron w/ vitamin tab	-	EXC	MULTIVITAMINS
ISENTRESS (HD) TAB (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Specialty	ANTIVIRALS
ISENTRESS CHEW TAB (QL= 6 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Specialty	ANTIVIRALS
ISENTRESS POWDER PACK (QL= 2 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Specialty	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
isopropyl alcohol spray	-	EXC	DERMATOLOGICALS
isopropyl alcohol wipes	OTC	EXC	DERMATOLOGICALS
isosorbide dinitrate tab 40mg (ISORDIL equiv) (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER)	ST	Preferred	ANTIANGINAL AGENTS
isosorbide dinitrate tab 5mg (ISORDIL equiv)	-	Select	ANTIANGINAL AGENTS
isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day)	QL	Select	CARDIOVASCULAR AGENTS - MISC.
isosorbide mononitrate ER tab (IMDUR equiv)	-	Select	ANTIANGINAL AGENTS
ISOSORBIDE MONONITRATE TAB	-	Select	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	Select	ANTIANGINAL AGENTS
ISOVUE-M 200 INJ	-	EXC	DIAGNOSTIC PRODUCTS
ISOXSUPRINE TAB (QL= 120 tabs/30 days)	QL	Preferred	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
ISTURISA TAB (QL= 12 tabs/day; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ITOVEBI TAB (QL= 28 tabs/28 days)	LMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
itraconazole cap (SPORANOX equiv)	-	Select	ANTIFUNGALS
ivabradine hcl tab (CORLANOR equiv) (QL= 60 tabs/30 days)	PA-QL	Select	CARDIOVASCULAR AGENTS - MISC.
IVERMECTIN CREAM (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Non-Preferred	DERMATOLOGICALS
ivermectin cream (SOOLANTRA equiv) (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Preferred	DERMATOLOGICALS

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IVERMECTIN LOTION	OTC	EXC	DERMATOLOGICALS
IVERMECTIN TAB	-	Non-Preferred	ANTHELMINTICS
ivermectin tab (STROMECTOL equiv)	-	Select	ANTHELMINTICS
IVIZIA DRY GEL	-	EXC	OPHTHALMIC AGENTS
IVRA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IWILFIN TAB (QL= 240 tablets/30 days; Only available through Curant Health 1-866-437-8040)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXCHIQ INJ	-	EXC	VACCINES
IXIARO INJ	-	Preventive	VACCINES
IXINITY INJ, RIXUBIS INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
IYUZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln)	QL-ST	Preferred	OPHTHALMIC AGENTS
IZERVAY SOLN	-	EXC	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
JATENZO CAP 158MG (QL= 4 caps/day)	PA-QL	Non-Preferred	ANDROGENS-ANABOLIC
JATENZO CAP 198MG (QL= 4 caps/day)	PA-QL	Non-Preferred	ANDROGENS-ANABOLIC
JATENZO CAP 237MG (QL= 2 caps/day)	PA-QL	Non-Preferred	ANDROGENS-ANABOLIC
JAVYGTOR PAK 100MG (Only available through Accredo 800-803-2523)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JAVYGTOR POW 500MG (Only available through Accredo 800-803-2523)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JAVYGTOR TAB 100MG (Only available through Accredo 800-803-2523)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JAYPIRCA TAB 100MG (QL= 60 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JAYPIRCA TAB 50MG (QL= 30 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEMPERLI SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JENTADUETO TAB (QL= 2 tabs/day)	QL	Preferred	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	Preferred	ANTIDIABETICS
JESDUVROQ TAB	-	EXC	HEMATOPOIETIC AGENTS

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Drug Name	Special Code	Tier	Category
JEUVEAU INJ	-	EXC	DERMATOLOGICALS
jinteli tab (FEMHRT equiv)	-	Select	ESTROGENS
JIVI INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
JOBEVNE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JOENJA TAB (QL= 60 tabs/30 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
JOINT COMFRT CAP	OTC	EXC	ALTERNATIVE MEDICINES
JOURNAVX TAB (QL= 30 tablets/14 days; limit 1 fill/6 months; ST req 1 NSAID (ibu 600, meloxicam tab, celecoxib, etc) AND 1 gabapentinoid (gabapentin, pregabalin))	QL-ST	Non-Preferred	ANALGESICS - NONNARCOTIC
JUBBONTI INJ (QL= 1mL/180 days)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JULUCA TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
junel FE tab (LOESTRIN FE equiv)	-	Preventive	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	Preventive	CONTRACEPTIVES
JUXTAPID CAP (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty	ANTIHYPERLIPIDEMICS
JYLAMVO SOLN, XATMEP SOLN (QL= 60ml/30 days)	QL	Non-Preferred	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
K2 LIQ	-	EXC	VITAMINS
K2-45 CAP	-	EXC	VITAMINS
KALETRA SOLN (QL= 480 mL/30 days)	AMSP-QL-RDX	Preferred Specialty	ANTIVIRALS
KALETRA TAB 100-25MG (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Specialty	ANTIVIRALS
KALETRA TAB 200-50MG (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty	ANTIVIRALS

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Drug Name	Special Code	Tier	Category
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.
KARBINAL ER SUSP (QL= 960ml/30 days)	QL	Non-Preferred	ANTIHISTAMINES
kcl in dextrose/nacl inj (KCL/D5W/NACL INJ equiv)	-	EXC	MINERALS & ELECTROLYTES
KCL/D5W/NACL INJ	-	EXC	MINERALS & ELECTROLYTES
KCL/NACL INJ	-	EXC	MINERALS & ELECTROLYTES
KEBILIDI INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KEFUNOVA CREAM	-	Non-Preferred	DERMATOLOGICALS
kelnor tab (DEMULEN equiv)	-	Preventive	CONTRACEPTIVES
KENALOG-10 INJ	-	EXC	CORTICOSTEROIDS
KEPIVANCE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KERAFOAM	-	Non-Preferred	DERMATOLOGICALS
KERALYT GEL	-	EXC	DERMATOLOGICALS
KERASTAT CREAM	-	EXC	DERMATOLOGICALS
KERASTAT GEL	-	EXC	DERMATOLOGICALS
KERENDIA TAB (QL= 30 tabs/30 days; Step req trial of 1 ACE/ARB (ex lisinopril, losartan, valsartan) AND 1 SGLT2 (ex Farxiga, Jardiance))	QL-ST	Non-Preferred	ENDOCRINE AND METABOLIC AGENTS - MISC.
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.
KETAMINE HCL INJ NACL	-	EXC	GENERAL ANESTHETICS
KETAMINE HCL SOLN INJ PREF SYRINGE	-	EXC	GENERAL ANESTHETICS
KETAMINE INJ	-	EXC	GENERAL ANESTHETICS
ketoconazole cream (NIZORAL CREAM equiv)	-	Select	DERMATOLOGICALS
ketoconazole foam 2% (EXTINA equiv)	-	Preferred	DERMATOLOGICALS
ketoconazole shampoo	-	Select	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	Select	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	EXC	DIAGNOSTIC PRODUCTS
KETOPROFEN CAP	-	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	Preferred	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln .05% (ACULAR (LS) equiv)	-	Select	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	EXC	DIAGNOSTIC PRODUCTS
KEVZARA INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
KEYTRUDA INJ QLEX	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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KEYTRUDA SOLN 50MG	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KHINDIVI SOLN (ST req trial of hydrocortisone tab AND prednisolone soln)	ST	Non-Preferred	CORTICOSTEROIDS
KIMMTRAK SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
KINEVAC INJ	-	EXC	DIAGNOSTIC PRODUCTS
KISQALI PAK (QL= 91 tabs/28 days)	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
KISUNLA INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KITABIS PAK NEB SOLN (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	AMINOGLYCOSIDES
KLISYRI OINT (QL= 5 grams/5 days)	PA-QL	Non-Preferred	DERMATOLOGICALS
KLOXXADO NASAL SPRAY	-	Preferred	ANTIDOTES AND SPECIFIC ANTAGONISTS
KLS QUIT2 GUM	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KLS QUIT2 LOZ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KLS QUIT4 GUM	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KLS QUIT4 LOZ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KOGENATE FS INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
KONVOMEP SUSP	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
KORSUVA INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
KOSELUGO CAP (QL= 12 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO CAP (QL= 120 caps/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO CAP 5MG (QL= 20 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
KOVALTRY INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
K-PHOS TAB	-	Non-Preferred	GENITOURINARY AGENTS - MISCELLANEOUS
KRAZATI TAB (QL= 180 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KRINTAFEL TAB (QL= 2 tabs/365 days)	QL	Preferred	ANTIMALARIALS
KRISTALOSE PAK (ST req trial of lactulose)	ST	Preferred	LAXATIVES
KRYSTEXXA INJ	-	EXC	GOUT AGENTS
K-TAB	-	Select	MINERALS & ELECTROLYTES
KYLEENA IUD	-	Preventive	CONTRACEPTIVES
KYNAMRO INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ANTIHYPERLIPIDEMICS
KYNMOBI FILM (QL= 150 films/30 days)	AMSP-QL	Non-Preferred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYNMOBI TITRATION KIT	AMSP-PA	Non-Preferred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYXATA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KYZATREX CAP (QL= 4 tabs/day)	PA-QL	Non-Preferred	ANDROGENS-ANABOLIC
KYZATREX CAP, TLANDO CAP (QL= 4 caps/day)	PA-QL	Non-Preferred	ANDROGENS-ANABOLIC
L.E.T. GEL	-	Non-Preferred	DERMATOLOGICALS
LABETALOL HCL IV SOLN	-	EXC	BETA BLOCKERS
LABETALOL TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: labetalol (100,200,300mg), atenolol, metopro-, bisopro-, nado-, proprano-, carvedilol IR)	QL-ST	Non-Preferred	BETA BLOCKERS
labetalol tab (NORMODYNE equiv)	QL-ST	Select	BETA BLOCKERS
lacosamide iv inj (VIMPAT equiv)	-	EXC	ANTICONVULSANTS
lacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30 days)	QL	Select	ANTICONVULSANTS
lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
LACTATED RINGERS INJ	-	EXC	MINERALS & ELECTROLYTES
lactated ringers solution	-	EXC	MINERALS & ELECTROLYTES
LACTIC ACID E CREAM	-	EXC	DERMATOLOGICALS
LACTIC ACID LOTION	-	EXC	DERMATOLOGICALS
LACTOFERRIN CAP	-	EXC	ALTERNATIVE MEDICINES
lactulose soln	-	Select	LAXATIVES
LAGEVRIO CAP 200MG (QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older)	QL	Preferred	ANTIVIRALS
LAMBS QUARTE INJ	-	EXC	DIAGNOSTIC PRODUCTS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	Non-Preferred	ANTICONVULSANTS

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lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days)	AMSP-QL	Preferred Specialty	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANTIVIRALS
lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day)	QL	Preferred Specialty	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	Select	ANTICONVULSANTS
lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine odt (LAMICTAL equiv) (QL= 2 tabs/day; Step Therapy requires trial of lamotrigine chew)	QL-ST	Preferred	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	Preferred	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.
LAMZEDE INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
LANCET KIT	OTC	Preferred	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	Preferred	MEDICAL DEVICES AND SUPPLIES
LANOLIN OINT	OTC	EXC	PHARMACEUTICAL ADJUVANTS
lanolin-petrolatum oint (A+D equiv)	-	EXC	DERMATOLOGICALS
LANOXIN INJ 0.1MG/ML	-	Non-Preferred	CARDIOTONICS
lanreotide acetate extended release inj (SOMATULINE equiv)	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
LANSINOH ORG OIN NIPPLE	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
lansoprazole cap (PREVACID equiv)	OTC	Select	ULCER DRUGS
lansoprazole odt (PREVACID SOLUTAB equiv) (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
LANSOPRAZOLE SUSP	-	EXC	ULCER DRUGS
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT (QL= 112 tab/10 day ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole))	QL-ST	Non-Preferred	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

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lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	QL-ST	Select	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
lanthanum carbonate chew tab (FOSRENOL equiv) (QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab)	QL-ST	Select	GASTROINTESTINAL AGENTS - MISC.
lanthanum carbonate chew tab 500mg (FOSRENOL equiv) (QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab)	QL-ST	Select	GASTROINTESTINAL AGENTS - MISC.
LANTIDRA INJ	-	EXC	ANTIDIABETICS
LANTUS SOLOSTAR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred	ANTIDIABETICS
lapatinib ditosylate tab (TYKERB equiv) (QL= 5 tabs/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LASTACAFT OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
LATANOPROST OIL	-	EXC	CHEMICALS
latanoprost ophth soln (XALATAN equiv)	-	Value	OPHTHALMIC AGENTS
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	Preventive	CONTRACEPTIVES
LAZCLUZE TAB 240MG (QL= 30 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LAZCLUZE TAB 80MG (QL= 60 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LC 655 CAP	-	EXC	MINERALS & ELECTROLYTES
L-CARNITINE CAP	--OTC	EXC	NUTRIENTS
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
LEFLUNICLO PAK	OTC	EXC	ANALGESICS - ANTI-INFLAMMATORY
leflunomide tab (ARAVA equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
LENMELDY INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEQEMBI SOLN	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LEQSELVI TAB	-	EXC	DERMATOLOGICALS
LEQVIO SOLN	-	EXC	ANTIHYPERLIPIDEMICS
letrozole tab (FEMARA equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUCOVORIN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	Select	ANTINEOPLASTICS
LEUKERAN TAB	-	Non-Preferred	ANTINEOPLASTICS

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LEUKINE INJ	AMSP-PA	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
LEUPROLIDE INJ (3 MONTH) (QL= 1 kit/90 days)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVALBUTEROL TARTRATE (QL= 2 inhalers/fill, 2 fills/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVEMIR FLEXTOUCH INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300)	QL-ST	Preferred	ANTIDIABETICS
LEVEMIR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300)	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 cap (L-CARNITINE equiv)	-	EXC	NUTRIENTS
levocarnitine inj (CARNITOR equiv)	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine soln (CARNITOR equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	OTC	EXC	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	OTC	EXC	ANTIHISTAMINES
LEVOFLOXACIN INJ 25MG/ML	-	EXC	FLUOROQUINOLONES
levofloxacin IV soln 25 mg/ml (LEVOFLOXACIN IV equiv)	-	EXC	FLUOROQUINOLONES
LEVOFLOXACIN OPHTH SOLN	-	Non-Preferred	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN (QL=5mL/30 days; Step therapy requires trial of ciprofloxacin, moxifloxacin or ofloxacin ophth)	--QL-ST	Non-Preferred	OPHTHALMIC AGENTS
levofloxacin ophth soln (QUIXIN equiv)	--QL-ST	Select	OPHTHALMIC AGENTS
levofloxacin oral soln 25mg/ml (LEVOFLOXACIN equiv)	-	Select	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	Select	FLUOROQUINOLONES
LEVOLEUCOVORIN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVOLEUCOVORIN SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levomefolate glucosamine cap	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
levonorgestrel tab (PLAN B equiv)	OTC	Preventive	CONTRACEPTIVES
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	Preventive	CONTRACEPTIVES
levorphanol tab (LEVORPHANOL equiv) (QL= 6 tabs/day; ST req trial of 2 short acting opioids(eg hydrocodone, hydromorphone, oxycodone))	QL-ST	Preferred	ANALGESICS - OPIOID

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LEVOTHYROXINE INJ	-	EXC	THYROID AGENTS
LEVOTHYROXINE INJ 100MCG/ML	-	EXC	THYROID AGENTS
levothyroxine sodium for iv inj (LEVOTHYROXINE equiv)	-	EXC	THYROID AGENTS
levothyroxine tab (SYNTHROID equiv)	-	Select	THYROID AGENTS
LEVULAN SOLN	-	EXC	DERMATOLOGICALS
LEXISCAN INJ	-	EXC	DIAGNOSTIC PRODUCTS
l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps)	AMSP-QL-ST	Preferred Specialty	HEMATOPOIETIC AGENTS
LIBERVANT FILM (QL= 4 doses/fill, 5 fills/month; Step requires trial of diazepam rectal gel)	QL-ST	Non-Preferred	ANTICONVULSANTS
LICEFREEE SPR HOME	-	EXC	DERMATOLOGICALS
LIDO/MENTHOL SPRAY	-	EXC	DERMATOLOGICALS
LIDO/RAC/TET GEL	OTC	EXC	DERMATOLOGICALS
LIDOCAINE (BUFFERED) W/ EPINEPHRINE	-	EXC	LOCAL ANESTHETICS-PARENTERAL
lidocaine cream	OTC	EXC	DERMATOLOGICALS
LIDOCAINE CREAM	OTC--	Non-Preferred	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	Preferred	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	Preferred	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	EXC	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	Preferred	DERMATOLOGICALS
LIDOCAINE HCL AEROSOL SOLN	-	EXC	DERMATOLOGICALS
lidocaine hcl cream 4.12%	-	EXC	DERMATOLOGICALS
LIDOCAINE HCL LOCAL SOLN PREFILLED SYRINGE	-	EXC	LOCAL ANESTHETICS-PARENTERAL
LIDOCAINE INJ	-	EXC	LOCAL ANESTHETICS-PARENTERAL
lidocaine lotion	-	Preferred	DERMATOLOGICALS
lidocaine oint (QL= 8gm/day)	QL	Select	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	Preferred	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch	-	EXC	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	Select	DERMATOLOGICALS
lidocaine viscous soln 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
LIDOCAINE/EPINEPHRINE INJ	-	EXC	LOCAL ANESTHETICS-PARENTERAL
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	Select	ANORECTAL AGENTS
lidocaine/hydrocortisone kit (ANALPRAM equiv)	-	Select	ANORECTAL AGENTS
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	Select	ANORECTAL AGENTS
LIDOCAINE/OXYMETAZOLINE NASAL SOLN	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
lidocaine/prilocaine cream (EMLA equiv)	-	Select	DERMATOLOGICALS
lidocaine-benzalkonium liquid (ALOCANE equiv)	-	EXC	DERMATOLOGICALS
LIDOCAINE-BENZALKONIUM PAD	OTC	EXC	DERMATOLOGICALS
LIDOCAINE-HYDROCORTISONE ACETATE CREAM	-	EXC	DERMATOLOGICALS
lidocaine-menthol gel (LIDOZENGEL equiv)	-	EXC	DERMATOLOGICALS
LIDOCAINE-PHENYLEPHRINE HCL AEROSOL	-	EXC	ANORECTAL AND RELATED PRODUCTS
LIDOCIN GEL	-	EXC	DERMATOLOGICALS
LIDO-EP-TETR SOLN	-	Non-Preferred	DERMATOLOGICALS

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LIDO-HYDRO GEL	-	EXC	ANORECTAL AGENTS
LIDOPRO PAD	-	EXC	DERMATOLOGICALS
LIDOSTREAM KIT	-	Non-Preferred	DERMATOLOGICALS
LIDOTHOL GEL	-	EXC	DERMATOLOGICALS
LIDOTRAL 1 PAD 4.88%	-	EXC	DERMATOLOGICALS
LIDOTRAL SOLN 5%	-	EXC	DERMATOLOGICALS
LIDOTRAL-HC LOTION	-	EXC	DERMATOLOGICALS
LIDOTREX GEL	-	Non-Preferred	DERMATOLOGICALS
LIDTOPIC CREAM	-	EXC	DERMATOLOGICALS
LIFES DHA CAP	OTC	EXC	ALTERNATIVE MEDICINES
LIKMEZ SUSP (QL= 210ml/14 days)	QL	Preferred	ANTI-INFECTIVE AGENTS - MISC.
LIMENCIN LOTION	OTC	EXC	DERMATOLOGICALS
linezolid susp	-	Select	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP (QL= 30 caps/30 days)	QL	Preferred	GASTROINTESTINAL AGENTS - MISC.
LIOTHYRONINE INJ	-	EXC	THYROID AGENTS
liothyronine tab (CYTOMEL equiv)	-	Select	THYROID AGENTS
LIPID PANEL+ MIS EGLU	-	EXC	DIAGNOSTIC PRODUCTS
LIQ-10 DS LIQ	OTC	EXC	ALTERNATIVE MEDICINES
LIQREV SUSP (QL= 6ml/day; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
LIQUICAL LIQ PLUS	-	EXC	MINERALS & ELECTROLYTES
LIQUID-C LIQ	OTC	EXC	VITAMINS
LIQUIMAT LOT	-	EXC	DERMATOLOGICALS
liraglutide (weight mngmt) soln pen-inj (SAXENDA equiv)	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Select	ANTIDIABETICS
lisdexamfetamine dimesylate cap (VYVANSE equiv) (QL= 1 cap/day)	QL	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
lisdexamfetamine dimesylate chew tab (VYVANSE equiv) (QL= 1 tab/day)	QL	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	Value	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	Value	ANTIHYPERTENSIVES
LITFULO CAP	-	EXC	DERMATOLOGICALS
lithium carbonate cap (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)	-	Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITH-ORO CAP 5MG	OTC	EXC	MINERALS & ELECTROLYTES
LITHOSTAT TAB	-	Non-Preferred	GENITOURINARY AGENTS - MISCELLANEOUS
LITTLE REMED SOLN SALINE	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL

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Drug Name	Special Code	Tier	Category
LIVDELZI CAP (QL= 30 caps/30 days; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI SOLN (Only available through Eversana 636-519-2400)	LD-PA	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI TAB (QL= 1 tab/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
LO LOESTRIN TAB	-	Preventive	CONTRACEPTIVES
LOCOID LIPOCREAM	-	Preferred	DERMATOLOGICALS
LODOCO TAB (QL= 30 tabs/30 days)	PA-QL	Non-Preferred	CARDIOVASCULAR AGENTS - MISC.
lofexidine hcl tab (LUCEMYRA equiv) (QL= 224 tabs/fill, 1 fill/month)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LOKELMA PAK (QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone)	QL-ST	Preferred	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
loperamide hcl soln (LOPERAMIDE equiv)	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty	ANTIVIRALS
lopinavir-ritonavir tab 100-25mg (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Specialty	ANTIVIRALS
lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Specialty	ANTIVIRALS
LOPRESSOR SOLN (QL= 1200mL/30 days; ST req trial of 2: atenolol, bisoprol metoprol, nadolol, propranol soln/tab, labetal, carved)	QL-ST	Non-Preferred	BETA BLOCKERS
LOQTORZI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loratadine cap (CLARITIN equiv)	OTC	EXC	ANTIHISTAMINES
loratadine/pseudoepherine tab 10-240mg	-	EXC	COUGH/COLD/ALLERGY
loratadine/pseudoepherine tab 5-120mg	-	EXC	COUGH/COLD/ALLERGY
lorazepam conc (ATIVAN equiv)	-	Select	ANTIANXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	Select	ANTIANXIETY AGENTS
LORBRENA TAB 100MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORTUSS DM LIQUID	-	EXC	COUGH/COLD/ALLERGY
LORTUSS EX LIQUID (QL= 1200ml/30 days)	QL	Preferred	COUGH/COLD/ALLERGY

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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 etabonate ophth gel (LOTEMAX equiv) (QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	Preferred	OPHTHALMIC AGENTS
loteprednol etabonate ophth susp 0.2% (ALREX equiv) (QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	Preferred	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX equiv)	-	Select	OPHTHALMIC AGENTS
LOTREXONE CAP, NALTREX CAP	-	EXC	ANALGESICS - NONNARCOTIC
LOUNZDOMDIOX PAK	-	EXC	DERMATOLOGICALS
lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
loxapine cap (LOXITANE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lubiprostone cap (AMITIZA equiv) (QL= 60 caps/30 days)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
LUCENTIS INJ	-	EXC	OPHTHALMIC AGENTS
LULICONAZOLE CREAM, LUZU CREAM (QL= 60gm/28 days)	QL	Non-Preferred	DERMATOLOGICALS
LUMAKRAS TAB (QL= 240 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMAKRAS TAB 240MG (QL= 2 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMAKRAS TAB 320MG (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMIFY PF SOLN 0.03%	OTC	EXC	OPHTHALMIC AGENTS
LUMIGAN OPHTH SOLN (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred	OPHTHALMIC AGENTS
LUMINOPIA MIS	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
LUMISIGHT INJ	-	EXC	DIAGNOSTIC PRODUCTS
LUMRYZ PACK 4.5GM (QL= 1 pack/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUMRYZ PACK 6GM (QL= 1 pack/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUMRYZ PACK 7.5GM (QL= 1 pack/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUMRYZ PACK 9GM (QL= 1 pack/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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LUMRYZ STARTER PACK (QL= 28 packets/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUNSUMIO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPKYNIS CAP (QL= 180 caps/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
LUPRON DEPOT INJ (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ (1-MONTH) (QL=1 syringe kit/30 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ (3-MONTH) (QL=1 syringe kit/90 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LUTEIN CHEW	OTC	EXC	ALTERNATIVE MEDICINES
lutein-zeaxanthin cap	OTC	EXC	ALTERNATIVE MEDICINES
LUTRATE DEPO INJ (QL= 1 kit/90 days)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYFGENIA SUSP	-	EXC	HEMATOPOIETIC AGENTS
LYMPHOSEEK KIT	-	EXC	DIAGNOSTIC PRODUCTS
LYNOZYFIC INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSIPLEX LIQUID PLUS	-	EXC	MULTIVITAMINS
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYTGOBI TAB (12MG DAILY DOSE) (QL= 84 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYTGOBI TAB (16MG DAILY DOSE) (QL= 112 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYTGOBI TAB (20MG DAILY DOSE) (QL= 140 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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LYUMJEV INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred	ANTIDIABETICS
LYUMJEV KWIKPEN (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred	ANTIDIABETICS
LYUMJEV KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred	ANTIDIABETICS
LYUMJEV TEMPO PEN INJ 100UNIT/ML (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred	ANTIDIABETICS
LYVISPAH GRANULE PACKET 10MG (QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred	MUSCULOSKELETAL THERAPY AGENTS
LYVISPAH GRANULE PACKET 20MG (QL= 4 packets/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred	MUSCULOSKELETAL THERAPY AGENTS
LYVISPAH GRANULE PACKET 5MG (QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred	MUSCULOSKELETAL THERAPY AGENTS
MACA ROOT CAP	-	EXC	ALTERNATIVE MEDICINES
MAFENIDE ACETATE SOLN PACK	-	Non-Preferred	DERMATOLOGICALS
MAG COMPLEX TAB	OTC	EXC	MINERALS & ELECTROLYTES
MAG L-THREON CAP /VIT C-VIT D	OTC	EXC	MINERALS & ELECTROLYTES
MAG TAB	-	EXC	ANTACIDS
MAGNESIUM CAP	OTC	EXC	MINERALS & ELECTROLYTES
MAGNESIUM CARBONATE SUSP	-	EXC	ANTACIDS
MAGNESIUM CHEW TAB	-	EXC	MINERALS & ELECTROLYTES
MAGNESIUM CHW	OTC	EXC	MINERALS & ELECTROLYTES
magnesium citrate cap	OTC	EXC	MINERALS & ELECTROLYTES
magnesium glycinate cap	--OTC	EXC	MINERALS & ELECTROLYTES
MAGNESIUM HYDROXIDE CHEW TAB	OTC	EXC	LAXATIVES
MAGNESIUM SU INJ	-	EXC	MINERALS & ELECTROLYTES
MAGNESIUM W/ POTASSIUM CAP	OTC	EXC	MINERALS & ELECTROLYTES
magnesium-policosanol cap	OTC	EXC	MINERALS & ELECTROLYTES
MAKENA INJ (QL= 4.4 ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty	PROGESTINS
malathion lotion (OVIDE equiv)	-	Select	DERMATOLOGICALS
MANGANESE CHLORIDE INJ	-	EXC	MINERALS & ELECTROLYTES
MAPROTILINE TAB	-	Select	ANTIDEPRESSANTS
maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
MAR-COF CG LIQUID (QL= 473ml/month)	QL	Preferred	COUGH/COLD/ALLERGY
MARGENZA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MATERVIA CAP 0.5MG	-	EXC	MULTIVITAMINS
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	ANTINEOPLASTICS

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MAVENCLAD PAK (QL= 10 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVYRET PAK (QL= 5 packets/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
MAXFE TAB	OTC	EXC	HEMATOPOIETIC AGENTS
MAXIDEX OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS
MAYZENT STARTER PACK 0.25 MG (QL= 7 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK (QL= 12 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
meclizine chew tab (BONINE equiv)	OTC	Select	ANTIEMETICS
meclizine hcl tab 50mg (ANTIVERT equiv)	OTC	EXC	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	OTC	EXC	ANTIEMETICS
MECLOFENAMATE CAP	-	Preferred	ANALGESICS - ANTI-INFLAMMATORY
MEDIHONEY PASTE WOUND	-	EXC	DERMATOLOGICALS
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days)	QL	Preventive	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	Select	PROGESTINS
mefloquine tab (LARIAM equiv)	-	Select	ANTIMALARIALS
MEGARED ADV CAP 4 IN 1	OTC	EXC	ALTERNATIVE MEDICINES
megestrol ES susp (MEGACE ES equiv)	-	Select	PROGESTINS
MEGESTROL SUSP	-	Select	PROGESTINS
megestrol susp (MEGACE equiv)	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST SOLN (QL= 40ml/day)	LMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB (QL= 6 tabs/day; Only available through Optum 877-445-6874 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
melatonin chew tab	OTC	EXC	ALTERNATIVE MEDICINES
MELATONIN TAB	-	EXC	ALTERNATIVE MEDICINES

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MELATONIN TAB DISINTEGRATING	-	EXC	ALTERNATIVE MEDICINES
MELATONIN TR TAB /VIT-B6	OTC	EXC	ALTERNATIVE MEDICINES
MELATONIN-5-HTP-PYRIDOXINE ER TAB	-	EXC	ALTERNATIVE MEDICINES
MELATONIN-ASHWAGANDHA-THEANINE-LEMON BALM CAP	-	EXC	ALTERNATIVE MEDICINES
MELATONIN-ELDERBERRY-VIT C-VIT D3-ZINC CAP	-	EXC	ALTERNATIVE MEDICINES
MELATONIN-LEMON BALM ORALLY DISINTEGRATING TAB	-	EXC	ALTERNATIVE MEDICINES
MELATONIN-THEANINE CHEW TAB	OTC	EXC	ALTERNATIVE MEDICINES
MELATONIN-THEANINE TABLET DISINTEGRATING	-	EXC	ALTERNATIVE MEDICINES
MELATONIN-THEANINE-5 HTP-LEMON B CHEW TAB	-	EXC	ALTERNATIVE MEDICINES
MELATONIN-TURMERIC-BLACK PEPPER CAP	-	EXC	ALTERNATIVE MEDICINES
MELOXICAM COMFORT KIT	-	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP	-	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP (QL= 10ml/day; Step therapy requires trial of naproxen susp AND ibuprofen susp)	--QL-ST	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
MELPHALAN TAB	AMSP	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELZARA CREAM	-	EXC	DERMATOLOGICALS
memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine hcl-donepezil hcl 24hr er cap (NAMZARIC equiv) (QL= 1 cap/day; ST requires trial of 2: donepezil, donepezil ODT, memantine, or NAMENDA XR)	QL-ST	Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MEMANTINE TITRATION PAK (QL= 49 tablets/28 days)	QL	Non-Preferred	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
MENTAX CREAM	-	Non-Preferred	DERMATOLOGICALS
menthol gel (RA COLD GEL THERAPY equiv)	-	EXC	DERMATOLOGICALS
MENTHOL GEL 5.5%	-	EXC	DERMATOLOGICALS
menthol-methyl salicylate patch (SALONPAS equiv)	OTC	EXC	DERMATOLOGICALS
menthol-zinc oxide powder	OTC	EXC	DERMATOLOGICALS
MENTHOREAL10 THERAPY PACK	-	EXC	DERMATOLOGICALS
MENTHOZEN CREAM	-	EXC	DERMATOLOGICALS
MENTICAM CREAM	-	EXC	DERMATOLOGICALS

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MENVEO INJ	VAC	Preventive	VACCINES
MENVEO SOLN	VAC	Preventive	VACCINES
MEPERIDINE SOLN	-	EXC	ANALGESICS - OPIOID
meperidine tab (DEMEROL equiv) (QL= 6 tabs/day)	QL	Select	ANALGESICS - OPIOID
meprobamate tab (MILTOWN equiv)	-	Preferred	ANTIANXIETY AGENTS
mercaptopurine susp (PURIXAN equiv) (ST req trial of mercaptopurine tab)	AMSP-ST	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mercaptopurine tab (PURINETHOL equiv)	-	Select	ANTINEOPLASTICS
MEROPENEM INJ 2GM	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
meropenem iv for soln 2gm	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
mesalamine DR cap (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= 60 mL/day)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (PENTASA equiv) (QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA)	QL-ST	Preferred	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv) (QL= 8 caps/day)	QL-ST	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine kit	-	EXC	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv) (QL= 9 tabs/1 day; Step Therapy requires trial of generic APRISO or generic LIALDA)	QL-ST	Preferred	GASTROINTESTINAL AGENTS - MISC.
mesna tab (MESNEX equiv)	AMSP	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METAFOLBIC PLUS TAB	-	Non-Preferred	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METAMUCIL 4-IN-1 FIBER	-	EXC	LAXATIVES
METAMUCIL POWDER	OTC	EXC	LAXATIVES
METANX FC CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METANX RR CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METAXALONE TAB (ST req metaxolone (400/800) AND trial of 2: cariso-, chlorzox-, cycloben-, methoca-, or orphena-)	ST	Non-Preferred	MUSCULOSKELETAL THERAPY AGENTS
METDRAY GEL	-	EXC	DERMATOLOGICALS
metformin ER tab (GLUCOPHAGE XR equiv)	-	Value	ANTIDIABETICS
METFORMIN TAB (QL= 3 tabs/day; ST requires trial of metformin 500mg, 850mg, or 1000mg tab AND metformin ER)	QL-ST	Non-Preferred	ANTIDIABETICS
METFORMIN TAB (QL= 4 tabs/day; ST req trial of metformin IR (generic Glucophage) 500mg, 850mg, or 1000mg tab AND metformin ER)	QL-ST	Non-Preferred	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	QL-ST	Value	ANTIDIABETICS
methadone hcl inj 10mg/ml	-	EXC	ANALGESICS - OPIOID
METHADONE HCL-SODIUM CHLORIDE SOLN PREF SYR	-	EXC	ANALGESICS - OPIOID
METHADONE INJ	-	EXC	ANALGESICS - OPIOID
METHADONE INJ 10MG/ML	-	EXC	ANALGESICS - OPIOID
methadone soln (QL= 4 ml/day)	QL	Select	ANALGESICS - OPIOID
methadone soln 10mg/5ml (QL= 20ml/day)	QL	Select	ANALGESICS - OPIOID
methadone soln 5mg/5ml (QL= 40ml/day)	QL	Select	ANALGESICS - OPIOID

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methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day)	QL	Preferred	ANALGESICS - OPIOID
methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day)	QL	Preferred	ANALGESICS - OPIOID
methadose tab (QL= 1 tab/day)	QL	Preferred	ANALGESICS - OPIOID
methamphetamine hcl tab (METHAMPHETAMINE equiv) (QL= 5 tabs/day; ST req trial of dextro-amphet tab, dexmethylph HCl tab, methylphen tab/soln, and dextroamph tab)	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methazolamide tab (NEPTAZANE equiv) (Step Therapy requires trial of acetazolamide)	ST	Preferred	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
methenamine mandelate tab	-	Preferred	ANTI-INFECTIVE AGENTS - MISC.
methenamine-hyosc-meth blue-sod phos-phen sal cap (USTELL equiv)	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
methenamine-sodium salicylate tab	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
methimazole tab (TAPAZOLE equiv)	-	Select	THYROID AGENTS
METHITEST TAB (QL= 150 tablets/30 days)	QL	Non-Preferred	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
METHOCARBAMOL TAB 1000MG (QL= 8 tabs/day; Step therapy requires trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine)	QL-ST	Non-Preferred	MUSCULOSKELETAL THERAPY AGENTS
methocarbamol tab 1000mg (QL= 8 tabs/day; ST req trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine)	QL-ST	Preferred	MUSCULOSKELETAL THERAPY AGENTS
methohexital sodium for inj (BREVITAL equiv)	-	EXC	GENERAL ANESTHETICS
METHOTREXATE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate inj	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METHOTREXATE IV SOLN 1000MG/40ML	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	Select	ANTINEOPLASTICS
METHOXSALEN CAP	-	Non-Preferred	DERMATOLOGICALS
methoxsalen cap (OXSORALEN ULTRA equiv)	-	Select	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	Select	ULCER DRUGS
methsuximide cap (CELONTIN equiv) (QL= 4 caps/day; ST requires trial of ethosuximide tab/soln)	QL-ST	Preferred	ANTICONVULSANTS
METHYCLOTHIAZIDE TAB	-	Select	DIURETICS
METHYL B-12 CHW	-	EXC	HEMATOPOIETIC AGENTS
METHYL SALIC CREAM 40%	-	EXC	DERMATOLOGICALS
METHYL SALIC OIL	-	EXC	DERMATOLOGICALS
METHYL SALIC PAD	OTC	EXC	DERMATOLOGICALS
methyl salicylate patch	OTC	EXC	DERMATOLOGICALS
methyl salicylate-lidocaine-menthol patch (TRICEPTIN equiv)	OTC	EXC	DERMATOLOGICALS
methylcobalamin orally disintegrating tab (B-12 equiv)	OTC	EXC	HEMATOPOIETIC AGENTS
METHYLDOPA TAB	-	Preferred	ANTIHYPERTENSIVES
methyldopa tab (ALDOMET equiv) (QL= 6 tabs/day; ST req trial of hydralazine tab, labetalol tab, nifedipine cap/SR tab)	--QL-ST	Preferred	ANTIHYPERTENSIVES

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methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	Select	ANTIHYPERTENSIVES
methylene blue inj	-	EXC	ANTIDOTES
METHYLENE BLUE INJ SOLN	-	EXC	DIAGNOSTIC PRODUCTS
methylergonovine tab (METHERGINE equiv)	-	Select	OXYTOCICS
methylphenidate ER cap 10mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER cap 15mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER cap 20mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER cap 30mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER cap 40mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER cap 50mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER cap 60mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE ER TAB (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE ER TAB (QL= 1 tab/day)	QL-ST	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 ER TAB 45MG/RELEXXII TAB 45MG (QL= 1 tab/day)	QL	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE ER TAB 63MG/RELEXXII TAB 63MG (QL= 1 tab/day)	QL	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate er tab 72mg (RELEXXII equiv)	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 72mg (QL= 1 tab/day; Step Therapy requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (generic Concerta))	--QL-ST	Preferred	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
methylphenidate td patch (DAYTRANA equiv) (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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methylprednisolone dose pack (MEDROL equiv)	-	Select	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	Select	CORTICOSTEROIDS
methyltestosterone cap (QL= 150 tablets/30 days)	QL	Preferred	ANDROGENS-ANABOLIC
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 cap (FLAGYL equiv)	-	Preferred	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	Select	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	Preferred	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	Select	DERMATOLOGICALS
METRONIDAZOLE TAB (ST requires trial of generic metronidazole 250 mg AND 500 mg tab)	ST	Non-Preferred	ANTI-INFECTIVE AGENTS - MISC.
metronidazole tab (FLAGYL equiv)	ST--	Select	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	Preferred	VAGINAL PRODUCTS
metyrosine cap (DEMSER equiv) (QL= 448 caps/28 days)	PA-QL	Preferred	ANTIHYPERTENSIVES
mexiletine hcl cap	-	Select	ANTIARRHYTHMICS
MG217 PSORIA GEL COAL 2%	-	EXC	DERMATOLOGICALS
mibelas chew tab (MINASTRIN equiv)	-	Preventive	CONTRACEPTIVES
MICAFUNGIN INJ NACL	-	EXC	ANTIFUNGALS
MICLARA LIQUID	-	Non-Preferred	ANTIHISTAMINES
MICONAZOLE 7 SUPP 100MG	OTC	EXC	VAGINAL AND RELATED PRODUCTS
MICORT HC CREAM (QL= 360g/30 days; ST req trial of 1: hydrocortisone 0.5%,1% cream/ 0.5%,1%, 2.5% ointment/ 1%, 2.5% lotion)	QL-ST	Non-Preferred	DERMATOLOGICALS
MICORT-HC CREAM	-	Preferred	DERMATOLOGICALS
MICURADERM EMU	-	EXC	DERMATOLOGICALS
MIDAZOLAM HCL IV SOLN PREF SYRINGE	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
midazolam hcl syrup	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
midazolam inj	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
MIDAZOLAM IV SOLN PREFILLED SYRINGE	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
MIDAZOLAM/NACL INJ	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
MIDAZOLAM/SODIUM CHLORIDE IV SOLN	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

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midazolam-sodium chloride 0.9% iv soln (MIDAZOLAM/NACL equiv)	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
midodrine tab (PROAMATINE equiv)	-	Select	VASOPRESSORS
MIEBO OPHTH SOLN (QL= 3ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion)	QL-ST	Non-Preferred	OPHTHALMIC AGENTS
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)	AMSP-PA-QL	Preferred 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
MIGLITOL TAB	-	Preferred	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (QL= 3 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
MILK OF MAGNESIUM SUSP	-	EXC	LAXATIVES
milk thistle (silybum marianum) cap	-	EXC	ALTERNATIVE MEDICINES
MILK THISTLE CAP	-	EXC	ALTERNATIVE MEDICINES
MILLIPRED DP PAK	-	Non-Preferred	CORTICOSTEROIDS
MILLIPRED TAB	-	Non-Preferred	CORTICOSTEROIDS
minocycline cap (MINOCIN equiv)	-	Select	TETRACYCLINES
MINOCYCLINE ER CAP (QL= 1 cap/day; Step Therapy requires trial of minocycline)	QL-ST	Non-Preferred	TETRACYCLINES
minocycline ER tab (SOLODYN equiv) (QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab)	QL-ST	Preferred	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	Preferred	TETRACYCLINES
MINOLIRA TAB (QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab)	QL-ST	Non-Preferred	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	Select	ANTIHYPERTENSIVES
MIOSTAT INJ	-	Non-Preferred	OPHTHALMIC AGENTS
MIPLYFFA CAP (QL= 90 caps/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
mirabegron tab er (MYRBETRIQ equiv) (Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER, solifenacin)	ST	Preferred	URINARY ANTISPASMODICS
MIRCERA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
MIRENA IUD	-	Preventive	CONTRACEPTIVES
MIRO3D WOUND PAD	-	EXC	DERMATOLOGICALS
MIROTRACT MIS	-	EXC	DERMATOLOGICALS
mirtazapine ODT (REMERON equiv)	-	Select	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	Select	ANTIDEPRESSANTS
MIRVASO GEL	-	EXC	DERMATOLOGICALS
MISC NATURAL PRODUCTS CAP DR	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES

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MISC NATURAL PRODUCTS CAP ER	OTC	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
MISC NATURAL PRODUCTS CAPSULE THERAPY PACK	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
misoprostol tab (CYTOTEC equiv)	-	Select	ULCER DRUGS
MITIGARE CAP (QL= 2 caps/day)	QL	Non-Preferred	GOUT AGENTS
MITOCHONDRIAL RENEWAL KIT	OTC	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
M-M-R II INJ	VAC	Preventive	VACCINES
MODAFINIL POW	-	EXC	CHEMICALS
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	Value	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
MODERIBA TAB	AMSP-PA	Non-Preferred Specialty	ANTIVIRALS
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 nasal spray (NASONEX equiv)	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	Select	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	Select	DERMATOLOGICALS
MONISTAT 3 CREAM	-	EXC	VAGINAL AND RELATED PRODUCTS
MONSELS FERRIC PASTE SUBSULF	-	EXC	HEMOSTATICS
montelukast chew tab (SINGULAIR equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MOOD POSITIV TAB 5-HTP	-	EXC	HEMATOPOIETIC AGENTS
MORGIDOX KIT (QL= 1 kit/30 days)	QL	Non-Preferred	TETRACYCLINES
MORPHABOND TAB (QL= 2 tabs/day)	QL	Non-Preferred	ANALGESICS - OPIOID
MORPHINE SUL INJ	-	EXC	ANALGESICS - OPIOID
MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred	ANALGESICS - OPIOID
morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Select	ANALGESICS - OPIOID
morphine sulfate ER cap 10mg (KADIAN equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred	ANALGESICS - OPIOID
morphine sulfate ER cap 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred	ANALGESICS - OPIOID
morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Select	ANALGESICS - OPIOID
morphine sulfate ER cap 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred	ANALGESICS - OPIOID
morphine sulfate ER cap 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred	ANALGESICS - OPIOID

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morphine sulfate ER cap 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day)	QL	Select	ANALGESICS - OPIOID
morphine sulfate iv soln 4mg/ml	-	EXC	ANALGESICS - OPIOID
MORPHINE SULFATE ORAL SOLN 100MG/5ML	-	Select	ANALGESICS - OPIOID
morphine sulfate oral soln 10mg/5ml (MORPHINE equiv)	-	Select	ANALGESICS - OPIOID
morphine sulfate soln	-	Select	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP	-	Preferred	ANALGESICS - OPIOID
morphine sulfate tab	-	Select	ANALGESICS - OPIOID
MORPHINE SULFATE-NACL INJ SOLN PREF SYR	-	EXC	ANALGESICS - OPIOID
MOTPOLY XR CAP 100MG (QL= 1 cap/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap)	QL-ST	Non-Preferred	ANTICONVULSANTS
MOTPOLY XR CAP 150MG (QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap)	QL-ST	Non-Preferred	ANTICONVULSANTS
MOTPOLY XR CAP 200MG (QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap)	QL-ST	Non-Preferred	ANTICONVULSANTS
MOUNJARO INJ (QL= 2ml/28 days)	PA-QL	Non-Preferred	ANTIDIABETICS
MOUNTAIN CEDAR INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
MOUSE EPITHE INJ	-	EXC	DIAGNOSTIC PRODUCTS
MOVANTIK TAB (QL= 30 tabs/30 days)	PA-QL	Preferred	GASTROINTESTINAL AGENTS - MISC.
MOXATAG TAB (Step Therapy requires trial of amoxicillin)	ST	Non-Preferred	PENICILLINS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	Select	OPHTHALMIC AGENTS
MOXIFLOXACIN SOLN (QL= 1 bottle/30 days; Step therapy requires trial of 2: ciprofloxacin hcl drops, levofloxacin drops, ofloxacin drops)	QL-ST	Non-Preferred	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	Select	FLUOROQUINOLONES
MOXIFLOXACIN/BROMFENAC SOLN	-	EXC	OPHTHALMIC AGENTS
MOZOBIL INJ	-	EXC	HEMATOPOIETIC AGENTS
MPM PAK	-	EXC	OXYTOCICS
MRESVIA INJ (QL= 0.5 mL/fill, 1 fill/lifetime; Covered for members 50 years of age and older)	QL-VAC	Preventive	VACCINES
MSM TAB	OTC	EXC	ALTERNATIVE MEDICINES
MUCINEX CAP DAY/NITE	-	EXC	COUGH/COLD/ALLERGY
MUCINEX CHILD PAK COUGH	-	EXC	COUGH/COLD/ALLERGY
MUCINEX COLD/FLU CAP	OTC	EXC	COUGH/COLD/ALLERGY
MUCINEX LIQUID	-	Non-Preferred	COUGH/COLD/ALLERGY
MUCOR PLUMBE SOL	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
MULPLETA TAB (QL= 7 tabs/fill, 3 fills/365 days; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
MULT ELECTRO INJ PH	-	EXC	MINERALS & ELECTROLYTES
MULTAQ TAB	-	Non-Preferred	ANTIARRHYTHMICS
multigen plus tab (CHROMAGEN FORTE equiv)	-	Select	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	Select	HEMATOPOIETIC AGENTS

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RDX	Restricted to Diagnosis	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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MULTI-MAC TAB	-	EXC	MULTIVITAMINS
MULTIPLE VITAMIN IV EMULSION	-	EXC	MULTIVITAMINS
MULTIPLE VITAMIN TAB ER	-	EXC	MULTIVITAMINS
MULTIPLE-VITAMIN/FL-FE DROPS	-	EXC	MULTIVITAMINS
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	Preventive	MULTIVITAMINS
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	Preventive	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE	-	EXC	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	Preventive	MULTIVITAMINS
MULTI-VIT-FLOR	-	EXC	MULTIVITAMINS
mupirocin cream (BACTROBAN CREAM equiv)	-	Select	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	Select	DERMATOLOGICALS
MYALEPT INJ (QL= 1 inj/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
MYCAPSSA CAP (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
mycophenolate DR tab (MYFORTIC equiv)	-	Select	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	Select	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	Select	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	Select	ASSORTED CLASSES
MYCOZYL HC GEL	-	EXC	DERMATOLOGICALS
MYCOZYL HC LIQ	-	EXC	DERMATOLOGICALS
MYDCOMBI OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
MYFEMBREE TAB (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ESTROGENS
MYHIBBIN SUSP	-	Preferred	MISCELLANEOUS THERAPEUTIC CLASSES
MYLERAN TAB	AMSP	Preferred Specialty	ANTINEOPLASTICS
MYLK CAP	-	EXC	ALTERNATIVE MEDICINES
MYNATAL-Z TAB	-	Non-Preferred	MULTIVITAMINS
MYROSINASE-ASCORBIC ACID CAP	OTC	EXC	ALTERNATIVE MEDICINES
N.O.MAX ER TAB 660-50MG	OTC	EXC	NUTRIENTS
nabumetone tab (RELAFEN equiv)	-	Preferred	ANALGESICS - ANTI-INFLAMMATORY
N-ACETYL TYROSINE-PYRIDOXINE HCL CAP	OTC	EXC	NUTRIENTS
nadolol tab (CORGARD equiv)	-	Select	BETA BLOCKERS
naftifine cream (NAFTIN equiv) (QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products)	QL-ST	Preferred	DERMATOLOGICALS
NAFTIFINE CREAM 1%	-	Preferred	DERMATOLOGICALS
naftifine gel (NAFTIN equiv)	-	Preferred	DERMATOLOGICALS

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naftifine hcl gel 2% (QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream)	QL-ST	Preferred	DERMATOLOGICALS
NAFTIN GEL	-	Non-Preferred	DERMATOLOGICALS
nalbuphine inj	-	EXC	ANALGESICS - OPIOID
naloxone hcl nasal spray (NARCAN equiv)	-	Preventive	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE HCL SPRAY (OTC)	-	Preventive	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	-	Preventive	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone prefilled inj	-	Preventive	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fill/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.
NANRAN OINT	-	EXC	DERMATOLOGICALS
naphazoline-glycerin ophth soln	OTC	EXC	OPHTHALMIC AGENTS
NAPROTIN KIT	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
naproxen EC tab (NAPROSYN EC equiv)	-	Preferred	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	Preferred	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
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	Preferred	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
NARDIL TAB 15MG (QL= 4 tabs/day)	QL	Non-Preferred	ANTIDEPRESSANTS
NATACYN OPHTH SUSP (QL= 45ml/30 days)	QL	Preferred	OPHTHALMIC AGENTS
NATAZIA TAB	-	Preventive	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	Select	ANTIDIABETICS
NATESTO GEL (QL= 3 bottles/30 days)	PA-QL	Non-Preferred	ANDROGENS-ANABOLIC
NATPARA INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
NATTOKINASE CAP	-	EXC	ALTERNATIVE MEDICINES
NATURL FIBER POWDER	-	EXC	LAXATIVES
NAYZILAM SPRAY (QL= 4 units/fill, 5 fills/month)	QL	Preferred	ANTICONVULSANTS
NEBUSAL NEB SOLN	-	Non-Preferred	COUGH/COLD/ALLERGY
NEFAZODONE TAB	-	Select	ANTIDEPRESSANTS

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Drug Name	Special Code	Tier	Category
nefazodone tab 50mg, 250mg	-	Select	ANTIDEPRESSANTS
NEFFY SPRAY (QL= 2 doses/fill)	QL	Preferred	VASOPRESSORS
nelarabine iv soln (ARRANON equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEMLUVIO INJ (QL= 1 auto-injector/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
NENDRUX GEL	-	EXC	DERMATOLOGICALS
NEOBENZ MICRO	-	EXC	DERMATOLOGICALS
NEOBENZ MICRO PLUS PACK	-	EXC	DERMATOLOGICALS
NEOBENZ MICRO SD	-	EXC	DERMATOLOGICALS
neomycin tab	-	Select	AMINOGLYCOSIDES
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	-	Preferred	OTIC AGENTS
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv)	-	Select	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	Preferred	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	Select	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS
NEONATAL 19 TAB	-	Non-Preferred	MULTIVITAMINS
NEONATAL FE TAB	-	Non-Preferred	MULTIVITAMINS
NEONATAL PN SOL STARTER	-	EXC	NUTRIENTS
NEOSALUS FOAM	-	Non-Preferred	DERMATOLOGICALS
NEOSTIGMINE METHYLSULFATE INJ	-	EXC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
neostigmine methylsulfate soln pref syringe	-	EXC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
NEO-SYNALAR KIT	-	Non-Preferred	DERMATOLOGICALS
NEPHRON FA TAB	-	Preferred	HEMATOPOIETIC AGENTS
NERLYNX TAB (QL= 6 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NETTLE INJ	-	EXC	DIAGNOSTIC PRODUCTS
NEULASTA INJ (QL= 1.2 units/28 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
NEUPOGEN INJ (QL= 15 syringes/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
NEURACIN GEL	-	EXC	DERMATOLOGICALS
NEURO COMPLX TAB A-LIPOIC 100-1-100-50MG	OTC	EXC	NUTRIENTS
NEUROLITE KIT	-	EXC	DIAGNOSTIC PRODUCTS
NEUROPHX CAP	OTC	EXC	HEMATOPOIETIC AGENTS

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Drug Name	Special Code	Tier	Category
NEVIRAPINE ER TAB (QL= 3 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
NEVIRAPINE SUSP (QL= 1200ml/30 days)	QL	Preferred Specialty	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days)	QL	Preferred	COUGH/COLD/ALLERGY
NEXICLON XR TAB (QL= 3 tabs/day)	QL	Non-Preferred	ANTIHYPERTENSIVES
NEXIUM 24HR TAB (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
NEXIUM DR GRANULES (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
NEXLETOL TAB (QL= 1 tab/day)	PA-QL	Non-Preferred	ANTIHYPERLIPIDEMICS
NEXLIZET TAB (QL= 1 tab/day)	PA-QL	Non-Preferred	ANTIHYPERLIPIDEMICS
NEXOBRID GEL	-	EXC	DERMATOLOGICALS
NEXPLANON IMPLANT	-	Preventive	CONTRACEPTIVES
NEXTSTELLIS TAB (QL= 28 tabs/24 days)	QL	Preventive	CONTRACEPTIVES
NEXVIAZYME INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NGENLA INJ (QL= 1.2ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIACIN CAP	OTC	EXC	VITAMINS
niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day)	QL	Select	ANTIHYPERLIPIDEMICS
NIACIN TR CAP	OTC	EXC	VITAMINS
NIACINAMIDE CAP	OTC	EXC	VITAMINS
NIACINAMIDE-TRETINOIN GEL	-	EXC	DERMATOLOGICALS
NIACOR TAB	-	Non-Preferred	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
nicardipine hcl iv soln	-	EXC	CALCIUM CHANNEL BLOCKERS
NICARDIPINE INJ	-	EXC	CALCIUM CHANNEL BLOCKERS
NICARDIPINE SOLN	-	EXC	CALCIUM CHANNEL BLOCKERS
NICAZELDOXY KIT	-	Preferred	TETRACYCLINES
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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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
NIKTIMVO INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
NILOTINIB CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nilotinib hcl cap (TASIGNA equiv)	AMSP-PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NINLARO CAP	AMSP-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NIPRIDE RTU INJ	-	EXC	ANTIHYPERTENSIVES
nitisinone cap (ORFADIN equiv)	LMSP-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-BID OINT	-	Preferred	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	Non-Preferred	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	Preferred	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
NITROFURANTOIN SUSP (Step therapy requires trial of Nitrofurantoin Susp 25 MG/5ML)	ST	Non-Preferred	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin susp (FURADANTIN equiv)	ST--	Select	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP	-	Preferred	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	Preferred	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
NITROMIST SPRAY	-	Non-Preferred	ANTIANGINAL AGENTS
nitroprusside sodium in nacl 0.9% iv soln (NIPRIDE RTU equiv)	-	EXC	ANTIHYPERTENSIVES

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NITYR TAB (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ (QL= 15 syringes/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
NIX LICE SPRAY	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
NIZATIDINE CAP	-	Preferred	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
nizatidine cap (AXID equiv)	-	Select	ULCER DRUGS
NIZORAL A-D SHAMPOO	-	EXC	DERMATOLOGICALS
nizoral a-d shampoo (NIZORAL equiv)	--OTC	Select	DERMATOLOGICALS
Non-preferred CGM Monitor Supplies Kit	PA	Non-Preferred	MEDICAL DEVICES AND SUPPLIES
NORDITROPIN INJ, NUTROPIN AQ INJ	AMSP-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
NOREPINEPHRINE INJ	-	EXC	VASOPRESSORS
norethindrone ace-ethinyl estradiol-fe cap (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
NORLIQVA ORAL SOLN (QL= 300ml/30 days)	QL	Non-Preferred	CALCIUM CHANNEL BLOCKERS
NORMALYTE CAP	-	EXC	MINERALS & ELECTROLYTES
NORPACE CR CAP	-	Preferred	ANTIARRHYTHMICS
NORTHERN QUAHOG CLAM INJ	-	EXC	DIAGNOSTIC PRODUCTS
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	Preventive	CONTRACEPTIVES
nortrel tab (OVCON 35 equiv)	-	Preventive	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	Select	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	Select	ANTIDEPRESSANTS
NORVIR CAP (QL= 12 caps/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty	ANTIVIRALS
NORVIR POWDER PACK (QL= 12 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty	ANTIVIRALS
NORVIR SOLN (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty	ANTIVIRALS
NOURIANZ TAB (QL= 1 tab/day; ST req trial of 2: dopamine agonist(ropinir-, pramip-), COMT inhib(entacapone), MAOB inhib(rasag-, seleg-))	LMSP-QL-ST	Non-Preferred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
NOVACORT GEL	-	Non-Preferred	DERMATOLOGICALS

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

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Drug Name	Special Code	Tier	Category
NOVAMV PED DROPS	OTC	EXC	MULTIVITAMINS
NOVAVAX INJ	VAC	Preventive	VACCINES
NOVOEIGHT INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
NOVOFINE PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ (QL= 60 units/30 days)	OTC-QL	Select	ANTIDIABETICS
NOVOLIN 70/30 INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN 70/30 VIAL (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN N INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN N RELION INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN R INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN R INJ 100 UNIT (QL= 60ml/30 days)	OTC-QL	Select	ANTIDIABETICS
NOVOLIN VIAL (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG FLEXPEN INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG INJ FLEX REL (QL= 60ml/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG MIX INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG PENFILL INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOSEVEN RT INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
NOVOTWIST PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
NOXAFIL INJ	-	EXC	ANTIFUNGALS
NOXAFIL PAK (QL= 31 packets/30 days; Step Therapy requires trial of fluconazole tab, fluconazole susp, itraconazole cap, itraconazole soln, voriconazole susp, or voriconazole tab)	QL-ST	Non-Preferred	ANTIFUNGALS
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	EXC	THYROID AGENTS
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
NUCARARXPAK KIT	-	EXC	DERMATOLOGICALS
NUEDEXTA CAP (QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA)	QL-ST	Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NUJO SOLN	-	EXC	DERMATOLOGICALS
NULIBRY INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NUMOISYN LOZENGE	-	EXC	MOUTH/THROAT/DENTAL AGENTS
NUPLAZID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUPLAZID TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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NURTEC ODT (QL= 8 tabs/30 days)	PA-QL	Non-Preferred	MIGRAINE PRODUCTS
NUTRITIONAL SUPPLEMENT EFFERVESCENT POWDER	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
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
NUVIRA PAD	OTC	EXC	DERMATOLOGICALS
NUWIQ INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
NUWIQ KIT	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
NUZYRA TAB (QL= 30 tabs/fill, 1 fill/month; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	TETRACYCLINES
NYPOZI INJ (QL= 7.5ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
nystatin cream (MYCOSTATIN CREAM equiv)	-	Select	DERMATOLOGICALS
nystatin oint	-	Select	DERMATOLOGICALS
nystatin powder	-	Select	ANTIFUNGALS
nystatin susp	-	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
OAT INJ	-	EXC	DIAGNOSTIC PRODUCTS
OBIZUR INJ (Only available through CVS Specialty 800-238-7828)	LD-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
OBREDON SOLN (QL= 1800ml/30 days)	QL	Non-Preferred	COUGH/COLD/ALLERGY
OBTREX DHA PAK	OTC	EXC	MULTIVITAMINS
OCALIVA TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
OCM WOUND MIS	-	EXC	DERMATOLOGICALS
OCREVUS INJ (QL= 60ml/365 days; Only available through Emerging Health 971-290-2010)	LD-M-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OCREVUS ZUNOVO INJ (QL= 23ml/180 days; Only available through Emerging Health 971-290-2010)	LD-M-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
octreotide acetate for im inj kit (SANDOSTATIN equiv)	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	AMSP-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
OCTREOTIDE INJ 100MCG	AMSP-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCUDOX KIT	-	Non-Preferred	TETRACYCLINES
ODACTRA SL TAB (QL= 30 tabs/30 days)	QL	Preferred	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
ODOMZO CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	Select	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	Select	OTIC AGENTS
OFLOXACIN TAB	-	Non-Preferred	FLUOROQUINOLONES
OGSIVEO TAB (QL= 168 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OGSIVEO TAB 100MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OGSIVEO TAB 150MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OHTUVAYRE SUSP (QL= 150 mL/30 days; Only available through AcariaHealth 800-511-5144 or Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	Non-Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
OJEMDA SUSP (QL= 96 mL/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OJEMDA TAB (QL= 24 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OJJAARA TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	Select	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv) (QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray)	QL-ST	Preferred	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln 0.1% (PATANOL equiv)	-	EXC	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
OLPRUVA PACK (QL= 3 packets/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OLU PAIN PAD	-	EXC	DERMATOLOGICALS
OLUMIANT TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
OLUMIANT TAB 4MG	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
OLYSIO CAP (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ANTIVIRALS
OMADA FOR MIS HYPERTEN	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
OMECLAMOX-PAK (QL= 80 tab/10 days; Generic bismuth-metronidazole-tetracycline combination is on formulary)	QL	Preferred	ULCER DRUGS
OMEGA 3 FATTY ACIDS-LUTEIN-ZEAXANTHIN CAP	-	EXC	ALTERNATIVE MEDICINES
OMEGA-3 FA-CHOLECALCIFEROL CAP	-	EXC	NUTRIENTS
OMEGA-3 FATTY ACIDS CAP	OTC	EXC	NUTRIENTS
OMEGA-3 FATTY ACIDS-HEMP EXTRACT CAP DR	-	EXC	ALTERNATIVE MEDICINES
OMEGA-3 FATTY ACIDS-VITAMIN E CAP	-	EXC	NUTRIENTS
omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day)	QL	Select	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	Select	ULCER DRUGS
omeprazole magnesium delayed release tab (PRILOSEC OTC equiv) (Covered for members age 17 or younger. OTC alternatives available.)	OTC	EXC	ULCER DRUGS
omeprazole tab	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
omeprazole/sodium bicarbonate cap (ZEGERID equiv) (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC	ULCER DRUGS
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC	ULCER DRUGS
OMNARIS NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNIPAQUE SOLN	-	EXC	DIAGNOSTIC PRODUCTS
OMNIPOD 5 DEX G7G6 INTRO KIT (QL= 1 kit/year)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 DEX G7G6 PODS (QL= 15 pods/30 days)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT (QL= 1 kit/year)	QL	Preferred	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 LIBRE2 PLUS G6 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
OMNITROPE INJ (QL= 13.5 mL/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMNITROPE INJ 5.8MG (QL= 8 vials/28 days)	AMSP-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
OMNITROPE INJ 5.8MG (QL= 8 vials/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMVOH INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.
OMVOH INJ (QL= 2ml/28 days)	--AMSP-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
OMVOH INJ 100MG/ML, 200MG/2ML (QL= 3ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
ONAPGO INJ (QL= 20ml/day; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	Non-Preferred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
ONCOPLEX ES CAP	-	EXC	ALTERNATIVE MEDICINES
ondansetron inj (ZOFRAN equiv) (QL= 24ml/fill, 1 fill/15 days)	QL	Select	ANTIEMETICS
ondansetron ODT (ZOFRAN equiv)	-	Select	ANTIEMETICS
ondansetron soln (ZOFRAN equiv) (QL= 50ml/fill, 1 fill/15 days)	QL	Select	ANTIEMETICS
ondansetron tab (ZOFRAN equiv)	-	Select	ANTIEMETICS
ONDANSETRON TAB 24MG (QL= 1 tab/day; Trial of ondansetron ODT (4mg, 8mg) AND trial of 1: ondansetron tab, ondansetron soln)	QL-ST	Non-Preferred	ANTIEMETICS
ONDANSETRON TAB ODT 16MG (QL= 1 tab/day; Trial of ondansetron ODT (4mg, 8mg) AND trial of 1: ondansetron tab, ondansetron soln)	QL-ST	Non-Preferred	ANTIEMETICS
ONE A DAY PRENATAL ADV	OTC	EXC	MULTIVITAMINS
ONUREG TAB (QL= 14 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONYDA XR SUSP (QL= 4ml/days; ST req trial of ALL: clonidine ER tab, guanfacine ER tab, and atomoxetine cap)	QL-ST	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
ONZDEAXIADEM GEL	-	EXC	DERMATOLOGICALS
ONZDEAXIAZAR GEL	-	EXC	DERMATOLOGICALS
OPDIVO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDIVO INJ QVANTIG	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPDUALAG SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OPFOLDA CAP (QL= 3 caps/14 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OPILL TAB	-	Preventive	CONTRACEPTIVES
OPIPZA FILM (QL= 30 films/30 days; Step Therapy requires trial of two of the following: aripiprazole ODT and aripiprazole oral soln)	QL-ST	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
OPIPZA FILM 10MG (QL= 90 films/30 days; Step Therapy requires trial of two of the following: aripiprazole ODT and aripiprazole oral soln)	QL-ST	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
opium tincture	-	EXC	ANTIDIARRHEALS
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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OPSYNVI TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
OPTASE DROPS	-	EXC	OPHTHALMIC AGENTS
OPVEE NASAL SPRAY	-	Preferred	ANTIDOTES AND SPECIFIC ANTAGONISTS
OPZELURA CREAM (QL= 120 grams/28 days)	PA-QL	Non-Preferred	DERMATOLOGICALS
ORACIT SOLN	-	Preferred	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB (QL= 30 tabs/30 days)	QL	Preferred	BIOLOGICALS MISC
ORANGE INJ	-	EXC	DIAGNOSTIC PRODUCTS
ORAPRED ODT TAB, PREDNISOLONE ODT TAB (Step therapy requires trial o two of the following: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	Non-Preferred	CORTICOSTEROIDS
OREGANO OIL CAP	-	EXC	ALTERNATIVE MEDICINES
OREGON ASH POLLEN EXTRACT INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ORENCIA CLICK INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
ORENITRAM TAB MONTH PAK (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
ORFADIN SUSP (Only available through Eversana 636-519-2400)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORGOVYX TAB (QL= 30 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORIAHNN CAP (QL= 2 caps/day)	AMSP-PA-QL	Non-Preferred Specialty	ESTROGENS
ORILISSA TAB 150MG (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORILISSA TAB 200MG (QL= 2 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
ORLADEYO CAP (QL= 28 caps/28 days; Only available through Optime Care 1-888-287-2017)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ORLYNVAH TAB (QL= 10 tabs/fill, 6 fills/year; ST req trial of 2: nitrofurantoin, sulfa-trimeth, cephalexin, ciprofloxacin, amox-clav)	QL-ST	Non-Preferred	ANTI-INFECTIVE AGENTS - MISC.
ORMALVI TAB 50MG (QL= 4 tabs/day; Only available through LeMed 347-913-4656 or Vanscoy 855-826-7269)	LD-PA-QL	Preferred Specialty	DIURETICS
orphenadrine citrate ER tab (NORFLEX equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine citrate inj (ORPHENADRINE equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORSERDU TAB 86MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORTIKOS ER CAP	-	Non-Preferred	CORTICOSTEROIDS
OSAPLEX CAP	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Select	ANTIVIRALS
oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Select	ANTIVIRALS
oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days)	QL	Select	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days)	QL	Select	ANTIVIRALS
OSENVELT INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OSPHENA TAB (QL= 1 tab/day)	PA-QL	Non-Preferred	ENDOCRINE AND METABOLIC AGENTS - MISC.
OSPOMYV INJ (QL= 1mL (1 syringe)/180 days)	LMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OSSOPAN 1100 CAP	-	EXC	MINERALS & ELECTROLYTES
OTEZLA STARTER PACK (QL= 1 pack/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA XR TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	Select	OTIC AGENTS
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN (QL= bottle/fill, 2 fills/month; Step Therapy requires trial of neomycin/polymixin/hydrocoritisone otic)	QL-ST	Non-Preferred	OTIC AGENTS

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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
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OTREXUP INJ 12.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
OTULFI INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.
OTULFI INJ (QL= 1mL/84 days)	--LMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
OTULFI SYRINGE 45MG/0.5ML (QL= 1 inj/84 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
OTULFI SYRINGE 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
OVACE PLUS CREAM	-	Non-Preferred	DERMATOLOGICALS
OVACE PLUS LOTION	-	Non-Preferred	DERMATOLOGICALS
OVACE PLUS SHAMPOO	-	EXC	DERMATOLOGICALS
OVACE PLUS FOAM	-	Non-Preferred	DERMATOLOGICALS
OVIDREL INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
oxandrolone tab (OXANDRIN equiv)	-	EXC	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv) (Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab)	ST	Preferred	ANTIANXIETY AGENTS
oxcarbazepine er tab 150mg (OXTELLAR equiv) (QL= 1 tab/day)	QL	Preferred	ANTICONVULSANTS
oxcarbazepine er tab 300mg (OXTELLAR equiv) (QL= 1 tab/day)	QL	Preferred	ANTICONVULSANTS
oxcarbazepine er tab 600mg (OXTELLAR equiv) (QL= 4 tabs/day)	QL	Preferred	ANTICONVULSANTS
oxcarbazepine susp (TRILEPTAL equiv)	-	Select	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	Select	ANTICONVULSANTS
OXERVATE OPHTH SOLN (QL= 28ml/28 days; Only available through Accredc 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	OPHTHALMIC AGENTS
OXIAICE LOTION	-	EXC	DERMATOLOGICALS
OXIANUJI OINT	-	EXC	DERMATOLOGICALS
OXIANUJO CREAM	-	EXC	DERMATOLOGICALS
oxiconazole nitrate cream (OXISTAT equiv)	-	Preferred	DERMATOLOGICALS
OXOPIDAXIAQU SOLN	-	EXC	DERMATOLOGICALS
oxybutynin ER tab (DITROPAN XL equiv)	-	Select	URINARY ANTISPASMODICS
oxybutynin syrup	-	Select	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	Select	URINARY ANTISPASMODICS
OXYBUTYNIN TAB 2.5MG (QL= 1 tab/day; Step therapy requires trial of: oxybutynin syrup or solifenacin)	QL-ST	Non-Preferred	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	Preferred	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	Preferred	ANALGESICS - OPIOID

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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
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
OXYCONTIN CR TAB (QL= 2 tabs/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred	ANALGESICS - OPIOID
OXYCONTIN ER TAB (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred	ANALGESICS - OPIOID
OXYCONTIN ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred	ANALGESICS - OPIOID
OXYCONTIN ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred	ANALGESICS - OPIOID
OXYCONTIN ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred	ANALGESICS - OPIOID
OXYCONTIN TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred	ANALGESICS - OPIOID
OXYCONTIN TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred	ANALGESICS - OPIOID
OXYCONTIN TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred	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

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oxymorphone ER tab 30mg (OPANA ER equiv) (QL= 4 tabs/day)	QL	Preferred	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day)	QL	Preferred	ANALGESICS - OPIOID
oxymorphone ER tab 40mg (OPANA ER equiv) (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
OXYTROL PATCH (OTC)	OTC	EXC	URINARY ANTISPASMODICS
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred	ANTIDIABETICS
paclitaxel protein-bound particles for iv susp (ABRAXANE equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PAFOLACIANINE SODIUM IV SOLN	-	EXC	DIAGNOSTIC PRODUCTS
PAIN RELIEF DEVICE	-	EXC	MEDICAL DEVICES AND SUPPLIES
PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PALONOSETRON INJ	-	EXC	ANTIEMETICS
PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
pamidronate inj	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
PANDEL CREAM	-	Non-Preferred	DERMATOLOGICALS
PANOXYL	-	EXC	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	Select	ULCER DRUGS
PANTOPRAZOLE INJ SOD	-	EXC	ULCER DRUGS
PANTOPRAZOLE SOLN	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
PAPZIMEOS INJ	-	EXC	ANTIVIRALS
PARAGARD IUD	-	Preventive	CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	Select	DERMATOLOGICALS
PAREGORIC TINCTURE	-	Non-Preferred	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	Select	AMINOGLYCOSIDES
paroxetine cap (BRISDELLE equiv) (QL= 1 cap/day)	QL	Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	Preferred	ANTIDEPRESSANTS

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PAROXETINE SUSP (QL= 900 mL/30 days; ST req trial of 2: SSRI (eg. paroxetine tab, fluoxetine, sertraline), SNRI (eg. venlafaxine))	QL-ST	Preferred	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	Select	ANTIDEPRESSANTS
PASER GRANULE	-	Non-Preferred	ANTIMYCOBACTERIAL AGENTS
PATANOL OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
PAVBLU INJ	-	EXC	OPHTHALMIC AGENTS
PAVBLU SYRINGE	-	EXC	OPHTHALMIC AGENTS
PAXLOVID PAK (QL= 11 tabs/5 days)	QL	Preferred	ANTIVIRALS
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 12 years or older)	QL	Preferred	ANTIVIRALS
PAXLOVID TAB 150-100MG (QL= 20 tabs/90 days, 1 fill/90 days; Covered for members age 12 years or older)	QL	Preferred	ANTIVIRALS
PAXLOVID TAB 300-100 (QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 12 years or older)	QL	Preferred	ANTIVIRALS
PAXLOVID TAB 300-100MG (QL= 30 tabs/90 days, 1 fill/90 days; Covered for members age 12 years or older)	QL	Preferred	ANTIVIRALS
PAXOTIN CAP	-	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
PAZEO OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
pazopanib hcl tab (VOTRIENT equiv) (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PAZOPANIB TAB 400MG (QL= 60 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pb-belladonna elixir (DONNATAL equiv) (QL= 1200ml/30 days)	QL	Preferred	ULCER DRUGS
PCE TAB	-	Preferred	MACROLIDES
PEAK FLOW METER	-	Non-Preferred	MEDICAL DEVICES AND SUPPLIES
PEANUT INJ	-	EXC	DIAGNOSTIC PRODUCTS
PECAN INJ	-	EXC	DIAGNOSTIC PRODUCTS
PECAN POLLEN INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
pectin lozenge on a handle	-	EXC	MOUTH/THROAT/DENTAL AGENTS
PEDIACARE MS LIQ COLD	-	EXC	COUGH/COLD/ALLERGY
PEDIACLEAR PD LIQUID	OTC	EXC	ANTIHISTAMINES
PEDIATRIC MULTIPLE VITAMINS IV EMULSION	-	EXC	MULTIVITAMINS
pediatric multiple vitamins/fluoride soln	-	Preventive	MULTIVITAMINS
PEDMARK INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pe-dm-gg-apap cap and pe-doxyl-dm-apap cap therapy pack (RA DAY/NIGHT equiv)	-	EXC	COUGH/COLD/ALLERGY
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv)	-	Preferred	LAXATIVES
peg 3350/electrolytes soln (COLYTE equiv) (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive	LAXATIVES

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PEGASYS INJ	AMSP	Preferred Specialty	ANTIVIRALS
PEG-INTRON INJ (Only available through Lumicera 855-847-3553)	LMSP	Preferred Specialty	ANTIVIRALS
PEMAZYRE TAB (QL= 14 tabs/21 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEMETREXED DIPOTASSIUM INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pemetrexed disodium for iv soln (ALIMTA equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEMETREXED INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEMETREXED SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEMFEXY SOL	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEMGARDA SOLN	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
PENBRAYA INJ (Covered for members age 10 through 25 years)	-	Preventive	VACCINES
penciclovir cream (DENAVIR equiv) (QL= 5 grams/30 days, Step Therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB)	QL-ST	Preferred	DERMATOLOGICALS
penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days)	QL	Select	MISCELLANEOUS THERAPEUTIC CLASSES
penicillin g potassium for inj (PFIZERPEN equiv)	-	Select	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	Select	PENICILLINS
PENICILLIUM INJ	-	EXC	DIAGNOSTIC PRODUCTS
PENMENVY INJ (Covered for members age 10-25 years)	VAC	Preventive	VACCINES
PENTASA CAP (QL= 8 caps/day; Step Therapy requires trial of APRISO or LIALDA)	QL-ST	Non-Preferred	GASTROINTESTINAL AGENTS - MISC.
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.
PEPAXTO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEPPERMINT OIL CAP	-	EXC	ALTERNATIVE MEDICINES
perampanel tab (FYCOMPA equiv) (QL= 4 tabs/day; ST req trial of 2: levetiracetam, lamotrigine, valproic acid, divalproex, topiramate)	QL-ST	Preferred	ANTICONVULSANTS
PERINDOPRIL TAB	-	Non-Preferred	ANTIHYPERTENSIVES
perindopril tab (ACEON equiv)	-	Select	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	Preferred	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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PERSERIS INJ	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PEXEVA TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred	ANTIDEPRESSANTS
PH 12 STERILE SOLN FLOLAN	-	EXC	PHARMACEUTICAL ADJUVANTS
PHAZYME CAP	OTC	EXC	GASTROINTESTINAL AGENTS - MISC.
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
PHEDRAX SHAMPOO	-	EXC	DERMATOLOGICALS
phenazopyridine tab (PYRIDIUM equiv)	-	EXC	GENITOURINARY AGENTS - MISCELLANEOUS
PHENDIMETRAZINE ER TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
phendimetrazine tab (BONTRIL PDM equiv)	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
PHENELZINE SULFATE TAB (QL= 4 tabs/day)	QL	Select	ANTIDEPRESSANTS
phenelzine tab (NARDIL equiv)	-	Select	ANTIDEPRESSANTS
phenobarbital elixir	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
phenobarbital tab	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	Preferred	ANTIHYPERTENSIVES
phentermine hcl tab (LOMAIRA equiv)	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
phentermine hcl-topiramate cap (QSYMIA equiv)	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
phentolamine mesylate for inj (PHENTOLAMINE equiv)	-	EXC	ANTIHYPERTENSIVES
phenylephrine hcl (pf) iv soln (BIORPHEN equiv)	-	EXC	VASOPRESSORS
PHENYLEPHRINE HCL IV SOLN	-	EXC	VASOPRESSORS
PHENYLEPHRINE HCL SUPPOSITORIES	OTC	EXC	ANORECTAL AND RELATED PRODUCTS
phenylephrine ophth soln (MYDFRIN equiv)	-	Preferred	OPHTHALMIC AGENTS
PHENYLEPHRINE W/ DM-GG TAB	OTC	EXC	COUGH/COLD/ALLERGY
PHENYLEPHRINE-CHLORPHEN-DM TAB	OTC	EXC	COUGH/COLD/ALLERGY
phenylephrine-dexbrompheniramine-dm liquid (ALAHIST equiv)	OTC	EXC	COUGH/COLD/ALLERGY
PHENYLEPHRINE-DOXYLAMINE-DM LIQUID	-	EXC	COUGH/COLD/ALLERGY
PHENYLEPH-TRIPROLIDINE-DM LIQUID	-	EXC	COUGH/COLD/ALLERGY
phenytoin cap (DILANTIN equiv)	-	Preferred	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	Select	ANTICONVULSANTS
PHENYTOIN INJ	-	EXC	ANTICONVULSANTS
phenytoin sodium inj	-	EXC	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	Select	ANTICONVULSANTS
PHEOXIA CREAM	-	EXC	DERMATOLOGICALS
PHEXXI GEL (QL= 180gm/30 days)	QL	Preventive	VAGINAL AND RELATED PRODUCTS
PHOSLYRA SOLN	-	Preferred	GASTROINTESTINAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
phospha 250 neutral tab (K-PHOS NEUTRAL equiv) (QL= 8 tabs/day)	QL	Select	MINERALS & ELECTROLYTES
PHOTREXA/PHO SOL VISC KIT	-	EXC	OPHTHALMIC AGENTS
PHYRAGO TAB (Only available through Lumicera 855-847-3553)	LD-PA-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
phytonadione tab (MEPHYTON equiv)	-	Select	VITAMINS
PIASKY INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
PIDPROGTAR SOLN	-	EXC	DERMATOLOGICALS
PIFELTRO TAB	AMSP	Preferred Specialty	ANTIVIRALS
pilocarpine hcl ophth soln 1.25% (VUITY equiv)	-	EXC	OPHTHALMIC AGENTS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	Select	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
PIMOZIDE TAB	-	Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	Select	BETA BLOCKERS
PINEAPPLE INJ	-	EXC	DIAGNOSTIC PRODUCTS
pioglitazone tab (ACTOS equiv)	-	Select	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	Select	ANTIDIABETICS
PIP/TAZ/NACL INJ	-	EXC	PENICILLINS
PIQRAY TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pirfenidone cap (ESBRIET equiv) (QL= 3 caps/day)	AMSP-PA-QL-SF	Preferred Specialty	RESPIRATORY AGENTS - MISC.
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	RESPIRATORY AGENTS - MISC.
PIRFENIDONE TAB 534MG (QL= 4 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	RESPIRATORY AGENTS - MISC.
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	RESPIRATORY AGENTS - MISC.
piroxicam cap (FELDENE equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
pitavastatin calcium tab (LIVALO equiv) (QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs)	QL-ST	Preferred	ANTIHYPERLIPIDEMICS
PLASMA-LYTE INJ -148	-	EXC	MINERALS & ELECTROLYTES
PLASMA-LYTE INJ -A	-	EXC	MINERALS & ELECTROLYTES
PLEGRIDY INJ (QL= 1 kit/28 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ (QL= 1 kit/28 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENITY CAP	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
plerixafor subcutaneous inj (MOZOBIL equiv)	-	EXC	HEMATOPOIETIC AGENTS

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RDX	Restricted to Diagnosis	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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PLIAGLIS CREAM (ST req trial of two: lidocaine ointment, soln, gel, cream, lidocaine-prilocaine cream)	ST	Non-Preferred	DERMATOLOGICALS
PLUVICTO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PNEUMOVAX INJ	VAC	Preventive	VACCINES
PODOCON SOLN	-	Preferred	DERMATOLOGICALS
podofilox gel (CONDYLOX equiv) (QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream)	QL-ST	Preferred	DERMATOLOGICALS
PODOFILOX SOLN (QL= 0.5ml/day)	QL	Preferred	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	QL--	Select	DERMATOLOGICALS
PODOXIA SOLN	-	EXC	DERMATOLOGICALS
PODTAR SOLN	-	EXC	DERMATOLOGICALS
POKONZA POWDER (QL= 60 packets/30 days; ST req trial of 2: KCL sprinkle cap CR 10meq, KCL oral soln, KCL 20MEQ packet)	QL-ST	Non-Preferred	MINERALS & ELECTROLYTES
POLOCAINE INJ -MPF	-	EXC	LOCAL ANESTHETICS-PARENTERAL
POLYENYLPHOSPHATIDYLCHOLINE CAP	OTC	EXC	NUTRIENTS
POLYENYLPHOSPHATIDYLCHOLINE CONC	OTC	EXC	NUTRIENTS
polyethylene glycol (VISINE equiv)	-	EXC	OPHTHALMIC AGENTS
POLYETHYLENE GLYCOL 8000 GRANULES	-	Preferred	PHARMACEUTICAL ADJUVANTS
POLYETHYLENE GLYCOL-PROPYLENE GLYCOL (OPHTH)	-	EXC	OPHTHALMIC AGENTS
polyethylene glycol-propylene glycol ophth gel (GENTEAL equiv)	-	EXC	OPHTHALMIC AGENTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	Select	OPHTHALMIC AGENTS
polysaccharide iron complex liquid (HEMATEX equiv)	OTC	EXC	HEMATOPOIETIC AGENTS
POLY-TUSSIN DM SYRUP	-	Non-Preferred	COUGH/COLD/ALLERGY
POLYTUSSIN LIQ DM	OTC	EXC	COUGH/COLD/ALLERGY
POLY-VI-FLOR	-	EXC	MULTIVITAMINS
polyvinyl alcohol ophth soln (ARTIFICIAL TEARS equiv)	-	EXC	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
POMBILITI SOLN	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
PONVORY TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PONVORY TAB STARTER PACK (QL= 14 tabs/14 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PORK INJ	-	EXC	DIAGNOSTIC PRODUCTS
posaconazole iv soln (NOXAFIL equiv)	-	EXC	ANTIFUNGALS
posaconazole susp (NOXAFIL equiv) (Step therapy requires trial of fluconazole, itraconazole or voriconazole)	ST	Preferred	ANTIFUNGALS
POSLUMA SOLN	-	EXC	DIAGNOSTIC PRODUCTS
POT/CHLORIDE EFFER TAB	-	Preferred	MINERALS & ELECTROLYTES

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POTABA POWDER PACKET	-	Preferred	VITAMINS
POTASS GLYC CAP	OTC	EXC	MINERALS & ELECTROLYTES
POTASSIUM ACETATE INJ	-	EXC	MINERALS & ELECTROLYTES
potassium bicarbonate effer tab (K-LYTE equiv)	-	Preferred	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	Select	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	Preferred	MINERALS & ELECTROLYTES
potassium chloride ER tab (K-TAB equiv)	-	Select	MINERALS & ELECTROLYTES
potassium chloride in nacl inj	-	EXC	MINERALS & ELECTROLYTES
potassium chloride inj	-	EXC	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	Select	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	Preferred	MINERALS & ELECTROLYTES
potassium chloride soln	-	Preferred	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE TAB ER	-	Select	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE/D5W INJ	-	EXC	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K TAB equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
POTASSIUM CITRATE-MAGNESIUM CITRATE ER TAB	-	EXC	GENITOURINARY AGENTS - MISCELLANEOUS
POTASSIUM CITRATE-MAGNESIUM CITRATE PACKET	-	EXC	GENITOURINARY AGENTS - MISCELLANEOUS
POTASSIUM GLUCONATE TAB	-	EXC	MINERALS & ELECTROLYTES
POTASSIUM INJ	-	EXC	MINERALS & ELECTROLYTES
potassium iodide oral soln (SSKI equiv)	-	EXC	COUGH/COLD/ALLERGY
POTASSIUM PHOSPHATE INJ	-	EXC	MINERALS & ELECTROLYTES
potassium phosphate monobasic tab (K-PHOS equiv) (QL= 8 tabs/day)	QL	Select	MINERALS & ELECTROLYTES
POTASSIUM-MAGNESIUM ASPARTATE CAP	OTC	EXC	MINERALS & ELECTROLYTES
POVIDONE IOD SOLN 5%	-	EXC	OPHTHALMIC AGENTS
PRADAXA PELLET PACK (QL= 2 packets/day)	QL	Non-Preferred	ANTICOAGULANTS
PRAKETAMIDE CREAM	-	EXC	DERMATOLOGICALS
PRALUENT INJ (QL= 2 inj/28 days)	PA-QL	Non-Preferred	ANTIHYPERLIPIDEMICS
pramipexole tab (MIRAPEX equiv)	-	Select	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1-1%	-	Preferred	DERMATOLOGICALS
PRAMOSONE E CREAM	-	Preferred	DERMATOLOGICALS
PRAMOSONE LOTION	-	Non-Preferred	DERMATOLOGICALS
PRAMOXINE-CALAMINE AEROSOL	OTC	EXC	DERMATOLOGICALS
PRAMOXINE-MENTHOL LOTION	-	EXC	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
PRASCION RA CREAM	-	Preferred	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv) (QL= 1 tab/day)	QL	Select	HEMATOLOGICAL AGENTS - MISC.
pravastatin sodium 80mg (PRAVACHOL equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
pravastatin tab (PRAVACHOL equiv) (QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
praziquantel tab (BILTRICIDE equiv)	-	Select	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	Select	ANTIHYPERTENSIVES
PRECISION XTRA KETONE TEST STRIP	OTC	EXC	DIAGNOSTIC PRODUCTS
PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred	DIAGNOSTIC PRODUCTS
PRED FORTE OPHTH SUSP	-	Non-Preferred	OPHTHALMIC AGENTS
PRED MILD OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	Preferred	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	Preferred	DERMATOLOGICALS
PREDNICARBATE OIN	-	Preferred	DERMATOLOGICALS
prednisolone acetate ophth susp (PRED FORTE equiv)	-	Select	OPHTHALMIC AGENTS
prednisolone ODT (ORAPRED equiv)	-	Preferred	CORTICOSTEROIDS
PREDNISOLONE OPHTH SUSP	-	Select	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
PREDNISOLONE SOLN	-	Preferred	CORTICOSTEROIDS
prednisolone soln (PEDIAPRED equiv)	-	Preferred	CORTICOSTEROIDS
prednisolone soln	-	Select	CORTICOSTEROIDS
prednisolone tab (MILLIPRED equiv) (Step therapy requires trial of 2: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	Preferred	CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	Non-Preferred	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	Non-Preferred	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	Non-Preferred	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	Non-Preferred	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	Non-Preferred	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	Non-Preferred	OPHTHALMIC AGENTS
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	Non-Preferred	OPHTHALMIC AGENTS
prednisone pack	-	Select	CORTICOSTEROIDS
PREDNISONE SOLN	-	Select	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	Preferred	CORTICOSTEROIDS

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Drug Name	Special Code	Tier	Category
PREFEST TAB	-	Non-Preferred	ESTROGENS
pregabalin cap (LYRICA equiv)	-	Select	ANTICONVULSANTS
pregabalin ER tab (LYRICA equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln)	QL-ST	Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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
PRENARA CAP	-	Non-Preferred	MULTIVITAMINS
PRENATABS RX TAB	-	Preferred	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	Preferred	MULTIVITAMINS
PRENATAL 19 TAB	-	Preferred	MULTIVITAMINS
PRENATAL CAP	OTC	EXC	MULTIVITAMINS
PRENATAL MV, MIN W/ FA-OMEGA-3 CHEW TAB	-	EXC	MULTIVITAMINS
PRENATAL VITAMINS (NON-PREFERRED)	-	Non-Preferred	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	Preferred	MULTIVITAMINS
PRENATE MAX TAB 15-0.4-0.6MG	-	EXC	MULTIVITAMINS
PRENATOL-M TAB 27-1.2MG	-	EXC	MULTIVITAMINS
PREP H CREAM	-	EXC	ANORECTAL AND RELATED PRODUCTS
PREPIDIL GEL	-	Non-Preferred	OXYTOCICS
PRETOMANID TAB (QL= 1 tab/day)	AMSP-QL	Non-Preferred Specialty	ANTIMYCOBACTERIAL AGENTS
PREVACID SOLUTAB	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
PREVIDENT SOLN 0.2%	-	EXC	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 13 INJ	VAC	Preventive	VACCINES
PREVNAR 20 INJ	VAC	Preventive	VACCINES
PREVYMIS PAK (QL= 1 packet/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
PREVYMIS TAB	AMSP-PA	Non-Preferred Specialty	ANTIVIRALS
PREZCOBIX TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS

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PREZISTA SUSP (QL= 400ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty	ANTIVIRALS
PREZISTA TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty	ANTIVIRALS
PREZISTA TAB 150MG (QL= 8 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty	ANTIVIRALS
PREZISTA TAB 75MG (QL= 16 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty	ANTIVIRALS
PRIFTIN TAB	-	Non-Preferred	ANTIMYCOBACTERIAL AGENTS
PRILOSEC OTC DR TAB	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
PRILOSEC POWDER PACKET (Covered for members age 17 or younger.)	-	EXC	ULCER DRUGS
primaquine tab (PRIMAQUINE equiv)	-	Value	ANTIMALARIALS
PRIMATENE TAB	OTC	EXC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PRIMIDONE TAB (QL= 4 tabs/day)	QL	Select	ANTICONVULSANTS
primidone tab (MYSOLINE equiv)	QL--	Select	ANTICONVULSANTS
PRIMLEV TAB 5-300MG (QL= 13 tabs/day)	QL	Non-Preferred	ANALGESICS - OPIOID
PRIMSOL SOLN	-	Preferred	ANTI-INFECTIVE AGENTS - MISC.
PRIORIX INJ	VAC	Preventive	VACCINES
PRO DNA KIT	-	EXC	DIAGNOSTIC PRODUCTS
probenecid tab (BENEMID equiv)	-	Select	GOUT AGENTS
procainamide hcl inj	-	EXC	ANTIARRHYTHMICS
prochlorperazine supp (COMPAZINE equiv)	-	Preferred	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
PROCYSBI CAP (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
PROCYSBI GRANULES PACKET (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
PROFILNINE INJ	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
progesterone cap (PROMETRIUM equiv)	-	Select	PROGESTINS
progesterone oil inj	-	Select	PROGESTINS
PROGESTERONE SUPP	-	EXC	VAGINAL PRODUCTS
progesterone vaginal insert (ENDOMETRIN equiv)	PA	Select	VAGINAL AND RELATED PRODUCTS

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PROGRAF INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
PROHANCE INJ	-	EXC	DIAGNOSTIC PRODUCTS
PROLIA INJ	AMSP-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
promethazine DM syrup	-	Select	COUGH/COLD/ALLERGY
promethazine inj (PHENERGAN equiv)	-	Select	ANTIHISTAMINES
promethazine supp (PHENERGAN equiv)	-	Select	ANTIHISTAMINES
promethazine syrup	-	Select	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	Select	ANTIHISTAMINES
PROMETHAZINE VC SYRUP (QL= 30ml/day)	QL	Preferred	COUGH/COLD/ALLERGY
PROMETHAZINE VC SYRUP (QL= 30ml/day)	QL	Select	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	QL--	Select	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	Preferred	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	Select	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	Select	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	Select	ANTIHISTAMINES
PRONAL GEL	-	EXC	DERMATOLOGICALS
propafenone ER cap (RYTHMOL SR equiv)	-	Preferred	ANTIARRHYTHMICS
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 SOLN 20MG/5ML	-	Select	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	Select	BETA BLOCKERS
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	Select	ANTIHYPERTENSIVES
PROPYLENE GLYCOL (OPHTH)	-	EXC	OPHTHALMIC AGENTS
propylene glycol-glycerin ophth soln	OTC	EXC	OPHTHALMIC AGENTS
propylthiouracil tab	-	Select	THYROID AGENTS
PROQUAD INJ	-	Preventive	VACCINES
PROQUIN XR TAB	-	Non-Preferred	FLUOROQUINOLONES
PROSTIN E2 SUPP	-	Non-Preferred	OXYTOCICS
PROSTIN VR INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.
PROTEIN CAP	OTC	EXC	NUTRIENTS
PROTHELIAL PASTE	-	Non-Preferred	MOUTH/THROAT/DENTAL AGENTS
protriptyline tab (VIVACTIL equiv)	-	Select	ANTIDEPRESSANTS
PROZAC WEEKLY CAP	-	Preferred	ANTIDEPRESSANTS
prucalopride succinate tab (MOTEGRITY equiv) (QL= 1 tab/day; Step therapy requires trial of Trulance, Linzess, AND lubiprostone)	QL-ST	Preferred	GASTROINTESTINAL AGENTS - MISC.
pseudoephedrine ER tab 120mg	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL

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

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Drug Name	Special Code	Tier	Category
pseudoephedrine hcl cap	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine liquid 15mg/5ml	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 30mg	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 60mg	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine/brompheniramine/DM syrup (DALLERGY DM equiv)	-	EXC	COUGH/COLD/ALLERGY
pseudoephedrine-dexchlorpheniramine-dm liquid (ABATUSS DMX equiv)	OTC	EXC	COUGH/COLD/ALLERGY
pseudoephedrine-guaifenesin er tab 12hr	OTC	EXC	COUGH/COLD/ALLERGY
pseudoephedrine-ibuprofen cap	-	EXC	COUGH/COLD/ALLERGY
psyllium powder (SM FIBER equiv)	OTC	EXC	LAXATIVES
PTS PANELS TEST CHOL+GLU	-	EXC	DIAGNOSTIC PRODUCTS
PULMICORT FLEXHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR)	QL-ST	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN (QL= 30 ampules/30 days)	AMSP-QL-RDX	Preferred Specialty	RESPIRATORY AGENTS - MISC.
PURE AND GENTLE DROPS	-	EXC	OPHTHALMIC AGENTS
PURE-GAR TAB	OTC	EXC	ALTERNATIVE MEDICINES
PYLARIFY INJ	-	EXC	DIAGNOSTIC PRODUCTS
pyrazinamide tab	-	Select	ANTIMYCOBACTERIAL AGENTS
PYRIDOSTIGMI ER TAB	-	EXC	ANTIDOTES AND SPECIFIC ANTAGONISTS
pyridostigmine CR tab (MESTINON equiv)	-	Select	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	Select	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PYRIDOSTIGMINE TAB 30MG	-	Non-Preferred	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridstigmine soln (MESTINON equiv)	-	Preferred	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ANTIMALARIALS
PYRUKYND TAB (QL= 56 tabs/28 days; Only available through Biologics by McKesson 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
PYRUKYND THERAPY PACK (QL= 7 tabs/7 days; Only available through Biologics by McKesson 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
PYZCHIVA INJ (QL= 0.5mL/84 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
PYZCHIVA INJ 45MG/0.5ML (QL= 0.5mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
PYZCHIVA INJ 45MG/0.5ML (QL= 1 inj/84 days)	LMSP-PA-QL-AMSP	Non-Preferred Specialty	DERMATOLOGICALS
PYZCHIVA INJ 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
PYZCHIVA INJ 90MG/ML (QL= 1mL/84 days)	AMSP-PA-QL-LMSP	Non-Preferred Specialty	DERMATOLOGICALS
PYZCHIVA IV INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
QALSODY SOLN	-	EXC	NEUROMUSCULAR AGENTS
QBRELIS SOLN	-	Non-Preferred	ANTIHYPERTENSIVES
QBREXZA PAD (QL= 1 pad/day)	PA-QL	Non-Preferred	DERMATOLOGICALS
QFITLIA INJ (QL= 0.2ml/56 days; Only available through Soleo Health 844-747-3030)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
QFITLIA INJ (QL= 0.5ml/56 days; Only available through Soleo Health 844-747-3030)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
QINLOCK TAB (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QNASL NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
QSYMIA CAP	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
QUACK GRASS INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
QUERCETIN CAP	-	EXC	VITAMINS
QUERCETIN-ZINC CHEW TAB	OTC	EXC	VITAMINS
quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUETIAPINE TAB 150MG (QL= 1 tab/day; Step therapy requires trial of quetiapine 25, 50, 100, 200, 300, or 400mg IR tabs)	QL-ST	Non-Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUFLORA PEDIATRIC	-	EXC	MULTIVITAMINS
QUIDROXZAR GEL	-	EXC	DERMATOLOGICALS
quinapril tab (ACCUPRIL equiv)	-	Select	ANTIHYPERTENSIVES
QUINAPRIL/HCTZ TAB	-	Non-Preferred	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	Select	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	Preferred	ANTIARRHYTHMICS
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
QUITAR GEL	-	EXC	DERMATOLOGICALS
QULIPTA TAB (QL= 30 tabs/30 days)	PA-QL	Non-Preferred	MIGRAINE PRODUCTS
QUTENZA KIT	-	EXC	DERMATOLOGICALS
QUVIVIQ TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate)	QL-ST	Non-Preferred	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
QVAR REDIHALER (QL= 21.2gm/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
RABAVERT INJ	-	Preventive	VACCINES
rabeprazole EC tab (ACIPHEX equiv)	-	Select	ULCER DRUGS

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Drug Name	Special Code	Tier	Category
RADICAVA INJ	-	EXC	NEUROMUSCULAR AGENTS
RADICAVA ORS SUSP (QL= 70ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	NEUROMUSCULAR AGENTS
RAGWITEK SL TAB (QL= 30 tabs/30 days)	QL	Preferred	BIOLOGICALS MISC
RALDESY SOLN (QL= 40ml/day; Req trial of 2: cital- tab/sol, escita- tab/sol, fluox- tab/cap/sol, mirta- tab/ODT, sertr- tab/con)	QL-ST	Non-Preferred	ANTIDEPRESSANTS
raloxifene tab (EVISTA equiv) (QL= 1 tab/day)	QL	Preventive	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramipril cap (ALTACE equiv)	-	Select	ANTIHYPERTENSIVES
ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days)	QL	Select	ANTIANGINAL AGENTS
RAPIBLYK INJ	-	EXC	BETA BLOCKERS
rasagiline tab (AZILECT equiv) (QL= 1 tab/day)	QL	Select	ANTIPARKINSON AGENTS
RASPBRRY KETONES CAP	-	EXC	ALTERNATIVE MEDICINES
RAYALDEE CAP (QL= 2 caps/day)	PA-QL	Non-Preferred	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYASAL CREAM	-	EXC	DERMATOLOGICALS
RAYASORE KIT	-	EXC	DERMATOLOGICALS
RAYOS TAB	PA	Non-Preferred	CORTICOSTEROIDS
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.
REBIF INJ (QL= 6ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBIF TITRTN INJ PACK (QL= 4.2ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBINYN INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
REBYOTA SUSP FECAL	-	EXC	GASTROINTESTINAL AGENTS - MISC.
RECOMBINATE INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
RECORLEV TAB (QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECOTHROM SOLN	-	EXC	HEMOSTATICS
RECTIV OINT (Diagnosis Restricted – Anal Fissure (K60.2))	RDX	Non-Preferred	ANORECTAL AND RELATED PRODUCTS
RED ALDER INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
RED CEDAR INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
RED MAPLE INJ	-	EXC	DIAGNOSTIC PRODUCTS

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RED OAK INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
RED YEAST RICE CAP	OTC	EXC	ALTERNATIVE MEDICINES
regadenoson iv inj (LEXISCAN equiv)	-	EXC	DIAGNOSTIC PRODUCTS
REGEN-COVID INJ	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month)	QL	Preferred	ANTIVIRALS
RELEUKO INJ (QL= 15 syringes/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
RELEUKO INJ (QL= 15 vials/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
RELEXXII ER TAB 18MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
RELEXXII ER TAB 27MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
RELEXXII ER TAB 36MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
RELEXXII ER TAB 54MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
RELISTOR INJ (QL= 0.4ml/day)	AMSP-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ (QL= 0.6ml/day)	AMSP-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT (QL= 0.6ml/day)	AMSP-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB (QL= 3 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
RELIZORB	-	EXC	MEDICAL DEVICES AND SUPPLIES
RELTONE CAP (Step therapy requires trial of ursodiol tab)	ST	Non-Preferred	GASTROINTESTINAL AGENTS - MISC.
RELYVRIO PAK (QL= 56 packs/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty	NEUROMUSCULAR AGENTS
REMODULIN SOLN 8MG/20ML (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
REMPLIR TAB	-	EXC	MINERALS & ELECTROLYTES
RENAGEL TAB	-	Non-Preferred	GASTROINTESTINAL AGENTS - MISC.
RENOVA CREAM	-	EXC	DERMATOLOGICALS
RENSOTI CREAM	-	EXC	DERMATOLOGICALS
REPAGLINIDE TAB	-	Preferred	ANTIDIABETICS
repaglinide tab (PRANDIN equiv)	-	Select	ANTIDIABETICS

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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	AMSP	Preferred Specialty	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
RETEVMO CAP 40MG (QL= 3 caps/day; Only available through Lumicera 855-847-3553)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO CAP 80MG (QL= 2 caps/day; Only available through Lumicera 855-847-3553)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO TAB (QL= 60 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO TAB 40MG (QL= 90 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETHYMIC IMPLANT	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
RETIN-A MICRO GEL, RETIN-A MICRO GEL PUMP (QL= 300g/30 days; ST re trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Preferred	DERMATOLOGICALS
REVLIMID CAP (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
REVUFORJ TAB (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REXULTI TAB (QL= 1 tab/day)	QL	Non-Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ POWDER PACK (QL= 5 packets/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
REYVOW TAB 100mg (QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred	MIGRAINE PRODUCTS
REYVOW TAB 50mg (QL= 4 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred	MIGRAINE PRODUCTS
REZDIFFRA TAB (QL= 30 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
REZIPRES INJ	-	EXC	VASOPRESSORS
REZLIDHIA CAP (QL= 60 caps/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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REZUROCK TAB (QL= 30 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
REZVOGLAR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred	ANTIDIABETICS
REZYST CHEW TAB	-	EXC	ANTIDIARRHEALS
REZZAYO IV SOLN	-	EXC	ANTIFUNGALS
RHEUMATREX TAB	-	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
RHOFADE CREAM	-	EXC	DERMATOLOGICALS
RIBAPAK TAB (Step Therapy requires trial of ribavirin)	AMSP-ST	Preferred Specialty	ANTIVIRALS
RIBAVIRIN CAP	AMSP	Preferred Specialty	ANTIVIRALS
ribavirin cap (REBETOL equiv)	AMSP	Preferred Specialty	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	EXC	ANTIVIRALS
RIBAVIRIN TAB	AMSP	Preferred Specialty	ANTIVIRALS
riboflavin tab	-	EXC	VITAMINS
RICE INJ	-	EXC	DIAGNOSTIC PRODUCTS
rifabutin cap (MYCOBUTIN equiv)	-	Select	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	Non-Preferred	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	Select	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv)	AMSP	Preferred Specialty	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	Select	ANTIVIRALS
RIMI SOLN	-	EXC	DERMATOLOGICALS
RINGERS IRRIGATION SOLN	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
RINVOQ ER TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
RINVOQ ER TAB 45MG (QL= 1 tab/day, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
RINVOQ ORAL SOLN (QL= 360ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
risedronate tab 30mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 35mg (ACTONEL equiv) (QL= 4 tabs/28 days)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 5mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.

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risperidone microspheres inj (RISPERDAL equiv)	AMSP	Preferred 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; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty	ANTIVIRALS
rivaroxaban for susp (XARELTO equiv) (QL= 10mL/day)	QL	Select	ANTICOAGULANTS
rivaroxaban tab (XARELTO equiv) (QL = 60 tabs/30 days)	QL	Select	ANTICOAGULANTS
rivastigmine cap (EXELON equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RIVER BIRCH POLLEN EXTRACT INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
RIVFLOZA INJ (QL= 2 vials/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
RIVFLOZA INJ (QL= 1 syringe/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
ROAOXIA GEL	-	EXC	DERMATOLOGICALS
ROBITUSSIN COUGH DM LIQUID	-	EXC	COUGH/COLD/ALLERGY
ROBITUSSIN COUGH DM LIQUID 20-200MG/20ML	-	EXC	COUGH/COLD/ALLERGY
ROBITUSSIN LIQ DM	-	EXC	COUGH/COLD/ALLERGY
ROBITUSSIN LIQ SEVERE	OTC	EXC	COUGH/COLD/ALLERGY
ROCELIX CREAM	-	EXC	DERMATOLOGICALS
ROCTAVIAN INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
roflumilast tab (DALIRESP equiv) (QL= 1 tab/day)	PA-QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ROLVEDON INJ	-	EXC	HEMATOPOIETIC AGENTS
romidepsin for iv inj (ISTODAX equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROMVIMZA CAP (QL= 8 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ropinirole tab (REQUIP equiv)	-	Select	ANTIPARKINSON AGENTS
ROPIVACAINE INJ	-	EXC	LOCAL ANESTHETICS-PARENTERAL
ROSADAN KIT (Step Therapy requires trial of metronidazole cream)	ST	Non-Preferred	DERMATOLOGICALS
ROSULA WASH	-	EXC	DERMATOLOGICALS
ROSUVASTATIN POW CALCIUM	-	EXC	CHEMICALS
rosuvastatin tab (CRESTOR equiv) (QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS

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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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ROSZET TAB (QL= 1 tab/day; Step Therapy requires trial of rosuvastatin and ezetimibe)	QL-ST	Non-Preferred	ANTIHYPERLIPIDEMICS
ROSZET TAB (QL= 30 tabs/30 days; Step Therapy requires trial of rosuvastatin and ezetimibe)	QL-ST	Non-Preferred	ANTIHYPERLIPIDEMICS
ROTARIX SUSP	-	EXC	VACCINES
ROXYBOND TAB (ST req trial of 2: oxycodone, oxymorphone, hydromorphone tabs/soln, tramadol, morphine sulf tab/soln)	ST	Non-Preferred	ANALGESICS - OPIOID
ROXYBOND TAB (Step therapy requires trial of 2: oxycodone, oxymorphone, hydromorphone tab/soln, tramadol, morphine sulf tab/soln)	ST	Non-Preferred	ANALGESICS - OPIOID
ROYAL JELLY CAP	-	EXC	ALTERNATIVE MEDICINES
ROZLYTREK CAP 100MG (QL= 1 cap/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROZLYTREK CAP 200MG (QL= 3 caps/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROZLYTREK PAK (QL= 360 packets/30 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUBIDIUM RB 82 CHLORIDE FOR IV SOLN	-	EXC	DIAGNOSTIC PRODUCTS
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ (QL= 16 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
rufinamide tab (BANZEL equiv) (QL= 240 tabs/30 days; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	Preferred	ANTICONVULSANTS
RUKOBIA ER TAB (QL= 60 tabs/30 days)	AMSP-QL	Non-Preferred Specialty	ANTIVIRALS
RUZURGI TAB (QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	ANTIMYASTHENIC/CHOLINERGIC AGENTS
RYALTRIS SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RYBELSUS TAB (QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred	ANTIDIABETICS
RYBIX ODT	-	Non-Preferred	ANALGESICS - OPIOID
RYBREVANT SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYCLORA SOLN	-	EXC	ANTIHISTAMINES
RYDAPT CAP	AMSP-PA	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYKINDO INJ	AMSP	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RYLAZE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYONCIL KIT	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES

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RYPLAZIM SOLN	-	EXC	HEMATOLOGICAL AGENTS - MISC.
RYSTIGGO INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
RYTELO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB (QL= 4 tabs/day; Step therapy req trial of carbinoxamine 4mg tab)	QL-ST	Non-Preferred	ANTIHISTAMINES
RYZNEUTA INJ	-	EXC	HEMATOPOIETIC AGENTS
S. BOULARDII CAP PROBIOTIC	-	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
sacubitril-valsartan tab (ENTRESTO equiv) (QL= 60 tabs/30 days)	QL	Select	CARDIOVASCULAR AGENTS - MISC.
S-ADENOSYLMETHIONINE CAP	-	EXC	ALTERNATIVE MEDICINES
SAFETY SYRINGE	-	Preferred	MEDICAL DEVICES AND SUPPLIES
SAGEBRUSH INJ	-	EXC	DIAGNOSTIC PRODUCTS
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	AMSP-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SALEX SHAMPOO	-	Non-Preferred	DERMATOLOGICALS
SALICATE LIQUID	-	EXC	DERMATOLOGICALS
salicylic AC gel 6%	-	EXC	DERMATOLOGICALS
salicylic acid aerosol	-	Preferred	DERMATOLOGICALS
salicylic acid cream	-	EXC	DERMATOLOGICALS
SALICYLIC ACID ER SOLN (ST req trial of fluoruracil cream, fluorouracil soln AND imiquimod cream)	-	Non-Preferred	DERMATOLOGICALS
SALICYLIC ACID GEL W/ EMOLLIENT CREAM KIT	-	EXC	DERMATOLOGICALS
salicylic acid kit	-	EXC	DERMATOLOGICALS
salicylic acid liquid	-	EXC	DERMATOLOGICALS
SALICYLIC ACID PAD	-	EXC	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	Select	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	EXC	DERMATOLOGICALS
SALONPAS PAD PAIN RELIEF	OTC	EXC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	Preferred	ANALGESICS - NONNARCOTIC
SALVAX AERO	-	EXC	DERMATOLOGICALS
SALVAX DUO PLUS KIT	-	Non-Preferred	DERMATOLOGICALS
SAM-E TMG PAK	OTC	EXC	ALTERNATIVE MEDICINES
SAMSCA TAB, TOLVAPTAN TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANDOSTATIN LAR KIT	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	Non-Preferred	DERMATOLOGICALS
SAPHNELO SOLN	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
sapropterin dihydrochloride powder packet (KUVAN equiv)	AMSP-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
sapropterin dihydrochloride soluble tab (KUVAN equiv)	AMSP-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SARNA BUG PAD BITE	OTC	EXC	DERMATOLOGICALS
SARNA ECZEMA LOTION	-	EXC	DERMATOLOGICALS
SAROCLADIUM SOL STRICTUM	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
SAVELLA PAK (Step Therapy requires trial of duloxetine and gabapentin)	ST	Non-Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day; Step Therapy requires trial of duloxetine and gabapentin)	QL-ST	Non-Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAW PALMETTO CAP	-	EXC	ALTERNATIVE MEDICINES
saxagliptin hcl tab (ONGLYZA equiv) (QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Preferred	ANTIDIABETICS
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv) (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Preferred	ANTIDIABETICS
SAXENDA INJ	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
SB FLU HBP TAB	OTC	EXC	COUGH/COLD/ALLERGY
SB HEMORRHOID OINT	OTC	EXC	ANORECTAL AND RELATED PRODUCTS
SCARCIN GEL	-	Non-Preferred	DERMATOLOGICALS
SCEMBLIX TAB 100MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SCEMBLIX TAB 20MG (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SCEMBLIX TAB 40MG (QL= 8 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days)	QL	Select	ANTIEMETICS
SEA BAND LOZ GINGER	OTC	EXC	ALTERNATIVE MEDICINES
SEA SCALLOPS INJ	-	EXC	DIAGNOSTIC PRODUCTS
SECONAL CAP	-	Non-Preferred	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
SECUADO PATCH (QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	Non-Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEGLENTIS TAB (QL= 10 tabs/day; Trial of 3: tramad IR, celecox cap, oxycod tab/cap/sol, hydromorph tab/sol, oxymorph tab, morph sol)	QL-ST	Non-Preferred	ANALGESICS - OPIOID
SELARSDI INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.
SELARSDI INJ (QL= 0.5 mL/84 days)	--AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
SELARSDI INJ 45MG/0.5ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
SELARSDI INJ 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
selegiline cap (ELDEPRYL equiv)	-	Select	ANTIPARKINSON AGENTS

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selegiline tab (ELDEPRYL equiv) (QL= 2 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
SELENIOUS AC INJ 40MCG/ML	-	EXC	MINERALS & ELECTROLYTES
SELENIOUS AC SOLN	-	EXC	MINERALS & ELECTROLYTES
selenious acid inj (SELENIOUS ACID equiv)	-	EXC	MINERALS & ELECTROLYTES
selenium sulfide lotion	-	Select	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	Select	DERMATOLOGICALS
SELENIUM TAB	-	EXC	MINERALS & ELECTROLYTES
SELZENTRY SOLN (QL= 31ml/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
SELZENTRY TAB 150MG (QL= 2 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
SELZENTRY TAB 25MG (QL= 4 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
SELZENTRY TAB 300MG (QL= 4 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
SELZENTRY TAB 75MG (QL= 2 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
SEMAGLUTIDE INJ	-	EXC	ANTIDIABETICS
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
SEMPREX-D CAP 8-60MG	-	EXC	COUGH/COLD/ALLERGY
SENNA CAP	-	EXC	LAXATIVES
SENNA CAP 17.2MG	OTC	EXC	LAXATIVES
SENSODYNE PST PRO KIDS	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
SENSORCAINE-MPF EPINEPHRINE INJ	-	EXC	LOCAL ANESTHETICS-PARENTERAL
SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days)	QL	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY (QL= 200 ml/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone (crm, lot), desonide oint, mometasone, or triamcinolone)	QL-ST	Non-Preferred	DERMATOLOGICALS
sertraline conc (ZOLOFT equiv)	-	Value	ANTIDEPRESSANTS
sertraline hcl cap (QL= 30 caps/30 days; Step therapy requires trial of sertraline tab)	QL-ST	Preferred	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	Value	ANTIDEPRESSANTS
SESAME SEED INJ	-	EXC	DIAGNOSTIC PRODUCTS
sevelamer hydrochloride tab (RENAGEL equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (RENVELA equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
SEVENFACT SOLN	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
SEZABY INJ	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

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Drug Name	Special Code	Tier	Category
SFROWASA ENEMA (QL= 60 mL/day)	QL	Non-Preferred	GASTROINTESTINAL AGENTS - MISC.
SG RAGWEED INJ	-	EXC	DIAGNOSTIC PRODUCTS
SHARK CARTILAGE CAP	-	EXC	ALTERNATIVE MEDICINES
SHINGRIX INJ (Covered for members age 18 or older)	VAC	Preventive	VACCINES
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SILALITE PAK MIS	-	EXC	DERMATOLOGICALS
SILATRIX GEL	-	EXC	MOUTH/THROAT/DENTAL AGENTS
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	AMSP-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	Select	CARDIOVASCULAR AGENTS - MISC.
SILIPAC KIT	-	Non-Preferred	DERMATOLOGICALS
SILIQ INJ (QL= 4 inj/28 days)	LMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
SILVER NITRATE SOLN	-	Preferred	DERMATOLOGICALS
silver nitrate soln	-	Select	DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	Select	DERMATOLOGICALS
SILVERA PAD	-	Non-Preferred	DERMATOLOGICALS
SIMCOR TAB (QL= 1 tab/day)	QL	Non-Preferred	ANTIHYPERLIPIDEMICS
simethicone cap (PHAZYME equiv)	OTC	EXC	GASTROINTESTINAL AGENTS - MISC.
SIMLANDI 1-PEN KIT (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
SIMLANDI INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
SIMLANDI KIT (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
SIMLANDI KIT (adalimumab-ryvk) (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI SC INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Preferred	ANTIHYPERLIPIDEMICS
simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	PA-QL	Preventive	ANTIHYPERLIPIDEMICS
SINUVA NASAL IMPLANT	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL

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sirolimus soln (RAPAMUNE equiv)	AMSP	Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	AMSP	Preferred Specialty	ASSORTED CLASSES
SIRTURO TAB (Only available through MMS Solutions 855-691-0963)	LD	Preferred Specialty	ANTIMYCOBACTERIAL AGENTS
SITAGLIPTIN/METFORMIN TAB (QL= 2 tabs/day)	QL	Non-Preferred	ANTIDIABETICS
SITAVIG TAB (QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir)	QL-ST	Non-Preferred	ANTIVIRALS
SIVEXTRO INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
SIVEXTRO TAB (QL= 6 tabs/fill)	QL	Preferred	ANTI-INFECTIVE AGENTS - MISC.
SIVORA CREAM	-	EXC	DERMATOLOGICALS
SKLICE LOTION	OTC	EXC	DERMATOLOGICALS
SKYCLARYS CAP 50MG (QL= 90 caps/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	NEUROMUSCULAR AGENTS
SKYLA IUD	-	Preventive	CONTRACEPTIVES
SKYRIZI 180MG/1.2ML CARTRIDGE (QL= 1 cartridge/56 days)	AMSP-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ (QL= 1 cartridge/56 days)	AMSP-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 150MG/ML (QL= 1 syringe/84 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
SKYRIZI PEN 150MG/ML (QL= 1 pen/84 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
SKYRIZI SOLN	-	EXC	GASTROINTESTINAL AGENTS - MISC.
SKYSONA INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SKYTROFA INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SKYTROFA INJ 0.7MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SKYTROFA INJ 1.4MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SKYTROFA INJ 1.8MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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SKYTROFA INJ 2.1MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SKYTROFA INJ 2.5MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SLEEP+IMMUNE CHW HEALTH	-	EXC	ALTERNATIVE MEDICINES
SLOW RELEASE IRON TAB	-	EXC	HEMATOPOIETIC AGENTS
SLYND TAB	-	Preventive	CONTRACEPTIVES
SM CRANBERRY TAB	-	EXC	ALTERNATIVE MEDICINES
smz/tmp (DS) tab (BACTRIM DS equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
SOAANZ TAB (QL= 5 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab)	QL-ST	Non-Preferred	DIURETICS
SOAANZ TAB 60MG (QL= 3 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab)	QL-ST	Non-Preferred	DIURETICS
SOD CHLORIDE INJ	-	EXC	MINERALS & ELECTROLYTES
SOD CIT-GENT INJ 4%-320	-	EXC	ANTICOAGULANTS
sodium acetate inj	-	EXC	MINERALS & ELECTROLYTES
SODIUM BICARBONATE-CITRIC ACID EFFER TAB	-	EXC	ANTACIDS
sodium chloride inj	-	Select	MINERALS & ELECTROLYTES
SODIUM CHLORIDE IRRIGATION SOLN	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
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 F 18 IV SOLN	-	EXC	DIAGNOSTIC PRODUCTS
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 IODIDE I-131 SOLN	-	EXC	THYROID AGENTS
SODIUM OXYBATE SOLN, XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
sodium phenylbutyrate powder (BUPHENYL equiv)	AMSP-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	AMSP-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SODIUM PHOSPHATE INJ	-	EXC	MINERALS & ELECTROLYTES
SODIUM PHOSPHATES INJ	-	EXC	MINERALS & ELECTROLYTES

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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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SODIUM SULFACETAMIDE CLEANSER	-	EXC	DERMATOLOGICALS
sodium sulfacetamide gel (OVACE PLUS equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv) (QL= 354mL/30 days)	QL	Select	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	EXC	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR CREAM	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	Select	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	Select	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	Select	DERMATOLOGICALS
sodium sulfacetamide/sulfur kit (ROSANIL KIT equiv)	-	Select	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (PLEXION TS equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN WASH equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	Select	DERMATOLOGICALS
sodium/potassium/magnesium soln (SUPREP equiv)	-	Select	LAXATIVES
SOFDRA GEL (QL= 40.2 mL/30 days; Only available through Lombard Pharmacy 630 495-2333)	LD-PA-QL	Non-Preferred	DERMATOLOGICALS
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
SOGROYA INJ (QL= 6ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOHONOS CAP (QL= 30 caps/30 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty	MUSCULOSKELETAL THERAPY AGENTS
SOLAICE PATCH	-	Non-Preferred	DERMATOLOGICALS
solifenacin tab (VESICARE equiv) (QL= 1 tab/day)	QL	Select	URINARY ANTISPASMODICS
SOLTAMAX SOLN	-	Non-Preferred	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SOLU-CORTEF INJ	-	Preferred	CORTICOSTEROIDS
SOMATULINE INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMNOTE CAP	-	Non-Preferred	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
sorafenib tosylate tab (NEXAVAR equiv) (QL= 4 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
sotalol AF tab (BETAPACE AF equiv)	-	Select	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	Select	BETA BLOCKERS
SOTROVIMAB INJ	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS

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SOTYKTU TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
SOTYLIZE SOLN	-	Non-Preferred	BETA BLOCKERS
SOVALDI TAB (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
SOVUNA TAB (Step therapy requires trial of generic hydroxychloroquine (generic for Planquenil))	ST	Non-Preferred	ANTIMALARIALS
SOY ISOFLAVONE CAP	-	EXC	ALTERNATIVE MEDICINES
SOYBEAN INJ	-	EXC	DIAGNOSTIC PRODUCTS
SPECTRACEF TAB	-	Non-Preferred	CEPHALOSPORINS
SPEVIGO INJ	-	EXC	DERMATOLOGICALS
SPEVIGO INJ (QL= 2 mL/28 days; Only available through Accredo 888-773-7376)	--LD-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
SPIKEVAX INJ (QL= 1 dose/24 days)	QL	Preventive	VACCINES
SPIKEVAX INJ 50/0.5ML	VAC	Preventive	VACCINES
SPIKEVAX INJ 50MCG/0.5ML	VAC	Preventive	VACCINES
SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Preferred	DERMATOLOGICALS
SPINRAZA INJ (Only available through Accredo 888-773-7376)	LD-M-PA	Non-Preferred Specialty	NEUROMUSCULAR AGENTS
SPIRIVA HANDIHALER (QL= 1 cap/day; For use with Handihaler device)	QL	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler)	QL-ST	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone susp (CAROSPIR equiv) (QL= 600ml/30 days; ST req trial of furosemide oral soln)	QL-ST	Preferred	DIURETICS
spironolactone tab (ALDACTONE equiv)	-	Value	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	Select	DIURETICS
SPRAVATO NASAL SOLN (QL= 4 kits/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIDEPRESSANTS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	Preventive	CONTRACEPTIVES
SQUALENE LIQ 98%	-	EXC	CHEMICALS
STAHIST AD TAB 25-60MG (QL= 4 tabs/day)	QL	Preferred	COUGH/COLD/ALLERGY
STARJEMZA INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.
STARJEMZA INJ (QL= 0.5mL/84 days)	--PA-QL	Non-Preferred Specialty	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
STARJEMZA PFS INJ 45MG/0.5ML (QL= 0.5mL/84 days)	PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
STARJEMZA PFS INJ 90MG/ML (QL= 1 mL/84 days)	PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
STAVUDINE CAP (QL= 2 caps/day)	AMSP-QL	Non-Preferred Specialty	ANTIVIRALS
stavudine cap (ZERIT equiv) (QL= 2 caps/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
STAVZOR CAP	-	Non-Preferred	ANTICONVULSANTS
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
STENDRA TAB	-	EXC	CARDIOVASCULAR AGENTS - MISC.
STEQEYMA INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.
STEQEYMA INJ 45MG/0.5ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
STEQEYMA INJ 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
STERILE DILUTION SOLN	-	EXC	PHARMACEUTICAL ADJUVANTS
STERILE WATER INJ	-	EXC	PHARMACEUTICAL ADJUVANTS
STIMATE NASAL SOLN	-	Preferred	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIMUFEND INJ (QL = 1.2 units/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
STIOLTO INHALER (QL= 1 inhaler/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STOBOCLO INJ (QL= 1 mL/180 days)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
STOP LICE LIQUID MAX	OTC	EXC	DERMATOLOGICALS
STRAWBERRY INJ	-	EXC	DIAGNOSTIC PRODUCTS
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
STREPTOCOCCINUM MIS	-	EXC	ASSORTED CLASSES
STRIANT FILM (QL= 60 films/30 days)	PA-QL	Non-Preferred	ANDROGENS-ANABOLIC
STRIBILD TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS

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Drug Name	Special Code	Tier	Category
STRIVERDI RESPIMAT INHALER	-	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SUCLEAR KIT	-	Non-Preferred	LAXATIVES
sucralfate susp (CARAFATE equiv)	-	Select	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
sucralfate tab (CARAFATE equiv)	-	Select	ULCER DRUGS
SUDAFED 24HR TAB 240MG	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
SUDAFED CHILD LIQUID	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
SUFENTANIL INJ	-	EXC	ANALGESICS - OPIOID
SUFLAVE SOLN (QL= 2 fills/year)	QL	Preferred	LAXATIVES
SUGAMMADEX INJ	-	EXC	ANTIDOTES AND SPECIFIC ANTAGONISTS
SULFACETAMIDE SOD OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
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	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
SUMADAN XLT KIT	-	Non-Preferred	DERMATOLOGICALS
SUMANSETRON PAK	-	EXC	MIGRAINE PRODUCTS
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; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Select	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 4 mL/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Select	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ	-	Non-Preferred	MIGRAINE PRODUCTS
SUMAXIN PAD	-	EXC	DERMATOLOGICALS
SUMAXIN WASH	-	EXC	DERMATOLOGICALS
sunitinib malate cap (SUTENT equiv) (QL= 28 caps/42 days)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUNLENCA INJ	-	EXC	ANTIVIRALS
SUNLENCA TAB	-	EXC	ANTIVIRALS
SUNOSI TAB 150MG (QL= 1 tab/day)	PA-QL	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
SUNOSI TAB 75MG (QL= 2 tabs/day)	PA-QL	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
SUPER GINSNG CAP	-	EXC	ALTERNATIVE MEDICINES

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Drug Name	Special Code	Tier	Category
SUPRAX CAP	-	Non-Preferred	CEPHALOSPORINS
SUPRAX CHEW TAB	-	Non-Preferred	CEPHALOSPORINS
SUPRAX SUSP	-	Non-Preferred	CEPHALOSPORINS
SUSVIMO IMP	-	EXC	MEDICAL DEVICES AND SUPPLIES
SUSVIMO INJ	-	EXC	OPHTHALMIC AGENTS
SUTAB TAB	-	Non-Preferred	LAXATIVES
SWEET CHERRY INJ	-	EXC	DIAGNOSTIC PRODUCTS
SYFOVRE INJ	-	EXC	OPHTHALMIC AGENTS
SYLATRON INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	Non-Preferred	ULCER DRUGS
SYMBRAVO TAB (QL= 1 tab/day; ST req trial of meloxicam tab AND all of the following triptans: riza-, suma-, nara-, zolmi-)	QL-ST	Non-Preferred	MIGRAINE PRODUCTS
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
SYMPROIC TAB (QL= 30 tabs/30 days)	PA-QL	Preferred	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	AMSP	Preferred Specialty	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
SYNOJOYNT INJ	-	EXC	MUSCULOSKELETAL THERAPY AGENTS
SYNRIBO INJ (Only available through US Bioservices 888-518-7246)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNVEXIA TC CREAM	-	Non-Preferred	DERMATOLOGICALS
SYRINGE LUER-LOK	OTC	Preferred	MEDICAL DEVICES AND SUPPLIES
TABLOID TAB (QL= 4 tabs/day)	QL	Non-Preferred	ANTINEOPLASTICS
TABRECTA TAB (QL= 112 tabs/28 days)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tacrolimus cap (PROGRAF equiv)	-	Select	ASSORTED CLASSES

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tacrolimus inj (PROGRAF equiv)	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	Select	DERMATOLOGICALS
tadalafil tab (CIALIS equiv) (QL= 1 tab/day)	QL	Preferred	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day)	QL	Select	CARDIOVASCULAR AGENTS - MISC.
TADLIQ SUSP (QL= 10ml/day)	AMSP-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAFINLAR TAB (QL= 12 tabs/day)	LMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tafluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Select	OPHTHALMIC AGENTS
TAGRISSO TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ 150MG/ML (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
TALICIA CAP (QL= 168 caps/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole))	QL-ST	Non-Preferred	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
TALTZ INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
TALTZ INJ 40MG/0.5ML (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
TALVEY INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamoxifen tab (NOLVADEX equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
TANDEM CAP	OTC	EXC	HEMATOPOIETIC AGENTS
TARKA TAB	-	Non-Preferred	ANTIHYPERTENSIVES

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TARPEYO CAP (QL= 120 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	CORTICOSTEROIDS
TART CHERRY CAP	-	EXC	ALTERNATIVE MEDICINES
TART CHERRY CHW ULTRA	-	EXC	ALTERNATIVE MEDICINES
TASCENSO ODT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tasimelteon capsule (HETLIOZ equiv)	AMSP-PA	Preferred Specialty	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
tavaborole soln (KERYDIN equiv) (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Preferred	DERMATOLOGICALS
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
TAVNEOS CAP (QL= 180 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
tazarotene cream 0.1% (TAZORAC equiv)	-	Select	DERMATOLOGICALS
tazarotene gel 0.05% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream)	QL-ST	Preferred	DERMATOLOGICALS
tazarotene gel 0.1% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream)	QL-ST	Preferred	DERMATOLOGICALS
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TB SYRINGE	-	Non-Preferred	MEDICAL DEVICES AND SUPPLIES
TECARTUS SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECELRA SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECENTRIQ HYBREZA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECHNIVIE TAB (QL= 1 pack/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIVIRALS
TECNU IVY KIT COMPLETE	-	EXC	DERMATOLOGICALS
TECVAYLI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
telmisartan tab (MICARDIS equiv)	-	Select	ANTIHYPERTENSIVES
TELMISARTAN/AMLODIPINE TAB (QL= 1 tab/day; Step therapy requires trial of amlodipine-olmesartan OR amlodipine-valsartan)	QL-ST	Non-Preferred	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS

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OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit
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temozolomide cap (TEMODAR equiv)	AMSP	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEMPO SMART BUTTON	-	EXC	MEDICAL DEVICES AND SUPPLIES
tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty	ANTIVIRALS
TEPADINA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEPMETKO TAB (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEPYLUTE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TERAVAX CAP	-	EXC	MULTIVITAMINS
terazosin cap (HYTRIN equiv)	-	Select	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	Select	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	Select	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	Select	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	Select	VAGINAL PRODUCTS
teriflunomide tab (AUBAGIO equiv) (QL= 30 tabs/30 days)	AMSP-QL	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
teriparatide (recombinant) soln pen-inj 560mcg/2.24ml (FORTEO equiv) (QL= 2.24 mL/28 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
teriparatide inj 560mcg/2.24ml (QL= 2.24 ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
TERLIVAZ INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
testosterone cypionate inj (QL= 1 vial/28 days)	QL	Select	ANDROGENS-ANABOLIC
testosterone cypionate inj (QL= 4 vials/28 days)	QL	Select	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	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= 150g/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= 150g/30 days)	QL	Select	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP, VOGELXO GEL PUMP (QL= 300g/30 days)	PA-QL	Non-Preferred	ANDROGENS-ANABOLIC

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TESTOSTERONE GEL, VOGELXO GEL (QL= 2 packets/day)	PA-QL	Non-Preferred	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
TETPIDTAR SOLN	-	EXC	DERMATOLOGICALS
tetrabenazine tab (XENAZINE equiv)	AMSP-PA	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TETRACAINE INJ	-	EXC	LOCAL ANESTHETICS-PARENTERAL
TETRACAINE OINTMENT	-	EXC	DERMATOLOGICALS
TETRACAINE OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
tetracycline cap	-	Select	TETRACYCLINES
TETRACYCLINE TAB (QL= 4 tabs/day; ST req trial of tetracycline caps followed by minocycline IR OR doxycycline monohydrate)	QL-ST	Non-Preferred	TETRACYCLINES
TEVIMBRA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEXACORT SOLN	-	Non-Preferred	DERMATOLOGICALS
TEZRULY SOLN (QL= 20ml/day; ST req trial of terazosin capsules)	QL-ST	Non-Preferred	ANTIHYPERTENSIVES
TEZSPIRE INJ (QL= 1 pen/30 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TEZSPIRE SOLN (QL= 1 syringe/30 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THALOMID CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-QL	Preferred Specialty	ASSORTED CLASSES
THAM INJ	-	EXC	MINERALS & ELECTROLYTES
theanine cap	-	EXC	NUTRIENTS
THEANINE CHEW TAB	-	EXC	NUTRIENTS
THEANINE-5 HTP-LEMON BALM CHEW TAB	-	EXC	ALTERNATIVE MEDICINES
theophylline CR tab (QUIBRON-T equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOPHYLLINE TAB ER (QL= 1 tab/day)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THERACRAN CAP MAX	-	EXC	ALTERNATIVE MEDICINES
THERAFLU FLU PAK DAY/NIGH	OTC	EXC	COUGH/COLD/ALLERGY
THERAFLU FLU PAK NIGHTTME	-	EXC	COUGH/COLD/ALLERGY
THERAFLU FLU TAB DAY/NIGH	OTC	EXC	COUGH/COLD/ALLERGY

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THERAFLU PAK SEV COLD	OTC	EXC	COUGH/COLD/ALLERGY
THERAFLU SEV CHW	OTC	EXC	COUGH/COLD/ALLERGY
THERAFLU SEV MIS COLD REL	OTC	EXC	COUGH/COLD/ALLERGY
THERAFLU SEV PAK COLD RLF	-	EXC	COUGH/COLD/ALLERGY
THERAFLU SEV PAK NIGHTTIM	-	EXC	COUGH/COLD/ALLERGY
THERAFLU-D PAK SVR CLD	OTC	EXC	COUGH/COLD/ALLERGY
THIAMINE HCL SOLN NACL	-	EXC	VITAMINS
thiamine mononitrate tab (B1 equiv)	-	EXC	VITAMINS
THIOLA EC TAB (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine hcl tab (QL= 8 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiotepa inj soln (TEPADINA equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
thiothixene cap (NAVANE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYQUIDITY SOLN (Step Therapy requires trial of levothyroxine)	ST	Non-Preferred	THYROID AGENTS
THYROLAR TAB	-	Non-Preferred	THYROID 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
TIBSOVO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ticagrelor tab (BRILINTA equiv) (QL= 2 tabs/day)	QL	Select	HEMATOLOGICAL AGENTS - MISC.
TICANASE PAK	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
TICOVAC INJ	-	EXC	VACCINES
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 preservative free ophth soln (TIMOPTIC equiv) (QL= 2ml/day)	QL	Preferred	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	Select	BETA BLOCKERS
timolol ophth soln (BETIMOL equiv) (QL= 10ml/30 days)	QL	Preferred	OPHTHALMIC AGENTS
timolol ophth soln (BETIMOL equiv) (QL= 15ml/30 days)	QL	Preferred	OPHTHALMIC AGENTS
timolol ophth soln (BETIMOL equiv) (QL= 5ml/30 days)	QL	Preferred	OPHTHALMIC AGENTS
TIMOLOL/BRIMON/DORZOL/BIMATOPROST OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
TIMOLOL/BRIMONIDINE/DORZOLAMIDE OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
TIMOLOL/DORZOLAMIDE/BIMATOPROST OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
TINACTIN AERSOL	OTC	EXC	DERMATOLOGICALS
tiopronin tab (THIOLA equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS

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tiopronin tab delayed release (THIOLA EC equiv) (QL= 8 tabs/day)	AMSP-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
tirofiban hcl in nacl (AGGRASTAT equiv)	-	EXC	HEMATOLOGICAL AGENTS - MISC.
TIROSINT CAP	-	Non-Preferred	THYROID AGENTS
TIROSINT-SOL (Step therapy requires trial of levothyroxine)	ST	Non-Preferred	THYROID AGENTS
TIVDAK INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TIVICAY PD TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Specialty	ANTIVIRALS
TIVICAY TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Specialty	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	Preferred	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	Non-Preferred	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
TNKASE INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
TOBI PODHALER	AMSP-PA	Non-Preferred Specialty	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	Preferred	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	Non-Preferred	OPHTHALMIC AGENTS
tobramycin neb soln (BETHKIS equiv)	AMSP-PA	Preferred Specialty	AMINOGLYCOSIDES
tobramycin neb soln (TOBI equiv)	AMSP-PA	Preferred Specialty	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	Select	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	Select	OPHTHALMIC AGENTS
TOBRAMYCIN/VANCOMYCIN DROPS	-	EXC	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	Preventive	VAGINAL PRODUCTS
TOFIDENCE INJ	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
tolazamide tab (TOLINASE equiv)	-	Select	ANTIDIABETICS
TOLBUTAMIDE TAB	-	Preferred	ANTIDIABETICS
tolmetin cap (TOLECTIN DS equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
tolnaftate aerosol	OTC	EXC	DERMATOLOGICALS
tolnaftate soln (TINACTIN equiv)	-	EXC	DERMATOLOGICALS
tolterodine SR cap (DETROL LA equiv) (QL= 1 cap/day)	QL	Select	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	Select	URINARY ANTISPASMODICS

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tolvaptan tab (JYNARQUE, SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab (JYNARQUE, SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred 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	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab therapy pack (JYNARQUE equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
TOMATO INJ	-	EXC	DIAGNOSTIC PRODUCTS
TONMYA SUB (QL= 60 tabs/30 days; ST req trial of cyclobenzaprine 5mg/10mg AND trial of 3: duloxe, venlafax, gabapn, pregab, amitrip)	QL-ST	Non-Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
topiramate cap er 200mg (TROKENDI equiv) (QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR))	QL-ST	Preferred	ANTICONVULSANTS
topiramate er cap (TROKENDI XR equiv) (QL= 1 cap/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR))	QL-ST	Preferred	ANTICONVULSANTS
topiramate ER cap 100mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of topiramate IR)	QL-ST	Preferred	ANTICONVULSANTS
topiramate ER cap 150mg (QUDEXY equiv) (QL= 2 caps/day; Step Therapy requires trial of topiramate IR)	QL-ST	Preferred	ANTICONVULSANTS
topiramate ER cap 200mg (QUDEXY equiv) (QL= 2 caps/day; Step Therapy requires trial of topiramate IR)	QL-ST	Preferred	ANTICONVULSANTS
topiramate ER cap 25mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of topiramate IR)	QL-ST	Preferred	ANTICONVULSANTS
topiramate ER cap 50mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of topiramate IR)	QL-ST	Preferred	ANTICONVULSANTS
topiramate oral soln (EPRONTIA equiv) (QL= 480mL/30 day; Step therapy requires trial of topiramate sprinkle caps)	QL-ST	Preferred	ANTICONVULSANTS
topiramate sprinkle cap (TOPAMAX equiv)	-	Select	ANTICONVULSANTS
topiramate sprinkle cap 50mg (QL= 8 cap/day; Step therapy requires trial of topiramate 15mg/25mg sprinkle cap)	QL-ST	Preferred	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	Select	ANTICONVULSANTS
toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen)	AMSP-ST	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torsemide tab (DEMADEX equiv)	-	Select	DIURETICS
TOUJEO MAX SOLOSTAR INJ (QL= 18ml/30 days)	QL	Preferred	ANTIDIABETICS
TOUJEO SOLOSTAR INJ (QL= 18ml/30 days)	QL	Preferred	ANTIDIABETICS
TRACLEER TAB (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day)	QL	Preferred	ANTIDIABETICS

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tramadol ER tab (RYZOLT equiv)	-	Preferred	ANALGESICS - OPIOID
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 ER TAB 100MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Preferred	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB 200MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Preferred	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB 300MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Preferred	ANALGESICS - OPIOID
TRAMADOL HCL TAB (QL= 30 tabs/30 days)	QL	Non-Preferred	ANALGESICS - OPIOID
tramadol hcl tab 100mg (QL= 4 tabs/day)	QL	Preferred	ANALGESICS - OPIOID
TRAMADOL HCL TAB 75MG (QL= 30 tabs/30 days; Step Therapy requires trial of tramadol 50mg tab or tramadol 100mg tab)	QL-ST	Preferred Specialty	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	Select	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	Select	ANALGESICS - OPIOID
TRAMETINIB POWDER	-	EXC	CHEMICALS
trandolapril tab (MAVIK equiv)	-	Select	ANTIHYPERTENSIVES
trandolapril/verapamil ER tab (TARKA equiv)	-	Preferred	ANTIHYPERTENSIVES
TRANDOLAPRIL/VERAPAMIL ER TAB 2-180MG, 4-240MG	-	Non-Preferred	ANTIHYPERTENSIVES
TRANDOLAPRIL/VERAPAMIL ER TAB 2-240MG	-	Non-Preferred	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days)	QL	Select	HEMOSTATICS
tranexamic acid-sodium chloride iv soln (TRANEXAMIC equiv)	-	EXC	HEMOSTATICS
TRANEXAMIC INJ ACID	-	EXC	HEMOSTATICS
tranylcypromine tab (PARNATE equiv)	-	Select	ANTIDEPRESSANTS
TRAUMEEL INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Select	OPHTHALMIC AGENTS
trazodone tab 50mg, 100mg, 150mg (DESYREL equiv)	-	Select	ANTIDEPRESSANTS
TREANDA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRECATOR TAB	-	Non-Preferred	ANTIMYCOBACTERIAL AGENTS
TREE MIX 9	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TREMFYA INJ (QL= 1ml/56 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
TREMFYA INJ (QL= 2ml/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
TREMFYA INJ CROHNS INDUCTION PACK (QL= 12 mL/year)	AMSP-PA-QL	Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
TREMFYA IV INJ	-	EXC	DERMATOLOGICALS
treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TRESIBA FLEXTOUCH INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300)	QL-ST	Preferred	ANTIDIABETICS
TRESIBA INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300)	QL-ST	Preferred	ANTIDIABETICS
TRESNI SUPP	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
tretinoin cap (VESANOID equiv)	AMSP	Preferred Specialty	ANTINEOPLASTICS
tretinoin cream (RETIN-A CREAM equiv) (QL= 360g/30 days)	QL	Select	DERMATOLOGICALS
tretinoin gel	-	Select	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (QL= 360g/30 days)	--QL	Select	DERMATOLOGICALS
TRETIN-X CREAM (QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream)	QL-ST	Non-Preferred	DERMATOLOGICALS
TRETIN-X KIT	-	EXC	DERMATOLOGICALS
TREXIMET TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred	MIGRAINE PRODUCTS
triamcinolone acetonide inj susp (KENALOG-10 equiv)	-	EXC	CORTICOSTEROIDS
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
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	Select	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	Select	DIURETICS
TRIAMVEX KIT	-	EXC	DERMATOLOGICALS
TRIANEX OINT	-	Non-Preferred	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
TRICEPTIN PAD	OTC	EXC	DERMATOLOGICALS
tricitrates soln (POLYCITRA-LC equiv)	-	Preferred	GENITOURINARY AGENTS - MISCELLANEOUS
trientine cap 250mg (SYPRINE equiv) (ST req trial of generic penicillamine tab)	ST	Select	MISCELLANEOUS THERAPEUTIC CLASSES

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TRIENTINE CAP 500MG (ST req trial of generic penicillamine tab and then trial of gen trientine 250mg cap)	ST	Preferred	MISCELLANEOUS THERAPEUTIC CLASSES
TRIFENA PATCH	-	EXC	DERMATOLOGICALS
TRIFERIC AVNU INJ	-	EXC	HEMATOPOIETIC AGENTS
trifluoperazine tab (STELAZINE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	Non-Preferred	ANTIHYPERLIPIDEMICS
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
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
TRIKAFTA THERAPY PACK (QL= 56 packets/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
tri-legest tab (ESTROSTEP FE equiv)	-	Preventive	CONTRACEPTIVES
TRI-LUMA CREAM	-	EXC	DERMATOLOGICALS
trilyte soln (NULYTELY equiv) (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	Select	ANTIEMETICS
trimethoprim tab (PROLOPRIM equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Select	ANTIDEPRESSANTS
TRINTELLIX TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred	ANTIDEPRESSANTS
TRIONEX PACK	-	EXC	DERMATOLOGICALS
TRIPONEL SOLN	-	EXC	COUGH/COLD/ALLERGY
triprolidine hcl liquid (PEDIACLEAR equiv)	OTC	EXC	ANTIHISTAMINES
triprolidine hcl tab (FLONASE ALLERGY RELIEF NIGHT equiv)	-	EXC	ANTIHISTAMINES
triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day)	QL	Preferred	COUGH/COLD/ALLERGY
TRIPROLIDINE-DEXTROMORPHAN LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
TRIPTODUR SUS 22.5MG	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
trispec pse liquid (QL= 1200ml/30 days)	OTC-QL	Preferred	COUGH/COLD/ALLERGY
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	Preventive	CONTRACEPTIVES
TRISTART CAP	-	EXC	MULTIVITAMINS
TRIUMEQ PD TAB (QL= 6 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
TRIUMEQ TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS

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Drug Name	Special Code	Tier	Category
TRIVIA CAP COMPLETE	-	EXC	MULTIVITAMINS
TRI-VITAMIN INFANT DROPS	OTC	EXC	MULTIVITAMINS
tri-vitamin with fluoride drops	-	Preventive	MULTIVITAMINS
tromethamine iv soln (THAM equiv)	-	EXC	MINERALS & ELECTROLYTES
tropicamide ophth soln (MYDRIACYL equiv)	-	Select	OPHTHALMIC AGENTS
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	Non-Preferred	OPHTHALMIC AGENTS
trospium chloride SR cap (SANCTURA XR equiv) (QL= 1 cap/day; Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR, trospium IR/ER, solifenacin)	QL-ST	Preferred	URINARY ANTISPASMODICS
trospium tab (SANCTURA equiv)	-	Select	URINARY ANTISPASMODICS
TRUBREXA PAD	-	EXC	DERMATOLOGICALS
TRUDHESA NASAL SPRAY (QL= 8ml/28 days; Step therapy requires trial of 2: dihydroergotamine mesylate, sumatriptan tab, rizatriptan, naratriptan)	QL-ST	Non-Preferred	MIGRAINE PRODUCTS
TRUE VIT B1 TAB	-	EXC	VITAMINS
TRUE VIT B6 TAB	-	EXC	VITAMINS
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
TRUQAP TAB (QL= 64 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUQAP THERAPY PACK (QL= 64 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSELTIQ PACK 100MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSELTIQ PACK 175MG (QL= 63 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSELTIQ PACK 50MG, 125MG (QL= 42 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRYNGOLZA INJ (QL= 0.8ml/30 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
TRYVIO TAB (QL= 30 tabs/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIHYPERTENSIVES
TUKYSA TAB (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TURMERIC EXT CAP STRENGTH	-	EXC	ALTERNATIVE MEDICINES
TURMERIC-GINGER CHEW TAB	-	EXC	ALTERNATIVE MEDICINES

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Drug Name	Special Code	Tier	Category
TURMERIC-GINGER-BLACK PEPPER CHEW TAB	OTC	EXC	ALTERNATIVE MEDICINES
TUSNEL C SYRUP	-	EXC	COUGH/COLD/ALLERGY
TUSNEL SYRUP	-	EXC	COUGH/COLD/ALLERGY
tussigon tab (HYCODAN equiv)	-	Select	COUGH/COLD/ALLERGY
tussin cf liquid (QL= 1200ml/30 days)	OTC-QL	Select	COUGH/COLD/ALLERGY
TUSSIN COUGH LIQUID DM	-	EXC	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	Preventive	VACCINES
TWIRLA PATCH	-	Preventive	CONTRACEPTIVES
TWYNEO CREAM	OTC	EXC	DERMATOLOGICALS
TYBLUME TAB	-	Preventive	CONTRACEPTIVES
TYBOST TAB	-	Preferred Specialty	ANTIVIRALS
TYENNE INJ	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
TYENNE INJ (QL= 1.8ml/28 days)	--AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
TYMLOS INJ (QL= 1.56 units/30 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYPHOID VI MULTI-DOSE	-	Preventive	VACCINES
TYPHOID VI PREFILLED SYRINGE	VAC	Preventive	VACCINES
TYRUKO CON	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TYRVAYA SOLN (QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	QL-ST	Preferred	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
TZIELD INJ	-	EXC	ANTIDIABETICS
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

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Drug Name	Special Code	Tier	Category
UDENYCA INJ (QL= 2 injectors/28 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
UDENYCA INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
ULESFIA LOTION	OTC	EXC	DERMATOLOGICALS
ULTRA PRENATAL VITAMIN CAP	-	EXC	MULTIVITAMINS
UMECTA EMULSION	-	Non-Preferred	DERMATOLOGICALS
umecta mouss aer (HYDRO 40 equiv)	-	Preferred	DERMATOLOGICALS
UMECTA PD EMULSION	-	Non-Preferred	DERMATOLOGICALS
UMECTA SUSP	-	EXC	DERMATOLOGICALS
UNDECYLENIC ACID CREAM	-	EXC	DERMATOLOGICALS
undecylenic acid soln (GORDOCHOM equiv)	-	EXC	DERMATOLOGICALS
UNISOM SIMPL CHW SLUMBERS	-	EXC	ALTERNATIVE MEDICINES
UNLOXCYT SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
UPNEEQ SOLN (QL= 30 droppers/30 days)	PA-QL	Non-Preferred	OPHTHALMIC AGENTS
UPTRAVI INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN GEL	-	EXC	DERMATOLOGICALS
urea cream	-	EXC	DERMATOLOGICALS
UREA EMULSION	-	EXC	DERMATOLOGICALS
UREA FOAM	-	EXC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	EXC	DERMATOLOGICALS
UREA LOTION	OTC	EXC	DERMATOLOGICALS
urea lotion (KERALAC LOTION equiv)	OTC--	EXC	DERMATOLOGICALS
UREA NAIL KIT	-	Non-Preferred	DERMATOLOGICALS
urea soln	-	EXC	DERMATOLOGICALS
UREA SUSP	-	EXC	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	EXC	DERMATOLOGICALS
UREA/SALICYLIC CREAM	-	EXC	DERMATOLOGICALS
UREA-LACTIC ACID CREAM	OTC	EXC	DERMATOLOGICALS
UREAPRO POWDER	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
URELLE TAB	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
URETRON D/S TAB	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
URSODIOL CAP (Step therapy requires trial of ursodiol tab)	ST	Non-Preferred	GASTROINTESTINAL AGENTS - MISC.
ursodiol cap (ACTIGALL equiv)	ST--	Select	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
USTEKINUMAB INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.

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USTEKINUMAB INJ 45MG/0.5ML (QL= 0.5 mL/84 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
USTEKINUMAB INJ 90MG/ML (QL= 1 mL/84 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
USTENKINUMAB-AEKN 45MG/0.5ML (QL= 0.5 mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
USTENKINUMAB-AEKN 90MG/ML (QL= 1.0 mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
UTA CAP	-	Non-Preferred	ANTI-INFECTIVE AGENTS - MISC.
UTA cap	-	Select	ANTI-INFECTIVE AGENTS - MISC.
UZEDY INJ	AMSP	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VABRINTY INJ 22.5MG	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VABRINTY INJ 30MG	LMSP-PA	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VABRINTY INJ 45MG	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VABYSMO INJ	-	EXC	OPHTHALMIC AGENTS
VAFSEO TAB	-	EXC	HEMATOPOIETIC AGENTS
VAGISIL CREAM	-	EXC	VAGINAL AND RELATED PRODUCTS
valacyclovir tab (VALTREX equiv)	-	Select	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	DERMATOLOGICALS
valganciclovir soln (VALCYTE equiv)	-	Select	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	Select	ANTIVIRALS
valproic acid cap (DEPAKENE equiv)	-	Select	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	Select	ANTICONVULSANTS
valsartan oral soln (QL= 2400mL/30 day)	QL	Select	ANTIHYPERTENSIVES
valsartan tab (DIOVAN equiv)	-	Select	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	Select	ANTIHYPERTENSIVES
VALTOCO NASAL SPRAY (QL= 5 doses/fill, 4 fills/month)	QL	Preferred	ANTICONVULSANTS
VANACOF 2 SOL 12.5-1MG	-	EXC	COUGH/COLD/ALLERGY
VANACOF CP LIQ	-	EXC	COUGH/COLD/ALLERGY
VANACOF LIQUID	-	EXC	COUGH/COLD/ALLERGY
vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days)	QL	Select	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days)	QL	Select	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl for iv soln (VANCOMYCIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl for oral soln 25mg/ml (FIRVANQ equiv) (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution)	QL-ST	Preferred	ANTI-INFECTIVE AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
vancomycin hcl for oral soln 50mg/ml (FIRVANQ equiv) (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution)	QL-ST	Preferred	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN INJ	-	Preferred	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN INJ 500MG	-	Select	ANTI-INFECTIVE AGENTS - MISC.
VANFLYTA TAB (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VANIQA CREAM	-	EXC	DERMATOLOGICALS
VANISH LIQ	-	EXC	MOUTH/THROAT/DENTAL AGENTS
VANRAFIA TAB (QL= 30 tabs/30 days; Only available through CareMed 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
varenicline tartrate tab (CHANTIX equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab start pack (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
VASOPRE/NACL INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VASOPRESSIN INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
vasopressin iv soln (VASOSTRICT equiv)	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VASOPRESSIN SOLN	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VASOPRESSIN-NACL INJ SOLN PREF SYRINGE	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VASOSTRICT SOLN	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VAXCHORA SUSP	VAC	Preventive	VACCINES
VAXELIS INJ	VAC	Preventive	TOXOIDS
VAXNEUVANCE INJ	VAC	Preventive	VACCINES
VECAMYL TAB	AMSP-PA	Non-Preferred Specialty	ANTIHYPERTENSIVES
VECTIBIX INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VEGZELMA IV SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELIVET PAK	-	Preventive	CONTRACEPTIVES
velivet tab (CYCLESSA equiv)	-	Preventive	CONTRACEPTIVES

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Drug Name	Special Code	Tier	Category
VELPHORO CHEW TAB (QL= 6 tabs/day)	QL	Non-Preferred	GASTROINTESTINAL AGENTS - MISC.
VELSIPITY TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER (QL= 1 packet/day; ST req trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma)	QL-ST	Non-Preferred	ASSORTED CLASSES
VELTASSA POWDER 1GM (QL= 4 packets/day; ST req trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma)	QL-ST	Non-Preferred	MISCELLANEOUS THERAPEUTIC CLASSES
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 (QL= 2 tabs/day; Step therapy requires trial of venlafaxine ER HCL cap/tab)	QL-ST	Non-Preferred	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	QL-ST	Select	ANTIDEPRESSANTS
VENNGEL ONE KIT	OTC	EXC	DERMATOLOGICALS
VENOFER INJ	-	EXC	HEMATOPOIETIC AGENTS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
VENTIVA DROP 0.7%	-	EXC	OPHTHALMIC AGENTS
VENTIVA PLUS DROP	-	EXC	OPHTHALMIC AGENTS
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VEOPOZ INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
VEOZAH TAB (QL= 30 tabs/30 days; ST requires trial of 2: parox, escital, venlafax, desven AND trial of 1: gabapen, pregab, clonidine)	QL-ST	Non-Preferred	ENDOCRINE AND METABOLIC AGENTS - MISC.
VERAMYST NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
VERAPAMIL CAP ER (QL= 1 cap/day; Step requires trial of verapamil ER tablets (generic Calan) AND diltiazem ER capsules)	QL-ST	Non-Preferred	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP (QL= 1 cap/day; Step requires trial of verapamil ER tablets (generic Calan) AND diltiazem ER capsules)	QL-ST	Non-Preferred	CALCIUM CHANNEL BLOCKERS
verapamil inj	-	EXC	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN equiv) (Step Therapy requires trial of Verapamil ER tab (generic Calan))	ST	Preferred	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
VERKAZIA EMULSION 0.1% OPHTH (QL= 4 vials/day, 6 fills/year; ST requires trial of 1: fluorometholone ophth, dexamethasone ophth, prednisolone ophth or loteprednol ophth)	QL-ST	Non-Preferred	OPHTHALMIC AGENTS
VERSACLOZ SUSP	-	Non-Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VERSAPENN AL GEL ANHYDROU	-	EXC	PHARMACEUTICAL ADJUVANTS

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VERSATILE ANHYDROUS CREAM	-	EXC	PHARMACEUTICAL ADJUVANTS
VERZENIO TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE LS SUSP (QL= 2 bottles/30 days; Step Therapy requires trial of oxybutynin IR/ER and solifenacin tabs)	QL-ST	Non-Preferred	URINARY ANTISPASMODICS
VEVYE DROP 0.1% (QL= 6ml/30 days; ST req trial of cyclosporine ophthalmic emulsion)	QL-ST	Non-Preferred	OPHTHALMIC AGENTS
V-GO INJ KIT (QL= 1 kit/day)	QL	Non-Preferred	MEDICAL DEVICES AND SUPPLIES
VIBRAMYCIN SYRUP	-	Non-Preferred	TETRACYCLINES
VIBRANT	-	EXC	LAXATIVES
VICKS DAYQIL CAP /NYQIL-D	OTC	EXC	COUGH/COLD/ALLERGY
VIDEX SOLN (QL= 600ml/30 days)	AMSP-QL	Preferred Specialty	ANTIVIRALS
VIEKIRA PAK TAB (QL= 4 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
VIEKIRA XR TAB (QL= 3 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	Preventive	CONTRACEPTIVES
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Preferred Specialty	ANTICONVULSANTS
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	Preferred Specialty	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv) (QL= 6 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Preferred Specialty	ANTICONVULSANTS
VIGAFYDE SOLN (QL= 750ml/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	ANTICONVULSANTS
VIIBRYD STARTER KIT (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred	ANTIDEPRESSANTS
VIJOICE GRANULES PACKET (QL= 1 packet/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
VIJOICE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox)	QL-ST	Preferred	ANTIDEPRESSANTS
VIMKUNYA INJ	-	EXC	VACCINES
VINCRISTINE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
viorele tab, kariva tab (MIRCETTE equiv)	-	Preventive	CONTRACEPTIVES

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VIRACEPT TAB	AMSP	Preferred Specialty	ANTIVIRALS
VIRASAL LIQUID	-	EXC	DERMATOLOGICALS
VIREAD POWDER (No deductible, coinsurance or other UM edits when used for PEP / PrEP)	RDX	Preferred	ANTIVIRALS
VIREAD TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty	ANTIVIRALS
VISINE DRY SOLN EYE RLF	-	EXC	OPHTHALMIC AGENTS
VISIPAQUE INJ	-	EXC	DIAGNOSTIC PRODUCTS
VISTASEAL KIT	-	EXC	HEMOSTATICS
VISTOGARD PAK (Only available through Biologics 800-850-4306)	LD	Preferred Specialty	ANTIDOTES
VIT E/D-ALPH CAP	OTC	EXC	VITAMINS
VITAFOL STRIPS	-	Non-Preferred	MULTIVITAMINS
VITAMIN A GARMENT SPRAY	-	EXC	DERMATOLOGICALS
VITAMIN A LIQUID	-	EXC	VITAMINS
VITAMIN A OIL	-	EXC	CHEMICALS
VITAMIN B-1 CAP	OTC	EXC	VITAMINS
VITAMIN B1 LIQUID	-	EXC	VITAMINS
VITAMIN B12 LIQ	-	EXC	HEMATOPOIETIC AGENTS
VITAMIN B-12 TAB 1500 TR	-	EXC	HEMATOPOIETIC AGENTS
VITAMIN B2 LIQUID	-	EXC	VITAMINS
VITAMIN B-2 TAB	OTC	EXC	VITAMINS
VITAMIN B3 LIQUID	-	EXC	VITAMINS
VITAMIN B5 LIQUID	-	EXC	VITAMINS
VITAMIN B6 LIQUID	-	EXC	VITAMINS
VITAMIN B-6 TAB	-	EXC	VITAMINS
VITAMIN C TR TAB	OTC	EXC	VITAMINS
VITAMIN C VAGINAL TAB	-	EXC	VAGINAL AND RELATED PRODUCTS
VITAMIN D AND K DROPS	OTC	EXC	MULTIVITAMINS
vitamin D cap (RX strength only)	-	Select	VITAMINS
VITAMIN D3 CAP	-	EXC	VITAMINS
VITAMIN D3 DROPS	-	EXC	VITAMINS
VITAMIN D-CALCIUM BETA HYDROXY BETA METHYLBUTYRATE	OTC	EXC	ALTERNATIVE MEDICINES
VITAMIN E DROPS	-	EXC	VITAMINS
VITAMIN E LIQUID	-	EXC	VITAMINS
VITA-PAC CAP	OTC	EXC	MULTIVITAMINS
VITEX FRUIT CAP	-	EXC	ALTERNATIVE MEDICINES
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI CAP 25MG (QL= 8 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 888-773-7376)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
VIVITROL INJ	AMSP	Preferred Specialty	ANTIDOTES
VIVJOA CAP (QL= 18 caps/84 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIFUNGALS
VIVLODEX CAP (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP	-	Preventive	VACCINES
VIZIMPRO TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIZZ OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
VOCABRIA TAB	-	EXC	ANTIVIRALS
VOLTAREN GEL	-	EXC	DERMATOLOGICALS
VONJO CAP (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOPAC 5 CREAM	-	Non-Preferred	DERMATOLOGICALS
VOQUEZNA DUAL PAK (QL= 1 pack/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole))	QL-ST	Non-Preferred	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
VOQUEZNA TAB	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
VOQUEZNA TRIP PAK (QL= 1 pack/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole))	QL-ST	Non-Preferred	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
VORANIGO TAB (QL= 30 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VORANIGO TAB 10MG (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VORICONAZOLE INJ	-	EXC	ANTIFUNGALS
voriconazole susp (VFEND equiv)	-	Select	ANTIFUNGALS
voriconazole tab (VFEND equiv)	-	Select	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANTIVIRALS
VOTRIENT TAB (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOWST CAP (QL= 12 caps/30 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
VOXZOGO INJ (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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VOYDEYA TAB (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
VOYDEYA TAB THERAPY PACK (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
VP-PNV-DHA CAP	-	Select	MULTIVITAMINS
VRAYLAR CAP (QL= 1 cap/day)	QL	Non-Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK (QL= 2 packs/plan year)	QL	Non-Preferred	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VTAMA CREAM (QL= 60 grams/30 days)	PA-QL	Non-Preferred	DERMATOLOGICALS
VTOL SOLN	-	Select	ANALGESICS - NONNARCOTIC
VUEWAY INJ	-	EXC	DIAGNOSTIC PRODUCTS
VUITY OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
VUITY OPHTH SOLN 1.25%	-	EXC	OPHTHALMIC AGENTS
VUMERITY CAP (QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYAFUSER MIS PUMP	-	EXC	MEDICAL DEVICES AND SUPPLIES
VYALEV INJ	-	EXC	ANTIPARKINSON AND RELATED THERAPY AGENTS
VYJUVEK GEL	-	EXC	DERMATOLOGICALS
VYLEESI INJ (QL= 2.4 ml/28 days)	PA-QL	Non-Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYLOY INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VYNDAMAX CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
VYSCOXA SUSP (QL= 840 mL/21 days; ST req trial of celecoxib cap [can be opened/sprinkled], ibuprofen susp, and naproxen susp)	QL-ST	Non-Preferred	ANALGESICS - ANTI-INFLAMMATORY
VYVANSE CAP (QL= 1 cap/day)	-	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
VYVANSE CHEW TAB (QL= 1 tab/day)	QL	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
VYVGART HYTRULO INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
VYVGART HYTRULO INJ (QL= 20mL/28 days; Only available through Walgreens 888-347-3416)	--LD-PA-QL	Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
VYVGART INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
VYZULTA SOLN (QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred	OPHTHALMIC AGENTS
WAINUA INJ (QL= 0.8ml/28 days; Only available through Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
WAL-SLEEP Z TAB	OTC	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
WAL-TUSSIN CF LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
warfarin tab (COUMADIN equiv)	-	Select	ANTICOAGULANTS
WEED MIX 7B INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
WEGOVY INJ (QL= 2 mL/28 days; Excluded for weight loss)	PA-QL	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
WEGOVY INJ 1.7MG (QL= 3 mL/28 days; Excluded for weight loss)	PA-QL	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
WEGOVY INJ 2.4MG (QL= 3 mL/28 days; Excluded for weight loss)	PA-QL	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
WELIREG TAB (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WESTERN JUNIPER INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
WEZLANA INJ (QL = 0.5ml/84 days; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
WEZLANA IV INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.
WEZLANA SYRINGE 45MG/0.5ML (QL = 0.5ml/84 days; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
WEZLANA SYRINGE 90MG/ML (QL = 1ml/84 days; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
WHITE ALDER INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
WHITE ASH INJ	-	EXC	DIAGNOSTIC PRODUCTS
WHITE BIRCH INJ	-	EXC	DIAGNOSTIC PRODUCTS
WHITE POTATO INJ	-	EXC	DIAGNOSTIC PRODUCTS
WHOLE GRAIN BARLEY INJ	-	EXC	DIAGNOSTIC PRODUCTS
WHOLE WHEAT INJ	-	EXC	DIAGNOSTIC PRODUCTS
WILATE INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
WINREVAIR INJ (QL= 1 kit/21 days; Only available through Accredo 800-803-2523 or Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
WPR PLUS	-	Non-Preferred	DERMATOLOGICALS
WSTRN RAGWD INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
WYOST INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XACDURO INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
XACIATO GEL (QL= 25 grams/30 days; Trial of 2: metronidazole gel, clindamycin vaginal cream AND trial of 1: metronid tab or clinda cap)	QL-ST	Non-Preferred	VAGINAL AND RELATED PRODUCTS

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

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Drug Name	Special Code	Tier	Category
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 (QL= 60 tabs/30 days)	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 20MG (QL= 30 tabs/30 days)	QL	Preferred	ANTICOAGULANTS
XARTEMIS XR TAB (QL= 12 tabs/day)	QL	Non-Preferred	ANALGESICS - OPIOID
XCOPRI TAB 25MG (QL= 1 tab/day)	QL	Non-Preferred	ANTICONVULSANTS
XDEMVY DROP (QL= 10ml/42 days; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Claim requires DX of Demodex blepharitis (acariasis or unspecified blepharitis))	LD-QL-RDX	Preferred Specialty	OPHTHALMIC AGENTS
XELJANZ 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
XELPROS OPHTH EMULSION (Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	ST	Non-Preferred	OPHTHALMIC AGENTS
XELSTRYM PAD (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
XEMBIFY INJ	LMSP-PA	Non-Preferred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
XENICAL CAP	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
XENLETA TAB (QL= 10 tabs/fill, 1 fill/month)	AMSP-PA-QL	Non-Preferred Specialty	ANTI-INFECTIVE AGENTS - MISC.
XENON XE 129 HYPERPOLARIZED INHALATION GAS	-	EXC	DIAGNOSTIC PRODUCTS
XENPOZYME INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XEPI CREAM (QL= 30gm/30 days)	QL	Non-Preferred	DERMATOLOGICALS

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XERMELO TAB (QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Biologics 800-850-4306)	LD-PA-QL-ST	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
XGEVA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XHANCE NASAL EXHALER	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
XICLO PAD	-	EXC	DERMATOLOGICALS
XICLOFEN OINT	-	EXC	DERMATOLOGICALS
XIFAXAN TAB 200MG (QL= 9 tabs/fill, 2 fills/month)	PA-QL	Non-Preferred	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 2 tabs/day)	PA-QL	Non-Preferred	ANTI-INFECTIVE AGENTS - MISC.
XIFYRM INJ	-	EXC	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
XILOGEL POWDER	-	EXC	CHEMICALS
XIPERE INJ	-	EXC	OPHTHALMIC AGENTS
XOLAIR INJ (QL= 1 vial/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 150MG/1ML (QL= 1ml/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 150MG/ML (QL= 1ml/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 75MG/0.5ML (QL= 0.5ml/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLEGEL COREPAK KIT	-	Non-Preferred	DERMATOLOGICALS
XOLREMDI CAP (QL= 60 caps/20 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XPHOZAH TAB (QL= 60 tabs/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
XPOVIO PAK 10MG (QL= 16 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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XPOVIO TAB (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XROMI SOLN (ST req trial of Droxia capsule for adults/older kids)	ST	Non-Preferred	HEMATOPOIETIC AGENTS
XTANDI CAP (QL= 4 caps/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 40MG (QL= 4 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 80MG (QL= 2 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XURIDEN POWDER (Only available through Biomatrix 855-359-9679)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
XYLITOL GEL	OTC	EXC	MOUTH/THROAT/DENTAL AGENTS
XYLITOL GUM	-	EXC	MOUTH/THROAT/DENTAL AGENTS
XYMODINE CAP	OTC	EXC	MINERALS & ELECTROLYTES
XYNTHA INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
XYOSTED INJ (QL= 4ml/28 days)	PA-QL	Non-Preferred	ANDROGENS-ANABOLIC
XYWAV SOLN (Only available through Xyrem Central Pharmacy 314-587-4050)	LD-PA	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
YESINTEK INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.
YESINTEK INJ (QL= 1 vial/84 days)	--AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
YESINTEK INJ 45MG/0.5ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
YESINTEK INJ 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
YF-VAX INJ	-	Preventive	VACCINES
YIMMUGO INJ	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
YONI FIT MIS KIT	-	EXC	MEDICAL DEVICES AND SUPPLIES
YONSA TAB (QL= 4 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YORVIPATH INJ 168 MCG/0.56ML (QL= 1.12ml/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
YORVIPATH INJ 294 MCG/0.98ML (QL= 1.96ml/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
YORVIPATH INJ 420 MCG/1.4ML (QL= 2.80ml/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
YOSPRALA TAB	-	EXC	HEMATOLOGICAL AGENTS - MISC.
YUFLYMA 2SYR KIT 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
YUFLYMA KIT 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
YUFLYMA KIT 80MG/0.8ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
YUMVS BIOTIN CHW ZERO	-	EXC	VITAMINS
YUSIMRY INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
YUTREPIA CAP (QL= 5 caps/day)	PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
zafemy patch (XULANE equiv)	-	Preventive	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv) (QL= 2 caps/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
zaleplon cap 10mg (SONATA equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ZANAFLEX CAP (QL= 4 caps/day; ST req trial of tizanadine tabs (2,4,6mg) and 2 of: cyclobenzaprine, methocarbamol, orphenadrine)	QL-ST	Non-Preferred	MUSCULOSKELETAL THERAPY AGENTS
ZARXIO INJ (QL= 15 syringes/30 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
ZARXIO INJ 480/0.8 (QL= 15 syringes/30 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
ZAVZPRET SPRAY (QL= 6 sprays/30 days; ST req trial of 2 oral triptan (sumatriptan, naratriptan, rizatriptan) followed by sumatriptan nasal)	QL-ST	Non-Preferred	MIGRAINE PRODUCTS
ZECUITY PAD (QL= 4 pads/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred	MIGRAINE PRODUCTS
ZEGERID CAP OTC	OTC	EXC	ULCER DRUGS
ZEJULA CAP (QL= 30 caps/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEJULA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELBORAF TAB (QL= 8 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELSUVMI GEL (QL= 31g/30 days)	PA-QL	Non-Preferred	DERMATOLOGICALS

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ZEMAIRA INJ	-	EXC	RESPIRATORY AGENTS - MISC.
ZENIFIBER AG PAD	-	EXC	DERMATOLOGICALS
ZEPATIER TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
ZEPBOUND INJ (QL= 2mL/28 days; Excluded for Weight Loss)	PA-QL	Non-Preferred	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ZEPBOUND VIAL INJ	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ZEPHREX-D TAB	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
zephrex-d tab 30mg (QL= 240 tabs/30 days)	QL	Preferred	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZEPOSIA CAP (QL=30 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZEPOSIA STARTER PACK (QL= 37 caps/37 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZERIGO HEALTH KIT	OTC	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
ZERVIATE OPHTH SOLN (QL= 30 single use containers/30 days)	QL	Non-Preferred	OPHTHALMIC AGENTS
ZESTAMA LIQ	OTC	EXC	DERMATOLOGICALS
ZETONNA NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZEVASKYN MIS	-	EXC	DERMATOLOGICALS
ZEVTERA INJ	-	EXC	CEPHALOSPORINS
zidovudine cap (RETROVIR equiv) (QL= 6 caps/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days)	AMSP-QL	Preferred Specialty	ANTIVIRALS
zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
ZIEXTENZO INJ (QL= 1.2 units/28 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
ZIIHERA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZILACTIN BABY GEL	-	EXC	MOUTH/THROAT/DENTAL AGENTS
ZILBRYSQ INJ 16.6MG/0.416ML (QL= 11.65ml/28 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ZILBRYSQ INJ 23MG/0.574ML (QL= 16.07ml/28 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ZILBRYSQ INJ 32.4MG/0.81ML (QL= 22.68ml/28 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
zileuton ER tab (ZYFLO CR equiv) (QL= 2 tabs/day)	QL	Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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ZILXI FOAM (QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Preferred Specialty	DERMATOLOGICALS
ZIMHI SOLN (QL= 2 syringes/fill, 2 fills/30 days; Step therapy requires trial of 2: naloxone nasal spray, naloxone inj)	QL-ST	Non-Preferred	ANTIDOTES AND SPECIFIC ANTAGONISTS
ZINC CHLORID INJ	-	EXC	MINERALS & ELECTROLYTES
zinc chloride inj	-	EXC	MINERALS & ELECTROLYTES
ZINC CITRATE CHEW TAB	-	EXC	MINERALS & ELECTROLYTES
ZINC HIGH AB CHEW TAB	-	EXC	MINERALS & ELECTROLYTES
ZINC OXIDE 40% AND DIMETHICONE 1% OINTMENT THERAPY PACK	-	EXC	DERMATOLOGICALS
zinc oxide oint	-	EXC	DERMATOLOGICALS
zinc sulfate inj	-	EXC	MINERALS & ELECTROLYTES
ZINCTRAL PASTE	OTC	EXC	DERMATOLOGICALS
ZINC-VITAMIN C-VITAMIN A LOZENGE	-	EXC	MINERALS & ELECTROLYTES
ZINGO INJ	-	EXC	LOCAL ANESTHETICS-PARENTERAL
ziprasidone cap (GEODON equiv) (QL= 2 caps/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIRGAN OPHTH GEL	-	Preferred	OPHTHALMIC AGENTS
ZITHRANOL SHAMPOO	-	Non-Preferred	DERMATOLOGICALS
ZITHROMAX POWDER PACK	-	Preferred	MACROLIDES
ZITUVIMET XR TAB (QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred	ANTIDIABETICS
ZITUVIO TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred	ANTIDIABETICS
ZMA CLEAR SUSP	-	EXC	DERMATOLOGICALS
ZOKINVY CAP	AMSP-PA	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
ZOLINZA CAP	LMSP-PA-SF	Preferred Specialty	ANTINEOPLASTICS
zolmitriptan nasal spray (ZOMIG equiv) (QL= 6 sprays/30 days; ST req trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab FOLLOWED BY suma nasal)	QL-ST	Preferred	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
ZOLPIDEM CAP (QL= 1 cap/day; ST requires trial of zolpidem tab AND Trial of 1: eszopiclone, zaleplon, zolpidem ER or zolpidem SL)	QL-ST	Non-Preferred	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem er tab 6.25mg (QL= 2 tabs/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	Select	HYPNOTICS
zolpidem tab 5mg (QL= 2 tabs/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem tartrate SL tab (INTERMEZZO equiv) (QL= 1 tab/day)	QL	Preferred	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIMIST SPRAY (Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	ST	Non-Preferred	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

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Drug Name	Special Code	Tier	Category
ZOMACTON INJ	AMSP-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	Non-Preferred	MIGRAINE PRODUCTS
ZONISADE SUSP (QL= 900ml/30 days)	QL	Non-Preferred	ANTICONVULSANTS
zonisamide cap (ZONEGRAN equiv)	-	Select	ANTICONVULSANTS
ZONTIVITY TAB (Step Therapy requires trial of clopidogrel)	ST	Non-Preferred	HEMATOLOGICAL AGENTS - MISC.
ZORYVE CREAM (QL= 60 grams/30 days; Step therapy requires trial of calcipotriene cream/oint/soln AND topical tacrolimus oint)	QL-ST	Non-Preferred	DERMATOLOGICALS
ZORYVE CREAM 0.05% (QL= 60 grams/30 days; ST req trial of tacrolimus oint)	QL-ST	Non-Preferred	DERMATOLOGICALS
ZORYVE CREAM 0.15% (QL= 60g/30 days; ST req trial of tacrolimus oint)	QL-ST	Non-Preferred	DERMATOLOGICALS
ZORYVE FOAM 0.3% (QL= 60g/30 days; Step Therapy requires trial of 1 topical steroid (e.g. clobetasol) and 1 topical calcineurin inhibitor (e.g. tacro))	QL-ST	Non-Preferred	DERMATOLOGICALS
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	ANTICONVULSANTS
ZUNVEYL TAB (QL= 2 tabs/day; ST req trial of generic galantamine tab/cap)	QL-ST	Non-Preferred	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZURAMPIC TAB (QL= 1 tab/day)	PA-QL	Non-Preferred	GOUT AGENTS
ZURZUVAE CAP 20MG (QL= 28 caps/14 days, 1 fill/365 days)	PA-QL	Non-Preferred	ANTIDEPRESSANTS
ZURZUVAE CAP 25MG (QL= 28 caps/14 days, 1 fill/365 days)	PA-QL	Non-Preferred	ANTIDEPRESSANTS
ZURZUVAE CAP 30MG (QL= 14 caps/14 days, 1 fill/365 days)	PA-QL	Non-Preferred	ANTIDEPRESSANTS
ZUSDURI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYDELIG TAB (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO TAB (QL= 4 tabs/day)	QL	Non-Preferred	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 3 caps/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP	-	Preferred	OPHTHALMIC AGENTS
ZYLOTROL-L KIT	-	EXC	DERMATOLOGICALS
ZYMFENTRA INJ (QL= 2 pens/28 days)	AMSP-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
ZYNLONTA SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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Drug Name	Special Code	Tier	Category
ZYNTEGLO INJ	-	EXC	HEMATOPOIETIC AGENTS
ZYNYZ INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYPREXA RELPREVV INJ	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYRTEC CHILD CHEW ALLERGY	-	EXC	ANTIHISTAMINES
ZYRTEC CHILD CHEW TAB	-	EXC	ANTIHISTAMINES
ZYRTEC CHILD TAB	OTC	EXC	ANTIHISTAMINES
ZYRTEC-D TAB 5-120MG	-	EXC	COUGH/COLD/ALLERGY
ZYTAZE CAP	-	Non-Preferred	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
VYVANSE CAP (QL= 1 cap/day)	-	Non-Preferred
VYVANSE CHEW TAB (QL= 1 tab/day)	QL	Non-Preferred
XELSTRYM PAD (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred
amphetamine tab (EVEKEO equiv) (QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine)	QL-ST	Preferred
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Preferred
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Preferred
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Preferred
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Preferred
dextroamphetamine ER cap 10mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	Preferred
dextroamphetamine ER cap 15mg (QL= 4 caps/day)	QL	Preferred
dextroamphetamine ER cap 5mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	Preferred
dextroamphetamine soln (PROCENTRA equiv) (QL= 1800ml/30 days)	QL	Preferred
dextroamphetamine sulfate tab 15mg (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	Preferred
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate)	QL-ST	Preferred
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	Preferred
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	Preferred
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate)	QL-ST	Preferred
lisdexamfetamine dimesylate cap (VYVANSE equiv) (QL= 1 cap/day)	QL	Preferred
lisdexamfetamine dimesylate chew tab (VYVANSE equiv) (QL= 1 tab/day)	QL	Preferred
methamphetamine hcl tab (METHAMPHETAMINE equiv) (QL= 5 tabs/day; ST req trial of dextro-amphet tab, dexmethylph HC tab, methylphen tab/soln, and dextroamph tab)	QL-ST	Preferred
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
ANOREXIANTS NON-AMPHETAMINE		

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
benzphetamine tab	-	EXC
DIETHYLPROPION ER TAB	-	EXC
diethylpropion tab	-	EXC
PHENDIMETRAZINE ER TAB	-	EXC
phendimetrazine tab (BONTRIL PDM equiv)	-	EXC
phentermine hcl tab (LOMAIRA equiv)	-	EXC
phentermine hcl-topiramate cap (QSYMIA equiv)	-	EXC
PLENITY CAP	-	EXC
QSYMIA CAP	-	EXC
ANTI-OBESITY AGENTS		
liraglutide (weight mngmt) soln pen-inj (SAXENDA equiv)	-	EXC
SAXENDA INJ	-	EXC
XENICAL CAP	-	EXC
ZEPBOUND VIAL INJ	-	EXC
WEGOVY INJ (QL= 2 mL/28 days; Excluded for weight loss)	PA-QL	Non-Preferred
WEGOVY INJ 1.7MG (QL= 3 mL/28 days; Excluded for weight loss)	PA-QL	Non-Preferred
WEGOVY INJ 2.4MG (QL= 3 mL/28 days; Excluded for weight loss)	PA-QL	Non-Preferred
ZEPBOUND INJ (QL= 2mL/28 days; Excluded for Weight Loss)	PA-QL	Non-Preferred
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
ONYDA XR SUSP (QL= 4ml/days; ST req trial of ALL: clonidine ER tab, guanfacine ER tab, and atomoxetine cap)	QL-ST	Non-Preferred
atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Preferred
atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select
atomoxetine cap 10mg (STRATTERA equiv) (QL= 120 caps/30 days)	QL	Select
atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select
atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select
atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select
atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select
clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day)	QL	Select
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	QL	Select
guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Select
guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Select
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 150MG (QL= 1 tab/day)	PA-QL	Non-Preferred
SUNOSI TAB 75MG (QL= 2 tabs/day)	PA-QL	Non-Preferred
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
STIMULANTS - MISC.		
methylphenidate er tab 72mg (RELEXXII equiv)	-	EXC

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
METHYLPHENIDATE ER TAB (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred
METHYLPHENIDATE ER TAB 45MG/RELEXXII TAB 45MG (QL= 1 tab/day)	QL	Non-Preferred
METHYLPHENIDATE ER TAB 63MG/RELEXXII TAB 63MG (QL= 1 tab/day)	QL	Non-Preferred
RELEXXII ER TAB 18MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred
RELEXXII ER TAB 27MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred
RELEXXII ER TAB 36MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred
RELEXXII ER TAB 54MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred
methylphenidate ER cap 10mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Preferred
methylphenidate ER cap 15mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Preferred
methylphenidate ER cap 20mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Preferred
methylphenidate ER cap 30mg (APTENSIO XR equiv) (QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Preferred
methylphenidate ER cap 40mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Preferred
methylphenidate ER cap 50mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Preferred
methylphenidate ER cap 60mg (APTENSIO XR equiv) (QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Preferred
methylphenidate ER tab 72mg (QL= 1 tab/day; Step Therapy requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (generic Concerta))	QL-ST	Preferred
methylphenidate td patch (DAYTRANA equiv) (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Preferred
armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select
armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select
armodafinil tab 250mg (NUVIGIL equiv) (QL= 60 tabs/30 days)	QL	Select
armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day)	QL	Select
dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 tab/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		

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ALLERGENIC EXTRACTS/BIOLOGICALS MISC Cont.

ALLERGENIC EXTRACTS

DrugName	Special Code	Tier
ACACIA INJ	-	EXC
ALTERNARIA ALTERNATA INJ	-	EXC
AMERICAN ELM INJ	-	EXC
AMERICAN SYCAMORE INJ	-	EXC
ASPEN POLLEN EXTRACT INJ	-	EXC
AUREOBASIDIU SOL PULLULAN	-	EXC
BIPOL SOROKI INJ	-	EXC
BLACK WALNUT INJ	-	EXC
BLACK WILLOW INJ	-	EXC
BLACK/SWEET BIRCH POLLEN INJ	-	EXC
BOX ELDER INJ	-	EXC
CARELESSWEED INJ	-	EXC
CLADO SPHAER INJ	-	EXC
COCKROACH INJ	-	EXC
CORN SMUT INJ	-	EXC
EASTERN COTTONWOOD INJ	-	EXC
ENGLISH PLAN INJ	-	EXC
EPICOCCUM NI INJ	-	EXC
GRASS POLLEN INJ	-	EXC
GREEN ASH POLLEN EXTRACT INJ	-	EXC
GUINEA PIG INJ	-	EXC
MOUNTAIN CEDAR INJ	-	EXC
MUCOR PLUMBE SOL	-	EXC
NETTLE INJ	-	EXC
OREGON ASH POLLEN EXTRACT INJ	-	EXC
PECAN POLLEN INJ	-	EXC
QUACK GRASS INJ	-	EXC
RED ALDER INJ	-	EXC
RED CEDAR INJ	-	EXC
RED MAPLE INJ	-	EXC
RED OAK INJ	-	EXC
RIVER BIRCH POLLEN EXTRACT INJ	-	EXC
SAGEBRUSH INJ	-	EXC
SAROCLADIUM SOL STRICTUM	-	EXC
SG RAGWEED INJ	-	EXC
TREE MIX 9	-	EXC
WEED MIX 7B INJ	-	EXC
WESTERN JUNIPER INJ	-	EXC
WHITE ALDER INJ	-	EXC
WHITE ASH INJ	-	EXC
WHITE BIRCH INJ	-	EXC
WSTRN RAGWD INJ	-	EXC
PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty

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DrugName	Special Code	Tier
ALLERGENIC EXTRACTS/BIOLOGICALS MISC Cont.		
PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
ODACTRA SL TAB (QL= 30 tabs/30 days)	QL	Preferred
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - A'S		
ALFA-MAX CAP	OTC	EXC
ALPHA LIPOIC LIQUID	-	EXC
ALPHA LIPOIC TAB	--OTC	EXC
APPLE CIDER CHEW	OTC	EXC
apple cider vinegar tab	-	EXC
ashwagandha (withana somnfera) cap	-	EXC
ASHWAGANDHA (WITHANA SOMNFERA) CHEW TAB	-	EXC
ASHWAGANDHA CAP	-	EXC
ASHWAGANDHA CAP 35	OTC	EXC
ASHWAGANDHA TAB	-	EXC
ALTERNATIVE MEDICINE - B'S		
berberine chloride cap	OTC	EXC
bilberry (vaccinium myrtillus) cap	-	EXC
BITTER MELON TAB	-	EXC
black cohosh cap	--OTC	EXC
BLACK COHOSH TAB	OTC	EXC
BLACK ELDERBERRY (SAMBUCUS NIGRA) CAP	-	EXC
BLACK ELDERBERRY SYRUP	-	EXC
BLACK WALNUT CAP	OTC	EXC
BOSWELLIA TAB	-	EXC
ALTERNATIVE MEDICINE - C'S		
CALCIUM D-CAP GLUCARAT	OTC	EXC
CHAMOMILE CAP	OTC	EXC
CO Q-10 CAP	-	EXC
CRANBERRY CAP	OTC	EXC
CRANBERRY TAB	OTC	EXC
CRANBERRY TAB DISINTEGRATING	-	EXC
LIQ-10 DS LIQ	OTC	EXC
SM CRANBERRY TAB	-	EXC
VITEX FRUIT CAP	-	EXC
ALTERNATIVE MEDICINE - D'S		
AZO D-MANNOS CHW	-	EXC
DANDELION (TARAXACUM OFFICINALE) CAP	-	EXC
DIHYRDROBERBERINE CAP	OTC	EXC
DONG QUAI CAP	-	EXC
ALTERNATIVE MEDICINE - E'S		
ERGOTHIONEINE CAP	OTC	EXC
ALTERNATIVE MEDICINE - F'S		
fenugreek (trigonella foenum-graecum) cap	-	EXC

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ALTERNATIVE MEDICINES Cont.

DrugName	Special Code	Tier
ALTERNATIVE MEDICINE - G'S		
AZO MENOPAUS CHW DAYTIME	-	EXC
COFFEE BEAN CAP	-	EXC
CVS GARLIC TAB	OTC	EXC
GARLIC CAP	OTC	EXC
garlic tab (PURE-GAR equiv)	OTC	EXC
GINGER ROOT CAP	OTC	EXC
GINKGO BILOB CAP	-	EXC
GLUCOSAMINE TAB	OTC	EXC
GOLDENSEAL CAP	-	EXC
GRAPE SEED CAP	-	EXC
GREEN TEA CAP	-	EXC
IMMUNOTIX CAP	OTC	EXC
ONCOPLEX ES CAP	-	EXC
PURE-GAR TAB	OTC	EXC
SEA BAND LOZ GINGER	OTC	EXC
ALTERNATIVE MEDICINE - H'S		
5-HYDROXYTRYPTOPHAN TAB	-	EXC
5-HYDROXYTRYPTOPHAN TAB DISINTEGRATING	-	EXC
BRONCHIAL SYRUP	-	EXC
HOODIA CAP	-	EXC
HORSE CHESTNUT CAP	-	EXC
ALTERNATIVE MEDICINE - L'S		
LACTOFERRIN CAP	-	EXC
ALTERNATIVE MEDICINE - M'S		
CVS MSM CAP	OTC	EXC
MACA ROOT CAP	-	EXC
melatonin chew tab	OTC	EXC
MELATONIN TAB	-	EXC
MELATONIN TAB DISINTEGRATING	-	EXC
milk thistle (silybum marianum) cap	-	EXC
MILK THISTLE CAP	-	EXC
MSM TAB	OTC	EXC
ALTERNATIVE MEDICINE - N'S		
NATTOKINASE CAP	-	EXC
ALTERNATIVE MEDICINE - P'S		
PEPPERMINT OIL CAP	-	EXC
ALTERNATIVE MEDICINE - R'S		
RASPBRRY KETONES CAP	-	EXC
RED YEAST RICE CAP	OTC	EXC
ROYAL JELLY CAP	-	EXC
ALTERNATIVE MEDICINE - S'S		
HYDROLYZED SILK TAB	-	EXC
S-ADENOSYLMETHIONINE CAP	-	EXC
SAW PALMETTO CAP	-	EXC

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

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DrugName	Special Code	Tier
ALTERNATIVE MEDICINES Cont.		
SHARK CARTILAGE CAP	-	EXC
SOY ISOFLAVONE CAP	-	EXC
ALTERNATIVE MEDICINE - T'S		
TART CHERRY CAP	-	EXC
TART CHERRY CHW ULTRA	-	EXC
TURMERIC EXT CAP STRENGTH	-	EXC
ALTERNATIVE MEDICINE COMBINATIONS		
ACTIFRUIT CHEW	-	EXC
ALAMAX CR TAB	-	EXC
ALPHA LIPOIC ACID-BIOTIN-BERBERINE CAP	-	EXC
APPLE CIDER VINEGAR-GINGER CHEW TAB	OTC	EXC
AZO MENOPAUS CHW NIGHTTIM	-	EXC
BIOTIN-KERAT CAP ALPHA	-	EXC
CENTRUM MORN CHW SICKNESS	OTC	EXC
CHOLINE-SILICON LIQUID\	-	EXC
CINNAMON-CHROMIUM-BIOTIN TAB	-	EXC
COCONUT OIL	-	EXC
COLLAGEN-VITAMIN C TAB	OTC	EXC
COQ10/BLACK PEPPER CAP	-	EXC
COQMAX OMEGA CAP	OTC	EXC
CRANRX CHW	-	EXC
CVS CINNAMON CAP COMPLEX	-	EXC
CYSTEX URINA CAP VAGINAL	OTC	EXC
DAILY MENOPA TAB VIT D	-	EXC
DESTRESS CHW GUMMIES	OTC	EXC
ECHINACEA-VITAMIN C CHEW TAB	OTC	EXC
ELDER/VIT C CAP ZINC	-	EXC
ELDERBERRY CHEW IMMUNE	-	EXC
ELDERBERRY-VITAMIN C-ZINC CHEW TAB	-	EXC
elderberry-vitamin c-zinc chew tab (ELDERBERRY CHEW IMMUNE equiv)	-	EXC
ESTROVEN COM TAB ASHWAGAN	-	EXC
GINGER-ASHWAGANDHA LOZENGE	-	EXC
GINGER-CHASTEBERRY-VALERIAN CAP	-	EXC
GLUCORAPHANIN-MYOSINASE-ASCORBIC ACID CAP	OTC	EXC
GLUCOS/CHOND LIQ MAX-STR	OTC	EXC
GLUCOSAMINE/CHONDROITIN CAP	OTC	EXC
GLUCOSAMINE/MSM CAP	-	EXC
GLUCOSAMINE-CHONDROITIN-HYALURONIC ACID-MSM LIQUID	-	EXC
GLUCOSAMINE-CHONDROITIN-MSM CAP	OTC	EXC
GLUCOSAMINE-MSM-HYALURONIC ACID CAP	-	EXC
HEALTHY SLEE TAB 5HTP/LTH	OTC	EXC
HYALURONIC CAP	-	EXC
JOINT COMFRT CAP	OTC	EXC
LIFES DHA CAP	OTC	EXC
LUTEIN CHEW	OTC	EXC
lutein-zeaxanthin cap	OTC	EXC

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ALTERNATIVE MEDICINES Cont.		
MEGARED ADV CAP 4 IN 1	OTC	EXC
MELATONIN TR TAB /VIT-B6	OTC	EXC
MELATONIN-5-HTP-PYRIDOXINE ER TAB	-	EXC
MELATONIN-ASHWAGANDHA-THEANINE-LEMON BALM CAP	-	EXC
MELATONIN-ELDERBERRY-VIT C-VIT D3-ZINC CAP	-	EXC
MELATONIN-LEMON BALM ORALLY DISINTEGRATING TAB	-	EXC
MELATONIN-THEANINE CHEW TAB	OTC	EXC
MELATONIN-THEANINE TABLET DISINTEGRATING	-	EXC
MELATONIN-THEANINE-5 HTP-LEMON B CHEW TAB	-	EXC
MELATONIN-TURMERIC-BLACK PEPPER CAP	-	EXC
MYLK CAP	-	EXC
MYROSINASE-ASCORBIC ACID CAP	OTC	EXC
OMEGA 3 FATTY ACIDS-LUTEIN-ZEAXANTHIN CAP	-	EXC
OMEGA-3 FATTY ACIDS-HEMP EXTRACT CAP DR	-	EXC
OREGANO OIL CAP	-	EXC
SAM-E TMG PAK	OTC	EXC
SLEEP+IMMUNE CHW HEALTH	-	EXC
SUPER GINSNG CAP	-	EXC
TART CHERRY CAP	-	EXC
THEANINE-5 HTP-LEMON BALM CHEW TAB	-	EXC
THERACRAN CAP MAX	-	EXC
TURMERIC-GINGER CHEW TAB	-	EXC
TURMERIC-GINGER-BLACK PEPPER CHEW TAB	OTC	EXC
UNISOM SIMPL CHW SLUMBERS	-	EXC
VITAMIN D-CALCIUM BETA HYDROXY BETA METHYLBUTYRATE	OTC	EXC
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
gentamicin sulfate inj (GENTAMICIN equiv)	-	EXC
GENTAMICIN/NACL INJ	-	EXC
HUMATIN CAP	-	Non-Preferred
ARIKAYCE SUSP (QL= 252ml/30days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Non-Preferred Specialty
KITABIS PAK NEB SOLN (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
TOBI PODHALER	AMSP-PA	Non-Preferred Specialty
tobramycin neb soln (BETHKIS equiv)	AMSP-PA	Preferred Specialty
tobramycin neb soln (TOBI equiv)	AMSP-PA	Preferred Specialty
neomycin tab	-	Select
paromomycin cap (HUMATIN equiv)	-	Select
ANALGESICS - ANTI-INFLAMMATORY		

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ST	Step Therapy	VAC	Vaccine Program		

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
ANALGESICS - ANTI-INFLAMMATORY COMBINATIONS		
LEFLUNICLO PAK	OTC	EXC
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB 4MG	-	EXC
OLUMIANT TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty
RINVOQ ER TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty
RINVOQ ER TAB 45MG (QL= 1 tab/day, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty
RINVOQ ORAL SOLN (QL= 360ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty
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
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP INJ 12.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Preferred
RHEUMATREX TAB	-	Non-Preferred
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ABRILADA INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMU-ADBM KIT (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMU-ADBM KIT (QL= 4 inj/28 days, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMU-ADBM KIT (QL= 6 inj/28 days, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMU-ADBM KIT 40/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMU-FKJP KIT 20/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMUMAB KIT ADBM (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
ADALIMUMAB-AATY KIT (QL= 2 inj/28 days)	PA-QL	Non-Preferred Specialty
ADALIMUMAB-AATY KIT 20MG/0.2ML (QL= 2 inj/28 days)	PA-QL	Non-Preferred Specialty
ADALIMUMAB-AATY KIT 80MG/0.8ML (QL= 1 kit/365 days)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv) (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMUMAB-ADBM KIT (QL= 1 pack/fill, 1 fill/year; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMUMAB-FKJP PFS KIT (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML (QL= 2 inj/28 days)	LMSP-PA-QL	Non-Preferred Specialty
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 40MG/0.4ML (QL= 2 inj/28 days)	LMSP-PA-QL	Non-Preferred Specialty
ADALIMUMAB-RYVK INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
ADALIMUMAB-RYVK INJ (QL= 2 syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
AMJEVITA AUTO-INJECTOR (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
AMJEVITA INJ 10MG/0.2ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
AMJEVITA INJ 20MG/0.2ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
AMJEVITA INJ 40MG/0.4ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
AMJEVITA INJ 80MG/0.8ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
AMJEVITA SYRINGE 20MG/0.4ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty

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

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HUMIRA INJ 80MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Non-Preferred Specialty
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Non-Preferred Specialty
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Non-Preferred Specialty
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Non-Preferred Specialty
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HYRIMOZ INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HYRIMOZ INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HYRIMOZ INJ 80MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HYRIMOZ INJ CROHNS (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty
HYRIMOZ INJ PLAQUE PSORIASIS (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty
HYRIMOZ PFS INJ 10MG/0.1ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HYRIMOZ PFS INJ 20MG/0.2ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HYRIMOZ-PED INJ CROHNS (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty
HYRIMOZ-PED INJ CROHNS 80MG/0.8ML (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty
IDACIO INJ 40MG/0.8ML (QL= 2 pens/28 days)	AMSP-PA-QL	Non-Preferred Specialty

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
SIMLANDI 1-PEN KIT (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
SIMLANDI INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
SIMLANDI KIT (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
SIMLANDI KIT (adalimumab-ryvk) (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
SIMPONI SC INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
YUFLYMA 2SYR KIT 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
YUFLYMA KIT 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
YUFLYMA KIT 80MG/0.8ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
YUSIMRY INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMUMAB-ADAZ INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
ADALIMUMAB-ADAZ INJ 10MG/0.1ML (QL= 0.2ml/28 days)	AMSP-PA-QL	Preferred Specialty
ADALIMUMAB-ADAZ INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
HADLIMA INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
HADLIMA PUSH INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ (QL= 4 vials/21 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ	-	EXC

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
INTERLEUKIN-6 RECEPTOR INHIBITORS		
AVTOZMA INJ	-	EXC
TOFIDENCE INJ	-	EXC
TYENNE INJ	-	EXC
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ACTEMRA SC INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
KEVZARA INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
TYENNE INJ (QL= 1.8ml/28 days)	AMSP-PA-QL	Preferred Specialty
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ADVIL DUAL TAB ACTION	OTC	EXC
ADVIL JR ST TAB 100MG	OTC	EXC
COMBOGESIC INJ	-	EXC
COMBOGESIC TAB	-	EXC
ibuprofen-acetaminophen tab (ADVIL equiv)	OTC	EXC
ibuprofen-famotidine tab (DUEXIS equiv)	-	EXC
INDOMETHACIN INJ	-	EXC
NAPROTIN KIT	-	EXC
TRESNI SUPP	-	EXC
XIFYRM INJ	-	EXC
COXANTO CAP (QL= 180 caps/30 days; ST req trial of generic oxaprozin 600mg AND 2 addl NSAID (e.g., diclofenac, etodolac, sulindac))	QL-ST	Non-Preferred
FENOPROFEN TAB (ST req trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	Non-Preferred
IBUPROFEN TAB 300MG (QL= 1 tab/day; ST req trial of ibup (200, 400, 600, 800) AND 2: diclof EC/XR, etodolac IR/ER, melox tab, celecoxib)	QL-ST	Non-Preferred
INDOMETHACIN CAP, TIVORBEX CAP (Step Therapy requires trial of 2 nonsteroidal anti-inflammatory agents (NSAIDs))	ST	Non-Preferred
INDOMETHACIN SUPP	-	Non-Preferred
KETOPROFEN CAP	-	Non-Preferred
MELOXICAM COMFORT KIT	-	Non-Preferred
MELOXICAM SUSP	-	Non-Preferred
MELOXICAM SUSP (QL= 10ml/day; Step therapy requires trial of naproxen susp AND ibuprofen susp)	--QL-ST	Non-Preferred
VIVLODEX CAP (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	Non-Preferred
VYSCOXA SUSP (QL= 840 mL/21 days; ST req trial of celecoxib cap [can be opened/sprinkled], ibuprofen susp, and naproxen susp)	QL-ST	Non-Preferred
diclofenac potassium cap (ZIPSOR equiv) (QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets)	QL-ST	Preferred

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
diclofenac potassium tab (CATAFLAM equiv) (QL= 4 tabs/day)	QL	Preferred
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	Preferred
ibuprofen tab	-	Preferred
indomethacin suppository (INDOCIN equiv) (QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxen, diclofenac, meloxicam, etc))	QL-ST	Preferred
indomethacin susp (INDOCIN equiv) (QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp)	QL-ST	Preferred
KETOROLAC INJ	-	Preferred
MECLOFENAMATE CAP	-	Preferred
nabumetone tab (RELAFEN equiv)	-	Preferred
naproxen EC tab (NAPROSYN EC equiv)	-	Preferred
naproxen sodium tab (ANAPROX equiv)	-	Preferred
NAPROXEN SUSP	-	Preferred
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	Preferred
celecoxib cap (CELEBREX equiv)	-	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 tab	-	Select
indomethacin cap (INDOCIN equiv)	-	Select
indomethacin CR cap (INDOCIN SR equiv)	-	Select
ketorolac tab (TORADOL equiv)	-	Select
meloxicam tab (MOBIC equiv)	-	Select
naproxen susp (NAPROSYN equiv)	-	Select
naproxen tab (NAPROSYN equiv)	-	Select
oxaprozin tab (DAYPRO equiv)	-	Select
piroxicam cap (FELDENE equiv)	-	Select
sulindac tab (CLINORIL equiv)	-	Select
tolmetin cap (TOLECTIN DS equiv)	-	Select
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	AMSP-PA-QL	Preferred Specialty
OTEZLA TAB (QL= 2 tabs/day)	AMSP-PA-QL	Preferred Specialty
OTEZLA XR TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	Select
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ (QL= 8 inj/28 days)	AMSP-PA-QL	Preferred Specialty
ENBREL INJ 25MG (QL= 8 inj/28 days)	AMSP-PA-QL	Preferred Specialty
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		
ANACIN TAB	-	EXC
aspirin-caffeine powder packet (BC FAST PAIN RELIEF equiv)	-	EXC
BC FAST PAIN POW RLF MAX	OTC	EXC
BC FAST PAIN RELIEF POWDER	-	EXC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	Non-Preferred
butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day)	QL	Preferred
butalbital/acetaminophen/caffeine soln	-	Preferred
VTOL SOLN	-	Select
ANALGESICS - SODIUM CHANNEL PAIN SIGNAL INHIBITORS		
JOURNAVX TAB (QL= 30 tablets/14 days; limit 1 fill/6 months; ST req 1 NSAID (ibu 600, meloxicam tab, celecoxib, etc) AND 1 gabapentinoid (gabapentin, pregabalin))	QL-ST	Non-Preferred
ANALGESICS OTHER		
acetaminophen supp	-	EXC
AMINOFEN TAB	-	EXC
CLONIDINE INJ	-	EXC
LOTREXONE CAP, NALTREX CAP	-	EXC
SALICYLATES		
ALKA-SELTZER TAB	-	EXC
aspirin ec tab 325mg	OTC	EXC
aspirin effer tab (ALKA-SELTZER equiv)	-	EXC
aspirin tab	-	EXC
aspirin tab (BAYER ADV TAB equiv)	-	EXC
aspirin tab 325mg	OTC	EXC
DOLOBID TAB (QL= 6 tabs/day; ST req trial of 3: diflunisal 500mg tab, diclofenac, etodolac, flurbiprofen, nabumetone)	QL-ST	Non-Preferred

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ANALGESICS - NONNARCOTIC Cont.		
DOLOBID TAB 375MG (QL= 4 tabs/day; ST req trial of 3: diflunisal 500mg tab, diclofenac, etodolac, flurbiprofen, nabumetone)	QL-ST	Non-Preferred
salsalate tab (DISALCID equiv)	-	Preferred
aspirin chew tab 81mg (Covered for females only)	OTC	Preventive
aspirin ec tab 325mg (Covered for females only)	OTC	Preventive
aspirin ec tab 81mg (Covered for females only)	OTC	Preventive
diflunisal tab (DOLOBID equiv)	-	Select
ANALGESICS - OPIOID		
OPIOID AGONISTS		
DILAUDID INJ	-	EXC
FENTANYL CIT INJ	-	EXC
fentanyl citrate inj	-	EXC
fentanyl citrate pf soln prefilled syringe (FENTANYL equiv)	-	EXC
FENTANYL CITRATE-NACL IV SOLN	-	EXC
HYDROMO/NACL INJ	-	EXC
hydromorphone hcl inj (DILAUDID equiv)	-	EXC
HYDROMORPHONE HCL-NACL INJ SOLN PREF SYR	-	EXC
HYDROMORPHONE INJ	-	EXC
MEPERIDINE SOLN	-	EXC
methadone hcl inj 10mg/ml	-	EXC
METHADONE HCL-SODIUM CHLORIDE SOLN PREF SYR	-	EXC
METHADONE INJ	-	EXC
METHADONE INJ 10MG/ML	-	EXC
MORPHINE SUL INJ	-	EXC
morphine sulfate iv soln 4mg/ml	-	EXC
MORPHINE SULFATE-NACL INJ SOLN PREF SYR	-	EXC
SUFENTANIL INJ	-	EXC
CODEINE SULFATE SOLN	-	Non-Preferred
FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	Non-Preferred
MORPHABOND TAB (QL= 2 tabs/day)	QL	Non-Preferred
OXYCONTIN CR TAB (QL= 2 tabs/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred
OXYCONTIN ER TAB (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred
OXYCONTIN TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred
OXYCONTIN TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred
OXYCONTIN TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred
ROXYBOND TAB (ST req trial of 2: oxycodone, oxymorphone, hydromorphone tabs/soln, tramadol, morphine sulf tab/soln)	ST	Non-Preferred

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ANALGESICS - OPIOID Cont.		
ROXYBOND TAB (Step therapy requires trial of 2: oxycodone, oxymorphone, hydromorphone tab/soln, tramadol, morphine sulf tab/soln)	ST	Non-Preferred
RYBIX ODT	-	Non-Preferred
TRAMADOL HCL ER TAB 100MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Preferred
TRAMADOL HCL ER TAB 200MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Preferred
TRAMADOL HCL ER TAB 300MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Preferred
TRAMADOL HCL TAB (QL= 30 tabs/30 days)	QL	Non-Preferred
codeine sulfate tab	-	Preferred
fentanyl patch (DURAGESIC equiv) (QL= 15 patches/30 days)	QL	Preferred
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
hydromorphone ER tab 12mg (EXALGO equiv) (QL= 1 tab/day)	QL	Preferred
hydromorphone ER tab 16mg (EXALGO equiv) (QL= 1 tab/day)	QL	Preferred
hydromorphone ER tab 8mg (EXALGO equiv) (QL= 1 tab/day)	QL	Preferred
HYDROMORPHONE SUPP	-	Preferred
levorphanol tab (LEVORPHANOL equiv) (QL= 6 tabs/day; ST req trial of 2 short acting opioids(eg hydrocodone, hydromorphone, oxycodone))	QL-ST	Preferred
methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day)	QL	Preferred
methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day)	QL	Preferred
methadose tab (QL= 1 tab/day)	QL	Preferred
MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
morphine sulfate ER cap 10mg (KADIAN equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
morphine sulfate ER cap 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
morphine sulfate ER cap 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
morphine sulfate ER cap 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
morphine sulfate ER cap 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
MORPHINE SULFATE SUPP	-	Preferred
oxycodone cap (OXYIR equiv)	-	Preferred
oxycodone conc (ROXICODONE equiv)	-	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
OXYCONTIN ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
OXYCONTIN ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred
OXYCONTIN ER TAB 40MG (QL= 2 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

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ANALGESICS - OPIOID Cont.		
OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day)	QL	Preferred
oxymorphone ER tab 30mg (OPANA ER equiv) (QL= 4 tabs/day)	QL	Preferred
OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day)	QL	Preferred
oxymorphone ER tab 40mg (OPANA ER equiv) (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
tramadol ER tab (RYZOLT equiv)	-	Preferred
tramadol hcl tab 100mg (QL= 4 tabs/day)	QL	Preferred
TRAMADOL HCL TAB 75MG (QL= 30 tabs/30 days; Step Therapy requires trial of tramadol 50mg tab or tramadol 100mg tab)	QL-ST	Preferred Specialty
hydromorphone liquid (DILAUDID equiv)	-	Select
hydromorphone tab (DILAUDID equiv)	-	Select
meperidine tab (DEMEROL equiv) (QL= 6 tabs/day)	QL	Select
methadone soln (QL= 4 ml/day)	QL	Select
methadone soln 10mg/5ml (QL= 20ml/day)	QL	Select
methadone soln 5mg/5ml (QL= 40ml/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	-	Select
morphine sulfate oral soln 10mg/5ml (MORPHINE equiv)	-	Select
morphine sulfate soln	-	Select
morphine sulfate tab	-	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 tab (ULTRAM equiv)	-	Select
OPIOID COMBINATIONS		
FENTA/ROPIVA INJ	-	EXC
FENTANYL CITRATE-BUPIVACAINE EPIDURAL INJ	-	EXC
FENTANYL CIT-ROPIV-NACL SOL PREF SYR	-	EXC
FENTANYL/BUPIVACAINE/NACL INJ	-	EXC
FENTANYL/ROPIVAC/NACL INJ	-	EXC
APADAZ TAB (QL= 12 tabs/day)	PA-QL	Non-Preferred
HYDROCODONE/ACETAMINOPHEN SOLN 10-325 MG/15ML (QL= 90ml/90 days for members age 20 or younger; QL= 210ml/90 days for members age 21 or older)	QL	Non-Preferred
PRIMLEV TAB 5-300MG (QL= 13 tabs/day)	QL	Non-Preferred
SEGLENTIS TAB (QL= 10 tabs/day; Trial of 3: tramad IR, celecox cap, oxycod tab/cap/sol, hydromorph tab/sol, oxymorph tab, morph sol)	QL-ST	Non-Preferred
XARTEMIS XR TAB (QL= 12 tabs/day)	QL	Non-Preferred
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	Preferred
hydrocodone/acetaminophen tab 10-325mg (QL= 12 tabs/day)	QL	Preferred

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ANALGESICS - OPIOID Cont.		
hydrocodone/acetaminophen tab 5-325mg (QL= 12 tabs/day)	QL	Preferred
hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 12 tabs/day)	QL	Preferred
HYDROCODONE/IBUPROFEN TAB (QL= 5 tabs/day)	QL	Preferred
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	Select
APAP/CODEINE SOLN	-	Select
aspirin/codeine tab	-	Select
butalbital/acetaminophen/caffeine/codeine cap (FIORICET/CODEINE equiv) (QL= 6 caps/day)	QL	Select
hydrocodone/acetaminophen cap (LORCET equiv)	-	Select
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 180ml/day)	QL	Select
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 12 tabs/day)	QL	Select
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	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		
BRIXADI SOLN	-	EXC
nalbuphine inj	-	EXC
BELBUCA FILM (Step therapy requires trial of buprenorphine patch)	ST	Non-Preferred
butorphanol nasal spray (QL= 5ml/30 days)	QL	Preferred
buprenorphine hcl buccal film (BELBUCA equiv)	-	Select
buprenorphine patch (BUTRANS equiv)	-	Select
buprenorphine SL tab (SUBUTEX equiv)	-	Select
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	Select
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	Select
pentazocine/naloxone tab (TALWIN NX equiv)	-	Select
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab (OXANDRIN equiv)	-	EXC
ANADROL TAB	-	Non-Preferred
ANDROGENS		
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	Non-Preferred
JATENZO CAP 158MG (QL= 4 caps/day)	PA-QL	Non-Preferred
JATENZO CAP 198MG (QL= 4 caps/day)	PA-QL	Non-Preferred
JATENZO CAP 237MG (QL= 2 caps/day)	PA-QL	Non-Preferred

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ANDROGENS-ANABOLIC Cont.		
KYZATREX CAP (QL= 4 tabs/day)	PA-QL	Non-Preferred
KYZATREX CAP, TLANDO CAP (QL= 4 caps/day)	PA-QL	Non-Preferred
METHITEST TAB (QL= 150 tablets/30 days)	QL	Non-Preferred
NATESTO GEL (QL= 3 bottles/30 days)	PA-QL	Non-Preferred
STRIANT FILM (QL= 60 films/30 days)	PA-QL	Non-Preferred
TESTOSTERONE GEL PUMP, VOGELXO GEL PUMP (QL= 300g/30 days)	PA-QL	Non-Preferred
TESTOSTERONE GEL, VOGELXO GEL (QL= 2 packets/day)	PA-QL	Non-Preferred
XYOSTED INJ (QL= 4ml/28 days)	PA-QL	Non-Preferred
methyltestosterone cap (QL= 150 tablets/30 days)	QL	Preferred
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 (QL= 1 vial/28 days)	QL	Select
testosterone cypionate inj (QL= 4 vials/28 days)	QL	Select
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	QL--	Select
testosterone cypionate inj 200mg/ml (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	QL	Select
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 150g/30 days)	QL	Select
testosterone gel 1% 50mg (QL= 300gm/30 days)	QL	Select
testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 300gm/30 days)	QL	Select
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 150g/30 days)	QL	Select
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
CORTIFOAM	-	Non-Preferred
hydrocortisone enema (CORTENEMA equiv)	-	Select
RECTAL COMBINATIONS		
LIDO-HYDRO GEL	-	EXC
ANALPRAM ADVANCED KIT	-	Non-Preferred
ANALPRAM-E KIT	-	Non-Preferred
PROCTOFOAM HC FOAM	-	Preferred
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	Select
lidocaine/hydrocortisone kit (ANALPRAM equiv)	-	Select
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	Select
RECTAL STEROIDS		

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DrugName	Special Code	Tier
ANORECTAL AGENTS Cont.		
proctosol HC cream (ANUSOL HC equiv)	-	Select
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide rectal foam (UCERIS equiv) (QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema)	QL-ST	Preferred
RECTAL COMBINATIONS		
HEMORR/FISS OINT	OTC	EXC
HEMORRHOID OINT	OTC	EXC
HEMORRHOIDAL SUPP	--OTC	EXC
HYDROCORTISONE/PRAMOXINE SUPP	-	EXC
LIDOCAINE-PHENYLEPHRINE HCL AEROSOL	-	EXC
SB HEMORRHOID OINT	OTC	EXC
ANALPRAM-HC CREAM 1-1% (ST req trial of: LIDOCAINE-HYDROCORTISONE ACETATE perianal/RECTAL CREAM)	ST	Non-Preferred
RECTAL PRODUCTS - MISC.		
BARRIGEL INJ	-	EXC
PHENYLEPHRINE HCL SUPPOSITORIES	OTC	EXC
RECTAL STEROIDS		
HYDROCORTISONE CREAM	-	EXC
PREP H CREAM	-	EXC
VASODILATING AGENTS		
RECTIV OINT (Diagnosis Restricted – Anal Fissure (K60.2))	RDX	Non-Preferred
nitroglycerin oint (RECTIV equiv) (Diagnosis Restricted – Anal Fissure (K60.2))	RDX	Select
ANTACIDS		
ANTACID COMBINATIONS		
ACID GONE SUSP	-	EXC
ANTACID EXTR CHW	OTC	EXC
CALCIUM/MAGNESIUM CARBONATES TAB	OTC	EXC
FOAM ANTACID CHEW	-	EXC
SODIUM BICARBONATE-CITRIC ACID EFFER TAB	-	EXC
ANTACIDS - CALCIUM SALTS		
CALCIUM CARB SUSP	OTC	EXC
CALCIUM CARBONATE DISINTEGRATING TAB	-	EXC
ANTACIDS - MAGNESIUM SALTS		
MAG TAB	-	EXC
MAGNESIUM CARBONATE SUSP	-	EXC
ANTACIDS - SODIUM CITRATE		
EMETROL CHEW TAB	-	EXC
ANTHELMINTICS		
ANTHELMINTICS		
EMVERM TAB	-	Non-Preferred
IVERMECTIN TAB	-	Non-Preferred
BENZNIDAZOLE TAB	-	Preferred

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ANTHELMINTICS Cont.		
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		
GONITRO POWDER	-	Non-Preferred
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	Non-Preferred
NITROMIST SPRAY	-	Non-Preferred
isosorbide dinitrate tab 40mg (ISORDIL equiv) (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER)	ST	Preferred
NITRO-BID OINT	-	Preferred
NITROGLYCERIN ER CAP	-	Preferred
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	Preferred
isosorbide dinitrate tab 5mg (ISORDIL equiv)	-	Select
isosorbide mononitrate ER tab (IMDUR equiv)	-	Select
ISOSORBIDE MONONITRATE TAB	-	Select
isosorbide mononitrate tab (MONOKET equiv)	-	Select
nitroglycerin patch (NITRO-DUR equiv)	-	Select
nitroglycerin SL tab (NITROSTAT equiv)	-	Select
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
droperidol inj (INAPSINE equiv)	-	EXC
BUCAPSOL CAP (QL= 2 caps/day; Step req trial of buspirone tabs, hydroxyzine, and doxepin (10, 25, 50, 75, 100, or 150mg))	QL-ST	Non-Preferred
meprobamate tab (MILTOWN equiv)	-	Preferred
buspirone tab (BUSPAR equiv)	-	Select
hydroxyzine pamoate cap (VISTARIL equiv)	-	Select
hydroxyzine syrup (ATARAX equiv)	-	Select
hydroxyzine tab (ATARAX equiv)	-	Select
BENZODIAZEPINES		
alprazolam ODT (NIRAVAM equiv)	-	Preferred
oxazepam cap (SERAX equiv) (Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab)	ST	Preferred
alprazolam ER tab (XANAX XR equiv)	-	Select
alprazolam tab (XANAX equiv)	-	Select
chlordiazepoxide cap (LIBRIUM equiv)	-	Select
clorazepate tab (TRANXENE-T equiv)	-	Select
diazepam conc (VALIUM equiv)	-	Select
diazepam oral soln 5mg/5ml (QL= 360ml/30 days)	QL	Select
diazepam tab (VALIUM equiv)	-	Select
lorazepam conc (ATIVAN equiv)	-	Select
lorazepam tab (ATIVAN equiv)	-	Select

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DrugName	Special Code	Tier
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
procainamide hcl inj	-	EXC
NORPACE CR CAP	-	Preferred
quinidine gluconate CR tab	-	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		
propafenone ER cap (RYTHMOL SR equiv)	-	Preferred
flecainide tab (TAMBOCOR equiv)	-	Select
propafenone tab (RYTHMOL equiv)	-	Select
ANTIARRHYTHMICS TYPE III		
amiodarone hcl inj	-	EXC
MULTAQ TAB	-	Non-Preferred
amiodarone tab (CORDARONE equiv)	-	Select
dofetilide cap (TIKOSYN equiv)	-	Select
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
CINQAIR INJ (QL= 4 vials/28 days; Only available through Walgreens 888-347-3416)	LD-M-PA-QL	Non-Preferred Specialty
FASENRA INJ (QL= 1 syringe/56 days)	AMSP-PA-QL	Non-Preferred Specialty
FASENRA INJ 10MG/0.5ML (QL= 1 syringe/56 days)	AMSP-PA-QL	Non-Preferred Specialty
FASENRA PEN INJ (QL= 1 pen/56 days)	AMSP-PA-QL	Non-Preferred Specialty
NUCALA INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty
TEZSPIRE INJ (QL= 1 pen/30 days)	AMSP-PA-QL	Preferred Specialty
TEZSPIRE SOLN (QL= 1 syringe/30 days)	AMSP-PA-QL	Preferred Specialty
XOLAIR INJ (QL= 1 vial/28 days)	AMSP-PA-QL	Preferred Specialty
XOLAIR INJ 150MG/1ML (QL= 1ml/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

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
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		
SPIRIVA HANDIHALER (QL= 1 cap/day; For use with Handihaler device)	QL	Non-Preferred
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		
ZYFLO TAB (QL= 4 tabs/day)	QL	Non-Preferred
zileuton ER tab (ZYFLO CR equiv) (QL= 2 tabs/day)	QL	Preferred
montelukast chew tab (SINGULAIR equiv)	-	Select
montelukast granule pack (SINGULAIR equiv)	-	Select
montelukast tab (SINGULAIR equiv)	-	Select
zafirlukast tab (ACCOLATE equiv)	-	Select
PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS		
OHTUVAYRE SUSP (QL= 150 mL/30 days; Only available through AcariaHealth 800-511-5144 or Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	Non-Preferred Specialty
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab (DALIRESP equiv) (QL= 1 tab/day)	PA-QL	Select
STEROID INHALANTS		
ALVESCO INHALER (QL= 12.2gm/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR)	QL-ST	Non-Preferred
FLUTICASONE DISKUS INHALER (QL= 2 inhalers/30 days)	QL	Non-Preferred
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100 MCG/ACT (QL= 1 inhaler/30 days)	QL	Non-Preferred
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200 MCG/ACT (QL= 1 inhaler/30 days)	QL	Non-Preferred
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50 MCG/ACT (QL= 1 inhaler/30 days)	QL	Non-Preferred
FLUTICASONE HFA INHALER 110MCG (QL= 2 inhalers/30 days)	QL	Non-Preferred
FLUTICASONE HFA INHALER 220MCG (QL= 2 inhalers/30 days)	QL	Non-Preferred
FLUTICASONE HFA INHALER 44MCG (QL= 2 inhalers/30 days)	QL	Non-Preferred
PULMICORT FLEXHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR)	QL-ST	Non-Preferred
ARNUITY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Value

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ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	QL	Value
ASMANEX INHALER (QL= 1 inhaler/30 days)	QL	Value
budesonide inh susp (PULMICORT equiv) (QL= 120 units/30 days)	QL	Value
QVAR REDIHALER (QL= 21.2gm/30 days)	QL	Value
SYMPATHOMIMETICS		
ASTHMANEFRIN NEB SOLN	-	EXC
ephedrine hcl tab (PRIMATENE equiv)	OTC	EXC
PRIMATENE TAB	OTC	EXC
AIRSUPRA AER 90-80MCG (QL= 2 inh/30 days; Step Therapy requires trial of albuterol AND two of: Arnuity, Asmanex, Qvar)	QL-ST	Non-Preferred
ARCAPTA NEOHALER (Step Therapy requires trial of STRIVERDI RESPIMAT, ANORO ELLIPTA or STIOLTO INHALER)	ST	Non-Preferred
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Preferred
SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days)	QL	Non-Preferred
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Preferred
ANORO ELLIPTA INHALER (QL= 60 gm/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
budesonide/formoterol inhaler (BREYNA equiv) (QL= 10.3gm/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela)	QL-ST	Preferred
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30 days)	QL	Preferred
DULERA INHALER (QL= 1 inhaler/30 days)	QL	Preferred
LEVALBUTEROL TARTRATE (QL= 2 inhalers/fill, 2 fills/30 days)	QL	Preferred
STIOLTO INHALER (QL= 1 inhaler/30 days)	QL	Preferred
STRIVERDI RESPIMAT INHALER	-	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 (QL= 1 inhaler/30 days)	QL	Select
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days)	QL	Select
levalbuterol neb soln (XOPENEX equiv)	-	Select
terbutaline sulfate tab (BRETHINE equiv)	-	Select
XANTHINES		
AMINOPHYLLINE INJ	-	EXC
ELIXOPHYLLIN ELIXIR	-	Preferred
THEOPHYLLINE TAB ER (QL= 1 tab/day)	QL	Preferred
theophylline CR tab (QUIBRON-T equiv)	-	Select

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ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
theophylline ER tab (UNIPHYL equiv)	-	Select
theophylline soln	-	Select
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	Select
DIRECT FACTOR XA INHIBITORS		
BEVYXXA CAP (QL= 43 caps/42 days)	PA-QL	Non-Preferred
ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days)	QL	Preferred
ELIQUIS TAB 2.5MG (QL= 60 tabs/30 days)	QL	Preferred
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 (QL= 60 tabs/30 days)	QL	Preferred
XARELTO TAB 10MG (QL= 30 tabs/30 days)	QL	Preferred
XARELTO TAB 15MG (QL= 60 tabs/30 days)	QL	Preferred
XARELTO TAB 20MG (QL= 30 tabs/30 days)	QL	Preferred
rivaroxaban for susp (XARELTO equiv) (QL= 10mL/day)	QL	Select
rivaroxaban tab (XARELTO equiv) (QL = 60 tabs/30 days)	QL	Select
HEPARINS AND HEPARINOID-LIKE AGENTS		
ENOXILUV KIT INJ	OTC	EXC
HEPARIN SODIUM/NACL INJ	-	EXC
FRAGMIN INJ	-	Non-Preferred
FRAGMIN INJ 7500 (QL= 3ml/30 days)	QL	Non-Preferred
heparin porcine inj	-	Preferred
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
IN VITRO/LOCK ANTICOAGULANTS		
DEFENCATH SOLN	-	EXC
SOD CIT-GENT INJ 4%-320	-	EXC
THROMBIN INHIBITORS		
ARGATROBAN INJ	-	EXC
argatroban iv soln	-	EXC
BIVALIRUDIN INJ	-	EXC
BIVALIRUDIN SOLN RTU	-	EXC
PRADAXA PELLET PACK (QL= 2 packets/day)	QL	Non-Preferred
dabigatran etexilate mesylate cap (PRADAXA equiv) (QL= 2 caps/day)	QL	Select
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		

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ANTICONVULSANTS Cont.		
perampanel tab (FYCOMPA equiv) (QL= 4 tabs/day; ST req trial of 2: levetiracetam, lamotrigine, valproic acid, divalproex, topiramate)	QL-ST	Preferred
ANTICONVULSANTS - BENZODIAZEPINES		
LIBERVANT FILM (QL= 4 doses/fill, 5 fills/month; Step requires trial of diazepam rectal gel)	QL-ST	Non-Preferred
DIAZEPAM GEL (QL= 4 doses/fill)	QL	Preferred
NAYZILAM SPRAY (QL= 4 units/fill, 5 fills/month)	QL	Preferred
VALTOCO NASAL SPRAY (QL= 5 doses/fill, 4 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= 4 doses/fill)	QL	Value
ANTICONVULSANTS - MISC.		
lacosamide iv inj (VIMPAT equiv)	-	EXC
APTIOM TAB (QL= 60 tabs/30 days)	QL	Non-Preferred
CARBAMAZEPINE CHEW TAB 200MG (Step therapy requires trial of carbamazepine 100mg chew tab)	ST	Non-Preferred
EPRONTIA SOLN (QL= 480mL/30 day; Step therapy requires trial of topiramate sprinkle caps)	QL-ST	Non-Preferred
GABARONE TAB (QL= 3 tabs/day; Step therapy requires trial of gabapentin capsules AND pregabalin capsules)	QL-ST	Non-Preferred
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	Non-Preferred
MOTPOLY XR CAP 100MG (QL= 1 cap/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap)	QL-ST	Non-Preferred
MOTPOLY XR CAP 150MG (QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap)	QL-ST	Non-Preferred
MOTPOLY XR CAP 200MG (QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap)	QL-ST	Non-Preferred
ZONISADE SUSP (QL= 900ml/30 days)	QL	Non-Preferred
DIACOMIT CAP (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Non-Preferred Specialty
DIACOMIT POWDER PACK (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Non-Preferred Specialty
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Preferred Specialty
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
lamotrigine odt (LAMICTAL equiv) (QL= 2 tabs/day; Step Therapy requires trial of lamotrigine chew)	QL-ST	Preferred
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	Preferred
oxcarbazepine er tab 150mg (OXTELLAR equiv) (QL= 1 tab/day)	QL	Preferred
oxcarbazepine er tab 300mg (OXTELLAR equiv) (QL= 1 tab/day)	QL	Preferred

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

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
oxcarbazepine er tab 600mg (OXTELLAR equiv) (QL= 4 tabs/day)	QL	Preferred
rufinamide tab (BANZEL equiv) (QL= 240 tabs/30 days; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	Preferred
topiramate cap er 200mg (TROKENDI equiv) (QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR))	QL-ST	Preferred
topiramate er cap (TROKENDI XR equiv) (QL= 1 cap/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR))	QL-ST	Preferred
topiramate ER cap 100mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of topiramate IR)	QL-ST	Preferred
topiramate ER cap 150mg (QUDEXY equiv) (QL= 2 caps/day; Step Therapy requires trial of topiramate IR)	QL-ST	Preferred
topiramate ER cap 200mg (QUDEXY equiv) (QL= 2 caps/day; Step Therapy requires trial of topiramate IR)	QL-ST	Preferred
topiramate ER cap 25mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of topiramate IR)	QL-ST	Preferred
topiramate ER cap 50mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of topiramate IR)	QL-ST	Preferred
topiramate oral soln (EPRONTIA equiv) (QL= 480mL/30 day; Step therapy requires trial of topiramate sprinkle caps)	QL-ST	Preferred
topiramate sprinkle cap 50mg (QL= 8 cap/day; Step therapy requires trial of topiramate 15mg/25mg sprinkle cap)	QL-ST	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
eslicarbazepine acetate tab (APTIOM equiv) (QL= 60 tabs/30 days)	QL	Select
gabapentin cap (NEURONTIN equiv)	-	Select
gabapentin tab (NEURONTIN equiv)	-	Select
lacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30 days)	QL	Select
lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day)	QL	Select
lamotrigine chew tab (LAMICTAL equiv)	-	Select
lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day)	QL	Select
lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select
lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select
lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Select
lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select
lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Select
lamotrigine tab (LAMICTAL equiv)	-	Select
levetiracetam ER tab (KEPPRA XR equiv)	-	Select
levetiracetam soln (KEPPRA equiv)	-	Select
levetiracetam tab (KEPPRA equiv)	-	Select
oxcarbazepine susp (TRILEPTAL equiv)	-	Select
oxcarbazepine tab (TRILEPTAL equiv)	-	Select
pregabalin cap (LYRICA equiv)	-	Select
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	Select
PRIMIDONE TAB (QL= 4 tabs/day)	QL	Select
primidone tab (MYSOLINE equiv)	QL--	Select
topiramate sprinkle cap (TOPAMAX equiv)	-	Select
topiramate tab (TOPAMAX equiv)	-	Select
zonisamide cap (ZONEGRAN equiv)	-	Select
CARBAMATES		

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
XCOPRI TAB 25MG (QL= 1 tab/day)	QL	Non-Preferred
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		
VIGAFYDE SOLN (QL= 750ml/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Preferred Specialty
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	Preferred Specialty
vigabatrin tab (SABRIL equiv) (QL= 6 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Preferred 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		
PHENYTOIN INJ	-	EXC
phenytoin sodium inj	-	EXC
DILANTIN CAP 30MG	-	Preferred
phenytoin cap (DILANTIN equiv)	-	Preferred
phenytoin chew tab (DILANTIN equiv)	-	Select
phenytoin susp (DILANTIN equiv)	-	Select
SUCCINIMIDES		
methsuximide cap (CELONTIN equiv) (QL= 4 caps/day; ST requires trial of ethosuximide tab/soln)	QL-ST	Preferred
ethosuximide cap (ZARONTIN equiv)	-	Select
ethosuximide soln (ZARONTIN equiv)	-	Select
VALPROIC ACID		
STAVZOR CAP	-	Non-Preferred
divalproex ER tab (DEPAKOTE ER equiv)	-	Select
divalproex sodium DR tab (DEPAKOTE equiv)	-	Select
divalproex sprinkle cap (DEPAKOTE equiv)	-	Select
valproic acid cap (DEPAKENE equiv)	-	Select
valproic acid syrup (DEPAKENE equiv)	-	Select
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	Select
mirtazapine tab (REMERON equiv)	-	Select
ANTIDEPRESSANT COMBINATIONS		
AUVELITY TAB (QL= 60 tabs/30 days; ST req trial of 4 (citalopram, escitalopram, fluoxetine cap/tab, fluvoxamine, paroxetine IR/ER, sertraline, desvenlafaxine ER, venlafaxine IR/ER, bupropion, mirtazapine) followed by vilazodone)	QL-ST	Non-Preferred
ANTIDEPRESSANTS - MISC.		

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
FORFIVO XL TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred
bupropion ER tab (WELLBUTRIN equiv)	-	Select
bupropion tab (WELLBUTRIN equiv)	-	Select
bupropion XL tab (WELLBUTRIN XL equiv)	-	Select
MAPROTILINE TAB	-	Select
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAP 20MG (QL= 28 caps/14 days, 1 fill/365 days)	PA-QL	Non-Preferred
ZURZUVAE CAP 25MG (QL= 28 caps/14 days, 1 fill/365 days)	PA-QL	Non-Preferred
ZURZUVAE CAP 30MG (QL= 14 caps/14 days, 1 fill/365 days)	PA-QL	Non-Preferred
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM PATCH	-	Non-Preferred
NARDIL TAB 15MG (QL= 4 tabs/day)	QL	Non-Preferred
PHENELZINE SULFATE TAB (QL= 4 tabs/day)	QL	Select
phenelzine tab (NARDIL equiv)	-	Select
tranylcypromine tab (PARNATE equiv)	-	Select
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO NASAL SOLN (QL= 4 kits/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CITALOPRAM CAP (QL= 1 cap/day; Step therapy requires trial of citalopram tab)	QL-ST	Non-Preferred
ESCITALOPRAM CAP (QL= 1 cap/day; ST req trial of escitalopram tabs AND one SSRI (eg. fluoxetine, sertraline) or SNRI (eg. venlafaxine, desven.))	QL-ST	Non-Preferred
PEXEVA TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred
fluoxetine tab 60mg	-	Preferred
paroxetine ER tab (PAXIL CR equiv)	-	Preferred
PAROXETINE SUSP (QL= 900 mL/30 days; ST req trial of 2: SSRI (eg. paroxetine tab, fluoxetine, sertraline), SNRI (eg. venlafaxine))	QL-ST	Preferred
PROZAC WEEKLY CAP	-	Preferred
sertraline hcl cap (QL= 30 caps/30 days; Step therapy requires trial of sertraline tab)	QL-ST	Preferred
citalopram soln (CELEXA equiv)	-	Select
escitalopram soln (LEXAPRO equiv)	-	Select
fluoxetine cap 90mg (PROZAC equiv) (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

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
sertraline conc (ZOLOFT equiv)	-	Value
sertraline tab (ZOLOFT equiv)	-	Value
SEROTONIN MODULATORS		
EXXUA TAB (QL= 1 tab/day)	PA-QL	Non-Preferred
RALDESY SOLN (QL= 40ml/day; Req trial of 2: cital- tab/sol, escita- tab/sol, fluox- tab/cap/sol, mirta- tab/ODT, sertr-tab/con)	QL-ST	Non-Preferred
TRINTELLIX TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred
VIIBRYD STARTER KIT (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred
vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox)	QL-ST	Preferred
NEFAZODONE TAB	-	Select
nefazodone tab 50mg, 250mg	-	Select
trazodone tab 50mg, 100mg, 150mg (DESYREL equiv)	-	Select
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
DESVENLAFAXINE ER TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred
DESVENLAFAXINE ER TAB (QL= 1 tab/day; Step Therapy requires trial of 2 antidepressants)	QL-ST	Non-Preferred
DRIZALMA DR CAP	-	Non-Preferred
FETZIMA CAP (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred
FETZIMA TITRATION PACK (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred
VENLAFAXINE TAB (QL= 2 tabs/day; Step therapy requires trial of venlafaxine ER HCL cap/tab)	QL-ST	Non-Preferred
duloxetine cap 40mg (IRENKA equiv) (QL= 2 caps/day)	QL	Preferred
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
protriptyline tab (VIVACTIL equiv)	-	Select
trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Select

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
amitriptyline tab (ELAVIL equiv)	-	Value
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
MIGLITOL TAB	-	Preferred
acarbose tab (PRECOSE equiv)	-	Select
ANTIDIABETIC - CELLULAR THERAPY		
LANTIDRA INJ	-	EXC
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET XR TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred
ALOGLIPTIN/METFORMIN TAB (QL= 2 tabs/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto)	QL-ST	Non-Preferred
ALOGLIPTIN/PIOGLITAZONE TAB (QL= 1 tab/day; Step therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred
DAPAGLIF-MET TAB 10-1000 (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred
SITAGLIPTIN/METFORMIN TAB (QL= 2 tabs/day)	QL	Non-Preferred
ZITUVIMET XR TAB (QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred
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
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv) (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	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
ANTIDIABETIC-ANTIBODIES		
TZIELD INJ	-	EXC
BIGUANIDES		
METFORMIN TAB (QL= 3 tabs/day; ST requires trial of metformin 500mg, 850mg, or 1000mg tab AND metformin ER)	QL-ST	Non-Preferred
METFORMIN TAB (QL= 4 tabs/day; ST req trial of metformin IR (generic Glucophage) 500mg, 850mg, or 1000mg tab AND metformin ER)	QL-ST	Non-Preferred
metformin ER tab (GLUCOPHAGE XR equiv)	-	Value
metformin tab (GLUCOPHAGE equiv)	-	Value
DIABETIC OTHER		
glucose chew tab	OTC	EXC

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
GLUCOSE LIQUID	OTC	EXC
BAQSIMI NASAL POWDER (QL= 2 inhlations/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
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)	AMSP-PA-QL	Preferred Specialty
diazoxide susp (PROGLYCEM equiv)	-	Select
glucagon (rdna) for inj kit (QL= 2 inj/fill, 2 fills/month)	QL	Select
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
ALOGLIPTIN TAB (QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto)	QL-ST	Non-Preferred
BRYNOVIN SOLN (QL= 1 bottle/30 days; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred
ZITUVIO TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred
saxagliptin hcl tab (ONGLYZA equiv) (QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Preferred
TRADJENTA TAB (QL= 1 tab/day)	QL	Preferred
INCRETIN MIMETIC AGENTS		
SEMAGLUTIDE INJ	-	EXC
MOUNJARO INJ (QL= 2ml/28 days)	PA-QL	Non-Preferred
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred
TRULICITY INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred
liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Select
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYDUREON INJ (QL= 4 inj/28 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred
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
INSULIN		
ADMELOG INJ, HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) (QL= 60 units/30 days; Step Therapy requires trial NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred
AFREZZA INH POWDER (QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred
AFREZZA INH POWDER (QL= 360 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred
AFREZZA INH POWDER (QL= 630 inhalations/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred
BASAGLAR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred
BASAGLAR KWIKPEN (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred
BASAGLAR TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred

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ANTIDIABETICS Cont.		
HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred
HUMALOG KWIKPEN INJ (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred
HUMALOG KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred
HUMALOG MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred
HUMALOG PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred
HUMALOG TEMPO PEN INJ 100UNIT/ML (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred
HUMULIN MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred
INSULIN GLARGINE INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Non-Preferred
INSULIN GLARGINE-YFGN PEN (CIVICA) 100UNIT/ML (QL= 60mL/30 days; ST req Semglee or Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred
LANTUS SOLOSTAR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred
LYUMJEV INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred
LYUMJEV KWIKPEN (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred
LYUMJEV KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred
LYUMJEV TEMPO PEN INJ 100UNIT/ML (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP)	QL-ST	Non-Preferred
REZVOGLAR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300)	QL-ST	Non-Preferred
DEGLUDEC FLEXTOUCH INJ 100 UNIT (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300)	QL-ST	Preferred
DEGLUDEC FLEXTOUCH INJ 200 UNIT (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300)	QL-ST	Preferred
DEGLUDEC INJ 100 UNIT (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300)	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
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (1 UNIT DOSE) (QL= 18ml/30 days)	QL	Preferred
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (2 UNIT DIAL) (QL= 18ml/30 days)	QL	Preferred
INSULIN GLARGINE-YFGN (SINGLE PEN) (QL= 60ml/30 days)	QL	Preferred
INSULIN LISP INJ 100/ML (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 or Insulin Glargine U-300)	QL-ST	Preferred
LEVEMIR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300)	QL-ST	Preferred

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ANTIDIABETICS Cont.		
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 or Insulin Glargine U-300)	QL-ST	Preferred
TRESIBA INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300)	QL-ST	Preferred
HUMULIN R INJ U-500 (QL= 40 units/30 days)	QL	Select
HUMULIN R U-500 KWIKPEN INJ (QL= 24 units/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 70/30 VIAL (QL= 60 units/30 days)	QL	Select
NOVOLIN N FLEXPEN INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN N INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN N RELION INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN R INJ (QL= 60 units/30 days)	QL	Select
NOVOLIN R INJ 100 UNIT (QL= 60ml/30 days)	OTC-QL	Select
NOVOLIN VIAL (QL= 60 units/30 days)	QL	Select
NOVOLOG FLEXPEN INJ (QL= 60 units/30 days)	QL	Select
NOVOLOG INJ (QL= 60 units/30 days)	QL	Select
NOVOLOG INJ FLEX REL (QL= 60ml/30 days)	QL	Select
NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days)	QL	Select
NOVOLOG MIX INJ (QL= 60 units/30 days)	QL	Select
NOVOLOG PENFILL INJ (QL= 60 units/30 days)	QL	Select
INSULIN SENSITIZING AGENTS		
AVANDIA TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred
pioglitazone tab (ACTOS equiv)	-	Select
MEGLITINIDE ANALOGUES		
nateglinide tab (STARLIX equiv)	-	Select
repaglinide tab (PRANDIN equiv)	-	Select
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
BEXAGLIFLOZN TAB (QL= 30 tabs/30 days; ST req trial of 2: farxiga tab, xigduo xr tab, Jardiance tab, synjardy tab, or synjardy xr tab)	QL-ST	Non-Preferred
DAPAGLIF PRO TAB 10MG (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred
DAPAGLIF PRO TAB 5MG (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred
FARXIGA TAB (QL= 1 tab/day)	QL	Preferred
JARDIANCE TAB (QL= 1 tab/day)	QL	Preferred

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ANTIDIABETICS Cont.		
SULFONYLUREAS		
GLIMEPIRIDE TAB (QL= 1 tab/day; ST req trial of glimepiride 1mg tab or 2mg tab)	QL-ST	Non-Preferred
GLIPIZIDE TAB (QL= 30 tabs/30 days; Step req trial of 3 of: glipizide IR tabs (5mg, 10mg), glipizide ER, glimepiride, glyburide)	QL-ST	Non-Preferred
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		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
BISMUTH SUBSALICYLATE CAP	-	EXC
BISMUTH SUBSALICYLATE TAB	OTC	EXC
PAXOTIN CAP	-	EXC
S. BOULARDII CAP PROBIOTIC	-	EXC
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
BENEFIBER PAK DUAL ACT	OTC	EXC
BENEFIBER PAK ADVANCED	OTC	EXC
FLORASTOR CHW DIGEST	OTC	EXC
FRUCTOOLIGOSACCHARIDES (FOS)-INULIN POWDER	OTC	EXC
ANTIPERISTALTIC AGENTS		
ANTI-DIARRHEA LIQ	-	EXC
loperamide hcl soln (LOPERAMIDE equiv)	OTC	EXC
DIPHENOXYLATE/ATROPINE LIQUID	-	Preferred
ANTIDIARRHEALS		
ANTIDIARRHEAL AGENTS - MISC.		
REZYST CHEW TAB	-	EXC
ANTIPERISTALTIC AGENTS		
opium tincture	-	EXC
PAREGORIC TINCTURE	-	Non-Preferred
diphenoxylate/atropine tab (LOMOTIL equiv)	-	Select
loperamide cap (IMODIUM equiv)	-	Select
ANTIDOTES		
ANTIDOTES		
methylene blue inj	-	EXC
VISTOGARD PAK (Only available through Biologics 800-850-4306)	LD	Preferred Specialty
ANTIDOTES - CHELATING AGENTS		
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Preferred Specialty

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ANTIDOTES Cont.		
OPIOID ANTAGONISTS		
EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY)	ST	Non-Preferred
VIVITROL INJ	AMSP	Preferred Specialty
naltrexone tab (REVIA equiv)	-	Select
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
FERRIPROX 2 DAY TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Preferred Specialty
deferasirox granules packet (JADENU equiv)	AMSP-PA	Preferred Specialty
deferasirox tab (EXJADE equiv)	AMSP-PA	Preferred Specialty
deferasirox tab 90mg, 360mg (JADENU equiv)	AMSP-PA	Preferred Specialty
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Preferred Specialty
deferiprone tab 1000mg (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Preferred Specialty
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTICHOLIUM INJ	-	EXC
METHYLENE BLUE INJ	-	EXC
SUGAMMADEX INJ	-	EXC
CETYLEV TAB	-	Non-Preferred
CHOLINESTERASE INHIBITORS		
PYRIDOSTIGMI ER TAB	-	EXC
OPIOID ANTAGONISTS		
EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY)	ST	Non-Preferred
ZIMHI SOLN (QL= 2 syringes/fill, 2 fills/30 days; Step therapy requires trial of 2: naloxone nasal spray, naloxone inj)	QL-ST	Non-Preferred
KLOXXADO NASAL SPRAY	-	Preferred
OPVEE NASAL SPRAY	-	Preferred
naloxone hcl nasal spray (NARCAN equiv)	-	Preventive
NALOXONE HCL SPRAY (OTC)	-	Preventive
naloxone inj	-	Preventive
naloxone prefilled inj	-	Preventive
NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fill/month)	QL	Select
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
PALONOSETRON INJ	-	EXC

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DrugName	Special Code	Tier
ANTIEMETICS Cont.		
ANZEMET TAB (QL= 1 tab/30 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Preferred
GRANISOL SOLN (QL= 60ml/30 days)	QL	Non-Preferred
ONDANSETRON TAB 24MG (QL= 1 tab/day; Trial of ondansetron ODT (4mg, 8mg) AND trial of 1: ondansetron tab, ondansetron soln)	QL-ST	Non-Preferred
ONDANSETRON TAB ODT 16MG (QL= 1 tab/day; Trial of ondansetron ODT (4mg, 8mg) AND trial of 1: ondansetron tab, ondansetron soln)	QL-ST	Non-Preferred
granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days)	QL	Select
ondansetron inj (ZOFRAN equiv) (QL= 24ml/fill, 1 fill/15 days)	QL	Select
ondansetron ODT (ZOFRAN equiv)	-	Select
ondansetron soln (ZOFRAN equiv) (QL= 50ml/fill, 1 fill/15 days)	QL	Select
ondansetron tab (ZOFRAN equiv)	-	Select
ANTIEMETICS - ANTICHOLINERGIC		
ANTIVERT TAB, MECLIZINE TAB	OTC	EXC
meclizine hcl tab 50mg (ANTIVERT equiv)	OTC	EXC
meclizine tab (ANTIVERT equiv)	OTC	EXC
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		
AKYNZEO CAP (QL= 1 cap/28 days; Step Therapy requires trial of aprepitant, granisetron, or ondansetron)	QL-ST	Non-Preferred
CESAMET CAP (Step Therapy requires trial of ondansetron)	ST	Non-Preferred
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	QL	Preferred
doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days)	QL	Select
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
APONVIE INJ	-	EXC
FOCINVEZ INJ	-	EXC
EMEND SUSP (QL= 3 doses/fill, 2 fills/month)	QL	Non-Preferred
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		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
MICAFUNGIN INJ NACL	-	EXC
REZZAYO IV SOLN	-	EXC
ANTIFUNGALS		
amphotericin b liposome iv for susp (AMBISOME equiv)	-	EXC
FULVICIN P/G TAB (QL= 1 tab/day; ST req trial of itraconazole, fluconazole, terbinafine, and griseofulvin oral suspension)	QL-ST	Non-Preferred
FULVICIN P/G TAB, GRISEOFULVIN ULTRA MICRO TAB (QL= 1 tab/day; ST req trial of itraconazole, fluconazole, terbinafine, and griseofulvin oral susp)	QL-ST	Non-Preferred

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ANTIFUNGALS Cont.		
flucytosine cap (ANCOBON equiv)	-	Select
griseofulvin susp (GRIFULVIN equiv)	-	Select
nystatin powder	-	Select
nystatin tab	-	Select
terbinafine tab (LAMISIL equiv)	-	Select
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA INJ	-	EXC
NOXAFIL INJ	-	EXC
posaconazole iv soln (NOXAFIL equiv)	-	EXC
VORICONAZOLE INJ	-	EXC
CRESEMBA CAP 186MG (QL= 72 caps/30 days; Step therapy requires trial of two: voriconazole and posaconazole)	QL-ST	Non-Preferred
CRESEMBA CAP 74.5MG (QL= 180 caps/30 days; Step therapy requires trial of two: voriconazole and posaconazole)	QL-ST	Non-Preferred
NOXAFIL PAK (QL= 31 packets/30 days; Step Therapy requires trial of fluconazole tab, fluconazole susp, itraconazole cap, itraconazole soln, voriconazole susp, or voriconazole tab)	QL-ST	Non-Preferred
VIVJOA CAP (QL= 18 caps/84 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
posaconazole susp (NOXAFIL equiv) (Step therapy requires trial of fluconazole, itraconazole or voriconazole)	ST	Preferred
fluconazole susp (DIFLUCAN equiv)	-	Select
fluconazole tab (DIFLUCAN equiv)	-	Select
itraconazole cap (SPORANOX equiv)	-	Select
ketoconazole tab (NIZORAL equiv)	-	Select
voriconazole susp (VFEND equiv)	-	Select
voriconazole tab (VFEND equiv)	-	Select
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
DIMETAPP LIQ	OTC	EXC
FLONASE NIGHT TIME ALLERGY RELIEF TAB	-	EXC
PEDIACLEAR PD LIQUID	OTC	EXC
RYCLORA SOLN	-	EXC
triprolidine hcl liquid (PEDIACLEAR equiv)	OTC	EXC
triprolidine hcl tab (FLONASE ALLERGY RELIEF NIGHT equiv)	-	EXC
MICLARA LIQUID	-	Non-Preferred
ANTIHISTAMINES - ETHANOLAMINES		
ALLERGY RELIEF CHEW	OTC	EXC
clemastine fumarate syrup (CLEMASTINE equiv)	OTC	EXC
CLEMASTINE SYRUP	-	EXC
CLEMASTINE TAB	--OTC	EXC
CLEMASTINE TAB, CLEMASZ TAB	OTC	EXC
DIMETAPP CHL LIQ	OTC	EXC
DIPHENHYDRAMINE ELIXIR	-	EXC
diphenhydramine inj	-	EXC
KARBINAL ER SUSP (QL= 960ml/30 days)	QL	Non-Preferred

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ANTIHISTAMINES Cont.		
RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB (QL= 4 tabs/day; Step therapy req trial of carbinoxamine 4mg tab)	QL-ST	Non-Preferred
carbinoxamine maleate tab (QL= 120 tabs/30 days; Step therapy requires trial of carbinoxamine 4mg tab)	QL-ST	Preferred
CARBZAH SOLN (QL= 40ml/day)	QL	Preferred Specialty
CARBINOXAMINE TAB (QL= 240 tabs/30 days)	QL	Select
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	Select
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl orally disintegrating tab (ZYRTEC equiv)	OTC	EXC
CLARINEX SYRUP	-	EXC
CLARITIN CHEW TAB	-	EXC
DESLORATADINE ODT	-	EXC
desloratadine tab (CLARINEX equiv)	-	EXC
levocetirizine soln (XYZAL equiv)	OTC	EXC
levocetirizine tab (XYZAL equiv)	OTC	EXC
loratadine cap (CLARITIN equiv)	OTC	EXC
ZYRTEC CHILD CHEW ALLERGY	-	EXC
ZYRTEC CHILD CHEW TAB	-	EXC
ZYRTEC CHILD TAB	OTC	EXC
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine inj (PHENERGAN equiv)	-	Select
promethazine supp (PHENERGAN equiv)	-	Select
promethazine syrup	-	Select
promethazine tab (PHENERGAN equiv)	-	Select
PROMETHEGAN SUPP	-	Select
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	Select
cyproheptadine tab	-	Select
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB (QL= 1 tab/day)	PA-QL	Non-Preferred
ANTIHYPERLIPIDEMICS - COMBINATIONS		
EZETIMIBE/ATORVASTATIN TAB (QL= 1 tab/day; Step therapy requires trial of atorvastatin and ezetimibe)	QL-ST	Non-Preferred
NEXLIZET TAB (QL= 1 tab/day)	PA-QL	Non-Preferred
ROSZET TAB (QL= 1 tab/day; Step Therapy requires trial of rosuvastatin and ezetimibe)	QL-ST	Non-Preferred
ROSZET TAB (QL= 30 tabs/30 days; Step Therapy requires trial of rosuvastatin and ezetimibe)	QL-ST	Non-Preferred
ezetimibe/simvastatin tab (VYTORIN equiv)	-	Select
ANTIHYPERLIPIDEMICS - MISC.		
KYNAMRO INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
icosapent ethyl cap 0.5gm (VASCEPA equiv) (QL= 2 caps/day)	QL	Select

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DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day)	QL	Select
omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day)	QL	Select
BILE ACID SEQUESTRANTS		
colesevelam pack (WELCHOL equiv) (Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol)	ST	Preferred
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		
ANTARA CAP (QL= 2 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130))	QL-ST	Non-Preferred
FENOFIBRATE CAP (QL= 3 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130))	QL-ST	Non-Preferred
FENOFIBRATE MICRO CAP 90MG (QL= 2 caps/day; ST req trial of 2: fenofibrate tab (Tricor) or fenofibrate cap (Lofibra))	QL-ST	Non-Preferred
FENOFIBRIC TAB 105MG (QL= 1 tab/day; ST req trial of fenofibrate tab (Tricor) AND fenofibrate cap (Lofibra))	QL-ST	Non-Preferred
FENOFIBRIC TAB 35MG (QL= 2 tabs/day; ST req trial of fenofibrate tab (Tricor) AND fenofibrate cap (Lofibra))	QL-ST	Non-Preferred
FENOFIBRIC TAB, FIBRICOR TAB	-	Non-Preferred
TRIGLIDE TAB	-	Non-Preferred
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	Preferred
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	Preferred
fenofibric acid DR cap (TRILIPIX equiv)	-	Preferred
ANTARA CAP 30MG, FENOFIBRATE MICRONIZED CAP 30MG (QL= 2 caps/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg)	QL-ST	Preferred Specialty
ANTARA CAP 90MG, FENOFIBRATE MICRONIZED CAP 90MG (QL= 1 cap/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg)	QL-ST	Preferred Specialty
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	Select
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	Select
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	Select
gemfibrozil tab (LOPID equiv)	-	Select
HMG COA REDUCTASE INHIBITORS		
ADVICOR TAB 1000-20MG (QL= 2 tabs/day)	QL	Non-Preferred
ADVICOR TAB 500-20MG, 1000-40MG (QL= 1 tab/day)	QL	Non-Preferred
ADVICOR TAB 750-20MG (QL= 2 tabs/day)	QL	Non-Preferred
ALTOPREV TAB (QL= 1 tab/day)	QL	Non-Preferred

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DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
ATORVALIQ SUSP (QL = 600ml/30 days; Step therapy requires trial of 2: atorvastatin tab, rosuvastatin tab or simvastatin tab)	QL-ST	Non-Preferred
EZALLOR SPRINKLE CAP (QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, rosuvastatin, or simvastatin)	QL-ST	Non-Preferred
FLOLIPID SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Non-Preferred
SIMCOR TAB (QL= 1 tab/day)	QL	Non-Preferred
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	Preferred
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	Preferred
pitavastatin calcium tab (LIVALO equiv) (QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs)	QL-ST	Preferred
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
atorvastatin tab 10mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
atorvastatin tab 20mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
atorvastatin tab 30mg (LIPITOR equiv) (QL= 60 tabs/30 days; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
pravastatin sodium 80mg (PRAVACHOL equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
pravastatin tab (PRAVACHOL equiv) (QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
rosuvastatin tab (CRESTOR equiv) (QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
rosuvastatin tab 10mg (CRESTOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	PA-QL	Preventive
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
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		
NIACOR TAB	-	Non-Preferred
niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day)	QL	Select
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO SOLN	-	EXC

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ANTIHYPERLIPIDEMICS Cont.		
PRALUENT INJ (QL= 2 inj/28 days)	PA-QL	Non-Preferred
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	Preferred
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	Preferred
ANTIHYPERTENSIVES		
ACE INHIBITORS		
enalaprilat inj	-	EXC
PERINDOPRIL TAB	-	Non-Preferred
QBRELIS SOLN	-	Non-Preferred
benazepril tab (LOTENSIN equiv)	-	Select
fosinopril tab (MONOPRIL equiv)	-	Select
moexipril tab (UNIVASC equiv)	-	Select
perindopril tab (ACEON equiv)	-	Select
quinapril tab (ACCUPRIL equiv)	-	Select
ramipril cap (ALTACE equiv)	-	Select
trandolapril tab (MAVIK equiv)	-	Select
enalapril tab (VASOTEC equiv)	-	Value
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	Value
AGENTS FOR PHEOCHROMOCYTOMA		
phentolamine mesylate for inj (PHENTOLAMINE equiv)	-	EXC
metyrosine cap (DEMSER equiv) (QL= 448 caps/28 days)	PA-QL	Preferred
phenoxybenzamine cap (DIBENZYLINE equiv)	-	Preferred
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ARBLI SUSP (QL= 10 mL/day)	QL	Select
candesartan tab (ATACAND equiv) (Step Therapy requires trial of 2: irbesartan, losartan, or valsartan)	ST	Select
irbesartan tab (AVAPRO equiv)	-	Select
olmesartan tab (BENICAR equiv)	-	Select
telmisartan tab (MICARDIS equiv)	-	Select
valsartan oral soln (QL= 2400mL/30 day)	QL	Select
valsartan tab (DIOVAN equiv)	-	Select
losartan tab (COZAAR equiv)	-	Value
ANTIADRENERGIC ANTIHYPERTENSIVES		
NEXICLON XR TAB (QL= 3 tabs/day)	QL	Non-Preferred
TEZRULY SOLN (QL= 20ml/day; ST req trial of terazosin capsules)	QL-ST	Non-Preferred
METHYLDOPA TAB	-	Preferred
methyldopa tab (ALDOMET equiv) (QL= 6 tabs/day; ST req trial of hydralazine tab, labetalol tab, nifedipine cap/SR tab)	--QL-ST	Preferred
clonidine tab (CATAPRES equiv)	-	Select
doxazosin tab (CARDURA equiv)	-	Select
guanfacine IR tab (TENEX equiv)	-	Select
prazosin cap (MINIPRESS equiv)	-	Select
terazosin cap (HYTRIN equiv)	-	Select
ANTIHYPERTENSIVE COMBINATIONS		

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
BYVALSON TAB	-	Non-Preferred
DUTOPROL TAB (QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers)	QL-ST	Non-Preferred
QUINAPRIL/HCTZ TAB	-	Non-Preferred
TARKA TAB	-	Non-Preferred
TELMISARTAN/AMLODIPINE TAB (QL= 1 tab/day; Step therapy requires trial of amlodpine-olmesartan OR amlodipine-valsartan)	QL-ST	Non-Preferred
TRANDOLAPRIL/VERAPAMIL ER TAB 2-180MG, 4-240MG	-	Non-Preferred
TRANDOLAPRIL/VERAPAMIL ER TAB 2-240MG	-	Non-Preferred
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug)	ST	Preferred
trandolapril/verapamil ER tab (TARKA equiv)	-	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
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	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
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	Select
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	Value
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	Value
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	Value
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	Value
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB	AMSP-PA	Non-Preferred Specialty
ENDOTHELIN RECEPTOR ANTAGONISTS		
TRYVIO TAB (QL= 30 tabs/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv)	-	Select

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ANTIHYPERTENSIVES Cont.		
VASODILATORS		
NIPRIDE RTU INJ	-	EXC
nitroprusside sodium in nacl 0.9% iv soln (NIPRIDE RTU equiv)	-	EXC
hydralazine tab (APRESOLINE equiv)	-	Select
minoxidil tab (LONITEN equiv)	-	Select
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
BACITRACIN INJ	-	EXC
FIRST METRONIDAZOLE SUSP	-	EXC
METRONIDAZOLE TAB (ST requires trial of generic metronidazole 250 mg AND 500 mg tab)	ST	Non-Preferred
XIFAXAN TAB 200MG (QL= 9 tabs/fill, 2 fills/month)	PA-QL	Non-Preferred
XIFAXAN TAB 550MG (QL= 2 tabs/day)	PA-QL	Non-Preferred
LIKMEZ SUSP (QL= 210ml/14 days)	QL	Preferred
metronidazole cap (FLAGYL equiv)	-	Preferred
PRIMSOL SOLN	-	Preferred
IMPAVIDO CAP (QL= 3 caps/day)	AMSP-QL	Preferred Specialty
metronidazole tab (FLAGYL equiv)	-	Select
trimethoprim tab (PROLOPRIM equiv)	-	Select
ANTI-INFECTIVE MISC. - COMBINATIONS		
methenamine-hyosc-meth blue-sod phos-phen sal cap (USTELL equiv)	-	EXC
methenamine-sodium salicylate tab	-	EXC
URELLE TAB	-	EXC
URETRON D/S TAB	-	EXC
XACDURO INJ	-	EXC
UTA CAP	-	Non-Preferred
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
CARBAPENEMS		
MEROPENEM INJ 2GM	-	EXC
meropenem iv for soln 2gm	-	EXC
CYCLIC LIPOPEPTIDES		
DAPTOMY/NACL INJ	-	EXC
GLYCOPEPTIDES		
dalbavancin hcl for iv soln (DALVANCE equiv)	-	EXC
DALVANCE INJ	-	EXC

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ANTI-INFECTIVE AGENTS - MISC. Cont.		
FIRVANQ SOLN 25MG/ML (QL= 300ml/30 days)	QL	Preferred
FIRVANQ SOLN 50MG/ML (QL= 300ml/30 days)	QL	Preferred
vancomycin hcl for oral soln 25mg/ml (FIRVANQ equiv) (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution)	QL-ST	Preferred
vancomycin hcl for oral soln 50mg/ml (FIRVANQ equiv) (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution)	QL-ST	Preferred
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
VANCOMYCIN INJ 500MG	-	Select
LEPROSTATICS		
dapsone tab	-	Select
LINCOSAMIDES		
CLEOCIN PHOS INJ	-	EXC
CLEOCIN PHOSPHATE INJ	-	EXC
clindamycin cap (CLEOCIN equiv)	-	Select
clindamycin soln (CLEOCIN equiv)	-	Select
MONOBACTAMS		
EMBLAVEO INJ	-	EXC
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
OXAZOLIDINONES		
SIVEXTRO INJ	-	EXC
SIVEXTRO TAB (QL= 6 tabs/fill)	QL	Preferred
linezolid susp	-	Select
linezolid tab (ZYVOX equiv)	-	Select
PENEMS		
ORLYNVAH TAB (QL= 10 tabs/fill, 6 fills/year; ST req trial of 2: nitrofurantoin, sulfa-trimeth, cephalexin, ciprofloxacin, amox-clav)	QL-ST	Non-Preferred
PLEUROMUTILINS		
XENLETA TAB (QL= 10 tabs/fill, 1 fill/month)	AMSP-PA-QL	Non-Preferred Specialty
URINARY ANTI-INFECTIVES		
BLUJEPA TAB (QL= 20 tab/5 days, no roll up, 6 fills/year; Step therapy req trial of 2: nitrofurantoin, trimethoprim-sulfamethoxazole, cephalexin)	QL-ST	Non-Preferred
NITROFURANTOIN SUSP (Step therapy requires trial of Nitrofurantoin Susp 25 MG/5ML)	ST	Non-Preferred
methenamine mandelate tab	-	Preferred
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	Preferred
methenamine hippurate tab (HIPREX equiv)	-	Select
nitrofurantoin monohydrate cap (MACROBID equiv)	-	Select
nitrofurantoin susp (FURADANTIN equiv)	-	Select
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		

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ANTIMALARIALS Cont.		
atovaquone/proguanil tab (MALARONE equiv)	-	Select
ANTIMALARIALS		
SOVUNA TAB (Step therapy requires trial of generic hydroxychloroquine (generic for Planquenil))	ST	Non-Preferred
KRINTAFEL TAB (QL= 2 tabs/365 days)	QL	Preferred
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
CHLOROQUINE TAB	-	Select
chloroquine tab (ARALEN equiv)	-	Select
hydroxychloroquine tab (PLAQUENIL equiv)	-	Select
mefloquine tab (LARIAM equiv)	-	Select
quinine sulfate cap (QUALAQUIN equiv)	-	Select
primaquine tab (PRIMAQUINE equiv)	-	Value
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
NEOSTIGMINE METHYLSULFATE INJ	-	EXC
neostigmine methylsulfate soln pref syringe	-	EXC
PYRIDOSTIGMINE TAB 30MG	-	Non-Preferred
FIRDAPSE TAB (QL= 8 tabs/day; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty
RUZURGI TAB (QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
pyridstigmine soln (MESTINON equiv)	-	Preferred
GUANIDINE TAB	-	Select
pyridostigmine CR tab (MESTINON equiv)	-	Select
pyridostigmine tab (MESTINON equiv)	-	Select
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE CAP	-	Non-Preferred
ANTIMYCOBACTERIAL AGENTS		
CYCLOSERINE CAP	-	Non-Preferred
PASER GRANULE	-	Non-Preferred
PRIFTIN TAB	-	Non-Preferred
TRECATOR TAB	-	Non-Preferred
PRETOMANID TAB (QL= 1 tab/day)	AMSP-QL	Non-Preferred Specialty
SIRTURO TAB (Only available through MMS Solutions 855-691-0963)	LD	Preferred Specialty
ethambutol tab (MYAMBUTOL equiv)	-	Select

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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
ANTIMYCOBACTERIAL AGENTS Cont.		
isoniazid tab	-	Select
pyrazinamide tab	-	Select
rifabutin cap (MYCOBUTIN equiv)	-	Select
rifampin cap (RIFADIN equiv)	-	Select
ANTINEOPLASTICS		
ALKYLATING AGENTS		
LEUKERAN TAB	-	Non-Preferred
HEXALEN CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
MYLERAN TAB	AMSP	Preferred Specialty
cyclophosphamide tab (CYTOXAN equiv)	-	Select
ANTIMETABOLITES		
TABLOID TAB (QL= 4 tabs/day)	QL	Non-Preferred
mercaptopurine tab (PURINETHOL equiv)	-	Select
methotrexate tab (TREXALL equiv)	-	Select
ANTINEOPLASTIC ENZYME INHIBITORS		
ZOLINZA CAP	LMSP-PA-SF	Preferred Specialty
ANTINEOPLASTICS MISC.		
ALFERON-N INJ	-	EXC
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
INTRON-A INJ	AMSP	Preferred Specialty
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
tretinoin cap (VESANOID equiv)	AMSP	Preferred Specialty
hydroxyurea cap (HYDREA equiv)	-	Select
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	Select
MITOTIC INHIBITORS		
etoposide cap (VEPESID equiv)	-	Select
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	LMSP-PA	Preferred Specialty
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
bendamustine hcl for iv soln (TREANDA equiv)	-	EXC
CARMUSTINE INJ	-	EXC
CISPLATIN INJ 50MG/50ML	-	EXC
CYCLOPHOSPHAMIDE INJ	-	EXC
GRAFAPEX INJ	-	EXC

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
HEPZATO INJ	-	EXC
IFOSFAMIDE INJ	-	EXC
IVRA INJ	-	EXC
KYXATA INJ	-	EXC
PEPAXTO INJ	-	EXC
TEPADINA INJ	-	EXC
TEPYLUTE INJ	-	EXC
thiotepa inj soln (TEPADINA equiv)	-	EXC
TREANDA INJ	-	EXC
CYCLOPHOSPHAMIDE TAB	-	Non-Preferred
GLEOSTINE/LOMUSTINE CAP	AMSP	Non-Preferred Specialty
cyclophosphamide cap	AMSP	Preferred Specialty
MELPHALAN TAB	AMSP	Preferred Specialty
temozolomide cap (TEMODAR equiv)	AMSP	Preferred Specialty
ANTIMETABOLITES		
ALIMTA INJ	-	EXC
CYTARABINE INJ	-	EXC
cytarabine inj pf	-	EXC
FLOXURIDINE INJ	-	EXC
FLUDARABINE INJ	-	EXC
FOLOTYN INJ	-	EXC
INLEXZO IMP	-	EXC
METHOTREXATE INJ	-	EXC
METHOTREXATE IV SOLN 1000MG/40ML	-	EXC
nelarabine iv soln (ARRANON equiv)	-	EXC
PEMETREXED DIPOTASSIUM INJ	-	EXC
pemetrexed disodium for iv soln (ALIMTA equiv)	-	EXC
PEMETREXED INJ	-	EXC
PEMETREXED SOLN	-	EXC
PEMFEXY SOL	-	EXC
JYLAMVO SOLN, XATMEP SOLN (QL= 60ml/30 days)	QL	Non-Preferred
ONUREG TAB (QL= 14 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty
capecitabine tab (XELODA equiv)	AMSP	Preferred Specialty
mercaptopurine susp (PURIXAN equiv) (ST req trial of mercaptopurine tab)	AMSP-ST	Preferred Specialty
methotrexate inj	-	Select
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
ALYMSYS IV SOLN	-	EXC

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
JOBEVNE INJ	-	EXC
VEGZELMA IV SOLN	-	EXC
FRUZAQLA CAP 1MG (QL= 84 caps/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
FRUZAQLA CAP 5MG (QL= 21 caps/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
INLYTA TAB 5MG (QL= 4 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 - ANTIBODIES		
ARZERRA CON	-	EXC
BIZENGRI INJ 750 DOSE	-	EXC
BLENREP INJ	-	EXC
CAMPATH INJ	-	EXC
COLUMVI INJ	-	EXC
ELAHERE INJ	-	EXC
ELREXFIO INJ	-	EXC
EMRELIS INJ	-	EXC
EPKINLY INJ	-	EXC
IMDELLTRA INJ	-	EXC
IMJUDO INJ	-	EXC
JEMPERLI SOLN	-	EXC
KEYTRUDA SOLN 50MG	-	EXC
KIMMTRAK SOLN	-	EXC
LOQTORZI INJ	-	EXC
LUNSUMIO INJ	-	EXC
LYNOZYFIC INJ	-	EXC
OPDIVO INJ	-	EXC
RYBREVANT SOLN	-	EXC
TALVEY INJ	-	EXC
TECVAYLI INJ	-	EXC
TEVIMBRA INJ	-	EXC
TIVDAK INJ	-	EXC
UNLOXCYT SOLN	-	EXC
VECTIBIX INJ	-	EXC
VYLOY INJ	-	EXC
ZYNLONTA SOLN	-	EXC
ZYNYZ INJ	-	EXC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERCESSI INJ	-	EXC
MARGENZA INJ	-	EXC
ZIIHERA INJ	-	EXC

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
TUKYSA TAB (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty
VENCLEXTA TAB (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
ABECMA INJ	-	EXC
AMTAGVI INJ	-	EXC
AUCATZYL INJ	-	EXC
CARVYKTI INJ	-	EXC
TECARTUS SUSP	-	EXC
TECELRA SUSP	-	EXC
ANTINEOPLASTIC - EGFR INHIBITORS		
EXKIVITY CAP (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
LAZCLUZE TAB 240MG (QL= 30 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty
LAZCLUZE TAB 80MG (QL= 60 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty
VIZIMPRO TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
erlotinib tab 100mg (TARCEVA equiv)	AMSP-PA-QL-SF	Preferred Specialty
erlotinib tab 150mg (TARCEVA equiv)	AMSP-PA-QL-SF	Preferred Specialty
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty
gefitinib tab (IRESSA equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Preferred Specialty
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TAGRISSO TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty
ANTINEOPLASTIC - GENE THERAPY AGENTS		
ADSTILADRIN SUSP	-	EXC
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TAB 100MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
DAURISMO TAB 25MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ERIVEDGE CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Preferred Specialty
ODOMZO CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Preferred Specialty
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
CAMCEVI INJ	-	EXC
FIRMAGON INJ	-	EXC
FULVESTRANT INJ	-	EXC
fulvestrant inj soln pref syringe	-	EXC
VABRINTY INJ 22.5MG	-	EXC
VABRINTY INJ 45MG	-	EXC
EULEXIN CAP (QL= 6 caps/day)	QL	Non-Preferred
FLUTAMIDE CAP (QL= 6 caps/day)	QL	Non-Preferred
SOLTAMAX SOLN	-	Non-Preferred
AKEEGA TAB (QL= 60 tablets/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty
ORGOVYX TAB (QL= 30 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
ORSERDU TAB 86MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
VABRINTY INJ 30MG	LMSP-PA	Non-Preferred Specialty
XTANDI CAP (QL= 4 caps/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
XTANDI TAB 40MG (QL= 4 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
XTANDI TAB 80MG (QL= 2 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
YONSA TAB (QL= 4 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty
ELIGARD INJ	AMSP-PA	Preferred Specialty

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ERLEADA TAB (QL= 4 tabs/day)	AMSP-PA-QL	Preferred Specialty
ERLEADA TAB 240MG (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty
HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days)	AMSP-PA-QL	Preferred Specialty
LEUPROLIDE INJ (3 MONTH) (QL= 1 kit/90 days)	AMSP-PA-QL	Preferred Specialty
LUPRON DEPOT INJ (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Preferred Specialty
LUPRON DEPOT INJ (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Preferred Specialty
LUTRATE DEPO INJ (QL= 1 kit/90 days)	AMSP-PA-QL	Preferred Specialty
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days)	AMSP-PA-QL	Preferred Specialty
NUBEQA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen)	AMSP-ST	Preferred Specialty
anastrozole tab (ARIMIDEX equiv)	-	Preventive
exemestane tab (AROMASIN equiv)	-	Preventive
letrozole tab (FEMARA equiv)	-	Preventive
tamoxifen tab (NOLVADEX equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	-	Preventive
bicalutamide tab (CASODEX equiv)	-	Select
flutamide cap (EULEXIN equiv)	-	Select
megestrol susp (MEGACE equiv)	-	Select
megestrol tab (MEGACE equiv)	-	Select
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
ANTINEOPLASTIC - MENIN INHIBITORS		
REVUFORJ TAB (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
ANTINEOPLASTIC - XPO1 INHIBITORS		

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
XPOVIO PAK 10MG (QL= 16 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
XPOVIO TAB (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
ANTINEOPLASTIC ANTIBIOTICS		
daunorubicin hcl iv soln	-	EXC
DAUNORUBICIN INJ	-	EXC
DOXIL INJ	-	EXC
doxorubicin hcl inj (ADRIAMYCIN equiv)	-	EXC
DOXORUBICIN INJ	-	EXC
ELLENCE INJ	-	EXC
idarubicin inj	-	EXC
ZUSDURI INJ	-	EXC
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO SOLN	-	EXC
KEYTRUDA INJ QLEX	-	EXC
OPDIVO INJ QVANTIG	-	EXC
OPDUALAG SOLN	-	EXC
TECENTRIQ HYBREZA INJ	-	EXC
INQOVI TAB (QL= 5 tabs/28 days; Only available through Optum 877-445-6874 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
KISQALI PAK (QL= 91 tabs/28 days)	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		
BORTEZOMIB INJ	-	EXC
bortezomib inj (VELCADE equiv)	-	EXC
BORUZU INJ	-	EXC
FYARRO INJ	-	EXC
romidepsin for iv inj (ISTODAX equiv)	-	EXC
RYTELO INJ	-	EXC
ALUNBRIG PAK (QL= 1 pack/365 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
AUGTYRO CAP (QL= 240 caps/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty
AUGTYRO CAP 160MG (QL= 2 caps/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
BALVERSA TAB 3MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
BALVERSA TAB 4MG (QL= 2 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
BALVERSA TAB 5MG (QL= 1 tab/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty
BRUKINSA CAP (QL= 4 caps/day)	LMSP-PA-QL-SF	Non-Preferred Specialty
BRUKINSA TAB (QL= 60 tabs/30 days)	LMSP-PA-QL-SF	Non-Preferred Specialty
COPIKTRA CAP (QL= 2 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty
DANZITEN TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
ENSACOVE CAP 100MG (QL= 60 caps/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
ENSACOVE CAP 25MG (QL= 90 caps/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
FOTIVDA CAP (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
GAVRETO CAP (QL= 120 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty
GOMEKLI CAP (QL= 42 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
GOMEKLI TAB (QL= 84 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
IBRANCE CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
IBRANCE TAB (QL= 21 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
IDHIFA TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
IMKELDI SOLUTION (QL= 140ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty

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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.		
INREBIC CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL-SF	Non-Preferred Specialty
ITOVEBI TAB (QL= 28 tabs/28 days)	LMSP-PA-QL-SF	Non-Preferred Specialty
JAYPIRCA TAB 100MG (QL= 60 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty
JAYPIRCA TAB 50MG (QL= 30 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty
KOSELUGO CAP (QL= 12 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
KOSELUGO CAP (QL= 120 caps/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
KOSELUGO CAP 5MG (QL= 20 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
KRAZATI TAB (QL= 180 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
LORBRENA TAB 100MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
LORBRENA TAB 25MG (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
LUMAKRAS TAB (QL= 240 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
LUMAKRAS TAB 240MG (QL= 2 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
LUMAKRAS TAB 320MG (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
LYTGOBI TAB (12MG DAILY DOSE) (QL= 84 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
LYTGOBI TAB (16MG DAILY DOSE) (QL= 112 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
LYTGOBI TAB (20MG DAILY DOSE) (QL= 140 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty

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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.		
MEKTOVI TAB (QL= 6 tabs/day; Only available through Optum 877-445-6874 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
NERLYNX TAB (QL= 6 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Non-Preferred Specialty
NILOTINIB CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
OGSIVEO TAB (QL= 168 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
OGSIVEO TAB 100MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
OGSIVEO TAB 150MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
OJEMDA SUSP (QL= 96 mL/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
OJEMDA TAB (QL= 24 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
OJJAARA TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
PAZOPANIB TAB 400MG (QL= 60 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty
PEMAZYRE TAB (QL= 14 tabs/21 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
PHYRAGO TAB (Only available through Lumicera 855-847-3553)	LD-PA-SF	Non-Preferred Specialty
PIQRAY TAB (Only available through Biologics 800-850-4306)	LD-PA-SF	Non-Preferred Specialty
QINLOCK TAB (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
RETEVMO CAP 40MG (QL= 3 caps/day; Only available through Lumicera 855-847-3553)	AMSP-PA-QL-SF	Non-Preferred Specialty
RETEVMO CAP 80MG (QL= 2 caps/day; Only available through Lumicera 855-847-3553)	AMSP-PA-QL-SF	Non-Preferred Specialty
RETEVMO TAB (QL= 60 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
RETEVMO TAB 40MG (QL= 90 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty
REZLIDHIA CAP (QL= 60 caps/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
ROMVIMZA CAP (QL= 8 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
ROZLYTREK CAP 100MG (QL= 1 cap/day)	AMSP-PA-QL	Non-Preferred Specialty
ROZLYTREK CAP 200MG (QL= 3 caps/day)	AMSP-PA-QL	Non-Preferred Specialty
ROZLYTREK PAK (QL= 360 packets/30 days)	AMSP-PA-QL	Non-Preferred Specialty
RYDAPT CAP	AMSP-PA	Non-Preferred Specialty
SCEMBLIX TAB 100MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
SCEMBLIX TAB 20MG (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
SCEMBLIX TAB 40MG (QL= 8 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
TABRECTA TAB (QL= 112 tabs/28 days)	AMSP-PA-QL-SF	Non-Preferred Specialty
TALZENNA CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
TEPMETKO TAB (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
TIBSOVO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
TRUQAP TAB (QL= 64 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty
TRUQAP THERAPY PACK (QL= 64 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
TRUSELTIQ PACK 100MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Preferred Specialty
TRUSELTIQ PACK 175MG (QL= 63 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Preferred Specialty
TRUSELTIQ PACK 50MG, 125MG (QL= 42 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Preferred Specialty
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
VANFLYTA TAB (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL-SF	Non-Preferred Specialty
VITRAKVI CAP 25MG (QL= 8 caps/day; Only available through Accredo 888-773-7376)	LD-PA-QL-SF	Non-Preferred Specialty
VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 888-773-7376)	LD-PA-QL-SF	Non-Preferred Specialty
VONJO CAP (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
VORANIGO TAB (QL= 30 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
VORANIGO TAB 10MG (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
XOSPATA TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
ALECENSA CAP (QL= 8 caps/day)	AMSP-PA-QL	Preferred Specialty
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through 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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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)	AMSP-PA-QL	Preferred Specialty
dasatinib tab (SPRYCEL equiv)	AMSP-PA-SF	Preferred Specialty
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Preferred Specialty
everolimus tab for oral susp (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Preferred Specialty
ICLUSIG TAB (Only available through AcariaHealth 800-511-5144)	LD-PA-SF	Preferred Specialty
imatinib tab 100mg (GLEEVEC equiv) (QL= 3 tabs/day)	AMSP-PA-QL	Preferred Specialty
imatinib tab 400mg (GLEEVEC equiv) (QL= 2 tabs/day)	AMSP-PA-QL	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= 216ml/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
lapatinib ditosylate tab (TYKERB equiv) (QL= 5 tabs/day)	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
nilotinib hcl cap (TASIGNA equiv)	AMSP-PA-SF	Preferred Specialty
NINLARO CAP	AMSP-PA	Preferred Specialty
pazopanib hcl tab (VOTRIENT equiv) (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Preferred Specialty
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
sorafenib tosylate tab (NEXAVAR equiv) (QL= 4 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty
STIVARGA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
sunitinib malate cap (SUTENT equiv) (QL= 28 caps/42 days)	AMSP-PA-QL-SF	Preferred Specialty
TAFINLAR CAP (QL= 4 caps/day)	AMSP-PA-QL	Preferred Specialty
TAFINLAR TAB (QL= 12 tabs/day)	LMSP-PA-QL	Preferred Specialty
VERZENIO TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty
VOTRIENT TAB (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Preferred Specialty
XALKORI CAP (QL= 2 caps/day; Only available through 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)	AMSP-PA-QL-SF	Preferred Specialty
ZYDELIG TAB (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty
ZYKADIA CAP (QL= 3 caps/day)	AMSP-PA-QL-SF	Preferred Specialty
ZYKADIA TAB (QL= 3 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty
ANTINEOPLASTIC ENZYMES		
RYLAZE INJ	-	EXC
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
PLUVICTO INJ	-	EXC
ANTINEOPLASTICS MISC.		
ANKTIVA SOLN	-	EXC
BESREMI INJ (QL= 2 inj/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
SYLATRON INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
bexarotene cap (TARGRETIN equiv)	AMSP-PA-SF	Preferred Specialty
SYNRIBO INJ (Only available through US Bioservices 888-518-7246)	LD-PA	Preferred Specialty
CHEMOTHERAPY ADJUNCTS		
KEPIVANCE INJ	-	EXC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
LEUCOVORIN INJ	-	EXC

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
LEVOLEUCOVORIN INJ	-	EXC
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
LEVOLEUCOVORIN SOLN	-	EXC
PEDMARK INJ	-	EXC
IWILFIN TAB (QL= 240 tablets/30 days; Only available through Curant Health 1-866-437-8040)	LD-PA-QL	Non-Preferred Specialty
mesna tab (MESNEX equiv)	AMSP	Preferred Specialty
MITOTIC INHIBITORS		
ABRAXANE INJ	-	EXC
BEIZRAY INJ	-	EXC
docetaxel inj	-	EXC
DOCIVYX INJ	-	EXC
eribulin mesylate inj (HALAVEN equiv)	-	EXC
HALAVEN INJ	-	EXC
paclitaxel protein-bound particles for iv susp (ABRAXANE equiv)	-	EXC
VINCRISTINE INJ	-	EXC
ETOPOSIDE CAP	-	Preferred
TOPOISOMERASE I INHIBITORS		
DATROWAY INJ	-	EXC
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	Select
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	Select
trihexyphenidyl tab (ARTANE equiv)	-	Select
ANTIPARKINSON COMT INHIBITORS		
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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DrugName	Special Code	Tier
ANTIPARKINSON AND RELATED THERAPY AGENTS Cont.		
ANTIPARKINSON ADJUVANTS		
NOURIANZ TAB (QL= 1 tab/day; ST req trial of 2: dopamine agonist(ropinir-, pramip-), COMT inhib(entacapone), MAOB inhib(rasag-, seleg-))	LMSP-QL-ST	Non-Preferred Specialty
ANTIPARKINSON ANTICHOLINERGICS		
trihexyphenidyl elixir (ARTANE equiv)	-	Select
TRIHEXYPHENIDYL SOLN (QL= 946ml/28 days)	QL	Select
ANTIPARKINSON DOPAMINERGICS		
VYALEV INJ	-	EXC
DHIVY TAB (QL= 8 tabs/day; Step therapy requires trial of carbidopa-levodopa tab/ODT or carbidopa-levodopa ER tab)	QL-ST	Non-Preferred
INBRIJA INH POWDER (QL= 4 units/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
KYNMOBI FILM (QL= 150 films/30 days)	AMSP-QL	Non-Preferred Specialty
KYNMOBI TITRATION KIT	AMSP-PA	Non-Preferred Specialty
ONAPGO INJ (QL= 20ml/day; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	Non-Preferred Specialty
apomorphine inj (APOKYN equiv) (QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767)	LD-QL	Preferred Specialty
amantadine syrup (SYMMETREL equiv)	-	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
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline tab (ELDEPRYL equiv) (QL= 2 tabs/day)	QL	Select
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium oral solution (LITHIUM equiv)	-	Preferred
lithium carbonate cap (ESKALITH ER equiv)	-	Select
lithium carbonate ER tab (LITHOBID equiv)	-	Select
lithium carbonate tab	-	Select
ANTIPSYCHOTICS - MISC.		
EQUETRO CAP	-	Non-Preferred
VRAYLAR CAP (QL= 1 cap/day)	QL	Non-Preferred
VRAYLAR PACK (QL= 2 packs/plan year)	QL	Non-Preferred

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

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

DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
NUPLAZID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
NUPLAZID TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day)	QL	Select
ziprasidone cap (GEODON equiv) (QL= 2 caps/day)	QL	Select
BENZISOXAZOLES		
ERZOFRI INJ 117MG/0.75ML	AMSP	Non-Preferred Specialty
ERZOFRI INJ 156MG/ML	AMSP	Non-Preferred Specialty
ERZOFRI INJ 234MG/1.5ML	AMSP	Non-Preferred Specialty
ERZOFRI INJ 351MG/2.25ML	AMSP	Non-Preferred Specialty
ERZOFRI INJ 39MG/0.25ML	AMSP	Non-Preferred Specialty
ERZOFRI INJ 78MG/0.5ML	AMSP	Non-Preferred Specialty
RYKINDO INJ	AMSP	Non-Preferred Specialty
UZEDY INJ	AMSP	Non-Preferred Specialty
RISPERIDONE ODT	-	Preferred
INVEGA HAFYERA INJ	AMSP	Preferred Specialty
INVEGA INJ	AMSP	Preferred Specialty
PERSERIS INJ	AMSP	Preferred Specialty
risperidone microspheres inj (RISPERDAL equiv)	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	Preferred Specialty
haloperidol lactate conc (HALDOL equiv)	-	Select

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
haloperidol tab (HALDOL equiv)	-	Select
DIBENZAPINES		
CLOZAPINE ODT, FAZACLO ODT (QL= 3 tabs/day)	QL	Non-Preferred
QUETIAPINE TAB 150MG (QL= 1 tab/day; Step therapy requires trial of quetiapine 25, 50, 100, 200, 300, or 400mg IR tabs)	QL-ST	Non-Preferred
SECUADO PATCH (QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	Non-Preferred
VERSACLOZ SUSP	-	Non-Preferred
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	Preferred
CLOZAPINE ODT (QL= 3 tabs/day)	QL	Preferred
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day)	QL	Preferred
ZYPREXA RELPREVV INJ	AMSP	Preferred Specialty
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
MUSCARINIC AGENTS		
COBENFY CAP (QL= 60 caps/30 days; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred
COBENFY CAP STARTER PACK (QL= 56 caps/28 days; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone)	QL-ST	Non-Preferred
PHENOTHIAZINES		
chlorpromazine hcl inj	-	EXC
CHLORPROMAZINE CONC (QL= 800ml/30 days)	QL	Non-Preferred
CHLORPROMAZINE CONC 100MG/ML (QL= 2000ml/30 days)	QL	Non-Preferred
CHLORPROMAZINE CONC 30MG/ML (QL= 600ml/30 days)	QL	Non-Preferred
prochlorperazine supp (COMPAZINE equiv)	-	Preferred
chlorpromazine tab (THORAZINE equiv)	-	Select
fluphenazine tab (PROLIXIN equiv)	-	Select
perphenazine tab (TRILAFON equiv)	-	Select
prochlorperazine tab (COMPAZINE equiv)	-	Select
thioridazine hcl tab (QL= 8 tabs/day)	QL	Select
trifluoperazine tab (STELAZINE equiv)	-	Select
QUINOLINONE DERIVATIVES		
REXULTI TAB (QL= 1 tab/day)	QL	Non-Preferred

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
ABILIFY MYCITE PACK (QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics)	QL-ST	Non-Preferred Specialty
ABILIFY MYCITE TAB (QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics)	QL-ST	Non-Preferred Specialty
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	Preferred
ABILIFY ASIMTUFII INJ 720MG/2.4ML	AMSP	Preferred Specialty
ABILIFY ASIMTUFII INJ 960MG/3.2ML	AMSP	Preferred Specialty
ABILIFY MAINTENA	AMSP	Preferred Specialty
ARISTADA INJ	AMSP	Preferred Specialty
OPIPZA FILM (QL= 30 films/30 days; Step Therapy requires trial of two of the following: aripiprazole ODT and aripiprazole oral soln)	QL-ST	Preferred Specialty
OPIPZA FILM 10MG (QL= 90 films/30 days; Step Therapy requires trial of two of the following: aripiprazole ODT and aripiprazole oral soln)	QL-ST	Preferred Specialty
aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day)	QL	Select
aripiprazole tab (ABILIFY equiv)	-	Select
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	Select
ANTISEPTICS & DISINFECTANTS		
CHLORINE ANTISEPTICS		
benzethonium chloride liquid (DYNAWOUND equiv)	-	EXC
CA-REZZ LIQUID	-	EXC
DYNAWOUND SPRAY	-	EXC
IODINE ANTISEPTICS		
BETADINE SOLN	-	EXC
FIRST AID OINTMENT	-	EXC
IODOFLEX PAD	-	Non-Preferred
ANTIVIRALS		
ANTIRETROVIRALS		
APRETUDE SUSP	-	EXC
CABENUVA IM SUSP	-	EXC
SUNLENCA INJ	-	EXC
SUNLENCA TAB	-	EXC
VOCABRIA TAB	-	EXC
RUKOBIA ER TAB (QL= 60 tabs/30 days)	AMSP-QL	Non-Preferred Specialty
STAVUDINE CAP (QL= 2 caps/day)	AMSP-QL	Non-Preferred Specialty
VIREAD POWDER (No deductible, coinsurance or other UM edits when used for PEP / PrEP)	RDX	Preferred

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days)	AMSP-QL	Preferred Specialty
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	AMSP-QL	Preferred Specialty
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	AMSP-QL	Preferred Specialty
APTIVUS CAP (QL= 4 caps/day)	AMSP-QL	Preferred Specialty
APTIVUS SOLN (QL= 380ml/30 days)	AMSP-QL	Preferred Specialty
atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day)	AMSP-QL	Preferred Specialty
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day)	AMSP-QL	Preferred Specialty
atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day)	QL	Preferred Specialty
BIKTARVY TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
CIMDUO TAB	AMSP	Preferred Specialty
CRIXIVAN CAP	AMSP	Preferred Specialty
darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty
darunavir tab 800mg (PREZISTA equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty
DELSTRIGO TAB	AMSP	Preferred Specialty
DESCOVY TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Specialty
DIDANOSINE DR CAP (QL= 2 caps/day)	AMSP-QL	Preferred Specialty
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	AMSP-QL	Preferred Specialty
DOVATO TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
EDURANT PED TAB (QL= 6 tabs/day)	AMSP-QL	Preferred Specialty
EDURANT TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
EFAVIRENZ CAP	AMSP	Preferred Specialty
efavirenz tab (SUSTIVA equiv)	AMSP	Preferred Specialty
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	Preferred Specialty
EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB (QL= 1 tab/day)	QL	Preferred Specialty

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty
emtricitabine-rilpivirine-tenofovir df tab (COMPLERA equiv) (QL= 1 tab/day)	QL	Preferred Specialty
EMTRIVA SOLN (QL= 850ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty
etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day)	AMSP-QL	Preferred Specialty
etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day)	AMSP-QL	Preferred Specialty
EVOTAZ TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day)	AMSP-QL	Preferred Specialty
FUZEON INJ	AMSP	Preferred Specialty
GENVOYA TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
INTELENCE TAB (QL= 4 tabs/day)	AMSP-QL	Preferred Specialty
INTELENCE TAB 25MG (QL= 4 tabs/day)	QL	Preferred Specialty
INVIRASE CAP (QL= 10 caps/day)	AMSP-QL	Preferred Specialty
INVIRASE TAB (QL= 4 tabs/day)	AMSP-QL	Preferred Specialty
ISENTRESS (HD) TAB (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Specialty
ISENTRESS CHEW TAB (QL= 6 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Specialty
ISENTRESS POWDER PACK (QL= 2 packets/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP	QL-RDX	Preferred Specialty
JULUCA TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
KALETRA SOLN (QL= 480 mL/30 days)	AMSP-QL-RDX	Preferred Specialty
KALETRA TAB 100-25MG (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Specialty
KALETRA TAB 200-50MG (QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty
lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days)	AMSP-QL	Preferred Specialty
lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day)	AMSP-QL	Preferred Specialty
lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day)	QL	Preferred Specialty
lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty
lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty

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

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ANTIVIRALS Cont.		
stavudine cap (ZERIT equiv) (QL= 2 caps/day)	AMSP-QL	Preferred Specialty
STRIBILD TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
SYMTUZA TAB	AMSP	Preferred Specialty
tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty
TIVICAY PD TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Specialty
TIVICAY TAB (QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	QL-RDX	Preferred Specialty
TRIUMEQ PD TAB (QL= 6 tabs/day)	AMSP-QL	Preferred Specialty
TRIUMEQ TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
TYBOST TAB	-	Preferred Specialty
VIDEX SOLN (QL= 600ml/30 days)	AMSP-QL	Preferred Specialty
VIRACEPT TAB	AMSP	Preferred Specialty
VIREAD TAB (QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preferred Specialty
zidovudine cap (RETROVIR equiv) (QL= 6 caps/day)	AMSP-QL	Preferred Specialty
zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days)	AMSP-QL	Preferred Specialty
zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day)	AMSP-QL	Preferred Specialty
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP)	AMSP-QL-RDX	Preventive
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK (QL= 11 tabs/5 days)	QL	Preferred
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 12 years or older)	QL	Preferred
PAXLOVID TAB 150-100MG (QL= 20 tabs/90 days, 1 fill/90 days; Covered for members age 12 years or older)	QL	Preferred
PAXLOVID TAB 300-100 (QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 12 years or older)	QL	Preferred
PAXLOVID TAB 300-100MG (QL= 30 tabs/90 days, 1 fill/90 days; Covered for members age 12 years or older)	QL	Preferred
CMV AGENTS		
PREVYMIS PAK (QL= 1 packet/day)	AMSP-PA-QL	Non-Preferred Specialty
PREVYMIS TAB	AMSP-PA	Non-Preferred Specialty
valganciclovir soln (VALCYTE equiv)	-	Select
valganciclovir tab (VALCYTE equiv)	-	Select
HEPATITIS AGENTS		

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ANTIVIRALS Cont.

DrugName	Special Code	Tier
DAKLINZA TAB (Only available through Lumicera 855-847-3553)	LMSP-PA	Non-Preferred Specialty
EPCLUSA PAK (QL= 1 packet/day)	AMSP-PA-QL	Non-Preferred Specialty
MODERIBA TAB	AMSP-PA	Non-Preferred Specialty
OLYSIO CAP (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
SOVALDI TAB (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty
TECHNIVIE TAB (QL= 1 pack/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
VIEKIRA PAK TAB (QL= 4 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Non-Preferred Specialty
VIEKIRA XR TAB (QL= 3 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Non-Preferred Specialty
ZEPATIER TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty
adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
BARACLUDE SOLN (QL= 630ml/30 days)	AMSP-PA-QL	Preferred Specialty
EPCLUSA TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty
EPIVIR HBV SOLN (QL= 720ml/30 days)	AMSP-QL	Preferred Specialty
HARVONI PELLET PAK (QL= 28 tabs/28 days)	AMSP-PA-QL	Preferred Specialty
HARVONI TAB (QL= 28 tabs/28 days)	AMSP-PA-QL	Preferred Specialty
lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day)	AMSP-PA-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	Preferred Specialty
PEG-INTRON INJ (Only available through Lumicera 855-847-3553)	LMSP	Preferred Specialty

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

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
REBETOL SOLN	AMSP	Preferred Specialty
RIBAPAK TAB (Step Therapy requires trial of ribavirin)	AMSP-ST	Preferred Specialty
RIBAVIRIN CAP	AMSP	Preferred Specialty
ribavirin cap (REBETOL equiv)	AMSP	Preferred Specialty
RIBAVIRIN TAB	AMSP	Preferred Specialty
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
TYZEKA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
VEMLIDY TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
VOSEVI TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	Select
HERPES AGENTS		
SITAVIG TAB (QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir)	QL-ST	Non-Preferred
acyclovir cap (ZOVIRAX equiv)	-	Select
acyclovir susp (ZOVIRAX equiv)	-	Select
acyclovir tab (ZOVIRAX equiv)	-	Select
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select
famciclovir tab 500mg (FAMVIR equiv) (QL= 42 tabs/fill, 2 fills/month)	QL	Select
valacyclovir tab (VALTREX equiv)	-	Select
HUMAN PAPILLOMAVIRUS (HPV) AGENTS		
PAPZIMEOS INJ	-	EXC
INFLUENZA AGENTS		
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
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
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin inh soln (VIRAZOLE equiv)	-	EXC
ASSORTED CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB	-	Preferred

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DrugName	Special Code	Tier
ASSORTED CLASSES Cont.		
HOMEOPATHIC PRODUCTS		
STREPTOCOCCINUM MIS	-	EXC
IMMUNOMODULATORS		
THALOMID CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-QL	Preferred Specialty
IMMUNOSUPPRESSIVE AGENTS		
cyclosporine cap (SANDIMMUNE equiv)	AMSP	Preferred Specialty
sirolimus tab (RAPAMUNE equiv)	AMSP	Preferred Specialty
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
POTASSIUM REMOVING RESINS		
VELTASSA POWDER (QL= 1 packet/day; ST req trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma)	QL-ST	Non-Preferred
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
LABETALOL HCL IV SOLN	-	EXC
LABETALOL TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: labetalol (100,200,300mg), atenolol, metopro-, bisopro-, nado-, proprano-, carvedilol IR)	QL-ST	Non-Preferred
labetalol tab (NORMODYNE equiv)	-	Select
carvedilol tab (COREG equiv)	-	Value
BETA BLOCKERS CARDIO-SELECTIVE		
RAPIBLYK INJ	-	EXC
BISOPROLOL FUMARATE TAB (QL= 8 tabs/day; ST req trial of bisoprolol 5/10mg tab, atenolol tab, metoprolol succ tab, AND acebutolol cap)	QL-ST	Non-Preferred
LOPRESSOR SOLN (QL= 1200mL/30 days; ST req trial of 2: atenolol, bisoprol, metoprol, nadolol, propranol soln/tab, labetal, carved)	QL-ST	Non-Preferred
acebutolol cap (SECTRAL equiv)	-	Select
betaxolol tab (KERLONE equiv)	-	Select
bisoprolol tab (ZEBETA equiv)	-	Select
atenolol tab (TENORMIN equiv)	-	Value
metoprolol ER tab (TOPROL XL equiv)	-	Value
metoprolol tab (LOPRESSOR equiv)	-	Value
BETA BLOCKERS NON-SELECTIVE		
HEMANGEOL SOLN	-	Non-Preferred
INDERAL XL CAP, INNOPRAN XL CAP	-	Non-Preferred
SOTYLIZE SOLN	-	Non-Preferred

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DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
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 SOLN 20MG/5ML	-	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
RAGWITEK SL TAB (QL= 30 tabs/30 days)	QL	Preferred
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
DILTIAZEM INJ	-	EXC
nicardipine hcl iv soln	-	EXC
NICARDIPINE INJ	-	EXC
NICARDIPINE SOLN	-	EXC
verapamil inj	-	EXC
NORLIQVA ORAL SOLN (QL= 300ml/30 days)	QL	Non-Preferred
VERAPAMIL CAP ER (QL= 1 cap/day; Step requires trial of verapamil ER tablets (generic Calan) AND diltiazem ER capsules)	QL-ST	Non-Preferred
VERAPAMIL ER CAP (QL= 1 cap/day; Step requires trial of verapamil ER tablets (generic Calan) AND diltiazem ER capsules)	QL-ST	Non-Preferred
verapamil SR cap (VERELAN equiv) (Step Therapy requires trial of Verapamil ER tab (generic Calan))	ST	Preferred
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		

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CARDIOTONICS Cont.		
LANOXIN INJ 0.1MG/ML	-	Non-Preferred
digoxin soln (LANOXIN equiv)	-	Preferred
digoxin tab (LANOXIN equiv)	-	Select
digoxin tab 62.5mcg (LANOXIN equiv) (QL= 1 tab/day)	QL	Select
INOTROPES		
dobutamine hcl inj	-	EXC
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS CAP (QL= 1 cap/day; Only available through AllianceRx Walgreens Prime 855-244-2555)	LD-PA-QL	Non-Preferred Specialty
CARDIOPLEGIC SOLUTIONS		
ADENOCAINE INJ	-	EXC
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
OPSYNVI TAB (QL= 1 tab/day; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
ENTRESTO CAP (QL= 8 caps/day)	QL	Preferred
isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day)	QL	Select
sacubitril-valsartan tab (ENTRESTO equiv) (QL= 60 tabs/30 days)	QL	Select
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS		
LODOCO TAB (QL= 30 tabs/30 days)	PA-QL	Non-Preferred
CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS		
INPEFA TAB (QL= 30 tabs/30 days; Step therapy requires trial of Jardiance and Farxiga)	QL-ST	Non-Preferred
IMPOTENCE AGENTS		
avanafil tab (STENDRA equiv)	-	EXC
STENDRA TAB	-	EXC
tadalafil tab (CIALIS equiv) (QL= 1 tab/day)	QL	Preferred
PERIPHERAL VASODILATORS		
ISOXSUPRINE TAB (QL= 120 tabs/30 days)	QL	Preferred
PROSTAGLANDIN VASODILATORS		
AURLUMYN INJ	-	EXC
PROSTIN VR INJ	-	EXC
ORENITRAM TAB MONTH PAK (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
REMODULIN SOLN 8MG/20ML (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty
YUTREPIA CAP (QL= 5 caps/day)	PA-QL	Non-Preferred Specialty
ORENITRAM TAB (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty
treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty
treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty
TYVASO DPI POWDER 16-32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR INJ (QL= 1 kit/21 days; Only available through Accredo 800-803-2523 or Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	Non-Preferred Specialty
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
TRACLEER TAB (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Preferred Specialty
bosentan tab for oral susp (TRACLEER equiv) (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
LIQREV SUSP (QL= 6ml/day; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty
TADLIQ SUSP (QL= 10ml/day)	AMSP-PA-QL	Non-Preferred Specialty
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	AMSP-PA-QL	Preferred Specialty
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	Select
tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day)	QL	Select
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI INJ	-	EXC

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
SEPTAL AGENTS		
ABLYSINOL SOLN	-	EXC
dehydrated alcohol intra-arterial soln (ABLYSINOL equiv)	-	EXC
SINUS NODE INHIBITORS		
CORLANOR SOLN	PA	Non-Preferred
ivabradine hcl tab (CORLANOR equiv) (QL= 60 tabs/30 days)	PA-QL	Select
TRANSTHYRETIN STABILIZERS		
ATTRUBY PAK (QL= 112 tabs/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
VYNDAMAX CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
CEFAZOL/DEX SOLN	-	EXC
CEFAZOLIN INJ	-	EXC
CEFAZOLIN INJ DEXTROSE	-	EXC
CEFAZOLIN SODIUM IV SOLN PREF SYRINGE	-	EXC
CEFADROXIL TAB	-	Non-Preferred
cephalexin cap 750mg (QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexin 500mg tab/cap)	QL-ST	Non-Preferred
cefadroxil cap (DURICEF equiv)	-	Select
cefadroxil susp (DURICEF equiv)	-	Select
cefadroxil tab (DURICEF equiv)	-	Select
cephalexin cap (KEFLEX equiv)	-	Select
cephalexin susp (KEFLEX equiv)	-	Select
cephalexin tab	-	Select
CEPHALOSPORINS - 2ND GENERATION		
cefotetan disodium for inj (CEFOTETAN equiv)	-	EXC
CEFOTETAN INJ	-	EXC
CEFACLOR CAP	-	Non-Preferred
CEFACLOR ER TAB	-	Non-Preferred
CEFACLOR SUSP	-	Non-Preferred

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DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
cefprozil susp (CEFZIL equiv)	-	Select
cefprozil tab (CEFZIL equiv)	-	Select
cefuroxime tab (CEFTIN equiv)	-	Select
CEPHALOSPORINS - 3RD GENERATION		
CEFTAZIDIME INJ	-	EXC
CEFDITOREN TAB	-	Non-Preferred
SPECTRACEF TAB	-	Non-Preferred
SUPRAX CAP	-	Non-Preferred
SUPRAX CHEW TAB	-	Non-Preferred
SUPRAX SUSP	-	Non-Preferred
cefdinir cap (OMNICEF equiv)	-	Select
cefdinir susp (OMNICEF equiv)	-	Select
cefixime cap (SUPRAX equiv)	-	Select
cefixime susp (SUPRAX equiv)	-	Select
CEFPODOXIME PROXETIL SUSP	-	Select
cefpodoxime proxetil tab (VANTIN equiv)	-	Select
CEPHALOSPORINS - 5TH GENERATION		
ZEVTERA INJ	-	EXC
CHEMICALS		
BULK CHEMICALS - A'S		
AMLEXANOX (BULK) POWDER	-	EXC
BULK CHEMICALS - E'S		
EFLORNITHINE POWDER	-	EXC
ENCLOMIPHENE POW CITRATE	-	EXC
ERLOTINIB HCL (BULK) POWDER	-	EXC
BULK CHEMICALS - H'S		
HYDROCORTISONE POWDER	-	EXC
HYDROCORTISONE AC POWDER	-	EXC
BULK CHEMICALS - I'S		
IMATINIB MES POW	-	EXC
BULK CHEMICALS - L'S		
LATANOPROST OIL	-	EXC
BULK CHEMICALS - M'S		
MODAFINIL POW	-	EXC
BULK CHEMICALS - P'S		
CASTOR OIL POLY 40	-	EXC
BULK CHEMICALS - R'S		
ROSUVASTATIN POW CALCIUM	-	EXC
BULK CHEMICALS - S'S		
SQUALENE LIQ 98%	-	EXC

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CHEMICALS Cont.		
BULK CHEMICALS - T'S		
TRAMETINIB POWDER	-	EXC
XILOGEL POWDER	-	EXC
BULK CHEMICALS - V'S		
VITAMIN A OIL	-	EXC
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
FALESSA KIT	-	Non-Preferred
amethyst tab (LYBREL equiv)	-	Preventive
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	Preventive
AVERI TAB	-	Preventive
cryselle tab	-	Preventive
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	Preventive
enpresse tab (TRI-LEVELEN equiv)	-	Preventive
FEMLYV TAB (QL= 28 tabs/24 days)	QL	Preventive
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	Preventive
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	Preventive
junel FE tab (LOESTRIN FE equiv)	-	Preventive
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 (TAYTULLA equiv)	-	Preventive
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	Preventive

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	Preventive
nortrel tab (OVCON 35 equiv)	-	Preventive
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	Preventive
tri-legest tab (ESTROSTEP FE equiv)	-	Preventive
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	Preventive
TYBLUME TAB	-	Preventive
VELIVET PAK	-	Preventive
velivet tab (CYCLESSA equiv)	-	Preventive
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	Preventive
viorele tab, kariva tab (MIRCETTE equiv)	-	Preventive
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
TWIRLA PATCH	-	Preventive
zafemy patch (XULANE equiv)	-	Preventive
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA RING	-	Preventive
eluryng vaginal ring (NUVARING equiv)	-	Preventive
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD	-	Preventive
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		

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CONTRACEPTIVES Cont.		
KYLEENA IUD	-	Preventive
MIRENA IUD	-	Preventive
SKYLA IUD	-	Preventive
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	Preventive
OPILL TAB	-	Preventive
SLYND TAB	-	Preventive
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
BLT-25 KIT	-	EXC
DEXAMETHASONE PHOSPHATE INJ	-	EXC
HEXATRIONE SUSP	-	EXC
KENALOG-10 INJ	-	EXC
triamcinolone acetonide inj susp (KENALOG-10 equiv)	-	EXC
ALKINDI SPRINKLE CAP	PA	Non-Preferred
FLO-PRED SUSP	-	Non-Preferred
KHINDIVI SOLN (ST req trial of hydrocortisone tab AND prednisolone soln)	ST	Non-Preferred
MILLIPRED DP PAK	-	Non-Preferred
MILLIPRED TAB	-	Non-Preferred
ORAPRED ODT TAB, PREDNISOLONE ODT TAB (Step therapy requires trial of two of the following: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	Non-Preferred
ORTIKOS ER CAP	-	Non-Preferred
RAYOS TAB	PA	Non-Preferred
AGAMREE SUSP (QL= 225ml/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty
TARPEYO CAP (QL= 120 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
budesonide ER tab (UCERIS equiv)	-	Preferred
CORTISONE ACETATE TAB	-	Preferred
DEXAMETHASONE CONC	-	Preferred
dexamethasone pak (DEXPAK equiv)	-	Preferred
DEXAMETHASONE SOLN	-	Preferred
dexamethasone tab (DEXAMETHASONE equiv)	-	Preferred
DEXAMETHASONE TAB 20MG (QL= 8 tabs/30 days)	QL	Preferred

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DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
DEXPAK TAB (Step Therapy requires trial of dexamethasone)	ST	Preferred
EOHILIA SUSP (Step therapy requires trial of budesonide vials)	ST	Preferred
prednisolone ODT (ORAPRED equiv)	-	Preferred
PREDNISOLONE SOLN	-	Preferred
prednisolone soln (PEDIAPRED equiv)	-	Preferred
prednisolone tab (MILLIPRED equiv) (Step therapy requires trial of 2: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	Preferred
prednisone tab (DELTASONE equiv)	-	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
DXEVO 11-DAY PAK (Step therapy requires trial of dexamethasone tab/soln)	ST	Preferred Specialty
budesonide SR cap (ENTOCORT EC equiv)	-	Select
dexamethasone elixir	-	Select
hydrocortisone sodium succinate pf for inj (SOLU-CORTEF equiv)	-	Select
hydrocortisone tab (CORTEF equiv)	-	Select
methylprednisolone dose pack (MEDROL equiv)	-	Select
methylprednisolone tab (MEDROL equiv)	-	Select
prednisolone soln	-	Select
prednisone pack	-	Select
PREDNISONE SOLN	-	Select
MINERALOCORTICOIDS		
fludrocortisone tab (FLORINEF equiv)	-	Select
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
DEXTROMETHORPHAN HBR CHEW TAB	-	EXC
BENZONATATE CAP (QL= 3 caps/day)	QL	Select
benzonatate cap (TESSALON equiv)	QL--	Select
hydrocodone/homatropine syrup (HYCODAN equiv)	-	Select
tussigon tab (HYCODAN equiv)	-	Select
COUGH/COLD/ALLERGY COMBINATIONS		
ACETAMINOPHEN W/ DM LIQUID	OTC	EXC
ALAHIST DM LIQ	OTC	EXC
ALAHIST DM LIQUID	OTC	EXC
ALKA-SELTZER PAK PLUS	-	EXC
ALLEGRA-D 24-HOUR TAB	-	EXC
ALLEGRA-D TAB	-	EXC
ALLEGRA-D TAB 12 HOUR	-	EXC
ALLERGY CONGESTION TAB	-	EXC
BENADRYL SOLN CHILD	OTC	EXC
BROMFED DM SYRUP	-	EXC
brompheniramine-dextromethorphan liquid	-	EXC
CAPRON DM LIQUID	-	EXC
cetirizine/pseudoepherine tab 5-120mg	-	EXC

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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
CLARINEX-D TAB	-	EXC
CLARINEX-D TAB 12 HOUR	-	EXC
CLARITIN-D TAB 10-240MG	-	EXC
CLARITIN-D TAB 5-120MG	-	EXC
COLD/COUGH CHILDREN LIQUID	-	EXC
COLD/COUGH LIQ CHLD NGT	OTC	EXC
CONEX COLD/ SOL ALLERGY	OTC	EXC
CPB WC LIQUID	-	EXC
dexchlorpheniramine-phenylephrine tab (RYMED equiv)	OTC	EXC
dextromethorphan-guaifenesin liquid 20-200mg/20ml (ROBITUSSIN equiv)	-	EXC
dextromethorphan-pyrilamine liquid (CAPRON equiv)	-	EXC
DIMETAPP LIQUID	-	EXC
diphenhydramine-phenylephrine tab	-	EXC
diphenhydramine-phenylephrine-apap liquid (DIMETAPP equiv)	-	EXC
DOXYLAMINE-DM CHEW TAB	-	EXC
doxylamine-dm liquid (ROBITUSSIN equiv)	-	EXC
ED A-HIST LIQ	OTC	EXC
fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv)	-	EXC
fexofenadine/pseudoephedrine tab 60-120mg	-	EXC
G HIST FORTE TAB	-	EXC
G-HIST PE TAB	-	EXC
GLENTUSS LIQUID	-	EXC
guaifenesin-DM oral liquid 10-100mg/5ml (ROBITUSSIN equiv)	-	EXC
HYCOFENIX SOLN	-	EXC
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv)	-	EXC
loratadine/pseudoepherine tab 10-240mg	-	EXC
loratadine/pseudoepherine tab 5-120mg	-	EXC
LORTUSS DM LIQUID	-	EXC
MUCINEX CAP DAY/NITE	-	EXC
MUCINEX CHILD PAK COUGH	-	EXC
MUCINEX COLD/FLU CAP	OTC	EXC
PEDIACARE MS LIQ COLD	-	EXC
pe-dm-gg-apap cap and pe-doxyl-dm-apap cap therapy pack (RA DAY/NIGHT equiv)	-	EXC
PHENYLEPHRINE W/ DM-GG TAB	OTC	EXC
PHENYLEPHRINE-CHLORPHEN-DM TAB	OTC	EXC
phenylephrine-dexbrompheniramine-dm liquid (ALAHIST equiv)	OTC	EXC
PHENYLEPHRINE-DOXYLAMINE-DM LIQUID	-	EXC
PHENYLEPH-TRIPROLIDINE-DM LIQUID	-	EXC
POLYTUSSIN LIQ DM	OTC	EXC
pseudoephedrine/brompheniramine/DM syrup (DALLERGY DM equiv)	-	EXC
pseudoephedrine-dexchlorpheniramine-dm liquid (ABATUSS DMX equiv)	OTC	EXC
pseudoephedrine-guaifenesin er tab 12hr	OTC	EXC
pseudoephedrine-ibuprofen cap	-	EXC
ROBITUSSIN COUGH DM LIQUID	-	EXC
ROBITUSSIN COUGH DM LIQUID 20-200MG/20ML	-	EXC
ROBITUSSIN LIQ DM	-	EXC
ROBITUSSIN LIQ SEVERE	OTC	EXC

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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
SB FLU HBP TAB	OTC	EXC
SEMPREX-D CAP 8-60MG	-	EXC
THERAFLU FLU PAK DAY/NIGH	OTC	EXC
THERAFLU FLU PAK NIGHTTME	-	EXC
THERAFLU FLU TAB DAY/NIGH	OTC	EXC
THERAFLU PAK SEV COLD	OTC	EXC
THERAFLU SEV CHW	OTC	EXC
THERAFLU SEV MIS COLD REL	OTC	EXC
THERAFLU SEV PAK COLD RLF	-	EXC
THERAFLU SEV PAK NIGHTTIM	-	EXC
THERAFLU-D PAK SVR CLD	OTC	EXC
TRIPONEL SOLN	-	EXC
TRIPROLIDINE-DEXTROMORPHAN LIQUID	OTC	EXC
TUSNEL C SYRUP	-	EXC
TUSNEL SYRUP	-	EXC
TUSSIN COUGH LIQUID DM	-	EXC
VANACOF 2 SOL 12.5-1MG	-	EXC
VANACOF CP LIQ	-	EXC
VANACOF LIQUID	-	EXC
VICKS DAYQIL CAP /NYQIL-D	OTC	EXC
WAL-TUSSIN CF LIQUID	OTC	EXC
ZYRTEC-D TAB 5-120MG	-	EXC
ACTINEL PEDIATRIC LIQUID (QL= 2400ml/30 days)	QL	Non-Preferred
MUCINEX LIQUID	-	Non-Preferred
OBREDON SOLN (QL= 1800ml/30 days)	QL	Non-Preferred
POLY-TUSSIN DM SYRUP	-	Non-Preferred
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
cold/allergy elx children (QL= 2400ml/30 days)	OTC-QL	Preferred
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month)	OTC-QL	Preferred
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month)	OTC-QL	Preferred
ibuprofen tab cold/sinus (QL= 240 tabs/30 days)	OTC-QL	Preferred
LORTUSS EX LIQUID (QL= 1200ml/30 days)	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
PROMETHAZINE VC SYRUP (QL= 30ml/day)	QL	Preferred
PROMETHAZINE VC/CODEINE SYRUP	-	Preferred
STAHIST AD TAB 25-60MG (QL= 4 tabs/day)	QL	Preferred
triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day)	QL	Preferred
trispec pse liquid (QL= 1200ml/30 days)	OTC-QL	Preferred
HYD POL/CPM SUSP (QL= 10ml/day)	QL	Select

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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	Select
promethazine DM syrup	-	Select
PROMETHAZINE VC SYRUP (QL= 30ml/day)	QL	Select
promethazine VC syrup (PHENERGAN VC equiv)	QL--	Select
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	Select
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	Select
tussin cf liquid (QL= 1200ml/30 days)	OTC-QL	Select
EXPECTORANTS		
potassium iodide oral soln (SSKI equiv)	-	EXC
MISC. RESPIRATORY INHALANTS		
NEBUSAL NEB SOLN	-	Non-Preferred
sodium chloride neb soln (HYPER-SAL equiv)	-	Select
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	Select
DERMATOLOGICALS		
ACNE PRODUCTS		
adapalene gel 0.1% (DIFFERIN equiv)	OTC	EXC
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	EXC
ADAPALENE/BENZOYL PEROXIDE PAD	-	EXC
ADAPALENE/BENZOYL PEROXIDE/NIACINAMIDE GEL	-	EXC
adapalene-benzoyl peroxide gel 0.3-2.5% (EPIDUO equiv)	-	EXC
BENZAC AC WASH LIQUID	-	EXC
BENZACLIN GEL	-	EXC
BENZAMYCIN GEL	-	EXC
BENZAMYCIN GEL PACK	-	EXC
BENZASHAVE 5	-	EXC
benzoyl peroxide foam (DAYLOGIC equiv)	OTC	EXC
BENZOYL PEROXIDE LOTION	--OTC	EXC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	EXC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	EXC
CABTREO GEL	-	EXC
CLENIA PLUS SUSP	-	EXC
CLINDACIN KIT	-	EXC
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	EXC
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	--OTC	EXC
CLINDAVIX KIT	-	EXC
DEOXIATAR SOLN	-	EXC
DIADIMAXIA, DIASDIMAXIA CREAM	-	EXC
DIAOXIA, DIASOXIA CREAM	-	EXC
DIASAXIATAR CREAM	-	EXC
DIASAXIATAR GEL	-	EXC
EPIDUO FORTE GEL 0.3-2.5%	-	EXC
EPIDUO GEL 0.1-2.5%	-	EXC
EPSOLAY	-	EXC
erythromycin/benzoyl peroxide gel	-	EXC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
FLUOXIA CREAM	-	EXC
INZDEAXIAVAR GEL	-	EXC
LIQUIMAT LOT	-	EXC
LOUNZDOMDIOX PAK	-	EXC
MELZARA CREAM	-	EXC
NEOBENZ MICRO	-	EXC
NEOBENZ MICRO PLUS PACK	-	EXC
NEOBENZ MICRO SD	-	EXC
NIACINAMIDE-TRETINOIN GEL	-	EXC
NUCARARXPAK KIT	-	EXC
ONZDEAXIADEM GEL	-	EXC
ONZDEAXIAZAR GEL	-	EXC
OXIAICE LOTION	-	EXC
PANOXYL	-	EXC
ROSULA WASH	-	EXC
SODIUM SULFACETAMIDE/SULFUR CREAM	-	EXC
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	EXC
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	EXC
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	EXC
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	EXC
sodium sulfacetamide/sulfur susp (PLEXION TS equiv)	-	EXC
sodium sulfacetamide/sulfur wash (SUMAXIN WASH equiv)	-	EXC
SUMAXIN PAD	-	EXC
SUMAXIN WASH	-	EXC
TRETIN-X KIT	-	EXC
TWYNEO CREAM	OTC	EXC
ZMA CLEAR SUSP	-	EXC
ADAPALENE SOLN (QL= 360ml/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream)	QL-ST	Non-Preferred
AMZEEQ FOAM (QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Non-Preferred
AVAR AEROSOL FOAM	-	Non-Preferred
SUMADAN XLT KIT	-	Non-Preferred
TRETIN-X CREAM (QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream)	QL-ST	Non-Preferred
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	Preferred
AVAR GEL	-	Preferred
ERY PAD (QL= 360 pads/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Preferred
PRASCION RA CREAM	-	Preferred
RETIN-A MICRO GEL, RETIN-A MICRO GEL PUMP (QL= 300g/30 days; ST req trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Preferred
adapalene cream (DIFFERIN equiv) (QL= 360g/30 days)	QL	Select
adapalene gel (DIFFERIN equiv) (QL= 360g/30 days)	QL	Select
clindamycin gel (CLEOCIN GEL equiv)	-	Select
clindamycin lotion (CLEOCIN- T equiv) (QL= 360g/30 days)	QL	Select
clindamycin pad (CLEOCIN-T equiv) (QL= 360 swabs/30 days)	QL	Select

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clindamycin topical soln (CLEOCIN-T equiv) (QL= 360mL/30 days)	QL	Select
ERYTHROMYCIN GEL	-	Select
erythromycin pad	-	Select
erythromycin soln	-	Select
sodium sulfacetamide lotion (KLARON equiv) (QL= 354mL/30 days)	QL	Select
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	Select
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	Select
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	Select
sodium sulfacetamide/sulfur kit (ROSANIL KIT equiv)	-	Select
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	Select
tretinoin cream (RETIN-A CREAM equiv) (QL= 360g/30 days)	QL	Select
tretinoin gel	-	Select
tretinoin gel (RETIN-A GEL equiv) (QL= 360g/30 days)	--QL	Select
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
RENOVA CREAM	-	EXC
SIVORA CREAM	-	EXC
ANALGESICS - TOPICAL		
BIOFREEZE LIQUID	-	EXC
menthol gel (RA COLD GEL THERAPY equiv)	-	EXC
MENTHOL GEL 5.5%	-	EXC
PRAKETAMIDE CREAM	-	EXC
ANTIBIOTICS - TOPICAL		
BACTINE MAX OIN	OTC	EXC
IDARAN OINT	-	EXC
NANRAN OINT	-	EXC
CENTANY OINT	-	Non-Preferred
CORTISPORIN OINT	-	Non-Preferred
NEO-SYNALAR KIT	-	Non-Preferred
XEPI CREAM (QL= 30gm/30 days)	QL	Non-Preferred
gentamicin sulfate cream	-	Select
gentamicin sulfate oint	-	Select
mupirocin cream (BACTROBAN CREAM equiv)	-	Select
mupirocin oint (BACTROBAN OINT equiv)	-	Select
ANTIFUNGALS - TOPICAL		
ATHLETE FOOT SPRAY	OTC	EXC
DERMETAZOLE PAK	-	EXC
FUNGIZYL AC CREAM	-	EXC
FUNGIZYL AL LIQUID	-	EXC
HEXIOUNYL LOTION	-	EXC
HIXDEFRIMA SOLN	-	EXC
HYDROCORTISONE/KETOCONAZOLE CREAM	-	EXC
MYCOZYL HC GEL	-	EXC
MYCOZYL HC LIQ	-	EXC

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RDX	Restricted to Diagnosis	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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DERMATOLOGICALS Cont.		
NIZORAL A-D SHAMPOO	-	EXC
PHEDRAX SHAMPOO	-	EXC
PHEOXIA CREAM	-	EXC
RIMI SOLN	-	EXC
TINACTIN AERSOL	OTC	EXC
tolnaftate aerosol	OTC	EXC
tolnaftate soln (TINACTIN equiv)	-	EXC
UNDECYLENIC ACID CREAM	-	EXC
undecylenic acid soln (GORDOCHOM equiv)	-	EXC
ALOQUIN GEL	-	Non-Preferred
ECONAZOLE NITRATE FOAM, ECOZA FOAM	-	Non-Preferred
ECOZA FOAM	-	Non-Preferred
ERTACZO CREAM	-	Non-Preferred
EXELDERM CREAM, SULCONAZOLE CREAM	-	Non-Preferred
LULICONAZOLE CREAM, LUZU CREAM (QL= 60gm/28 days)	QL	Non-Preferred
MENTAX CREAM	-	Non-Preferred
NAFTIN GEL	-	Non-Preferred
XOLEGEL COREPAK KIT	-	Non-Preferred
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	Preferred
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	Preferred
ketoconazole foam 2% (EXTINA equiv)	-	Preferred
naftifine cream (NAFTIN equiv) (QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products)	QL-ST	Preferred
NAFTIFINE CREAM 1%	-	Preferred
naftifine gel (NAFTIN equiv)	-	Preferred
naftifine hcl gel 2% (QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream)	QL-ST	Preferred
oxiconazole nitrate cream (OXISTAT equiv)	-	Preferred
tavaborole soln (KERYDIN equiv) (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Preferred
ciclopirox cream (LOPROX CREAM equiv)	-	Select
ciclopirox gel (LOPROX GEL equiv)	-	Select
ciclopirox nail soln (PENLAC SOLN equiv)	-	Select
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	Select
ciclopirox topical susp (LOPROX SUSP equiv)	-	Select
clotrimazole cream (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
ketoconazole cream (NIZORAL CREAM equiv)	-	Select
ketoconazole shampoo	-	Select

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DERMATOLOGICALS Cont.		
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		
DERMACINRX PAK DICLOLID	-	EXC
diclofenac gel 1% (VOLTAREN equiv)	-	EXC
DICLOFENAC SOD SOLN 2%, CAPSAICIN CREAM 0.025% THER PACK	-	EXC
diclofenac sodium gel kit (VENNGEL equiv)	-	EXC
DICLOFENAC SODIUM-MENTHOL-LIDOCAINE PATCH	-	EXC
DICLONA GEL	-	EXC
DICLONA+ PAD	-	EXC
TRIFENA PATCH	-	EXC
VENNGEL ONE KIT	OTC	EXC
VOLTAREN GEL	-	EXC
XICLO PAD	-	EXC
XICLOFEN OINT	-	EXC
VOPAC 5 CREAM	-	Non-Preferred
diclofenac sodium soln 2% (PENNSAID equiv) (Step therapy requires trial of diclofenac 1.5% soln)	ST	Preferred
diclofenac soln 1.5% (PENNSAID equiv)	-	Preferred
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
LEVULAN SOLN	-	EXC
QUIDROXZAR GEL	-	EXC
QUITAR GEL	-	EXC
ROAOXIA GEL	-	EXC
FLUOROURACIL CREAM 0.5%	-	Non-Preferred
KEFUNOVA CREAM	-	Non-Preferred
KLISYRI OINT (QL= 5 grams/5 days)	PA-QL	Non-Preferred
FLUOROURACIL SOLN	-	Preferred
bexarotene gel (TARGRETIN equiv) (QL= 60g/30 days)	AMSP-PA-QL	Preferred Specialty
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month)	QL	Select
fluorouracil cream (EFUDEX CREAM equiv)	-	Select
fluorouracil soln (FLUOROURACIL equiv)	-	Select
ANTIPRURITICS - TOPICAL		
ARCTIC RELIEF GEL	-	EXC
doxepin hcl cream (ST req trial of a topical corticosteroid AND topical tacrolimus)	ST	Preferred
ANTIPSORIATICS		
calcipotriene cream (TRIONEX equiv)	-	EXC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
CALSODORE PAK	-	EXC
COSENTYX INJ	-	EXC
DIOOXIA CREAM	-	EXC
ILUMYA INJ	-	EXC
SPEVIGO INJ	-	EXC
TREMFYA IV INJ	-	EXC
TRIONEX PACK	-	EXC
CALCIPOTRIENE FOAM (QL= 60gm/30 days; Step therapy requires trial of calcipotriene soln)	QL-ST	Non-Preferred
CALCIPOTRIENE FOAM, SORILUX FOAM (QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln)	QL-ST	Non-Preferred
METHOXSALEN CAP	-	Non-Preferred
VTAMA CREAM (QL= 60 grams/30 days)	PA-QL	Non-Preferred
ZITHRANOL SHAMPOO	-	Non-Preferred
BIMZELX INJ (QL= 2ml/56 days)	AMSP-PA-QL	Non-Preferred Specialty
IMULDOSA SYRINGE 45MG/0.5ML (QL= 0.5 mL/84 days)	AMSP-PA-QL	Non-Preferred Specialty
IMULDOSA SYRINGE 90MG/ML (QL= 1 mL/84 days)	AMSP-PA-QL	Non-Preferred Specialty
OTULFI INJ (QL= 1mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty
OTULFI SYRINGE 45MG/0.5ML (QL= 1 inj/84 days)	AMSP-PA-QL	Non-Preferred Specialty
OTULFI SYRINGE 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Non-Preferred Specialty
PYZCHIVA INJ (QL= 0.5mL/84 days)	AMSP-PA-QL	Non-Preferred Specialty
PYZCHIVA INJ 45MG/0.5ML (QL= 0.5mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty
PYZCHIVA INJ 45MG/0.5ML (QL= 1 inj/84 days)	LMSP-PA-QL-AMSP	Non-Preferred Specialty
PYZCHIVA INJ 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Non-Preferred Specialty
PYZCHIVA INJ 90MG/ML (QL= 1mL/84 days)	AMSP-PA-QL-LMSP	Non-Preferred Specialty

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
SILIQ INJ (QL= 4 inj/28 days)	LMSP-PA-QL	Non-Preferred Specialty
SKYRIZI INJ 150MG/ML (QL= 1 syringe/84 days)	AMSP-PA-QL	Non-Preferred Specialty
SKYRIZI PEN 150MG/ML (QL= 1 pen/84 days)	AMSP-PA-QL	Non-Preferred Specialty
SOTYKTU TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty
SPEVIGO INJ (QL= 2 mL/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
STARJEMZA INJ (QL= 0.5mL/84 days)	PA-QL	Non-Preferred Specialty
STARJEMZA PFS INJ 45MG/0.5ML (QL= 0.5mL/84 days)	PA-QL	Non-Preferred Specialty
STARJEMZA PFS INJ 90MG/ML (QL= 1 mL/84 days)	PA-QL	Non-Preferred Specialty
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Non-Preferred Specialty
TALTZ INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
TALTZ INJ 40MG/0.5ML (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
USTEKINUMAB INJ 45MG/0.5ML (QL= 0.5 mL/84 days)	AMSP-PA-QL	Non-Preferred Specialty
USTEKINUMAB INJ 90MG/ML (QL= 1 mL/84 days)	AMSP-PA-QL	Non-Preferred Specialty
USTENKINUMAB-AEKN 45MG/0.5ML (QL= 0.5 mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty
USTENKINUMAB-AEKN 90MG/ML (QL= 1.0 mL/84 days)	LMSP-PA-QL	Non-Preferred Specialty
WEZLANA INJ (QL = 0.5ml/84 days; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
WEZLANA SYRINGE 45MG/0.5ML (QL = 0.5ml/84 days; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty
WEZLANA SYRINGE 90MG/ML (QL = 1ml/84 days; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty
tazarotene gel 0.05% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream)	QL-ST	Preferred
tazarotene gel 0.1% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream)	QL-ST	Preferred
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty
COSENTYX INJ (2-PACK) (QL= 2 inj/56 days)	AMSP-PA-QL	Preferred Specialty
COSENTYX INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Preferred Specialty
SELARSDI INJ (QL= 0.5 mL/84 days)	AMSP-PA-QL	Preferred Specialty
SELARSDI INJ 45MG/0.5ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty
SELARSDI INJ 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty
STEQEYMA INJ 45MG/0.5ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty
STEQEYMA INJ 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty
TREMFYA INJ (QL= 1ml/56 days)	AMSP-PA-QL	Preferred Specialty
TREMFYA INJ (QL= 2ml/28 days)	AMSP-PA-QL	Preferred Specialty
YESINTEK INJ (QL= 1 vial/84 days)	AMSP-PA-QL	Preferred Specialty
YESINTEK INJ 45MG/0.5ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty
YESINTEK INJ 90MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty
calcipotriene cream (DOVONEX CREAM equiv)	-	Select
calcipotriene oint	-	Select
CALCIPOTRIENE SOLN	-	Select
calcipotriene soln (DOVONEX SOLN equiv)	-	Select
methoxsalen cap (OXSORALEN ULTRA equiv)	-	Select
tazarotene cream 0.1% (TAZORAC equiv)	-	Select
ANTISEBORRHEIC PRODUCTS		
DERMAZINC BAR SOAP	-	EXC
ESKATA SOLN	-	EXC
MICURADERM EMU	-	EXC
OVACE PLUS SHAMPOO	-	EXC
SODIUM SULFACETAMIDE CLEANSER	-	EXC
sodium sulfacetamide gel (OVACE PLUS equiv)	-	EXC
sodium sulfacetamide shampoo (OVACE equiv)	-	EXC

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DERMATOLOGICALS Cont.		
sodium sulfacetamide wash (OVACE WASH equiv)	-	EXC
OVACE PLUS CREAM	-	Non-Preferred
OVACE PLUS LOTION	-	Non-Preferred
OVACE PLUS FOAM	-	Non-Preferred
selenium sulfide lotion	-	Select
selenium sulfide shampoo (SELSEB equiv)	-	Select
ANTIVIRALS - TOPICAL		
ZELSUVMI GEL (QL= 31g/30 days)	PA-QL	Non-Preferred
acyclovir oint (ZOVIRAX OINT equiv)	-	Preferred
penciclovir cream (DENAVIR equiv) (QL= 5 grams/30 days, Step Therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB)	QL-ST	Preferred
BURN PRODUCTS		
RAYASORE KIT	-	EXC
MAFENIDE ACETATE SOLN PACK	-	Non-Preferred
SULFAMYLON CREAM	-	Preferred
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	Select
CAUTERIZING AGENTS		
GRAFCO SILVER NITRATE APPLICATOR	-	EXC
SILVER NITRATE SOLN	-	Preferred
silver nitrate soln	-	Select
CORTICOSTEROIDS - TOPICAL		
ALA-SCALP LOTION	-	EXC
FLUOPAR KIT	-	EXC
FLUOVIX PAK	-	EXC
HC BUTYRATE CREAM	-	EXC
HC PRAMOXINE CREAM 1-2.5%	-	EXC
HC/PRAMOXINE CREAM 1-2.35%	-	EXC
HYDROCAINE CREAM	-	EXC
HYDROCORTISONE CREAM 1%	-	EXC
hydrocortisone lotion	-	EXC
HYDROCORTISONE LOTION 2.5%	-	EXC
hydrocortisone oint	-	EXC
HYDROCORTISONE PAK	OTC	EXC
HYDROCORTISONE STICK	OTC	EXC
HYDROXYM CREAM	-	EXC
HYDROXYM GEL	-	EXC
LIDOCAINE-HYDROCORTISONE ACETATE CREAM	-	EXC
LIDOTRAL-HC LOTION	-	EXC
SILALITE PAK MIS	-	EXC
TRIAMVEX KIT	-	EXC
ACIOXIA GEL (QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- (crm, lot, oint))	QL-ST	Non-Preferred

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
AMCINONIDE CREAM 0.1% (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred
AMCINONIDE OINTMENT (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred
BETAMETHASONE AUGMENTED GEL (QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone (oint, crm, lot), clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred
CORDRAN OINTMENT	-	Non-Preferred
DESOWEN CREAM KIT	-	Non-Preferred
DESOWEN LOTION KIT	-	Non-Preferred
DESOWEN OINT KIT	-	Non-Preferred
DESOXIMETASONE GEL (QL= 454 gm/30 days; ST req trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Non-Preferred
EPIFOAM AEROSOL	-	Non-Preferred
MICORT HC CREAM (QL= 360g/30 days; ST req trial of 1: hydrocortisone 0.5%,1% cream/ 0.5%,1%, 2.5% ointment/ 1%, 2.5% lotion)	QL-ST	Non-Preferred
NOVACORT GEL	-	Non-Preferred
PANDEL CREAM	-	Non-Preferred
PRAMOSONE LOTION	-	Non-Preferred
SERNIVO SPRAY (QL= 200 ml/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone (crm, lot), desonide oint, mometasone, or triamcinolone)	QL-ST	Non-Preferred
TEXACORT SOLN	-	Non-Preferred
TRIANEX OINT	-	Non-Preferred
AMCINONIDE LOTION	-	Preferred
amcinonide oint (Step therapy requires trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol))	ST	Preferred
betamethasone augmented gel (QL= 200 gm/30 days; ST req trial of 2 high potency steroids: betameth- (oint, crm, lot), clobet-, halobet-, or fluocin-)	QL-ST	Preferred
clobetasol propionate emollient cream (TEMOVATE E equiv) (QL= 200 gm/30 days; Step Therapy requires trial of 2 high pot steroids: betamethasone, clobetasol (crm, lot, gel, oint, etc.), halobetasol, or fluocinonide)	QL-ST	Preferred
desoximetasone oint 0.05% (TOPICORT equiv) (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Preferred
diflorasone oint (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Preferred
fluocinolone acetonide cream 0.01% (SYNALAR equiv) (QL= 454 gm/30 days)	QL	Preferred
fluocinolone acetonide cream 0.025% (SYNALAR equiv) (QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone)	QL-ST	Preferred
fluocinolone acetonide cream 0.05% (TOPICORT equiv) (QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide)	QL-ST	Preferred
flurandrenolide oint (CORDRAN equiv)	-	Preferred
halobetasol propionate foam (LEXETTE equiv) (QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobet- crm/oint, or fluocinonide)	QL-ST	Preferred
HC BUTYRATE SOLN	-	Preferred

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

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
hydrocortisone cream (PROCTOCORT equiv)	-	Preferred
hydrocortisone lotion (HYTONE equiv)	-	Preferred
hydrocortisone lotion (LOCOID equiv)	-	Preferred
hydrocortisone oint	-	Preferred
LOCOID LIPOCREAM	-	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	-	Select
alclometasone oint (ACLOVATE OINT equiv)	-	Select
BETAMETH VALERATE LOTION	-	Select
betamethasone augmented cream (DIPROLENE AF CREAM equiv) (QL= 200 gm/30 days)	QL	Select
betamethasone augmented lotion (DIPROLENE LOTION equiv) (QL= 200 ml/30 days)	QL	Select
betamethasone augmented oint (DIPROLENE OINT equiv)	-	Select
betamethasone diproprionate cream (DIPROSONE CREAM equiv) (QL= 200 gm/30 days)	QL	Select
betamethasone diproprionate lotion (QL= 200 ml/30 days)	QL	Select
betamethasone diproprionate oint (DIPROSONE OINT equiv) (QL= 200 gm/30 days)	QL	Select
betamethasone valerate cream	-	Select
betamethasone valerate lotion	-	Select
betamethasone valerate oint	-	Select
clobetasol foam (OLUX equiv) (QL= 200 gm/30 days)	QL	Select
clobetasol lotion (CLOBEX equiv) (QL= 200 ml/30 days)	QL	Select
clobetasol propionate cream (TEMOVATE equiv) (QL= 200 gm/30 days)	QL	Select
clobetasol propionate gel (TEMOVATE GEL equiv) (QL= 200 gm/30 days)	QL	Select
clobetasol propionate oint (TEMOVATE equiv) (QL= 200 gm/30 days)	QL	Select
clobetasol propionate soln (TEMOVATE equiv) (QL= 200 ml/30 days)	QL	Select
clobetasol shampoo (CLOBEX equiv) (QL= 200 ml/30 days)	QL	Select
clobetasol spray (CLOBEX equiv) (QL= 200 ml/30 days)	QL	Select
dermawerx pak (DERMACINRX KIT equiv) (QL= 1 kit/30 days)	QL	Select
desonide cream	-	Select
desonide lotion	-	Select
desonide oint	-	Select
desoximetasone cream (TOPICORT CREAM equiv)	-	Select
desoximetasone oint (TOPICORT equiv)	-	Select
fluocinolone acetonide oil	-	Select
fluocinolone acetonide oint	-	Select
fluocinolone acetonide soln	-	Select
fluocinonide cream 0.05% (LIDEX equiv)	-	Select
fluocinonide emollient cream	-	Select
fluocinonide gel	-	Select
fluocinonide oint	-	Select
fluocinonide soln	-	Select
fluticasone propionate cream (CUTIVATE equiv)	-	Select
fluticasone propionate oint (CUTIVATE equiv)	-	Select

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DERMATOLOGICALS Cont.		
halobetasol propionate cream (ULTRAVATE equiv) (QL= 200 gm/30 days)	QL	Select
halobetasol propionate oint (ULTRAVATE equiv) (QL= 200 gm/30 days)	QL	Select
halonate pac kit (ULTRAVATE KIT equiv)	-	Select
HC BUTYRATE CREAM	-	Select
hydrocortisone butyrate cream (LOCOID equiv)	-	Select
hydrocortisone butyrate lipocream (LOCOID equiv)	-	Select
HYDROCORTISONE BUTYRATE OINT	-	Select
hydrocortisone butyrate oint (LOCOID equiv)	-	Select
hydrocortisone butyrate soln (LOCOID equiv)	-	Select
hydrocortisone valerate cream	-	Select
hydrocortisone valerate oint (WESTCORT equiv)	-	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		
OPZELURA CREAM (QL= 120 grams/28 days)	PA-QL	Non-Preferred
ADBRY INJ (QL= 4 syringes/28 days)	LMSP-PA-QL	Non-Preferred Specialty
ADBRY INJ (QL= 4ml/28 days)	LMSP-PA-QL	Non-Preferred Specialty
CIBINQO TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty
EBGLYSS INJ (QL= 2ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty
DUPIXENT INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
DUPIXENT PEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
DUPIXENT PEN INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty
EMOLLIENT/KERATOLYTIC AGENTS		
CARMOL LOTION	-	EXC
HYDRO 35 FOAM	-	EXC
PRONAL GEL	-	EXC
UMECTA SUSP	-	EXC
URAMAXIN GEL	-	EXC
UREA CREAM	-	EXC

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DERMATOLOGICALS Cont.		
UREA EMULSION	-	EXC
UREA FOAM	-	EXC
urea gel (URAMAXIN equiv)	-	EXC
UREA LOTION	OTC	EXC
urea lotion (KERALAC LOTION equiv)	OTC--	EXC
urea soln	-	EXC
UREA SUSP	-	EXC
urea susp 40% (UMECTA equiv)	-	EXC
UREA-LACTIC ACID CREAM	OTC	EXC
KERAFOAM	-	Non-Preferred
UMECTA EMULSION	-	Non-Preferred
UMECTA PD EMULSION	-	Non-Preferred
UREA NAIL KIT	-	Non-Preferred
umecta mouss aer (HYDRO 40 equiv)	-	Preferred
EMOLLIENTS		
FLEXITOL ECZ CRE	OTC	EXC
LACTIC ACID E CREAM	-	EXC
LACTIC ACID LOTION	-	EXC
SARNA ECZEMA LOTION	-	EXC
VITAMIN A GARMENT SPRAY	-	EXC
ammonium lactate lotion (LAC-HYDRIN equiv)	-	Preferred
ammonium lactate cream (LAC-HYDRIN equiv)	-	Select
ENZYMES - TOPICAL		
NEXOBRID GEL	-	EXC
SANTYL OINT (QL= 90gm/30 days)	QL	Non-Preferred
GLABELLAR LINES (FROWN LINES) AGENTS		
JEUVEAU INJ	-	EXC
HAIR GROWTH AGENTS		
bimatoprost topical soln (LATISSE equiv)	-	EXC
FINAPID SOLN	-	EXC
FINAPODTAR SOLN	-	EXC
finasteride tab (PROPECIA equiv)	-	EXC
FLYPROGPIDTA SOLN	-	EXC
LEQSELVI TAB	-	EXC
LITFULO CAP	-	EXC
OXOPIDAXIAQU SOLN	-	EXC
PIDPROGTAR SOLN	-	EXC
PODOXIA SOLN	-	EXC
PODTAR SOLN	-	EXC
TETPIDTAR SOLN	-	EXC
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	EXC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
IMMUNOMODULATING AGENTS - SYSTEMIC		
NEMLUVIO INJ (QL= 1 auto-injector/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days)	QL	Select
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
NUJO SOLN	-	EXC
OXIANUJI OINT	-	EXC
OXIANUJO CREAM	-	EXC
HYFTOR GEL (QL= 20 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
tacrolimus oint (PROTOPIC OINT equiv)	-	Select
KERATOLYTIC/ANTIMITOTIC AGENTS		
ATRIX SYSTEM KIT	-	EXC
COMPOUND W AER NITROFRE	-	EXC
GEAMETDRAY GEL	-	EXC
KERALYT GEL	-	EXC
METDRAY GEL	-	EXC
RAYASAL CREAM	-	EXC
SALICATE LIQUID	-	EXC
salicylic AC gel 6%	-	EXC
salicylic acid cream	-	EXC
SALICYLIC ACID GEL W/ EMOLLIENT CREAM KIT	-	EXC
salicylic acid kit	-	EXC
salicylic acid liquid	-	EXC
SALIMEZ FORTE CREAM	-	EXC
UREA/SALICYLIC CREAM	-	EXC
VIRASAL LIQUID	-	EXC
SALEX SHAMPOO	-	Non-Preferred
SALVAX DUO PLUS KIT	-	Non-Preferred
PODOCON SOLN	-	Preferred
podofilox gel (CONDYLOX equiv) (QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream)	QL-ST	Preferred
PODOFILOX SOLN (QL= 0.5ml/day)	QL	Preferred
salicylic acid aerosol	-	Preferred
podofilox soln (CONDYLOX equiv)	-	Select
salicylic acid shampoo (SALEX equiv)	-	Select
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
SALICYLIC ACID PAD	-	EXC
SALVAX AERO	-	EXC
SALICYLIC ACID ER SOLN (ST req trial of fluoruracil cream, fluorouracil soln AND imiquimod cream)	-	Non-Preferred
LINIMENTS		
ASPERCREME LOTION	-	EXC

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DERMATOLOGICALS Cont.		
BABY CHEST CREAM RUB	-	EXC
camphor-menthol-methyl salicylate gel (NEURACIN equiv)	-	EXC
CAMPHOR-MENTHOL-METHYL SALICYLATE PATCH	-	EXC
capsaicin-men-methyl nic-methyl sal patch (NUVIRA equiv)	OTC	EXC
LIMENCIN LOTION	OTC	EXC
menthol-methyl salicylate patch (SALONPAS equiv)	OTC	EXC
MENTHOZEN CREAM	-	EXC
MENTICAM CREAM	-	EXC
METHYL SALIC CREAM 40%	-	EXC
METHYL SALIC OIL	-	EXC
METHYL SALIC PAD	OTC	EXC
methyl salicylate patch	OTC	EXC
NEURACIN GEL	-	EXC
NUVIRA PAD	OTC	EXC
SALONPAS PAD PAIN RELIEF	OTC	EXC
LOCAL ANESTHETICS - TOPICAL		
ALOCANE SPRAY	-	EXC
BAND-AID SPRAY ANTISEPTIC	-	EXC
benzocaine aerosol spray (AMERICAINE equiv)	-	EXC
BENZOCAINE-ISOPROPYL ALCOHOL PADS	-	EXC
BENZOCAINE-LIDOCAINE-TETRACAINE CREAM	OTC	EXC
BURN RELIEF GEL	-	EXC
capsaicin cream	-	EXC
CAPSAICIN PAD	-	EXC
capsaicin patch (CAPSAICIN equiv)	-	EXC
CAPZASIN-P CREAM	-	EXC
CIRCATA CREAM	-	EXC
DIABECIN CS CRE	OTC	EXC
DIABETIC FIR GEL AID	-	EXC
DYCLOPRO SOLN	-	EXC
HURRI-FREEZE AER MIST SPRAY	-	EXC
LIDO/MENTHOL SPRAY	-	EXC
LIDO/RAC/TET GEL	OTC	EXC
lidocaine cream	OTC	EXC
lidocaine gel (XYLOCAINE equiv)	-	EXC
LIDOCAINE HCL AEROSOL SOLN	-	EXC
lidocaine hcl cream 4.12%	-	EXC
lidocaine patch	-	EXC
lidocaine-benzalkonium liquid (ALOCANE equiv)	-	EXC
LIDOCAINE-BENZALKONIUM PAD	OTC	EXC
lidocaine-menthol gel (LIDOZENGEL equiv)	-	EXC
LIDOCIN GEL	-	EXC
LIDOPRO PAD	-	EXC
LIDOTHOL GEL	-	EXC
LIDOTRAL 1 PAD 4.88%	-	EXC
LIDOTRAL SOLN 5%	-	EXC
LIDTOPIC CREAM	-	EXC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
MENTHOREAL10 THERAPY PACK	-	EXC
methyl salicylate-lidocaine-menthol patch (TRICEPTIN equiv)	OTC	EXC
NENDRUX GEL	-	EXC
OLU PAIN PAD	-	EXC
PRAMOXINE-CALAMINE AEROSOL	OTC	EXC
PRAMOXINE-MENTHOL LOTION	-	EXC
QUTENZA KIT	-	EXC
TETRACAINE OINTMENT	-	EXC
TRICEPTIN PAD	OTC	EXC
TRUBREXA PAD	-	EXC
ZESTAMA LIQ	OTC	EXC
ZYLOTROL-L KIT	-	EXC
ADAZIN CREAM	-	Non-Preferred
ANACAINE OINT	-	Non-Preferred
ANASTIA LOTION	-	Non-Preferred
APRIZIO PAK KIT	-	Non-Preferred
GEN7T PLUS PAD	-	Non-Preferred
L.E.T. GEL	-	Non-Preferred
LIDOCAINE CREAM	-	Non-Preferred
LIDO-EP-TETR SOLN	-	Non-Preferred
LIDOSTREAM KIT	-	Non-Preferred
LIDOTREX GEL	-	Non-Preferred
PLIAGLIS CREAM (ST req trial of two: lidocaine ointment, soln, gel, cream, lidocaine-prilocaine cream)	ST	Non-Preferred
SILVERA PAD	-	Non-Preferred
SOLAICE PATCH	-	Non-Preferred
SYNVEXIA TC CREAM	-	Non-Preferred
WPR PLUS	-	Non-Preferred
lidocaine cream 3% (LIDAMANTLE equiv)	-	Preferred
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	Preferred
lidocaine gel (GLYDO equiv)	-	Preferred
lidocaine lotion	-	Preferred
lidocaine oint (QL= 8gm/day)	QL	Select
lidocaine soln (XYLOCAINE equiv)	-	Select
lidocaine/prilocaine cream (EMLA equiv)	-	Select

MISC. DERMATOLOGICAL PRODUCTS

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
HALUCORT GEL	-	Non-Preferred
NEOSALUS FOAM	-	Non-Preferred
MISC. TOPICAL		
ADULT BARRIER OINT	-	EXC
BIODCREAM CREAM	-	EXC
calamine phenolated lotion	OTC	EXC
DERMACINRX KIT	-	EXC
DERMAFIX SPRAY	-	EXC
dimethicone cream (DERMACINRX equiv)	-	EXC
EXEMAX CRE	OTC	EXC
HYPOCYN GEL	-	EXC
isopropyl alcohol spray	-	EXC
isopropyl alcohol wipes	OTC	EXC
lanolin-petrolatum oint (A+D equiv)	-	EXC
menthol-zinc oxide powder	OTC	EXC
SARNA BUG PAD BITE	OTC	EXC
ZINC OXIDE 40% AND DIMETHICONE 1% OINTMENT THERAPY PACK	-	EXC
zinc oxide oint	-	EXC
ZINCTRAL PASTE	OTC	EXC
HYCLODEX SOLN	-	Non-Preferred
QBREXZA PAD (QL= 1 pad/day)	PA-QL	Non-Preferred
SOFDRA GEL (QL= 40.2 mL/30 days; Only available through Lombard Pharmacy 630 495-2333)	LD-PA-QL	Non-Preferred
DRYSOL SOLN	-	Preferred
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
ZORYVE CREAM (QL= 60 grams/30 days; Step therapy requires trial of calcipotriene cream/oint/soln AND topical tacrolimus oint)	QL-ST	Non-Preferred
ZORYVE CREAM 0.05% (QL= 60 grams/30 days; ST req trial of tacrolimus oint)	QL-ST	Non-Preferred
ZORYVE CREAM 0.15% (QL= 60g/30 days; ST req trial of tacrolimus oint)	QL-ST	Non-Preferred
ZORYVE FOAM 0.3% (QL= 60g/30 days; Step Therapy requires trial of 1 topical steroid (e.g. clobetasol) and 1 topical calcineurin inhibitor (e.g. tacro))	QL-ST	Non-Preferred
PIGMENTING-DEPIGMENTING AGENTS		
HYDROQUINONE-HYDROCORTISONE-TRETINOIN EMULSION	-	EXC
HYDROQUINONE-TRETINOIN EMULSION	-	EXC
HYDROQUINONE-TRETINOIN-TRIAMCINOLONE ACE EMUL	-	EXC
TRI-LUMA CREAM	-	EXC
PODIATRIC PRODUCTS		
DIABECIN HR CRE	-	EXC
POISON IVY PRODUCTS		
TECNU IVY KIT COMPLETE	-	EXC
ROSACEA AGENTS		

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DERMATOLOGICALS Cont.		
AVEIDA GEL	-	EXC
brimonidine tartrate gel (MIRVASO equiv)	-	EXC
DAZAVEIDAOXI GEL	-	EXC
DAZOMON GEL	-	EXC
IDAOXIA GEL	-	EXC
MIRVASO GEL	-	EXC
RENSOTI CREAM	-	EXC
RHOFADE CREAM	-	EXC
ROCELIX CREAM	-	EXC
IVERMECTIN CREAM (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Non-Preferred
ROSADAN KIT (Step Therapy requires trial of metronidazole cream)	ST	Non-Preferred
doxycycline (rosacea) cap delayed release (ORACEA equiv) (QL= 1 cap/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Preferred
ivermectin cream (SOOLANTRA equiv) (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Preferred
metronidazole gel (METROGEL equiv)	-	Preferred
EMROSI CAP (QL= 30 caps/30 days; Step Therapy requires trial of two of the following: doxycycline monohydrate and minocycline cap)	QL-ST	Preferred Specialty
ZILXI FOAM (QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Preferred Specialty
azelaic acid gel (FINACEA equiv)	-	Select
metronidazole cream (METROCREAM equiv)	-	Select
metronidazole lotion (METROLOTION equiv)	-	Select
SCABICIDES & PEDICULICIDES		
EURAX CREAM	OTC	EXC
IVERMECTIN LOTION	OTC	EXC
LICEFREEE SPR HOME	-	EXC
SKLICE LOTION	OTC	EXC
STOP LICE LIQUID MAX	OTC	EXC
ULESFIA LOTION	OTC	EXC
CROTAN LOTION (ST req trial of permethrin cream)	ST	Non-Preferred
permethrin cream (ELIMITE CREAM equiv)	-	Preferred
SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Preferred
malathion lotion (OVIDE equiv)	-	Select
SCAR TREATMENT PRODUCTS		
ALURODERM PAD	-	EXC
SCARCIN GEL	-	Non-Preferred
SILIPAC KIT	-	Non-Preferred
SUNSCREENS		
age shield lotion (CERAVE equiv)	-	EXC
TAR PRODUCTS		
coal tar shampoo (IONIL-T equiv)	-	EXC
MG217 PSORIA GEL COAL 2%	-	EXC

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DrugName	Special Code	Tier

DERMATOLOGICALS Cont.

WOUND CARE PRODUCTS

AMNIOTIC MEMBRANE ALLOGRAFT (HUMAN) SHEET	-	EXC
BALSAM PERU/CASTOR OIL OINT	-	EXC
BIOSTEP SHEET, INNOVAMATRIX SHEET	-	EXC
CALCIUM ALGINATE-SILVER ROPE 1/4"X12"	OTC	EXC
CHORION MEMBRANE ALLOGRAFT (HUMAN) SHEET	-	EXC
COLLAGEN MATRIX LIQUID	-	EXC
INNOVAMATRIX DISK	-	EXC
KERASTAT CREAM	-	EXC
KERASTAT GEL	-	EXC
MEDIHONEY PASTE WOUND	-	EXC
MIRO3D WOUND PAD	-	EXC
MIROTRACT MIS	-	EXC
OCM WOUND MIS	-	EXC
VYJUVEK GEL	-	EXC
ZENIFIBER AG PAD	-	EXC
ZEVASKYN MIS	-	EXC
ALEVICYN SOLN DERMAL	-	Non-Preferred
BIAFINE EMULSION	-	Non-Preferred
FILSUVEZ GEL (QL= 702g/30days; Only available through PantheRx 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
cicatrace kit (REXASIL equiv)	-	Preferred

DIAGNOSTIC PRODUCTS

DIAGNOSTIC BIOLOGICALS

ALFALFA INJ	-	EXC
ALMOND INJ	-	EXC
ALTERNAR ALT INJ	-	EXC
AMERICAN ELM INJ	-	EXC
AMERICAN LOBSTER INJ	-	EXC
APPLE INJ	-	EXC
ASPERG FUMIG INJ	-	EXC
ATLANTIC COD INJ	-	EXC
ATLANTIC SALMON INJ	-	EXC
ATLANTIC/EASTERN OYSTER INJ	-	EXC
BANANA INJ	-	EXC
BEEF INJ	-	EXC
BIPOL SOROKI INJ	-	EXC
BLACK WALNUT INJ	-	EXC
BLACK WILLOW INJ	-	EXC
BLUE CRAB INJ	-	EXC
BRAZIL NUT INJ	-	EXC
BROWN SHRIMP INJ	-	EXC
CASHEW NUT INJ	-	EXC
CELERY INJ	-	EXC

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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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DIAGNOSTIC PRODUCTS Cont.		
CHICKEN MEAT INJ	-	EXC
CLADO SPHAER INJ	-	EXC
COCKROACH INJ	-	EXC
COCONUT INJ	-	EXC
CORN INJ	-	EXC
COW MILK INJ	-	EXC
DOCK-SORREL INJ	-	EXC
DOG EPITHELI INJ	-	EXC
EASTERN COTTONWOOD INJ	-	EXC
ENGLISH PLAN INJ	-	EXC
ENGLISH WALNUT INJ	-	EXC
HAZELNUT INJ	-	EXC
HORSE EPITHE INJ	-	EXC
LAMBS QUARTE INJ	-	EXC
MOUNTAIN CEDAR INJ	-	EXC
MOUSE EPITHE INJ	-	EXC
NETTLE INJ	-	EXC
NORTHERN QUAHOG CLAM INJ	-	EXC
OAT INJ	-	EXC
ORANGE INJ	-	EXC
PEANUT INJ	-	EXC
PECAN INJ	-	EXC
PENICILLIUM INJ	-	EXC
PINEAPPLE INJ	-	EXC
PORK INJ	-	EXC
RED MAPLE INJ	-	EXC
RED OAK INJ	-	EXC
RICE INJ	-	EXC
SAGEBRUSH INJ	-	EXC
SEA SCALLOPS INJ	-	EXC
SESAME SEED INJ	-	EXC
SG RAGWEED INJ	-	EXC
SOYBEAN INJ	-	EXC
STRAWBERRY INJ	-	EXC
SWEET CHERRY INJ	-	EXC
TOMATO INJ	-	EXC
WESTERN JUNIPER INJ	-	EXC
WHITE ALDER INJ	-	EXC
WHITE ASH INJ	-	EXC
WHITE BIRCH INJ	-	EXC
WHITE POTATO INJ	-	EXC
WHOLE GRAIN BARLEY INJ	-	EXC
WHOLE WHEAT INJ	-	EXC
DIAGNOSTIC DRUGS		
BLUDIGO INJ	-	EXC
GLEOLAN SOLN	-	EXC
GVOKE VIALDX INJ	-	EXC

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DIAGNOSTIC PRODUCTS Cont.		
INDOCYANINE INJ	-	EXC
KINEVAC INJ	-	EXC
LEXISCAN INJ	-	EXC
LUMISIGHT INJ	-	EXC
METHYLENE BLUE INJ SOLN	-	EXC
PAFOLACIANINE SODIUM IV SOLN	-	EXC
regadenoson iv inj (LEXISCAN equiv)	-	EXC
GLUCAGEN INJ	-	Preferred
DIAGNOSTIC PRODUCTS, MISC.		
BREEZA ORAL SOLN	-	EXC
FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred
DIAGNOSTIC RADIOPHARMACEUTICALS		
AMMONIA N 13 INJ	-	EXC
FLORTAUCIPIR F 18 IV SOLN	-	EXC
FLUDEOXYGLUCOSE F 18 IV INJ	-	EXC
FLYRCADO INJ	-	EXC
LYMPHOSEEK KIT	-	EXC
NEUROLITE KIT	-	EXC
POSLUMA SOLN	-	EXC
PYLARIFY INJ	-	EXC
RUBIDIUM RB 82 CHLORIDE FOR IV SOLN	-	EXC
SODIUM FLUORIDE F 18 IV SOLN	-	EXC
DIAGNOSTIC TESTS		
AZO UTI/VAGI KIT PH TEST	-	EXC
CLINISTIX TES KIDNEY	-	EXC
CLINISTIX TEST STRIP	OTC	EXC
COVID-19 TEST	OTC	EXC
CUE COVID-19 INJ TEST CARTRIDGE	OTC	EXC
CVS DIGITAL TEST PREGNANCY	-	EXC
DRUG ASSAY (URINE) AND FUROSEMIDE TAB KIT	-	EXC
FENTANYL FE KIT	-	EXC
INFLUENZA-SARS AT HOME TEST	-	EXC
KETO-DIASTIX TEST STRIP	OTC	EXC
KETOSTIX	OTC	EXC
LIPID PANEL+ MIS EGLU	-	EXC
PRECISION XTRA KETONE TEST STRIP	OTC	EXC
PRO DNA KIT	-	EXC
PTS PANELS TEST CHOL+GLU	-	EXC
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

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DIAGNOSTIC PRODUCTS Cont.		
CUE HEALTH MIS MONITOR (QL= 1 kit/year)	QL	Preventive
MISCELLANEOUS CONTRAST MEDIA		
BL-C KIT	-	EXC
CLARISCAN INJ, DOTAREM INJ	-	EXC
GADAVIST INJ	-	EXC
gadobutrol inj (GADAVIST equiv)	-	EXC
gadoterate meglumine iv soln (CLARISCAN INJ, DOTAREM INJ equiv)	-	EXC
gadoterate meglumine iv soln prefilled syringe (CLARISCAN INJ, DOTAREM INJ equiv)	-	EXC
gadoteridol iv soln (PROHANCE equiv)	-	EXC
IOHEXOL/LIDOCAINE/BETAMETHASONE INJ KIT	-	EXC
PROHANCE INJ	-	EXC
VUEWAY INJ	-	EXC
XENON XE 129 HYPERPOLARIZED INHALATION GAS	-	EXC
RADIOGRAPHIC CONTRAST MEDIA		
diatrizoate meglumine/sodium oral soln (GASTROGRAFIN equiv)	-	EXC
GASTROGRAFIN SOLN	-	EXC
iodixanol inj (VISIPAQUE equiv)	-	EXC
iopamidol inj (ISOVUE-M equiv)	-	EXC
ISOVUE-M 200 INJ	-	EXC
OMNIPAQUE SOLN	-	EXC
VISIPAQUE INJ	-	EXC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
CARAWAY SEED-LEVOMENTHOL CAP DELAYED RELEASE ER	OTC	EXC
DENOVO PLUS CAP B12	OTC	EXC
DEPLIN FC CAP	-	EXC
FOLAFY ER TAB	OTC	EXC
levomefolate glucosamine cap	OTC	EXC
METANX FC CAP	-	EXC
METANX RR CAP	-	EXC
UREAPRO POWDER	-	EXC
METAFOLBIC PLUS TAB	-	Non-Preferred
ZYTAZE CAP	-	Non-Preferred
NUTRITIONAL SUPPLEMENTS		
NUTRITIONAL SUPPLEMENT EFFERVESCENT POWDER	OTC	EXC
OSAPLEX CAP	OTC	EXC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
DIGESTIVE ENZYME CAP DELAYED RELEASE	OTC	EXC
HISTDAO TAB	OTC	EXC
CREON CAP	-	Preferred
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		

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DrugName	Special Code	Tier
DIURETICS Cont.		
methazolamide tab (NEPTAZANE equiv) (Step Therapy requires trial of acetazolamide)	ST	Preferred
dichlorphenamide tab (KEVEYIS equiv) (QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Preferred Specialty
ORMALVI TAB 50MG (QL= 4 tabs/day; Only available through LeMed 347-913-4656 or Vanscoy 855-826-7269)	LD-PA-QL	Preferred Specialty
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	Select
acetazolamide tab	-	Select
DIURETIC COMBINATIONS		
AMILORIDE/HCTZ TAB	-	Select
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	Select
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	Select
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	Select
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	Select
DIURETICS - MISCELLANEOUS		
DIUREX ULTRA TAB	OTC	EXC
LOOP DIURETICS		
SOAANZ TAB (QL= 5 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab)	QL-ST	Non-Preferred
SOAANZ TAB 60MG (QL= 3 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab)	QL-ST	Non-Preferred
FUROSCIX KIT (QL= 8 kits/30 days; Step requires a trial of furosemide tabs or furosemide soln; Only available through Onco360 or CareMed 877-662-6633)	LD-QL-ST	Non-Preferred Specialty
ethacrynic tab (EDECRIN equiv)	-	Preferred
furosemide soln (LASIX equiv)	-	Preferred
bumetanide tab (BUMEX equiv)	-	Select
torsemide tab (DEMADEX equiv)	-	Select
FUROSEMIDE SOLN	-	Value
furosemide tab (LASIX equiv)	-	Value
POTASSIUM SPARING DIURETICS		
spironolactone susp (CAROSPIR equiv) (QL= 600ml/30 days; ST req trial of furosemide oral soln)	QL-ST	Preferred
amiloride tab (MIDAMOR equiv)	-	Select
spironolactone tab (ALDACTONE equiv)	-	Value
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
INZIRQO SUSP (QL= 5ml/day; ST req Diuril AND trial of 1: HCTZ tab/cap, chlorthal-, spirono- tab, spirono-HCTZ, or Triam-HCTZ)	QL-ST	Non-Preferred
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.

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
ADRENAL STEROID INHIBITORS		
ISTURISA TAB (QL= 12 tabs/day; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty
RECORLEV TAB (QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
BONE DENSITY REGULATORS		
BILPREVDA INJ	-	EXC
BOMYNTRA INJ	-	EXC
BOMYNTRA INJ 120MG/1.7ML	-	EXC
OSENVELT INJ	-	EXC
WYOST INJ	-	EXC
XGEVA INJ	-	EXC
BILDYOS INJ (QL= 1 mL (1 syringe)/180 days)	LMSP-PA-QL	Non-Preferred Specialty
BONSITY, TERIPARATIDE INJ (QL= 2.24 units/28 days)	AMSP-PA-QL	Non-Preferred Specialty
CONEXXENCE INJ 60MG/ML (QL= 1mL/180 days)	AMSP-PA-QL	Non-Preferred Specialty
FORTEO INJ 560MCG/2.24ML (QL= 2.24 mL/28 days)	AMSP-PA-QL	Non-Preferred Specialty
JUBBONTI INJ (QL= 1mL/180 days)	AMSP-PA-QL	Non-Preferred Specialty
NATPARA INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
OSPOMYV INJ (QL= 1mL (1 syringe)/180 days)	LMSP-PA-QL	Non-Preferred Specialty
STOBOCLO INJ (QL= 1 mL/180 days)	AMSP-PA-QL	Non-Preferred Specialty
teriparatide inj 560mcg/2.24ml (QL= 2.24 ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty
alendronate sodium oral soln (FOSAMAX equiv) (QL= 300ml/28 days)	QL	Preferred
PROLIA INJ	AMSP-PA	Preferred Specialty
teriparatide (recombinant) soln pen-inj 560mcg/2.24ml (FORTEO equiv) (QL= 2.24 mL/28 days)	AMSP-PA-QL	Preferred Specialty
TYMLOS INJ (QL= 1.56 units/30 days)	AMSP-PA-QL	Preferred Specialty
calcitonin nasal spray (MIACALCIN equiv)	-	Select
ibandronate tab 150mg (BONIVA equiv)	-	Select

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

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
NGENLA INJ (QL= 1.2ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty
NORDITROPIN INJ, NUTROPIN AQ INJ	AMSP-PA	Non-Preferred Specialty
OMNITROPE INJ 5.8MG (QL= 8 vials/28 days)	AMSP-QL	Non-Preferred Specialty
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	AMSP-PA	Non-Preferred Specialty
SOGROYA INJ (QL= 6ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ZOMACTON INJ	AMSP-PA	Non-Preferred Specialty
GENOTROPIN INJ (QL= 21 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ (QL= 4 cartridges/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ (QL= 9 cartridges/28 days)	AMSP-QL	Preferred Specialty
OMNITROPE INJ (QL= 13.5 mL/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
SKYTROFA INJ 0.7MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Preferred Specialty
SKYTROFA INJ 1.4MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Preferred Specialty
SKYTROFA INJ 1.8MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Preferred Specialty
SKYTROFA INJ 2.1MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Preferred Specialty
SKYTROFA INJ 2.5MG (QL= 4 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	Preferred Specialty
HORMONE RECEPTOR MODULATORS		
OSPHENA TAB (QL= 1 tab/day)	PA-QL	Non-Preferred
raloxifene tab (EVISTA equiv) (QL= 1 tab/day)	QL	Preventive
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ (Only available through AnovoRx 844-288-5007)	LD	Preferred Specialty
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
FENSOLVI INJ	-	EXC
TRIPTODUR SUS 22.5MG	-	EXC
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
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
VEOZAH TAB (QL= 30 tabs/30 days; ST requires trial of 2: parox, escital, venlafax, desven AND trial of 1: gabapen, pregab, clonidine)	QL-ST	Non-Preferred
METABOLIC MODIFIERS		
CARNITOR INJ	-	EXC
CITRULLINE EASY TAB	-	EXC
ELFABRIO SOLN	-	EXC
IMCIVREE INJ	-	EXC
KEBILIDI INJ	-	EXC
LAMZEDE INJ	-	EXC
levocarnitine inj (CARNITOR equiv)	-	EXC
NEXVIAZYME INJ	-	EXC
NULIBRY INJ	-	EXC
POMBILITI SOLN	-	EXC
XENPOZYME INJ	-	EXC
RAYALDEE CAP (QL= 2 caps/day)	PA-QL	Non-Preferred
FORZINITY INJ (QL= 4 vials/28 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty
GALAFOLD CAP (QL= 15 caps/30 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
glycerol phenylbutyrate liquid (RAVICTI equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
MYALEPT INJ (QL= 1 inj/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
NITYR TAB (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
OLPRUVA PACK (QL= 3 packets/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty
OPFOLDA CAP (QL= 3 caps/14 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
ORFADIN SUSP (Only available through Eversana 636-519-2400)	LD-PA	Non-Preferred Specialty

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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
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty
TRYNGOLZA INJ (QL= 0.8ml/30 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
XPHOZAH TAB (QL= 60 tabs/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
XURIDEN POWDER (Only available through Biomatrix 855-359-9679)	LD-PA	Non-Preferred Specialty
YORVIPATH INJ 168 MCG/0.56ML (QL= 1.12ml/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
YORVIPATH INJ 294 MCG/0.98ML (QL= 1.96ml/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
YORVIPATH INJ 420 MCG/1.4ML (QL= 2.80ml/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Preferred
cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Preferred
cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day)	QL	Preferred
betaine powder for oral solution (CYSTADANE equiv) (QL= 540 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty
CYSTADANE POWDER (QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through Walgreens 888-347-3416)	LD-QL-ST	Preferred Specialty
JAVYGTOR PAK 100MG (Only available through Accredo 800-803-2523)	LD-PA	Preferred Specialty
JAVYGTOR POW 500MG (Only available through Accredo 800-803-2523)	LD-PA	Preferred Specialty
JAVYGTOR TAB 100MG (Only available through Accredo 800-803-2523)	LD-PA	Preferred Specialty
nitisinone cap (ORFADIN equiv)	LMSP-PA	Preferred Specialty
sapropterin dihydrochloride powder packet (KUVAN equiv)	AMSP-PA	Preferred Specialty
sapropterin dihydrochloride soluble tab (KUVAN equiv)	AMSP-PA	Preferred Specialty
sodium phenylbutyrate powder (BUPHENYL equiv)	AMSP-PA	Preferred Specialty
sodium phenylbutyrate tab (BUPHENYL equiv)	AMSP-PA	Preferred Specialty
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Preferred Specialty

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
calcitriol cap (ROCALTROL equiv)	-	Select
calcitriol soln (CALCITRIOL equiv)	-	Select
levocarnitine soln (CARNITOR equiv)	-	Select
levocarnitine tab (CARNITOR equiv)	-	Select
paricalcitol cap (ZEMPLAR equiv)	-	Select
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB (QL= 30 tabs/30 days; Step req trial of 1 ACE/ARB (ex lisinopril, losartan, valsartan) AND 1 SGLT2 (ex Farxiga, Jardiance))	QL-ST	Non-Preferred
NATRIURETIC PEPTIDES		
VOXZOGO INJ (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj (DDAVP equiv)	-	EXC
TERLIVAZ INJ	-	EXC
VASOPRE/NACL INJ	-	EXC
VASOPRESSIN INJ	-	EXC
vasopressin iv soln (VASOSTRICT equiv)	-	EXC
VASOPRESSIN SOLN	-	EXC
VASOPRESSIN-NACL INJ SOLN PREF SYRINGE	-	EXC
VASOSTRICT SOLN	-	EXC
STIMATE NASAL SOLN	-	Preferred
desmopressin acetate nasal spray (DDAVP equiv)	-	Select
desmopressin acetate tab (DDAVP equiv)	-	Select
DESMOPRESSIN NASAL SPRAY	-	Select
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab (MIFEPREX equiv)	-	Select
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	Select
SOMATOSTATIC AGENTS		
lanreotide acetate extended release inj (SOMATULINE equiv)	-	EXC
octreotide acetate for im inj kit (SANDOSTATIN equiv)	-	EXC
SANDOSTATIN LAR KIT	-	EXC
SOMATULINE INJ	-	EXC
MYCAPSSA CAP (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Non-Preferred Specialty
octreotide inj (SANDOSTATIN equiv)	AMSP-PA	Preferred Specialty
OCTREOTIDE INJ 100MCG	AMSP-PA	Preferred Specialty
SIGNIFOR INJ (QL= 2 vials/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
VASOPRESSIN RECEPTOR ANTAGONISTS		
SAMSCA TAB, TOLVAPTAN TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
tolvaptan tab (JYNARQUE, SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
tolvaptan tab (JYNARQUE, SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
tolvaptan tab therapy pack (JYNARQUE equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred 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
tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
tolvaptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
ESTROGENS		
ESTROGEN COMBINATIONS		
ANGELIQ TAB	-	Non-Preferred
BIJUVA CAP	-	Non-Preferred
CLIMARA PRO PATCH	-	Non-Preferred
COMBIPATCH	-	Non-Preferred
PREFEST TAB	-	Non-Preferred
MYFEMBREE TAB (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ORIAHNN CAP (QL= 2 caps/day)	AMSP-PA-QL	Non-Preferred Specialty
PREMPHASE TAB, PREMPRO TAB	-	Preferred
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	Select
estradiol/norethindrone tab (ACTIVELLA equiv)	-	Select
jinteli tab (FEMHRT equiv)	-	Select
ESTROGENS		
DEPO-ESTRADIOL INJ	-	Non-Preferred
estradiol gel 0.06% (ESTRADIOL equiv) (QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Preferred
estradiol td gel (DIVIGEL equiv) (QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Preferred
estradiol td gel 1.25mg/1.25gm (DIVIGEL equiv) (QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Preferred

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DrugName	Special Code	Tier
ESTROGENS Cont.		
estrogens, conjugated tab (PREMARIN equiv)	-	Preferred
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
estradiol valerate inj	-	Select
FLUOROQUINOLONES		
FLUOROQUINOLONES		
CIPROFLOXACIN INJ	-	EXC
LEVOFLOXACIN INJ 25MG/ML	-	EXC
levofloxacin IV soln 25 mg/ml (LEVOFLOXACIN IV equiv)	-	EXC
BAXDELA TAB (QL= 2 tabs/day)	PA-QL	Non-Preferred
FACTIVE TAB	-	Non-Preferred
OFLOXACIN TAB	-	Non-Preferred
PROQUIN XR TAB	-	Non-Preferred
ciprofloxacin susp (CIPRO equiv)	-	Preferred
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
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
prucalopride succinate tab (MOTEGRITY equiv) (QL= 1 tab/day; Step therapy requires trial of Trulance, Linzess, AND lubiprostone)	QL-ST	Preferred
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB (QL= 30 tabs/30 days)	QL	Preferred
ANTIFLATULENTS		
BEANO TAB	-	EXC
GAS RELIEF LIQUID INFANTS	OTC	EXC
PHAZYME CAP	OTC	EXC
simethicone cap (PHAZYME equiv)	OTC	EXC
BILE ACID SYNTHESIS DISORDER AGENTS		
CHENODAL TAB (ST req trial of 1: ursodiol caps or tabs)	ST	Non-Preferred Specialty
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	Non-Preferred Specialty
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty

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GASTROINTESTINAL AGENTS - MISC. Cont.		
GALLSTONE SOLUBILIZING AGENTS		
RELTONE CAP (Step therapy requires trial of ursodiol tab)	ST	Non-Preferred
URSODIOL CAP (Step therapy requires trial of ursodiol tab)	ST	Non-Preferred
CHENODAL TAB (ST req trial of 1: ursodiol caps or tabs)	RDX-ST	Non-Preferred Specialty
ursodiol cap (ACTIGALL equiv)	-	Select
ursodiol tab (URSO (FORTE) equiv)	-	Select
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	Select
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap (AMITIZA equiv) (QL= 60 caps/30 days)	QL	Select
GASTROINTESTINAL STIMULANTS		
GIMOTI NASAL SPRAY (QL= 1 bottle/28 days; ST req trial of metoclopramide tab)	QL-ST	Non-Preferred
metoclopramide soln (REGLAN equiv)	-	Select
metoclopramide tab (REGLAN equiv)	-	Select
HEPATOTROPICS		
REZDIFFRA TAB (QL= 30 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP (Only available through Accredo 800-803-2523 or PantheRx Pharmacy 855-726-8479)	LD-PA	Non-Preferred Specialty
LIVMARLI SOLN (Only available through Eversana 636-519-2400)	LD-PA	Non-Preferred Specialty
LIVMARLI TAB (QL= 1 tab/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Non-Preferred Specialty
INFLAMMATORY BOWEL AGENTS		
CIMZIA INJ	-	EXC
IMULDOSA INJ	-	EXC
mesalamine kit	-	EXC
OMVOH INJ	-	EXC
OTULFI INJ	-	EXC
PYZCHIVA IV INJ	-	EXC
SELARSDI INJ	-	EXC
SKYRIZI SOLN	-	EXC
STARJEMZA INJ	-	EXC
STEQEYMA INJ	-	EXC
USTEKINUMAB INJ	-	EXC
WEZLANA IV INJ	-	EXC
YESINTEK INJ	-	EXC

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GASTROINTESTINAL AGENTS - MISC. Cont.		
ASACOL HD TAB, MESALAMINE TAB (Step Therapy requires trial of APRISO or LIALDA)	ST	Non-Preferred
DIPENTUM CAP	-	Non-Preferred
PENTASA CAP (QL= 8 caps/day; Step Therapy requires trial of APRISO or LIALDA)	QL-ST	Non-Preferred
SFROWASA ENEMA (QL= 60 mL/day)	QL	Non-Preferred
OMVOH INJ (QL= 2ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty
OMVOH INJ 100MG/ML, 200MG/2ML (QL= 3ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty
SKYRIZI 180MG/1.2ML CARTRIDGE (QL= 1 cartridge/56 days)	AMSP-PA-QL	Non-Preferred Specialty
SKYRIZI INJ (QL= 1 cartridge/56 days)	AMSP-PA-QL	Non-Preferred Specialty
VELSIPITY TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
ZYMFENTRA INJ (QL= 2 pens/28 days)	AMSP-PA-QL	Non-Preferred Specialty
mesalamine ER cap (PENTASA equiv) (QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA)	QL-ST	Preferred
mesalamine tab (ASACOL equiv) (QL= 9 tabs/1 day; Step Therapy requires trial of generic APRISO or generic LIALDA)	QL-ST	Preferred
CIMZIA INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty
CIMZIA INJ 200MG/ML (QL= 2 units/28 days)	AMSP-PA-QL	Preferred Specialty
ENTYVIO INJ (QL= 1.36ml/28 days)	AMSP-PA-QL	Preferred Specialty
TREMFYA INJ CROHNS INDUCTION PACK (QL= 12 mL/year)	AMSP-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= 60 mL/day)	QL	Select
mesalamine ER cap (APRISO equiv) (QL= 8 caps/day)	QL	Select
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	QL	Select
sulfasalazine EC tab (AZULFIDINE equiv)	-	Select
sulfasalazine tab (AZULFIDINE equiv)	-	Select
INTESTINAL ACIDIFIERS		
lactulose soln	-	Select
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
IBSRELA TAB (QL= 60 tabs/30 days)	PA-QL	Non-Preferred
LINZESS CAP (QL= 30 caps/30 days)	QL	Preferred

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GASTROINTESTINAL AGENTS - MISC. Cont.		
alosetron tab (LOTRONEX equiv)	-	Select
LIVE FECAL MICROBIOTA		
REBYOTA SUSP FECAL	-	EXC
VOWST CAP (QL= 12 caps/30 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
RELISTOR INJ (QL= 0.4ml/day)	AMSP-PA-QL	Non-Preferred Specialty
RELISTOR INJ (QL= 0.6ml/day)	AMSP-PA-QL	Non-Preferred Specialty
RELISTOR INJ KIT (QL= 0.6ml/day)	AMSP-PA-QL	Non-Preferred Specialty
RELISTOR TAB (QL= 3 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty
MOVANTIK TAB (QL= 30 tabs/30 days)	PA-QL	Preferred
SYMPROIC TAB (QL= 30 tabs/30 days)	PA-QL	Preferred
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TAB (QL= 30 tabs/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
LIVDELZI CAP (QL= 30 caps/30 days; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
PHOSPHATE BINDER AGENTS		
AURYXIA TAB, FERRIC CITRATE TAB (QL= 12 tabs/day)	QL	Non-Preferred
FOSRENOL POWDER PACK (QL= 3 packs/day)	QL	Non-Preferred
RENAGEL TAB	-	Non-Preferred
VELPHORO CHEW TAB (QL= 6 tabs/day)	QL	Non-Preferred
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
SHORT BOWEL SYNDROME (SBS) AGENTS		

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ST	Step Therapy	VAC	Vaccine Program		

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
GATTEX KIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB (QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Biologics 800-850-4306)	LD-PA-QL-ST	Non-Preferred Specialty
GENERAL ANESTHETICS		
ANESTHETICS - MISC.		
KETAMINE HCL INJ NACL	-	EXC
KETAMINE HCL SOLN INJ PREF SYRINGE	-	EXC
KETAMINE INJ	-	EXC
BARBITURATE ANESTHETICS		
BREVITAL SOD INJ	-	EXC
methohexital sodium for inj (BREVITAL equiv)	-	EXC
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB	-	Non-Preferred
ALKALINIZERS		
POTASSIUM CITRATE-MAGNESIUM CITRATE ER TAB	-	EXC
POTASSIUM CITRATE-MAGNESIUM CITRATE PACKET	-	EXC
CYTRA K CRYSTALS	-	Preferred
ORACIT SOLN	-	Preferred
tricitrates soln (POLYCITRA-LC equiv)	-	Preferred
CYTRA-3 SYRUP	OTC	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
sodium citrate/citric acid soln (BICITRA equiv)	-	Select
CYSTINOSIS AGENTS		
PROCYSBI CAP (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
PROCYSBI GRANULES PACKET (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
CYSTAGON CAP 150MG (Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-RDX	Preferred Specialty
CYSTAGON CAP 50MG (QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-QL-RDX	Preferred Specialty
GENITOURINARY IRRIGANTS		
SODIUM CHLORIDE IRRIGATION SOLN	-	Select
HYPEROXALURIA AGENTS		
RIVFLOZA INJ (QL= 2 vials/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty

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ACA	Affordable Care Act	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
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
RIVFLOZA INJ (QL= 1 syringe/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TAB (QL= 30 tabs/30 days; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	Non-Preferred Specialty
VANRAFIA TAB (QL= 30 tabs/30 days; Only available through CareMed 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP (QL= 3 caps/day; Step Therapy requires trial of amitriptyline AND hydroxyzine)	QL-ST	Preferred
PROSTATIC HYPERTROPHY AGENTS		
ENTADFI CAP (QL= 1 tab/day; Step therapy requires trial of an alpha 1 blocker (e.g. tamsulosin), finasteride 5mg AND tadalafil)	QL-ST	Non-Preferred
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)	-	EXC
URINARY STONE AGENTS		
LITHOSTAT TAB	-	Non-Preferred
THIOLA EC TAB (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Non-Preferred Specialty
tiopronin tab (THIOLA equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Preferred Specialty
tiopronin tab delayed release (THIOLA EC equiv) (QL= 8 tabs/day)	AMSP-PA-QL	Preferred Specialty
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
DUZALLO TAB (QL= 1 tab/day)	PA-QL	Non-Preferred
colchicine/probenecid tab (COL-BENEMID equiv)	-	Select
GOUT AGENTS		
KRYSTEXXA INJ	-	EXC
GLOPERBA SOLN (QL= 300ml/30 days; Step Therapy requires trial of colchicine)	QL-ST	Non-Preferred
MITIGARE CAP (QL= 2 caps/day)	QL	Non-Preferred
ZURAMPIC TAB (QL= 1 tab/day)	PA-QL	Non-Preferred
ALLOPURINOL TAB 200MG (QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs)	QL-ST	Preferred
colchicine cap (MITIGARE equiv) (QL= 4 caps/day)	QL	Preferred
allopurinol tab (ZYLOPRIM equiv)	-	Select
colchicine tab (COLCRYS equiv) (QL= 4 tabs/day)	QL	Select

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ST	Step Therapy	VAC	Vaccine Program		

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DrugName	Special Code	Tier
GOUT AGENTS Cont.		
febuxostat tab (ULORIC equiv) (QL= 1 tab/day; Step Therapy requires trial of allopurinol 100mg or 300mg)	QL-ST	Select
URICOSURICS		
probenecid tab (BENEMID equiv)	-	Select
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
BALFAXAR INJ	-	EXC
BEQVEZ INJ	-	EXC
FIBRYGA INJ	-	EXC
HEMGENIX INJ	-	EXC
ROCTAVIAN INJ	-	EXC
ADYNOVATE INJ	AMSP-PA	Non-Preferred Specialty
ALHEMO INJ	AMSP-PA	Non-Preferred Specialty
ALPHANINE SD INJ	AMSP-PA	Non-Preferred Specialty
ALTUVIIIO INJ	AMSP-PA	Non-Preferred Specialty
COAGADEX INJ (Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA	Non-Preferred Specialty
CORIFACT KIT	AMSP-PA	Non-Preferred Specialty
ESPEROCT INJ	AMSP-PA	Non-Preferred Specialty
FEIBA INJ	AMSP-PA	Non-Preferred Specialty
HYMPAVZI INJ (QL= 4ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty
IDELVION INJ (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
IXINITY INJ, RIXUBIS INJ	AMSP-PA	Non-Preferred Specialty
JIVI INJ	AMSP-PA	Non-Preferred Specialty
KOGENATE FS INJ	AMSP-PA	Non-Preferred Specialty

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DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
KOVALTRY INJ	AMSP-PA	Non-Preferred Specialty
NOVOEIGHT INJ	AMSP-PA	Non-Preferred Specialty
NOVOSEVEN RT INJ	AMSP-PA	Non-Preferred Specialty
NUWIQ INJ	AMSP-PA	Non-Preferred Specialty
NUWIQ KIT	AMSP-PA	Non-Preferred Specialty
QFITLIA INJ (QL= 0.2ml/56 days; Only available through Soleo Health 844-747-3030)	LD-PA-QL	Non-Preferred Specialty
QFITLIA INJ (QL= 0.5ml/56 days; Only available through Soleo Health 844-747-3030)	LD-PA-QL	Non-Preferred Specialty
REBINYN INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
RECOMBINATE INJ	AMSP-PA	Non-Preferred Specialty
SEVENFACT SOLN	AMSP-PA	Non-Preferred Specialty
WILATE INJ	AMSP-PA	Non-Preferred Specialty
XYNTHA INJ	AMSP-PA	Non-Preferred Specialty
ADVATE INJ 1000 UNIT	AMSP-PA	Preferred Specialty
ADVATE INJ 1500 UNIT	AMSP-PA	Preferred Specialty
ADVATE INJ 2000 UNIT	AMSP-PA	Preferred Specialty
ADVATE INJ 250 UNIT	AMSP-PA	Preferred Specialty
ADVATE INJ 3000 UNIT	AMSP-PA	Preferred Specialty
ADVATE INJ 4000 UNIT	AMSP-PA	Preferred Specialty
ADVATE INJ 500 UNIT	AMSP-PA	Preferred Specialty
AFSTYLA KIT (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty

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DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
ALPHANATE, HUMATE-P INJ	AMSP-PA	Preferred Specialty
ALPROLIX INJ (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty
BENEFIX INJ	AMSP-PA	Preferred Specialty
ELOCTATE INJ	AMSP-PA	Preferred Specialty
HEMLIBRA INJ	AMSP-PA	Preferred Specialty
HEMOFIL M, KOATE INJ	AMSP-PA	Preferred Specialty
OBIZUR INJ (Only available through CVS Specialty 800-238-7828)	LD-PA	Preferred Specialty
PROFILNINE INJ	AMSP-PA	Preferred Specialty
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days)	AMSP-PA-QL	Preferred Specialty
icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days; Only available through Accredo 888-773-7376)	AMSP-PA-QL-LD	Preferred Specialty
COMPLEMENT INHIBITORS		
BKEMV INJ	-	EXC
ENJAYMO SOLN	-	EXC
EPYSQLI INJ	-	EXC
GOHIBIC INJ	-	EXC
PIASKY INJ	-	EXC
VEOPOZ INJ	-	EXC
BERINERT INJ (QL= 20ml/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
FABHALTA CAP (QL= 60 caps/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
RUCONEST INJ (QL= 16 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
TAVNEOS CAP (QL= 180 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
ZILBRYSQ INJ 16.6MG/0.416ML (QL= 11.65ml/28 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
ZILBRYSQ INJ 23MG/0.574ML (QL= 16.07ml/28 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
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DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
ZILBRYSQ INJ 32.4MG/0.81ML (QL= 22.68ml/28 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Preferred Specialty
HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
VOYDEYA TAB (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Preferred Specialty
VOYDEYA TAB THERAPY PACK (QL= 180 tabs/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL	Preferred Specialty
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
HEMATOLOGICAL ENZYMES - MISC		
ADZYNMA KIT	-	EXC
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	Select
PLASMA EXPANDERS		
HETASTARCH INJ	-	EXC
PLASMA FACTOR XIIA INHIBITORS		
ANDEMBRY INJ (QL= 1.2 mL/28 days; Only available through Accredo 800-803-2523, Orsini 800-410-8575 or CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAP (QL= 28 caps/28 days; Only available through Optime Care 1-888-287-2017)	LD-PA-QL	Non-Preferred Specialty
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TAKHZYRO INJ 150MG/ML (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
PLASMA PROTEINS		
ALBUKED INJ	-	EXC
RYPLAZIM SOLN	-	EXC
PLATELET AGGREGATION INHIBITORS		
AGGRASTAT INJ	-	EXC
tirofiban hcl in nacl (AGGRASTAT equiv)	-	EXC
YOSPRALA TAB	-	EXC
DURLAZA CAP	-	Non-Preferred
ZONTIVITY TAB (Step Therapy requires trial of clopidogrel)	ST	Non-Preferred

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DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
aspirin/dipyridamole cap (AGGRENOX equiv)	-	Preferred
anagrelide cap (AGRYLIN equiv)	-	Select
cilostazol tab (PLETAL equiv)	-	Select
clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days)	QL	Select
clopidogrel tab 75mg (PLAVIX equiv)	-	Select
dipyridamole tab (PERSANTINE equiv)	-	Select
prasugrel tab (EFFIENT equiv) (QL= 1 tab/day)	QL	Select
ticagrelor tab (BRILINTA equiv) (QL= 2 tabs/day)	QL	Select
PYRUVATE KINASE ACTIVATORS		
PYRUKYND TAB (QL= 56 tabs/28 days; Only available through Biologics by McKesson 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
PYRUKYND THERAPY PACK (QL= 7 tabs/7 days; Only available through Biologics by McKesson 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
THROMBOLYTIC ENZYMES		
TNKASE INJ	-	EXC
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
miglustat cap (ZAVESCA equiv) (QL= 3 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	Preferred
AGENTS FOR SICKLE CELL DISEASE		
CASGEVY INJ	-	EXC
LYFGENIA SUSP	-	EXC
XROMI SOLN (ST req trial of Droxia capsule for adults/older kids)	ST	Non-Preferred
l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps)	AMSP-QL-ST	Preferred Specialty
COBALAMINS		
B-12 TAB ODT	OTC	EXC
CVS B12 CHEW	-	EXC
cyanocobalamin chew tab	-	EXC
ENERGY B-12 TAB	-	EXC
METHYL B-12 CHW	-	EXC
methylcobalamin orally disintegrating tab (B-12 equiv)	OTC	EXC
VITAMIN B12 LIQ	-	EXC
VITAMIN B-12 TAB 1500 TR	-	EXC
CALOMIST NASAL SPRAY	-	Non-Preferred
cyanocobalamin nasal spray 500mcg/0.1ml (NASCOBAL equiv) (ST req trial of cyanocobalamin injection)	ST	Preferred

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
cyanocobalamin inj	-	Select
FOLIC ACID/FOLATES		
FOLIC ACID LIQUID	-	EXC
folic acid cap (Covered at $0 for females only; All other members covered at generic copay)	-	Preventive
folic acid tab 1mg (Covered at $0 for females only; All other members covered at generic copay)	-	Preventive
folic acid tab 400mcg (Covered for females only)	OTC	Preventive
folic acid tab 800mcg (Covered for females only)	OTC	Preventive
HEMATOPOIETIC GENE THERAPY		
ZYNTEGLO INJ	-	EXC
HEMATOPOIETIC GROWTH FACTORS		
JESDUVROQ TAB	-	EXC
ROLVEDON INJ	-	EXC
RYZNEUTA INJ	-	EXC
VAFSEO TAB	-	EXC
ALVAIZ TAB	AMSP-PA	Non-Preferred Specialty
EPOGEN/PROCRIT (QL= 12 vials/30 days; ST req trial of Retacrit OR Aranesp)	AMSP-QL-ST	Non-Preferred Specialty
EPOGEN/PROCRIT (ST req trial of Retacrit OR Aranesp)	AMSP-QL-ST	Non-Preferred Specialty
FYLNETRA INJ (QL= 2 syringes/28 days)	PA-QL	Non-Preferred Specialty
GRANIX INJ (QL= 15 syringes/30 days)	AMSP-PA-QL	Non-Preferred Specialty
GRANIX INJ (QL= 15 vials/30 days)	AMSP-PA-QL	Non-Preferred Specialty
LEUKINE INJ	AMSP-PA	Non-Preferred Specialty
MIRCERA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
MULPLETA TAB (QL= 7 tabs/fill, 3 fills/365 days; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Non-Preferred Specialty
NEULASTA INJ (QL= 1.2 units/28 days)	AMSP-PA-QL	Non-Preferred Specialty

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HEMATOPOIETIC AGENTS Cont.		
NEUPOGEN INJ (QL= 15 syringes/30 days)	AMSP-PA-QL	Non-Preferred Specialty
NIVESTYM INJ (QL= 15 syringes/30 days)	AMSP-PA-QL	Non-Preferred Specialty
NYPOZI INJ (QL= 7.5ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty
RELEUKO INJ (QL= 15 syringes/30 days)	AMSP-PA-QL	Non-Preferred Specialty
RELEUKO INJ (QL= 15 vials/30 days)	AMSP-PA-QL	Non-Preferred Specialty
STIMUFEND INJ (QL = 1.2 units/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
UDENYCA INJ (QL= 2 injectors/28 days)	AMSP-PA-QL	Non-Preferred Specialty
UDENYCA INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ZIEXTENZO INJ (QL= 1.2 units/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ARANESP INJ (QL= 4 syringes/30 days)	AMSP-QL	Preferred Specialty
ARANESP INJ (QL= 4 vials/30 days)	AMSP-QL	Preferred Specialty
DOPTELET SPRINKLE CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
eltrombopag olamine powder pack for susp (PROMACTA equiv) (QL= 6 packets/day)	AMSP-PA-QL	Preferred Specialty
eltrombopag olamine tab (PROMACTA equiv) (QL= 2 tabs/day)	AMSP-PA-QL	Preferred Specialty
FULPHILA INJ (QL= 2 syringes/28 days)	AMSP-QL	Preferred Specialty
NYVEPRIA INJ (QL= 2 inj/28 days)	AMSP-QL	Preferred Specialty
RETACRIT INJ (QL= 12 vials/30 days)	AMSP-QL	Preferred Specialty
RETACRIT INJ (QL= 4 vials/30 days)	AMSP-QL	Preferred Specialty
ZARXIO INJ (QL= 15 syringes/30 days)	AMSP-QL	Preferred Specialty
ZARXIO INJ 480/0.8 (QL= 15 syringes/30 days)	AMSP-QL	Preferred Specialty

HEMATOPOIETIC MIXTURES

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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
HEMATOPOIETIC AGENTS Cont.		
B-12 SL TAB	OTC	EXC
BENTIVITE TAB	-	EXC
cobalamin combination sl tab	OTC	EXC
FERIVA 21/7 TAB	-	EXC
FERRO-PLEX TAB	-	EXC
ferrous fumarate-folic acid tab	-	EXC
FOLDITAM TAB	-	EXC
FOLIC ACID-CHOLECALCIFEROL CAP	-	EXC
FOLIC AC-VIT B12-VIT B6-ARGININE TAB	-	EXC
FOLPLEX TAB	-	EXC
HEMATINIC PL TAB VITAMIN	-	EXC
HEMATINIC/FA TAB	-	EXC
HEMAX TAB	OTC	EXC
ICAR-C PLUS TAB	-	EXC
MAXFE TAB	OTC	EXC
MOOD POSITIV TAB 5-HTP	-	EXC
NEUROPHX CAP	OTC	EXC
TANDEM CAP	OTC	EXC
BIFERARX TAB	-	Non-Preferred
NEPHRON FA TAB	-	Preferred
multigen plus tab (CHROMAGEN FORTE equiv)	-	Select
multigen tab (CHROMAGEN equiv)	-	Select
IRON		
ACCRUFER CAP	-	EXC
FERROUS SULF TAB EC	-	EXC
ferrous sulfate ec tab	-	EXC
ferrous sulfate elixir	OTC	EXC
FERROUS SULFATE LIQUID	OTC	EXC
ferrous sulfate soln	OTC	EXC
ferumoxytol inj (FERAHEME equiv)	-	EXC
HEMATEX LIQ	OTC	EXC
INJECTAFER INJ	-	EXC
IRON GLYCINATE CAP	OTC	EXC
IRON GLYCINATE LIQUID	-	EXC
iron sucrose inj (VENOFER equiv)	-	EXC
IRON TAB	-	EXC
polysaccharide iron complex liquid (HEMATEX equiv)	OTC	EXC
SLOW RELEASE IRON TAB	-	EXC
TRIFERIC AVNU INJ	-	EXC
VENOFER INJ	-	EXC
STEM CELL MOBILIZERS		
APHEXDA INJ	-	EXC
MOZOBIL INJ	-	EXC
plerixafor subcutaneous inj (MOZOBIL equiv)	-	EXC

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
XOLREMDI CAP (QL= 60 caps/20 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid-sodium chloride iv soln (TRANEXAMIC equiv)	-	EXC
TRANEXAMIC INJ ACID	-	EXC
aminocaproic acid soln (AMICAR equiv)	AMSP	Preferred Specialty
tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days)	QL	Select
HEMOSTATICS - TOPICAL		
GELATIN ABSORBABLE POW	-	EXC
MONSELS FERRIC PASTE SUBSULF	-	EXC
RECOTHROM SOLN	-	EXC
VISTASEAL KIT	-	EXC
HYPNOTICS		
NON-BARBITURATE HYPNOTICS		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	Select
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
ALEVE PM TAB	OTC	EXC
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	OTC	EXC
WAL-SLEEP Z TAB	OTC	EXC
BARBITURATE HYPNOTICS		
SEZABY INJ	-	EXC
SECONAL CAP	-	Non-Preferred
phenobarbital elixir	-	Select
phenobarbital tab	-	Select
HYPNOTICS - TRICYCLIC AGENTS		
doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zaleplon cap, zolpidem IR/ER/SL tab, doxepin 10mg, trazodone tab)	QL-ST	Preferred
NON-BARBITURATE HYPNOTICS		
dexmedetomidine hcl iv soln	-	EXC
DEXMEDETOMIDINE HCL-NACL SOLN PREF SYR	-	EXC
DEXMEDETOMIDINE INJ	-	EXC
IGALMI FILM	-	EXC
MIDAZOLAM HCL IV SOLN PREF SYRINGE	-	EXC
MIDAZOLAM IV SOLN PREFILLED SYRINGE	-	EXC
MIDAZOLAM/NACL INJ	-	EXC
MIDAZOLAM/SODIUM CHLORIDE IV SOLN	-	EXC
midazolam-sodium chloride 0.9% iv soln (MIDAZOLAM/NACL equiv)	-	EXC
FLURAZEPAM CAP (QL= 1 cap/day; Step Therapy requires trial of 2: estazolam, temazepam, and triazolam)	QL-ST	Non-Preferred
SOMNOTE CAP	-	Non-Preferred

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DrugName	Special Code	Tier
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
ZOLPIDEM CAP (QL= 1 cap/day; ST requires trial of zolpidem tab AND Trial of 1: eszopiclone, zaleplon, zolpidem ER or zolpidem SL)	QL-ST	Non-Preferred
ZOLPIMIST SPRAY (Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	ST	Non-Preferred
zolpidem tartrate SL tab (INTERMEZZO equiv) (QL= 1 tab/day)	QL	Preferred
estazolam tab (PROSOM equiv)	-	Select
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	Select
midazolam hcl syrup	-	Select
midazolam inj	-	Select
temazepam cap 15mg (RESTORIL equiv)	-	Select
temazepam cap 30mg (RESTORIL equiv)	-	Select
triazolam tab (HALCION equiv)	-	Select
zaleplon cap (SONATA equiv) (QL= 2 caps/day)	QL	Select
zaleplon cap 10mg (SONATA equiv)	-	Select
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	Select
zolpidem er tab 6.25mg (QL= 2 tabs/day)	QL	Select
zolpidem tab 5mg (QL= 2 tabs/day)	QL	Select
OREXIN RECEPTOR ANTAGONISTS		
QUVIVIQ TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate)	QL-ST	Non-Preferred
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ SUSP (QL= 158ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty
tasimelteon capsule (HETLIOZ equiv)	AMSP-PA	Preferred Specialty
LAXATIVES		
BULK LAXATIVES		
BENEFIBER POWDER PACKET	-	EXC
FIBER LIQUID	OTC	EXC
FIBER PACKET	-	EXC
METAMUCIL 4-IN-1 FIBER	-	EXC
METAMUCIL POWDER	OTC	EXC
NATURL FIBER POWDER	-	EXC
psyllium powder (SM FIBER equiv)	OTC	EXC
LAXATIVE COMBINATIONS		
BENEFIBER CHEW	OTC	EXC
FIBER/VITAMIN D3 CHEW TAB	-	EXC
CLENPIQ SOLN	-	Non-Preferred
HALFLYTELY BOWEL PREP KIT	-	Non-Preferred
SUCLEAR KIT	-	Non-Preferred
SUTAB TAB	-	Non-Preferred
gavilyte-h kit	-	Preferred
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv)	-	Preferred

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DrugName	Special Code	Tier
LAXATIVES Cont.		
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)	-	Select
LAXATIVES - MISCELLANEOUS		
VIBRANT	-	EXC
GIALAX KIT	-	Non-Preferred
KRISTALOSE PAK (ST req trial of lactulose)	ST	Preferred
lactulose soln	-	Select
SALINE LAXATIVES		
MAGNESIUM HYDROXIDE CHEW TAB	OTC	EXC
MILK OF MAGNESIUM SUSP	-	EXC
STIMULANT LAXATIVES		
SENNA CAP	-	EXC
SENNA CAP 17.2MG	OTC	EXC
SURFACTANT LAXATIVES		
benzocaine-docusate sodium rectal enema	OTC	EXC
DOCUSATE SYRUP	-	EXC
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
LIDOCAINE (BUFFERED) W/ EPINEPHRINE	-	EXC
LIDOCAINE/EPINEPHRINE INJ	-	EXC
SENSORCAINE-MPF EPINEPHRINE INJ	-	EXC
LOCAL ANESTHETICS - AMIDES		
LIDOCAINE HCL LOCAL SOLN PREFILLED SYRINGE	-	EXC
LIDOCAINE INJ	-	EXC
POLOCAINE INJ -MPF	-	EXC
ROPIVACAINE INJ	-	EXC
ZINGO INJ	-	EXC
LOCAL ANESTHETICS - ESTERS		
TETRACAINE INJ	-	EXC
MACROLIDES		
AZITHROMYCIN		
ZITHROMAX POWDER PACK	-	Preferred
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

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DrugName	Special Code	Tier
MACROLIDES Cont.		
ERYTHROMYCINS		
erythromycin lactobionate for inj (ERYTHROCIN equiv)	-	EXC
ERYTHROMYCIN CAP DR	-	Preferred
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/10 days)	QL	Preferred
DIFICID TAB (QL= 20 tabs/10 days)	QL	Preferred
MEDICAL DEVICES		
FIRST AID KITS		
FIRST AID KIT	-	EXC
PARENTERAL THERAPY SUPPLIES		
HYPODERMIC NEEDLES	OTC	Preferred
MEDICAL DEVICES AND SUPPLIES		
AUDITORY SUPPLIES		
CLEVER CHOIC MIS HEAR AID	-	EXC
BANDAGES-DRESSINGS-TAPE		
GAUZE PADS/DRESSINGS 10" X 9"	OTC	EXC
CONTRACEPTIVES		
CERVICAL CAP	-	Preventive
DIAPHRAGM	-	Preventive
FEMALE CONDOMS	OTC	Preventive
DIABETIC SUPPLIES		
CARDIOCHEK MIS PLUS	-	EXC
TEMPO SMART BUTTON	-	EXC
DEXCOM G7 SENSOR (15-DAY) (QL = 2 sensors/30 days; Step therapy requires trial of an insulin product)	QL-ST	Non-Preferred
GUARDIAN 4 MIS SENSOR (QL= 5 sensors/30 days)	PA-QL	Non-Preferred
GUARDIAN 4 TRANSMITTER (QL= 1 transmitter/year)	PA-QL	Non-Preferred
Non-preferred CGM Monitor Supplies Kit	PA	Non-Preferred
V-GO INJ KIT (QL= 1 kit/day)	QL	Non-Preferred
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

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
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 2-PLUS SENSOR (QL= 2 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred
FREESTYLE LIBRE 3 READER (QL= 1 receiver/1 year; Step Therapy requires trial of one insulin product)	QL-ST	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 DEX G7G6 INTRO KIT (QL= 1 kit/year)	QL	Preferred
OMNIPOD 5 DEX G7G6 PODS (QL= 15 pods/30 days)	QL	Preferred
OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT (QL= 1 kit/year)	QL	Preferred
OMNIPOD 5 LIBRE2 PLUS G6 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
ENTERAL NUTRITION SUPPLIES		
RELIZORB	-	EXC
GI-GU OSTOMY & IRRIGATION SUPPLIES		
YONI FIT MIS KIT	-	EXC
INFANT CARE PRODUCTS		
AVEENO BABY KIT CARE	-	EXC
MISC. DEVICES		
ALCOHOL SWABS	OTC	EXC
EMBOLIZATION MICROSPHERES PREFILLED SYRINGE	-	EXC
PAIN RELIEF DEVICE	-	EXC
OPTICAL AND OPHTHALMIC SUPPLIES		
SUSVIMO IMP	-	EXC
PARENTERAL THERAPY SUPPLIES		
INPEN INSULIN INJECTION DEVICE	-	EXC
VYAFUSER MIS PUMP	-	EXC
ALLERGY TRAY	-	Non-Preferred
CEQUR SIMPLICITY 2U (QL= 10 patches/30 days)	QL	Non-Preferred
CEQUR SIMPLICITY INSERTER (QL= 1 inserter/lifetime)	QL	Non-Preferred
TB SYRINGE	-	Non-Preferred
HYPODERMIC NEEDLES	OTC	Preferred
SAFETY SYRINGE	-	Preferred
SYRINGE LUER-LOK	OTC	Preferred
B-D INSULIN SYRINGE	--OTC	Select
BD NEEDLES	OTC	Select

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
B-D PEN NEEDLE	OTC	Select
EMBECTA INSULIN SYRINGE	--OTC	Select
EMBECTA PEN NEEDLE	OTC	Select
NOVOFINE PEN NEEDLE	OTC	Select
NOVOTWIST PEN NEEDLE	OTC	Select
RESPIRATORY THERAPY SUPPLIES		
PEAK FLOW METER	-	Non-Preferred
AEROCHAMBER (QL= 1 device/365 days)	QL	Preferred
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
QULIPTA TAB (QL= 30 tabs/30 days)	PA-QL	Non-Preferred
ZAVZPRET SPRAY (QL= 6 sprays/30 days; ST req trial of 2 oral triptan (sumatriptan, naratriptan, rizatriptan) followed by sumatriptan nasal)	QL-ST	Non-Preferred
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		
SUMANSETRON PAK	-	EXC
SYMBRAVO TAB (QL= 1 tab/day; ST req trial of meloxicam tab AND all of the following triptans: riza-, suma-, nara-, zolmi-)	QL-ST	Non-Preferred
TREXIMET TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	Preferred
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	Preferred
ERGOTAMINE/CAFFEINE TAB (QL= 40 tabs/28 days)	QL	Preferred
ergotamine/caffeine tab (CAFERGOT equiv) (QL= 40 tabs/28 days)	QL	Preferred
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	Preferred
MIGERGOT SUPP (QL= 20 supp/28 days)	QL	Preferred
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	Select
MIGRAINE PRODUCTS		
BREKIYA INJ (QL= 24mL/28 days; ST req 2: nara tab, riza tab/ODT, zolmi tab, suma tab, eletrip FOLLOWED BY generic DHE inj/nasal)	QL-ST	Non-Preferred
ERGOMAR SL TAB (QL= 12 tabs/30 days; ST req trial of Migergot rectal supp, and 2 of the following: nara- tab, riza- tab/ODT, suma- tab)	QL-ST	Non-Preferred
TRUDHESA NASAL SPRAY (QL= 8ml/28 days; Step therapy requires trial of 2: dihydroergotamine mesylate, sumatriptan tab, rizatriptan, naratriptan)	QL-ST	Non-Preferred
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 24ml/28 days)	QL	Preferred
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Preferred
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	Non-Preferred
NURTEC ODT (QL= 8 tabs/30 days)	PA-QL	Non-Preferred
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	Preferred
AJOVY INJ (QL= 1 inj/28 days)	PA-QL	Preferred

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MIGRAINE PRODUCTS Cont.		
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	Preferred
MIGRAINE PRODUCTS - NSAIDS		
diclofenac potassium (migraine) packet (CAMBIA equiv) (QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan))	QL-ST	Preferred
SEROTONIN AGONISTS		
REYVOW TAB 100mg (QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred
REYVOW TAB 50mg (QL= 4 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred
SUMAVEL DOSEPRO INJ	-	Non-Preferred
ZECUITY PAD (QL= 4 pads/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	Non-Preferred
almotriptan tab 12.5mg (AXERT equiv) (QL= 12 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Preferred
almotriptan tab 6.25mg (AXERT equiv) (QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Preferred
eletriptan tab (RELPAX equiv) (QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Preferred
SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days)	QL	Preferred
zolmitriptan nasal spray (ZOMIG equiv) (QL= 6 sprays/30 days; ST req trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab FOLLOWED BY suma nasal)	QL-ST	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; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Select
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	Select
sumatriptan vial inj (IMITREX equiv) (QL= 4 mL/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab)	QL-ST	Select
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	Select
MINERALS & ELECTROLYTES		
BICARBONATES		
sodium acetate inj	-	EXC
THAM INJ	-	EXC
tromethamine iv soln (THAM equiv)	-	EXC
CALCIUM		
CALC CIT+D3 TAB	OTC	EXC
CALCIUM + D3 TAB	OTC	EXC
CALCIUM 1200 CHEW	-	EXC
CALCIUM 600 TAB + MIN	OTC	EXC
CALCIUM 600 TAB +D	-	EXC
CALCIUM AND PHOS W/ VIT D CHEW TAB	-	EXC
calcium carbonate-vitamin d tab (CALCIUM/VITAMIN D equiv)	-	EXC
CALCIUM CHEW	-	EXC

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RDX	Restricted to Diagnosis	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
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DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
CALCIUM CHEW FOR WOMEN	-	EXC
CALCIUM CHEW VIT D/PR	-	EXC
CALCIUM CHLORIDE INJ	-	EXC
CALCIUM GLU/NACL INJ	-	EXC
CALCIUM GLUCONATE CAP	-	EXC
CALCIUM GLUCONATE INJ	-	EXC
calcium gluconate inj (CALCIUM GLUCONATE equiv)	-	EXC
calcium gluconate-nacl iv soln (CALCIUM GLU/NACL equiv)	-	EXC
calcium phos-cholecalcif chew tab	-	EXC
CALCIUM W/ MAGNESIUM POWDER	OTC	EXC
calcium-magnesium-zinc tab 334-134-5mg	OTC	EXC
CALIUM GLUCONATE/NACL INJ	-	EXC
CAL-MAG TAB	OTC	EXC
CAL-MAG-ZINC TAB VIT D3	-	EXC
CVS CALCIUM TAB	OTC	EXC
FT CALCIUM VITAMIN D3 CAP	-	EXC
HYDROXYAPATITE CMPD-CHOLECAL-MG CAP	OTC	EXC
LIQUICAL LIQ PLUS	-	EXC
OSSOPAN 1100 CAP	-	EXC
ELECTROLYTE MIXTURES		
D2.5W/NACL INJ	-	EXC
D5W/NACL INJ	-	EXC
dextrose w/ sodium chloride inj 2.5%-0.45% (D2.5W/NACL equiv)	-	EXC
dextrose w/ sodium chloride inj 5%-0.225% (DW5-NACL equiv)	-	EXC
dextrose w/ sodium chloride inj 5%-0.3% (D5W/NACL equiv)	-	EXC
DW5-NACL INJ	-	EXC
electrolyte-a solution (PLASMA-LYTE equiv)	-	EXC
GNP ELECTROL SOL FRUIT	OTC	EXC
kcl in dextrose/nacl inj (KCL/D5W/NACL INJ equiv)	-	EXC
KCL/D5W/NACL INJ	-	EXC
KCL/NACL INJ	-	EXC
LACTATED RINGERS INJ	-	EXC
lactated ringers solution	-	EXC
MULT ELECTRO INJ PH	-	EXC
NORMALYTE CAP	-	EXC
PLASMA-LYTE INJ -148	-	EXC
PLASMA-LYTE INJ -A	-	EXC
POTASSIUM CHLORIDE IN NACL INJ	-	EXC
POTASSIUM CHLORIDE/D5W INJ	-	EXC
FLUORIDE		
FLORIVA DROPS	-	Preferred
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

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DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
SODIUM FLUORIDE TAB (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
IODINE PRODUCTS		
XYMODINE CAP	OTC	EXC
LITHIUM		
LITH-ORO CAP 5MG	OTC	EXC
MAGNESIUM		
LC 655 CAP	-	EXC
MAG COMPLEX TAB	OTC	EXC
MAG L-THREON CAP /VIT C-VIT D	OTC	EXC
MAGNESIUM CAP	OTC	EXC
MAGNESIUM CHEW TAB	-	EXC
MAGNESIUM CHW	OTC	EXC
magnesium citrate cap	OTC	EXC
magnesium glycinate cap	--OTC	EXC
MAGNESIUM SU INJ	-	EXC
MAGNESIUM W/ POTASSIUM CAP	OTC	EXC
magnesium-policosanol cap	OTC	EXC
POTASSIUM-MAGNESIUM ASPARTATE CAP	OTC	EXC
REMPLIR TAB	-	EXC
MANGANESE		
manganese chloride inj	-	EXC
MINERAL COMBINATIONS		
CALCIUM CITRATE + TAB	-	EXC
PHOSPHATE		
POTASSIUM PHOSPHATE INJ	-	EXC
SODIUM PHOSPHATE INJ	-	EXC
SODIUM PHOSPHATES INJ	-	EXC
phospha 250 neutral tab (K-PHOS NEUTRAL equiv) (QL= 8 tabs/day)	QL	Select
potassium phosphate monobasic tab (K-PHOS equiv) (QL= 8 tabs/day)	QL	Select
POTASSIUM		
POTASS GLYC CAP	OTC	EXC
POTASSIUM ACETATE INJ	-	EXC
potassium chloride inj	-	EXC
POTASSIUM GLUCONATE TAB	-	EXC
POTASSIUM INJ	-	EXC
POKONZA POWDER (QL= 60 packets/30 days; ST req trial of 2: KCL sprinkle cap CR 10meq, KCL oral soln, KCL 20MEQ packet)	QL-ST	Non-Preferred
POT/CHLORIDE EFFER TAB	-	Preferred
potassium bicarbonate effer tab (K-LYTE equiv)	-	Preferred
potassium chloride ER cap (MICRO-K equiv)	-	Preferred
potassium chloride powder packet (KLOR-CON equiv)	-	Preferred
potassium chloride soln	-	Preferred
K-TAB	-	Select
potassium chloride effer tab (K-LYTE/CL equiv)	-	Select
potassium chloride ER tab (K-TAB equiv)	-	Select

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MINERALS & ELECTROLYTES Cont.		
potassium chloride micro tab (K-DUR equiv)	-	Select
POTASSIUM CHLORIDE TAB ER	-	Select
SODIUM		
SOD CHLORIDE INJ	-	EXC
sodium chloride inj	-	Select
TRACE MINERALS		
chromic chloride inj	-	EXC
CHROMIUM CHLORIDE INJ	-	EXC
copper gluconate tab	-	EXC
COPPER INJ	-	EXC
COPPER TAB	-	EXC
cupric chloride inj (COPPER equiv)	-	EXC
SELENIOUS AC INJ 40MCG/ML	-	EXC
SELENIOUS AC SOLN	-	EXC
selenious acid inj (SELENIOUS ACID equiv)	-	EXC
SELENIUM TAB	-	EXC
ZINC		
ZINC CHLORID INJ	-	EXC
zinc chloride inj	-	EXC
ZINC CITRATE CHEW TAB	-	EXC
ZINC HIGH AB CHEW TAB	-	EXC
ZINC SULFATE INJ	-	EXC
ZINC-VITAMIN C-VITAMIN A LOZENGE	-	EXC
GALZIN CAP	-	Non-Preferred
MISCELLANEOUS THERAPEUTIC CLASSES		
ALLOGENEIC TISSUE		
RETHYMIC IMPLANT	-	EXC
CHELATING AGENTS		
CUVRIOR TAB (QL= 10 tabs/day; ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap)	QL-ST	Non-Preferred
TRIENTINE CAP 500MG (ST req trial of generic penicillamine tab and then trial of gen trientine 250mg cap)	ST	Preferred
penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days)	QL	Select
trientine cap 250mg (SYPRINE equiv) (ST req trial of generic penicillamine tab)	ST	Select
DIGITAL THERAPY		
DIGITAL THERAPY APPLICATION	-	EXC
DIGITAL THERAPY APPLICATION - WOMENS HEALTH	-	EXC
LUMINOPIA MIS	-	EXC
OMADA FOR MIS HYPERTEN	-	EXC
ZERIGO HEALTH KIT	OTC	EXC
DIGITAL THERAPY APPLICATION (QL= 1 membership/lifetime)	PA-QL	Non-Preferred
HOMEOPATHIC PRODUCTS		
TRAUMEEL INJ	-	EXC
IMMUNOMODULATORS		
IMAAVY INJ	-	EXC

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DrugName	Special Code	Tier
MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
NIKTIMVO INJ	-	EXC
RYONCIL KIT	-	EXC
RYSTIGGO INJ	-	EXC
VYVGART HYTRULO INJ	-	EXC
VYVGART INJ	-	EXC
JOENJA TAB (QL= 60 tabs/30 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
REZUROCK TAB (QL= 30 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Preferred Specialty
REVLIMID CAP (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Preferred Specialty
VYVGART HYTRULO INJ (QL= 20mL/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
IMMUNOSUPPRESSIVE AGENTS		
ATGAM INJ	-	EXC
PROGRAF INJ	-	EXC
tacrolimus inj (PROGRAF equiv)	-	EXC
ENSPRYNG INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
LUPKYNIS CAP (QL= 180 caps/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty
MYHIBBIN SUSP	-	Preferred
everolimus tab (ZORTRESS equiv) (QL= 2 tabs/day)	AMSP-QL	Preferred Specialty
sirolimus soln (RAPAMUNE equiv)	AMSP	Preferred Specialty
IRRIGATION SOLUTIONS		
RINGERS IRRIGATION SOLN	-	EXC
MISC NATURAL PRODUCTS		
BLUES AWAY LIQUID	-	EXC
BRUSELIX TAB	-	EXC
CLARITY GEL SUPPORT	-	EXC
LANSINOH ORG OIN NIPPLE	-	EXC
MISC NATURAL PRODUCTS CAP DR	-	EXC
MISC NATURAL PRODUCTS CAP ER	OTC	EXC
MISC NATURAL PRODUCTS CAPSULE THERAPY PACK	-	EXC
MITOCHONDRIAL RENEWAL KIT	OTC	EXC
NIX LICE SPRAY	-	EXC
MISCELLANEOUS THERAPEUTIC CLASSES		
AMMONIA AROM INH	OTC	EXC
GELATIN CAP	OTC	EXC
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		

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MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
VIJOICE GRANULES PACKET (QL= 1 packet/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
VIJOICE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
POTASSIUM REMOVING AGENTS		
VELTASSA POWDER 1GM (QL= 4 packets/day; ST req trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma)	QL-ST	Non-Preferred
LOKELMA PAK (QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone)	QL-ST	Preferred
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP	AMSP-PA	Non-Preferred Specialty
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
SAPHNELO SOLN	-	EXC
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	AMSP-PA-QL	Non-Preferred Specialty
BENLYSTA INJ (QL= 4 inj/28 day)	AMSP-PA-QL	Non-Preferred Specialty
UREMIC PRURITUS AGENTS		
KORSUVA INJ	-	EXC
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
BENZOCAINE DENTAL ADHERING DISK	OTC	EXC
benzocaine dental cream	-	EXC
BENZOCAINE-MENTHOL LIQUID	-	EXC
BENZOCAINE-MENTHOL-ZINC CL GEL	-	EXC
BENZYL ALCOHOL-ZINC CHLORIDE LIQUID	-	EXC
FIRST MOUTHWASH BLM	-	EXC
HURRICAINE SPRAY	-	EXC
ZILACTIN BABY GEL	-	EXC
LIDOCAINE ORAL SOLN 4%	-	Preferred
lidocaine viscous soln 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv)	-	Select
ANTI-INFECTIVES - THROAT		
GLY-OXIDE SOLN	-	EXC
clotrimazole troches (MYCELEX TROCHES equiv)	-	Select
nystatin susp	-	Select
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	Select
DENTAL PRODUCTS		
FRAICHE 5000 GEL PREVI	-	EXC
FRAICHE 5000 GEL SENSITIV	-	EXC
PREVIDENT SOLN 0.2%	-	EXC

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DrugName	Special Code	Tier
MOUTH/THROAT/DENTAL AGENTS Cont.		
SENSODYNE PST PRO KIDS	OTC	EXC
VANISH LIQ	-	EXC
sodium fluoride cream (PREVIDENT equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
sodium fluoride gel (PREVIDENT equiv)	-	Select
sodium fluoride paste (PREVIDENT equiv)	-	Select
sodium fluoride rinse (PREVIDENT equiv)	-	Select
LOZENGES		
COUGH DROPS LOZENGE	OTC	EXC
pectin lozenge on a handle	-	EXC
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	Select
STEROIDS - MOUTH/THROAT/DENTAL		
ACYCLONINE MUM AERO POWDER	-	EXC
THROAT PRODUCTS - MISC.		
ABREVA RAPID PAIN RELIEF	-	EXC
CAPHOSOL SOLN	-	EXC
NUMOISYN LOZENGE	-	EXC
SILATRIX GEL	-	EXC
XYLITOL GEL	OTC	EXC
XYLITOL GUM	-	EXC
GELCLAIR GEL	-	Non-Preferred
PROTHELIAL PASTE	-	Non-Preferred
cevimeline cap (EVOXAC equiv)	-	Select
pilocarpine tab (SALAGEN equiv)	-	Select
MULTIVITAMINS		
B-COMPLEX VITAMINS		
B-COMPLEX INJ	-	EXC
B-COMPLEX VITAMIN DISINTEGRATING TAB	-	EXC
CVS BALANCED TAB B100	OTC	EXC
EB-N3 DR CAP	-	EXC
B-COMPLEX W/ FOLIC ACID		
b-complex w/ c and folic acid tab (NEPHRO-VITE equiv)	OTC	EXC
b-complex-folic acid cap (PAXLYTE equiv)	-	EXC
DIALYVITE/ZINC TAB	-	EXC
TERAVAX CAP	-	EXC
DIALYVITE TAB	-	Select
FOLBEE PLUS CZ TAB	-	Select
BIOTIN W/ LUTEIN		
BIOTIN W/ LUTEIN TAB	-	EXC
BIOTIN W/ VITAMIN C		
BIOTIN W/ VITAMIN C CHEW TAB	-	EXC
IRON W/ VITAMINS		

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DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
GERITOL LIQUID TONIC	-	EXC
iron w/ vitamin tab	-	EXC
MULTIPLE VITAMINS W/ IRON		
DAVIMET/IRON CHEW	-	EXC
MULTIPLE VITAMINS W/ MINERALS		
AZO URINARY PAK HEALTH	-	EXC
FINAZOL TAB	-	EXC
LYSIPLEX LIQUID PLUS	-	EXC
MULTIVITAMINS		
INFUVITE INJ	-	EXC
MULTIPLE VITAMIN IV EMULSION	-	EXC
MULTIPLE VITAMIN TAB ER	-	EXC
TRIVIA CAP COMPLETE	-	EXC
PED MULTI VITAMINS W/FL & FE		
MULTIPLE-VITAMIN/FL-FE DROPS	-	EXC
PED MULTIPLE VITAMINS W/ MINERALS		
ALIVE GUMMIE CHEW CHILDREN	-	EXC
PED MV W/ FLUORIDE		
DAVIMET/FLUORIDE CHEW 0.75MG	-	EXC
FLORAFOL CHEW TAB	-	EXC
FLORAFOL PEDIATRIC ORAL SOLN	-	EXC
FLOTREX CHEW	-	EXC
MULTIVITAMIN/FLUORIDE	-	EXC
MULTI-VIT-FLOR	-	EXC
POLY-VI-FLOR	-	EXC
QUFLORA PEDIATRIC	-	EXC
ADC/FLUORIDE DROP	-	Preventive
FLORIVA PLUS DROPS	-	Preventive
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	Preventive
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	Preventive
MULTIVITAMIN/FLUORIDE CHEW TAB	-	Preventive
pediatric multiple vitamins/fluoride soln	-	Preventive
tri-vitamin with fluoride drops	-	Preventive
PEDIATRIC MULTIPLE VITAMINS		
NOVAMV PED DROPS	OTC	EXC
PEDIATRIC MULTIPLE VITAMINS IV EMULSION	-	EXC
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW TAB	-	Non-Preferred

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MULTIVITAMINS Cont.

DrugName	Special Code	Tier
PEDIATRIC VITAMINS		
TRI-VITAMIN INFANT DROPS	OTC	EXC
PRENATAL VITAMINS		
ALIVE PREM CAP PRENATAL	OTC	EXC
ALIVE PREMIU CHW PRENATAL	-	EXC
MATERVIA CAP 0.5MG	-	EXC
MULTI-MAC TAB	-	EXC
OBTREX DHA PAK	OTC	EXC
ONE A DAY PRENATAL ADV	OTC	EXC
PRENATAL CAP	OTC	EXC
PRENATAL MV, MIN W/ FA-OMEGA-3 CHEW TAB	-	EXC
PRENATE MAX TAB 15-0.4-0.6MG	-	EXC
PRENATOL-M TAB 27-1.2MG	-	EXC
TRISTART CAP	-	EXC
ULTRA PRENATAL VITAMIN CAP	-	EXC
VITA-PAC CAP	OTC	EXC
AZESCHEW TAB 13-1MG	-	Non-Preferred
AZESCO TAB	-	Non-Preferred
MYNATAL-Z TAB	-	Non-Preferred
NEONATAL 19 TAB	-	Non-Preferred
NEONATAL FE TAB	-	Non-Preferred
PRENARA CAP	-	Non-Preferred
PRENATAL VITAMINS (NON-PREFERRED)	-	Non-Preferred
VITAFOL STRIPS	-	Non-Preferred
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
SPECIALTY VITAMINS PRODUCTS		
COGNIUM COMPLETE GUMMIES	-	EXC
GLP-DLAX TAB	-	EXC
VITAMIN MIXTURES		
CRANBERRY CAP URIN COM	-	EXC
E-400 SELENIUM CAP	-	EXC
VITAMIN D AND K DROPS	OTC	EXC
VITAMINS W/ LIPOTROPICS		
COMPLEX B-100 TAB	-	EXC

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DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
BACLOFEN INJ 500MCG/ML	-	EXC
baclofen intrathecal inj (BACLOFEN equiv)	-	EXC
BACLOFEN KIT INJ	-	EXC
BACLOFEN SOLN (QL= 480ml/30 days; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	Non-Preferred
FLEQSUVY SUSP (QL= 16ml/day; Step therapy requires trial of baclofen and tizanidine)	QL-ST	Non-Preferred
LYVISPAH GRANULE PACKET 10MG (QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred
LYVISPAH GRANULE PACKET 20MG (QL= 4 packets/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred
LYVISPAH GRANULE PACKET 5MG (QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred
METAXALONE TAB (ST req metaxolone (400/800) AND trial of 2: cariso-, chlorzox-, cycloben-, methoca-, or orphena-)	ST	Non-Preferred
METHOCARBAMOL TAB 1000MG (QL= 8 tabs/day; Step therapy requires trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine)	QL-ST	Non-Preferred
ZANAFLEX CAP (QL= 4 caps/day; ST req trial of tizanadine tabs (2,4,6mg) and 2 of: cyclobenzaprine, methocarbamol, orphenadrine)	QL-ST	Non-Preferred
baclofen oral soln 10mg/5ml (QL= 16 mL/day; ST req trial of baclofen (5/10mg) tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	Non-Preferred Specialty
baclofen oral soln 5mg/5ml (QL= 16ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can open or crush))	QL-ST	Preferred
baclofen susp (BACLOFEN equiv) (QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	Preferred
BACLOFEN TAB 15MG (QL= 8 tabs/day; ST req trial 2: baclofen 5/10mg tab, cyclobenz, tizanidine, methocarb, chlorzoxazone, orphenadrine)	QL-ST	Preferred
BACLOFEN TAB 5MG	-	Preferred
chlorzoxazone tab (QL= 4 tabs/day)	QL	Preferred
methocarbamol tab 1000mg (QL= 8 tabs/day; ST req trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine)	QL-ST	Preferred
tizanidine cap (ZANAFLEX equiv)	-	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 500mg	-	Select
cyclobenzaprine tab (FLEXERIL equiv)	-	Select
methocarbamol tab (ROBAXIN equiv)	-	Select
orphenadrine citrate ER tab (NORFLEX equiv)	-	Select
orphenadrine citrate inj (ORPHENADRINE equiv)	-	Select
tizanidine tab (ZANAFLEX equiv)	-	Select
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Preferred
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS CAP (QL= 30 caps/30 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty

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MUSCULOSKELETAL THERAPY AGENTS Cont.		
MUSCLE RELAXANT COMBINATIONS		
TIZANIDINE COMFORT KIT	-	Non-Preferred
CARISOPRODOL/ASPIRIN TAB	-	Select
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	Select
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	Select
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	Select
VISCOSUPPLEMENTS		
SYNOJOYNT INJ	-	EXC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
DYMISTA SPRAY	-	EXC
LIDOCAINE/OXYMETAZOLINE NASAL SOLN	-	EXC
RYALTRIS SPRAY	-	EXC
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	Select
NASAL AGENTS - MISC.		
ALCOHOL SWABS	OTC	EXC
LITTLE REMED SOLN SALINE	-	EXC
TICANASE PAK	-	EXC
ALZAIR NASAL SPRAY	-	Non-Preferred
NASAL ANESTHETICS		
COCAINE HCL SOLN	-	EXC
NASAL ANTIALLERGY		
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY	-	EXC
azelastine nasal spray (ASTELIN equiv)	-	EXC
olopatadine nasal spray (PATANASE equiv) (QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray)	QL-ST	Preferred
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	Select
NASAL STEROIDS		
BECONASE AQ NASAL SPRAY	-	EXC
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	EXC
flunisolide nasal soln	-	EXC
fluticasone nasal spray (FLONASE equiv)	-	EXC
mometasone nasal spray (NASONEX equiv)	-	EXC
OMNARIS NASAL SPRAY	-	EXC
QNASL NASAL SPRAY	-	EXC
SINUVA NASAL IMPLANT	-	EXC
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	EXC
VERAMYST NASAL SPRAY	-	EXC
XHANCE NASAL EXHALER	-	EXC
ZETONNA NASAL SPRAY	-	EXC
SYMPATHOMIMETIC DECONGESTANTS		
AFRIN CHILD NASAL SOLN	OTC	EXC
pseudoephedrine ER tab 120mg	-	EXC

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NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
pseudoephedrine hcl cap	-	EXC
pseudoephedrine liquid 15mg/5ml	-	EXC
pseudoephedrine tab 30mg	-	EXC
pseudoephedrine tab 60mg	-	EXC
SUDAFED 24HR TAB 240MG	-	EXC
SUDAFED CHILD LIQUID	-	EXC
ZEPHREX-D TAB	OTC	EXC
epinephrine hcl nasal soln (ADRENALIN equiv)	-	Preferred
zephrex-d tab 30mg (QL= 240 tabs/30 days)	QL	Preferred
NEUROMUSCULAR AGENTS		
ALS AGENTS		
EDARAVONE INJ	-	EXC
edaravone inj (RADICAVA equiv)	-	EXC
QALSODY SOLN	-	EXC
RADICAVA INJ	-	EXC
RELYVRIO PAK (QL= 56 packs/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Preferred Specialty
RADICAVA ORS SUSP (QL= 70ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
riluzole tab (RILUTEK equiv)	AMSP	Preferred Specialty
TIGLUTIK SUSP (Only available through AnovoRx 844-288-5007)	LD-PA	Preferred Specialty
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP 50MG (QL= 90 caps/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
MUSCULAR DYSTROPHY AGENTS		
AMONDYS INJ	-	EXC
ELEVIDYS KIT	-	EXC
DUVYZAT ORAL SUSP (QL= 140ml/11 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
DAXXIFY INJ	-	EXC
NONDEPOLARIZING MUSCLE RELAXANTS		
atracurium besylate iv soln	-	Select
RETT SYNDROME AGENTS		
DAYBUE SOLN (QL= 4000ml/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		

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DrugName	Special Code	Tier
NEUROMUSCULAR AGENTS Cont.		
EVRYSDI SOLN (QL= 240ml/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
EVRYSDI TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
SPINRAZA INJ (Only available through Accredo 888-773-7376)	LD-M-PA	Non-Preferred Specialty
NUTRIENTS		
CARBOHYDRATES		
DEXTROSE INJ	-	EXC
LIPIDS		
INTRALIPID INJ	-	EXC
DOJOLVI ORAL LIQUID (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty
LIPOTROPICS		
CHOLINE/INOS CAP	OTC	EXC
INOSITOL CAP	OTC	EXC
POLYENYLPHOSPHATIDYLCHOLINE CAP	OTC	EXC
POLYENYLPHOSPHATIDYLCHOLINE CONC	OTC	EXC
MISC. NUTRITIONAL SUBSTANCES		
ALASKA WILD CAP FISH OIL	-	EXC
ASIAN GINSNG CAP	-	EXC
CREATINE MONOHYDRATE LIQUID	-	EXC
EVENING PRIMROSE OIL CAP	-	EXC
GNP CREATINE CHW MONOHYDR	OTC	EXC
NEURO COMPLX TAB A-LIPOIC 100-1-100-50MG	OTC	EXC
OMEGA-3 FA-CHOLECALCIFEROL CAP	-	EXC
OMEGA-3 FATTY ACIDS CAP	OTC	EXC
OMEGA-3 FATTY ACIDS-VITAMIN E CAP	-	EXC
PROTEIN-CARBOHYDRATE-LIPID COMBINATIONS		
AMINO ACIDS-DEXTROSE-LIPIDS WITH ELECTROLYTES	-	EXC
PROTEINS		
ACETYL L-CARNITINE HCL CAP	-	EXC
AMINO ACIDS SOL HEP/DEXT	-	EXC
AMINO ACIDS/ SOLN DEXTROSE	-	EXC
AMINO/DEXTRO SOL CAL/HEP	-	EXC
CARNITEX CAP	OTC	EXC
GABA CAP	OTC	EXC
GABA TAB	OTC	EXC
GLUTATHIONE CAP	-	EXC
GNP L-LYSINE TAB	-	EXC
L-CARNITINE CAP	--OTC	EXC
levocarnitine cap (L-CARNITINE equiv)	-	EXC
N.O.MAX ER TAB 660-50MG	OTC	EXC

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NUTRIENTS Cont.		
N-ACETYL TYROSINE-PYRIDOXINE HCL CAP	OTC	EXC
NEONATAL PN SOL STARTER	-	EXC
PROTEIN CAP	OTC	EXC
theanine cap	-	EXC
THEANINE CHEW TAB	-	EXC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
ARTIFICIAL TEARS DROP	-	EXC
GENTEAL TEAR GEL SEV D/N	-	EXC
GONIOTAIRE OPHTH SOLN	-	EXC
IVIZIA DRY GEL	-	EXC
OPTASE DROPS	-	EXC
polyethylene glycol (VISINE equiv)	-	EXC
POLYETHYLENE GLYCOL-PROPYLENE GLYCOL (OPHTH)	-	EXC
polyethylene glycol-propylene glycol ophth gel (GENTEAL equiv)	-	EXC
polyvinyl alcohol ophth soln (ARTIFICIAL TEARS equiv)	-	EXC
PROPYLENE GLYCOL (OPHTH)	-	EXC
propylene glycol-glycerin ophth soln	OTC	EXC
PURE AND GENTLE DROPS	-	EXC
VENTIVA DROP 0.7%	-	EXC
VENTIVA PLUS DROP	-	EXC
VISINE DRY SOLN EYE RLF	-	EXC
BETA-BLOCKERS - OPHTHALMIC		
BIMATOPROST/TIMOLOL MALEATE OPHTH SOLN	-	EXC
TIMOLOL/BRIMON/DORZOL/BIMATOPROST OPHTH SOLN	-	EXC
TIMOLOL/BRIMONIDINE/DORZOLAMIDE OPHTH SOLN	-	EXC
TIMOLOL/DORZOLAMIDE/BIMATOPROST OPHTH SOLN	-	EXC
BETAXOLOL OPHTH SOLN (QL=5mL/30 days; Step therapy requires trial of 2: carteolol, levobunolol, dorzolamide-timolol, timolol)	QL-ST	Non-Preferred
BETIMOL OPHTH SOLN (QL= 10ml/30 days)	QL	Non-Preferred
BETIMOL OPHTH SOLN (QL= 15ml/30 days)	QL	Non-Preferred
BETIMOL OPHTH SOLN (QL= 5ml/30 days)	QL	Non-Preferred
brimonidine tartrate-timolol maleate ophth soln (COMBIGAN equiv) (QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate)	QL-ST	Preferred
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	Preferred
METIPRANOLOL OPHTH SOLN	-	Preferred
timolol maleate preservative free ophth soln (TIMOPTIC equiv) (QL= 2ml/day)	QL	Preferred
timolol ophth soln (BETIMOL equiv) (QL= 10ml/30 days)	QL	Preferred
timolol ophth soln (BETIMOL equiv) (QL= 15ml/30 days)	QL	Preferred
timolol ophth soln (BETIMOL equiv) (QL= 5ml/30 days)	QL	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

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OPHTHALMIC AGENTS Cont.		
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		
MYDCOMBI OPHTH SOLN	-	EXC
ATROPINE SUL OPHTH OINT	-	Non-Preferred
CYCLOGYL OPHTH SOLN	-	Non-Preferred
CYCLOMYDRIL OPHTH SOLN	-	Non-Preferred
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	Non-Preferred
atropine ophth oint	-	Preferred
cyclopentolate ophth soln (CYCLOGYL equiv)	-	Preferred
HOMATROPINE OPHTH SOLN	-	Preferred
phenylephrine ophth soln (MYDFRIN equiv)	-	Preferred
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days)	QL	Select
tropicamide ophth soln (MYDRIACYL equiv)	-	Select
MIOTICS		
pilocarpine hcl ophth soln 1.25% (VUITY equiv)	-	EXC
VIZZ OPHTH SOLN	-	EXC
VUITY OPHTH SOLN	-	EXC
VUITY OPHTH SOLN 1.25%	-	EXC
MIOSTAT INJ	-	Non-Preferred
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	Select
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU INJ	-	EXC
BEVACIZUMAB INJ	-	EXC
BYOOVIZ INJ	-	EXC
CIMERLI INJ	-	EXC
EYLEA HD INJ	-	EXC
EYLEA INJ	-	EXC
LUCENTIS INJ	-	EXC
PAVBLU INJ	-	EXC
PAVBLU SYRINGE	-	EXC
SUSVIMO INJ	-	EXC
VABYSMO INJ	-	EXC
OPHTHALMIC ADRENERGIC AGENTS		
BIMATOPROST/BRIMONIDINE DORZOLOMIDE OPHTH SOLN	-	EXC
BRIMONIDONE/DORZOLAMIDE SOLN	-	EXC

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OPHTHALMIC AGENTS Cont.		
LUMIFY PF SOLN 0.03%	OTC	EXC
APRACLONIDIN OPHTH SOLN (QL= 5mL/30 days; Step therapy requires trial of 2: latanoprost, travoprost, brimonidine, carteolol, levobunolol, timolol)	QL-ST	Non-Preferred
apraclonidine ophth soln 0.5% (IOPIDINE equiv)	-	Preferred
brimonidine tartrate ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Preferred
brimonidine ophth soln 0.2% (ALPHAGAN equiv)	-	Select
OPHTHALMIC ANTI-INFECTIVES		
MOXIFLOXACIN/BROMFENAC SOLN	-	EXC
POVIDONE IOD SOLN 5%	-	EXC
TOBRAMYCIN/VANCOMYCIN DROPS	-	EXC
LEVOFLOXACIN OPHTH SOLN	-	Non-Preferred
LEVOFLOXACIN OPHTH SOLN (QL=5mL/30 days; Step therapy requires trial of ciprofloxacin, moxifloxacin or ofloxacin ophth)	--QL-ST	Non-Preferred
MOXIFLOXACIN SOLN (QL= 1 bottle/30 days; Step therapy requires trial of 2: ciprofloxacin hcl drops, levofloxacin drops, ofloxacin drops)	QL-ST	Non-Preferred
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= 10ml/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 SOD OPHTH SOLN	-	Select
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	Select
tobramycin ophth soln (TOBREX equiv)	-	Select
TRIFLURIDINE OPHTH SOLN	-	Select
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY SOLN	-	EXC
SYFOVRE INJ	-	EXC
OPHTHALMIC DECONGESTANTS		
CLEAR EYES SOLN	-	EXC
EQL REDNESS RELIEF DROP	OTC	EXC
naphazoline-glycerin ophth soln	OTC	EXC
OPHTHALMIC GENE THERAPY		
ENCELTO IMPLANT	-	EXC
OPHTHALMIC IMMUNOMODULATORS		

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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
OPHTHALMIC AGENTS Cont.		
CYCLOSPORINE EMULSION 0.1% OPHTH	-	EXC
VERKAZIA EMULSION 0.1% OPHTH (QL= 4 vials/day, 6 fills/year; ST requires trial of 1: fluorometholone ophth, dexamethasone ophth, prednisolone ophth or loteprednol ophth)	QL-ST	Non-Preferred
VEVYE DROP 0.1% (QL= 6ml/30 days; ST req trial of cyclosporine ophthalmic emulsion)	QL-ST	Non-Preferred
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days)	QL	Select
OPHTHALMIC LOCAL ANESTHETICS		
BUPIVAC/LIDO INJ	-	EXC
IHEEZO GEL	-	EXC
tetracaine ophth soln	-	EXC
AKTEN OPHTH GEL	-	Non-Preferred
proparacaine ophth soln (ALCAINE equiv)	-	Select
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPHTH SOLN (QL= 28ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA/PHO SOL VISC KIT	-	EXC
OPHTHALMIC STEROIDS		
XIPERE INJ	-	EXC
CLOBETASOL OPHTH SUSP (QL= 3.5ml/17 days; ST req trial of 2: prednisolone sol/sus 1%, dexamethasone soln 0.1%, fluorometholone susp 0.1% ophth)	QL-ST	Non-Preferred
PRED FORTE OPHTH SUSP	-	Non-Preferred
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	Non-Preferred
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	Non-Preferred
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	Non-Preferred
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	Non-Preferred
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	Non-Preferred
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	Non-Preferred
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	Non-Preferred
TOBRADEX ST OPHTH SUSP	-	Non-Preferred
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	Preferred
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
loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	Preferred

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OPHTHALMIC AGENTS Cont.		
loteprednol etabonate ophth susp 0.2% (ALREX equiv) (QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	Preferred
MAXIDEX OPHTH SOLN	-	Preferred
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	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
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	Select
loteprednol ophth susp (LOTEMAX equiv)	-	Select
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	Select
prednisolone acetate ophth susp (PRED FORTE 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
OPHTHALMIC SURGICAL AIDS		
DUOVISC KIT	-	EXC
HEALON DUET INJ	-	EXC
HEALON GV INJ	-	EXC
OPHTHALMICS - MISC.		
ALTAFLUOR-BE OPHTH SOLN	-	EXC
FLUORESCEIN INJ	-	EXC
fluorescein sodium iv soln (FLUORESCITE equiv)	-	EXC
FLUORESCITE INJ OP	-	EXC
LASTACAFT OPHTH SOLN	-	EXC
olopatadine ophth soln 0.1% (PATANOL equiv)	-	EXC
PATANOL OPHTH SOLN	-	EXC
PAZEO OPHTH SOLN	-	EXC
ALOMIDE OPHTH SOLN	-	Non-Preferred
AZOPT OPHTH SUSP	-	Non-Preferred
EMADINE OPHTH SOLN	-	Non-Preferred
MIEBO OPHTH SOLN (QL= 3ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion)	QL-ST	Non-Preferred
UPNEEQ SOLN (QL= 30 droppers/30 days)	PA-QL	Non-Preferred
ZERVIATE OPHTH SOLN (QL= 30 single use containers/30 days)	QL	Non-Preferred
CYSTADROPS SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-QL-RDX	Non-Preferred Specialty
ACUVAIL OPHTH SOLN	-	Preferred
ALOCRIL OPHTH SOLN	-	Preferred

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
bepotastine besilate ophth soln (BEPREVE equiv) (QL= 5ml/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln)	QL-ST	Preferred
bromfenac sodium ophth soln 0.07% (PROLENSA equiv) (QL= 3ml/30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	QL-ST	Preferred
epinastine ophth soln (ELESTAT equiv) (QL= 5ml/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln)	QL-ST	Preferred
FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	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		
IDOSE TR IMP	-	EXC
LUMIGAN OPHTH SOLN (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred
VYZULTA SOLN (QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred
XELPROS OPHTH EMULSION (Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	ST	Non-Preferred
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; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Select
travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Select
latanoprost ophth soln (XALATAN equiv)	-	Value
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	Select
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	Select
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	Select
ofloxacin otic soln (FLOXIN equiv)	-	Select
OTIC COMBINATIONS		
CORTIC-ND DROPS	-	EXC
COLY-MYCIN-S SUSP OTIC	-	Non-Preferred
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN (QL= 1 bottle/fill, 2 fills/month; Step Therapy requir trial of neomycin/polymixin/hydrocoritisone otic)	QL-ST	Non-Preferred
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	-	Preferred
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	Select
ciporofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	Select
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv)	-	Select
otomax-HC otic soln (CORTANE-B equiv)	-	Select

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DrugName	Special Code	Tier
OTIC AGENTS Cont.		
OTIC STEROIDS		
DEX24 INJ	-	EXC
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	Select
fluocinolone otic oil (DERMOTIC equiv)	-	Select
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CARBOPROST TROMETHAMINE IM SOLN PREF SYR	-	EXC
MPM PAK	-	EXC
CERVIDIL INSERTS	-	Non-Preferred
PREPIDIL GEL	-	Non-Preferred
PROSTIN E2 SUPP	-	Non-Preferred
OXYTOCICS		
methylergonovine tab (METHERGINE equiv)	-	Select
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
CUVITRU 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		
ALYGLO INJ	-	EXC
BOTULISM IMMUNE GLOBULIN (HUMAN) IV FOR SOLN	-	EXC
CNJ-016 INJ	-	EXC
CYTOGAM INJ	-	EXC
YIMMUGO INJ	-	EXC
CUTAQUIG INJ (QL= 576ml/28 days)	LMSP-PA-QL	Non-Preferred Specialty
XEMBIFY INJ	LMSP-PA	Non-Preferred Specialty
HIZENTRA INJ (Only available through Emerging Health 971-290-2010)	LD-PA	Preferred Specialty
MONOCLONAL ANTIBODIES		
BEBTELOVIMAB IV SOLN	-	EXC
BEYFORTUS INJ	-	EXC
EVUSHELD SOLN	-	EXC
PEMGARDA SOLN	-	EXC
REGEN-COVID INJ	-	EXC
SOTROVIMAB INJ	-	EXC
SYNAGIS INJ (QL= 2 inj/28 days)	LMSP-PA-QL	Preferred Specialty

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DrugName	Special Code	Tier
PENICILLINS		
AMINOPENICILLINS		
AMPICILLIN INJ	-	EXC
MOXATAG TAB (Step Therapy requires trial of amoxicillin)	ST	Non-Preferred
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		
EXTENCILLINE INJ	-	EXC
penicillin g potassium for inj (PFIZERPEN equiv)	-	Select
penicillin vk tab (VEETIDS equiv)	-	Select
PENICILLIN COMBINATIONS		
ampicillin-sulbactam sodium for iv soln	-	EXC
PIP/TAZ/NACL INJ	-	EXC
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	Select
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	Select
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	Select
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
FOAMIL LIQUID	-	EXC
PH 12 STERILE SOLN FLOLAN	-	EXC
STERILE DILUTION SOLN	-	EXC
STERILE WATER INJ	-	EXC
PHARMACEUTICAL EXCIPIENTS		
GALEN IQ 900 POWDER	-	EXC
SEMI SOLID VEHICLES		
BASE D PEG GRANULES	-	EXC
LANOLIN OINT	OTC	EXC
VERSAPENN AL GEL ANHYDROU	-	EXC
VERSATILE ANHYDROUS CREAM	-	EXC
POLYETHYLENE GLYCOL 8000 GRANULES	-	Preferred
PROGESTINS		
PROGESTINS		
MAKENA INJ (QL= 4.4 ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty
hydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days)	AMSP-PA-QL	Preferred Specialty
medroxyprogesterone tab (PROVERA equiv)	-	Select
megestrol ES susp (MEGACE ES equiv)	-	Select
MEGESTROL SUSP	-	Select

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DrugName	Special Code	Tier
PROGESTINS Cont.		
norethindrone tab (AYGESTIN equiv)	-	Select
progesterone cap (PROMETRIUM equiv)	-	Select
progesterone oil inj	-	Select
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium DR tab (CAMPRAL equiv)	-	Select
disulfiram tab (ANTABUSE equiv)	-	Select
lofexidine hcl tab (LUCEMYRA equiv) (QL= 224 tabs/fill, 1 fill/month)	QL	Select
ANTI-CATAPLECTIC AGENTS		
LUMRYZ PACK 4.5GM (QL= 1 pack/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
LUMRYZ PACK 6GM (QL= 1 pack/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
LUMRYZ PACK 7.5GM (QL= 1 pack/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
LUMRYZ PACK 9GM (QL= 1 pack/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
LUMRYZ STARTER PACK (QL= 28 packets/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
SODIUM OXYBATE SOLN, XYREM SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	Non-Preferred Specialty
XYWAV SOLN (Only available through Xyrem Central Pharmacy 314-587-4050)	LD-PA	Non-Preferred Specialty
ANTIDEMENTIA AGENTS		
ADUHELM INJ	-	EXC
KISUNLA INJ	-	EXC
LEQEMBI SOLN	-	EXC
ADLARITY PATCH (QL= 4 patches/28 days; Step therapy requires trial of donepezil tab OR donepezil ODT)	QL-ST	Non-Preferred
MEMANTINE TITRATION PAK (QL= 49 tablets/28 days)	QL	Non-Preferred
ZUNVEYL TAB (QL= 2 tabs/day; ST req trial of generic galantamine tab/cap)	QL-ST	Non-Preferred
memantine hcl-donepezil hcl 24hr er cap (NAMZARIC equiv) (QL= 1 cap/day; ST requires trial of 2: donepezil, donepezil ODT, memantine, or NAMENDA XR)	QL-ST	Preferred
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= 60 tabs/30 days)	QL	Select
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Select
donepezil tab 5mg (ARICEPT equiv) (QL= 60 tabs/30 days)	QL	Select
galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day)	QL	Select

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
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
rivastigmine cap (EXELON equiv)	-	Select
CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS		
SKYSONA INJ	-	EXC
COMBINATION PSYCHOTHERAPEUTICS		
DULOXICAINE PACK	-	EXC
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	Preferred
PERPHENAZINE/ AMITRIPTYLINE TAB	-	Select
FIBROMYALGIA AGENTS		
SAVELLA PAK (Step Therapy requires trial of duloxetine and gabapentin)	ST	Non-Preferred
SAVELLA TAB (QL= 2 tabs/day; Step Therapy requires trial of duloxetine and gabapentin)	QL-ST	Non-Preferred
TONMYA SUB (QL= 60 tabs/30 days; ST req trial of cyclobenzaprine 5mg/10mg AND trial of 3: duloxe, venlafax, gabapn, pregab, amitrip)	QL-ST	Non-Preferred
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB	-	EXC
VYLEESI INJ (QL= 2.4 ml/28 days)	PA-QL	Non-Preferred
METACHROMATIC LEUKODYSTROPHY (MLD) AGENTS		
LENMELDY INJ	-	EXC
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 12MG (QL= 120 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
AUSTEDO TAB 6MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
AUSTEDO TAB 9MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
AUSTEDO XR TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
AUSTEDO XR TAB 18MG (QL= 2 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty
AUSTEDO XR TAB 24MG (QL= 60 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
AUSTEDO XR TAB 6MG (QL= 8 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty
AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	Non-Preferred Specialty

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
AUSTEDO XR TAB TITRATION PACK (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
INGREZZA PACK 40-80MG (QL= 1 pack/fill, 1 fill/plan year; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
INGREZZA SPRINKLE CAP (QL= 1 cap/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
tetrabenazine tab (XENAZINE equiv)	AMSP-PA	Preferred Specialty
MULTIPLE SCLEROSIS AGENTS		
BRIUMVI INJ	-	EXC
TYRUKO CON	-	EXC
BAFIERTAM CAP (QL= 120 caps/30 days; Only Available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
BETASERON INJ (QL= 14 kits/28 days)	AMSP-PA-QL	Non-Preferred Specialty
EXTAVIA INJ (QL= 14 kits/28 days)	AMSP-PA-QL	Non-Preferred Specialty
GILENYA CAP (QL= 30 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty
MAVENCLAD PAK (QL= 10 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty
MAYZENT STARTER PACK 0.25 MG (QL= 7 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty
MAYZENT TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty
MAYZENT TAB STARTER PACK (QL= 12 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty
OCREVUS INJ (QL= 60ml/365 days; Only available through Emerging Health 971-290-2010)	LD-M-PA-QL	Non-Preferred Specialty
OCREVUS ZUNOVO INJ (QL= 23ml/180 days; Only available through Emerging Health 971-290-2010)	LD-M-PA-QL	Non-Preferred Specialty
PLEGRIDY INJ (QL= 1 kit/28 days)	AMSP-PA-QL	Non-Preferred Specialty

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ACA	Affordable Care Act	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
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
PLEGRIDY PEN INJ (QL= 1 kit/28 days)	AMSP-PA-QL	Non-Preferred Specialty
PONVORY TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
PONVORY TAB STARTER PACK (QL= 14 tabs/14 days)	AMSP-PA-QL	Non-Preferred Specialty
TASCENSO ODT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
ZEPOSIA CAP (QL=30 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty
ZEPOSIA STARTER PACK (QL= 37 caps/37 days)	AMSP-PA-QL	Non-Preferred Specialty
AVONEX INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Preferred Specialty
dalfampridine ER tab (AMPYRA equiv)	AMSP-PA	Preferred Specialty
dimethyl fumarate DR cap (TECFIDERA equiv) (QL= 60 caps/30 days)	AMSP-QL	Preferred Specialty
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= 60 caps/30 days)	AMSP-QL	Preferred Specialty
fingolimod hcl cap (GILENYA equiv) (QL= 30 caps/30 days)	AMSP-QL	Preferred Specialty
glatiramer inj 20mg/ml (COPAXONE equiv) (QL= 30 syringes/30 days)	AMSP-QL	Preferred Specialty
glatiramer inj 40mg/ml (COPAXONE equiv) (QL= 12 syringes/28 days)	AMSP-QL	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
REBIF INJ (QL= 6ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Preferred Specialty
REBIF TITRTN INJ PACK (QL= 4.2ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Preferred Specialty
teriflunomide tab (AUBAGIO equiv) (QL= 30 tabs/30 days)	AMSP-QL	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
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
gabapentin (once-daily) tab (GRALISE equiv) (QL= 2 tabs/day)	PA-QL	Preferred
pregabalin ER tab (LYRICA equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln)	QL-ST	Preferred
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE TAB	-	Preferred
FLUOXETINE CAP (PMDD)	-	Value

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
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.		
ERGOLOID MESYLATES TAB	-	Non-Preferred
AQNEURSA POWDER (QL= 112 packets/28 days; Only available through Curant Health 1-866-437-8040)	LD-PA-QL	Non-Preferred Specialty
MIPLYFFA CAP (QL= 90 caps/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
PIMOZIDE TAB	-	Preferred
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB (QL= 30 tabs/30 days)	PA-QL	Non-Preferred
HORIZANT TAB 600MG ER (QL= 60 tabs/30 days)	PA-QL	Non-Preferred
SMOKING DETERRENTS		
KLS QUIT2 GUM	-	EXC
KLS QUIT2 LOZ	-	EXC
KLS QUIT4 GUM	-	EXC
KLS QUIT4 LOZ	-	EXC
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	Preventive
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	Preventive
varenicline tartrate tab (CHANTIX equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive
varenicline tartrate tab start pack (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA SOLN	-	EXC
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
WAINUA INJ (QL= 0.8ml/28 days; Only available through Orsini 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
VASOMOTOR SYMPTOM AGENTS		
paroxetine cap (BRISDELLE equiv) (QL= 1 cap/day)	QL	Preferred
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
GLASSIA INJ	-	EXC
ZEMAIRA INJ	-	EXC
CYSTIC FIBROSIS AGENTS		
BRONCHITOL CAP (QL= 560 caps/28 days; ST req trial of hypertonic saline; Diagnosis Restricted – Cystic Fibrosis (E84))	AMSP-QL-RDX-ST	Non-Preferred Specialty
ALYFTREK TAB 10-50-125MG (QL= 90 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Preferred Specialty
ALYFTREK TAB 4-20-50MG (QL= 60 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Preferred Specialty
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
PULMOZYME INH SOLN (QL= 30 ampules/30 days)	AMSP-QL-RDX	Preferred Specialty
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
TRIKAFTA THERAPY PACK (QL= 56 packets/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
PULMONARY FIBROSIS AGENTS		
OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
pirfenidone cap (ESBRIET equiv) (QL= 3 caps/day)	AMSP-PA-QL-SF	Preferred Specialty
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty
PIRFENIDONE TAB 534MG (QL= 4 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab (QL= 8 tabs/day)	QL	Select
TETRACYCLINES		

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DrugName	Special Code	Tier
TETRACYCLINES Cont.		
AMINOMETHYLCYCLINES		
NUZYRA TAB (QL= 30 tabs/fill, 1 fill/month; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
TETRACYCLINE COMBINATIONS		
NICAZELDOXY KIT	-	Preferred
TETRACYCLINES		
DORYX MPC TAB (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate followed by generic doxycycline hyclate DR)	QL-ST	Non-Preferred
MINOCYCLINE ER CAP (QL= 1 cap/day; Step Therapy requires trial of minocycline)	QL-ST	Non-Preferred
MINOLIRA TAB (QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab)	QL-ST	Non-Preferred
MORGIDOX KIT (QL= 1 kit/30 days)	QL	Non-Preferred
OCUDOX KIT	-	Non-Preferred
TETRACYCLINE TAB (QL= 4 tabs/day; ST req trial of tetracycline caps followed by minocycline IR OR doxycycline monohydrate)	QL-ST	Non-Preferred
VIBRAMYCIN SYRUP	-	Non-Preferred
doxycycline hyclate cap 50mg (VIBRAMYCIN equiv) (QL= 2 caps/day)	QL	Preferred
doxycycline hyclate DR tab (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Preferred
doxycycline hyclate DR tab 200mg (DORYX equiv) (QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Preferred
doxycycline hyclate DR tab 50mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Preferred
doxycycline hyclate DR tab 75mg (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Preferred
doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day)	QL	Preferred
doxycycline hyclate tab 150mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Preferred
doxycycline hyclate tab 50mg (TARGADOX equiv) (Step Therapy requires trial of doxycycline monohydrate)	ST	Preferred
doxycycline hyclate tab 75mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Preferred
doxycycline monohydrate cap (MONODOX equiv) (QL= 2 caps/day)	QL	Preferred
doxycycline monohydrate cap 50mg (MONODOX equiv) (QL= 2 caps/day)	QL	Preferred
doxycycline monohydrate tab 150mg (ADOXA PAK equiv) (QL= 2 tabs/day; Step therapy req trial of doxycycline monohydrate 50mg tabs, 100mg tabs, 50mg caps, or 100mg caps)	QL-ST	Preferred
minocycline ER tab (SOLODYN equiv) (QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab)	QL-ST	Preferred
minocycline tab (DYNACIN equiv)	-	Preferred
demeclocycline tab (DECLOMYCIN equiv)	-	Select
doxycycline hyclate cap (QL= 2 caps/day)	QL	Select
doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Select
doxycycline 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

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ST	Step Therapy	VAC	Vaccine Program		

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DrugName	Special Code	Tier
ANTITHYROID AGENTS		
SODIUM IODIDE I-131 SOLN	-	EXC
methimazole tab (TAPAZOLE equiv)	-	Select
propylthiouracil tab	-	Select
THYROID HORMONES		
ARMOUR THYROID TAB, NATURE THROID TAB	-	EXC
LEVOTHYROXINE INJ	-	EXC
LEVOTHYROXINE INJ 100MCG/ML	-	EXC
levothyroxine sodium for iv inj (LEVOTHYROXINE equiv)	-	EXC
LIOTHYRONINE INJ	-	EXC
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	EXC
ERMEZA SOLN 150MCG/5ML (QL= 10ml/day; Step therapy requires trial of levothyroxine tab)	QL-ST	Non-Preferred
THYQUIDITY SOLN (Step Therapy requires trial of levothyroxine)	ST	Non-Preferred
THYROLAR TAB	-	Non-Preferred
TIROSINT CAP	-	Non-Preferred
TIROSINT-SOL (Step therapy requires trial of levothyroxine)	ST	Non-Preferred
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		
atropine sulfate iv soln	-	EXC
glycopyrrolate inj 0.2mg/ml (ROBINUL equiv)	-	EXC
HYOSCYAMINE INJ	-	EXC
hyoscyamine sulfate CR tab (LEVBID equiv)	-	EXC
hyoscyamine sulfate elixir (LEVSIN equiv)	-	EXC
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	EXC
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	EXC
hyoscyamine sulfate soln (LEVSIN equiv)	-	EXC
hyoscyamine tab (LEVSIN equiv)	-	EXC
SYMAX DUOTAB	-	Non-Preferred
b-donna tab (DONNATAL equiv) (QL= 8 tabs/day)	QL	Preferred
BELLADONNA ALKALOID/OPIUM SUPP	-	Preferred
pb-belladonna elixir (DONNATAL equiv) (QL= 1200ml/30 days)	QL	Preferred

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DrugName	Special Code	Tier
ULCER DRUGS Cont.		
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		
famotidine susp (PEPCID equiv) (Covered for members age 17 or younger)	-	EXC
cimetidine tab (TAGAMET equiv)	-	Select
famotidine tab (PEPCID equiv)	-	Select
nizatidine cap (AXID equiv)	-	Select
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	Select
PROTON PUMP INHIBITORS		
ACIPHEX SPRINKLE CAP (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC
esomeprazole cap (NEXIUM equiv)	-	EXC
ESOMEPRAZOLE STRONTIUM CAP (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC
FIRST OMEPRAZOLE SUSP	-	EXC
LANSOPRAZOLE SUSP	-	EXC
omeprazole magnesium delayed release tab (PRILOSEC OTC equiv) (Covered for members age 17 or younger. OTC alternatives available.)	OTC	EXC
PANTOPRAZOLE INJ SOD	-	EXC
PRILOSEC POWDER PACKET (Covered for members age 17 or younger.)	-	EXC
lansoprazole cap (PREVACID equiv)	OTC	Select
omeprazole DR cap (PRILOSEC equiv)	-	Select
pantoprazole EC tab (PROTONIX equiv)	-	Select
rabeprazole EC tab (ACIPHEX equiv)	-	Select
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	Select
ULCER THERAPY COMBINATIONS		
omeprazole/sodium bicarbonate cap (ZEGERID equiv) (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv) (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC
ZEGERID CAP OTC	OTC	EXC
OMECLAMOX-PAK (QL= 80 tab/10 days; Generic bismuth-metronidazole-tetracycline combination is on formulary)	QL	Preferred
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
ATROPINE SUL INJ	-	EXC
atropine sulfate inj	-	EXC
glycopyrrolate inj 0.2mg/ml (ROBINUL equiv)	-	EXC
glycopyrrolate inj pf soln prefilled syringe	-	EXC
GLYRX-PF INJ 0.2MG/ML	-	EXC

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DrugName	Special Code	Tier
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.		
DARTISLA ODT TAB (QL= 4 tabs/day, Step therapy requires trial of glycopyrrolate tab or glycopyrrolate solution)	QL-ST	Non-Preferred
DICYCLOMINE TAB 40MG (QL= 4 tabs/day; Step therapy requires trial of dicyclomine 10mg cap/ 20mg tab/ 10mg/5mL soln)	QL-ST	Non-Preferred
GLYCATE TAB (QL= 4 tabs/day; Step Therapy requires trial of glycopyrrolate tab 1mg or glycopyrrolate tab 2mg)	QL-ST	Preferred Specialty
H-2 ANTAGONISTS		
cimetidine soln (CIMETIDINE equiv) (Covered for members age 17 or younger)	-	EXC
NIZATIDINE CAP	-	Preferred
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	Select
PROTON PUMP INHIBITORS		
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC
DEXILANT DR CAP (Covered for members age 17 or younger)	-	EXC
dexlansoprazole DR cap (DEXILANT equiv) (Covered for members age 17 or younger)	-	EXC
esomeprazole DR granule pack (NEXIUM equiv) (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC
esomeprazole magnesium DR tab (NEXIUM equiv)	-	EXC
FIRST PANTOPRAZOLE SUSP	-	EXC
lansoprazole odt (PREVACID SOLUTAB equiv) (Covered for members age 17 or younger)	-	EXC
NEXIUM 24HR TAB (Covered for members age 17 or younger)	-	EXC
NEXIUM DR GRANULES (Covered for members age 17 or younger. OTC alternatives available.)	-	EXC
omeprazole tab	OTC	EXC
PANTOPRAZOLE SOLN	-	EXC
PREVACID SOLUTAB	-	EXC
PRILOSEC OTC DR TAB	-	EXC
VOQUEZNA TAB	-	EXC
ULCER THERAPY COMBINATIONS		
KONVOMEP SUSP	OTC	EXC
HELIDAC PACK (QL= 224 tab/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole))	QL-ST	Non-Preferred
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT (QL= 112 tab/10 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole))	QL-ST	Non-Preferred
TALICIA CAP (QL= 168 caps/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole))	QL-ST	Non-Preferred
VOQUEZNA DUAL PAK (QL= 1 pack/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole))	QL-ST	Non-Preferred
VOQUEZNA TRIP PAK (QL= 1 pack/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole))	QL-ST	Non-Preferred
bismuth/metro/tetra cap (PYLERA equiv) (QL= 120 tab/10 days)	QL	Select
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	Select
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
trospium chloride SR cap (SANCTURA XR equiv) (QL= 1 cap/day; Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR, trospium IR/ER, solifenacin)	QL-ST	Preferred
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
OXYTROL PATCH (OTC)	OTC	EXC

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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
URINARY ANTISPASMODICS Cont.		
OXYBUTYNIN TAB 2.5MG (QL= 1 tab/day; Step therapy requires trial of: oxybutynin syrup or solifenacin)	QL-ST	Non-Preferred
VESICARE LS SUSP (QL= 2 bottles/30 days; Step Therapy requires trial of oxybutynin IR/ER and solifenacin tabs)	QL-ST	Non-Preferred
darifenacin SR tab (ENABLEX equiv) (Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER, solifenacin)	ST	Preferred
fesoterodine fumarate er tab (TOVIAZ equiv) (QL= 1 tab/day)	QL	Select
oxybutynin ER tab (DITROPAN XL equiv)	-	Select
oxybutynin syrup	-	Select
oxybutynin tab (DITROPAN equiv)	-	Select
solifenacin tab (VESICARE equiv) (QL= 1 tab/day)	QL	Select
tolterodine SR cap (DETROL LA equiv) (QL= 1 cap/day)	QL	Select
tolterodine tab (DETROL equiv)	-	Select
trospium tab (SANCTURA equiv)	-	Select
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TAB (QL= 30 tabs/30 days; Step Therapy requires trial of oxybutynin IR/ER AND solifenacin)	QL-ST	Non-Preferred
mirabegron tab er (MYRBETRIQ equiv) (Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER solifenacin)	ST	Preferred
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	Select
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv) (QL= 8 tabs/day; Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER, solifenacin)	QL-ST	Preferred
VACCINES		
BACTERIAL VACCINES		
BEXSERO INJ	VAC	Preventive
BIOTHRAX INJ	-	Preventive
CAPVAXIVE INJ (QL= 0.5 mL/fill; Covered for ages 19 years and older)	QL-VAC	Preventive
MENACTRA INJ	VAC	Preventive
MENHIBRIX INJ	VAC	Preventive
MENOMUNE INJ	VAC	Preventive
MENQUADFI INJ	VAC	Preventive
MENVEO INJ	VAC	Preventive
MENVEO SOLN	VAC	Preventive
PENBRAYA INJ (Covered for members age 10 through 25 years)	-	Preventive
PENMENVY INJ (Covered for members age 10-25 years)	VAC	Preventive

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DrugName	Special Code	Tier
VACCINES Cont.		
PNEUMOVAX INJ	VAC	Preventive
PREVNAR 13 INJ	VAC	Preventive
PREVNAR 20 INJ	VAC	Preventive
TRUMENBA INJ	VAC	Preventive
TYPHOID VI MULTI-DOSE	-	Preventive
TYPHOID VI PREFILLED SYRINGE	VAC	Preventive
VAXCHORA SUSP	VAC	Preventive
VAXNEUVANCE INJ	VAC	Preventive
VIVOTIF CAP	-	Preventive
VIRAL VACCINES		
AUDENZ INJ	-	EXC
COVID-19 VACCINE INJ (PFIZER 5-11 YEARS)	-	EXC
COVID-19 VACCINE INJ (PFIZER)	-	EXC
COVID-19 VACCINE INJ 6-11Y (MODERNA)	-	EXC
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	-	EXC
COVID-19 VACCINE INJ 6M-5Y (MODERNA)	-	EXC
DENGVAXIA SUSP	-	EXC
IXCHIQ INJ	-	EXC
ROTARIX SUSP	-	EXC
TICOVAC INJ	-	EXC
VIMKUNYA INJ	-	EXC
ABRYSVO INJ (QL= 1 inj/fill, 1 fill/lifetime; Covered for members 50 years of age and older or weeks 32-36 of pregnancy)	QL-VAC	Preventive
ACAM2000 INJ	-	Preventive
AFLURIA INJ (QL= 0.5ml/fill)	QL-VAC	Preventive
AFLURIA INJ, FLUZONE INJ	VAC	Preventive
AREXVY INJ (QL= 1 inj/fill, 1 fill/lifetime; Covered for members 50 years of age and older or weeks 32-36 of pregnancy)	QL-VAC	Preventive
CERVARIX INJ	VAC	Preventive
COMIRNATY INJ	VAC	Preventive
COMIRNATY INJ 30MCG/0.3ML	VAC	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL=1 inj/fill)	QL	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL	Preventive

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

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DrugName	Special Code	Tier
VACCINES Cont.		
HAVRIX INJ, VAQTA INJ	VAC	Preventive
HEPLISAV-B INJ	VAC	Preventive
IMOVAX INJ	-	Preventive
IPOL	-	Preventive
IXIARO INJ	-	Preventive
JYNNEOS INJ	-	Preventive
M-M-R II INJ	VAC	Preventive
MRESVIA INJ (QL= 0.5 mL/fill, 1 fill/lifetime; Covered for members 50 years of age and older)	QL-VAC	Preventive
NOVAVAX INJ	VAC	Preventive
PRIORIX INJ	VAC	Preventive
PROQUAD INJ	-	Preventive
RABAVERT INJ	-	Preventive
SHINGRIX INJ (Covered for members age 18 or older)	VAC	Preventive
SPIKEVAX INJ (QL= 1 dose/24 days)	QL	Preventive
SPIKEVAX INJ 50/0.5ML	VAC	Preventive
SPIKEVAX INJ 50MCG/0.5ML	VAC	Preventive
TWINRIX INJ	VAC	Preventive
VARIVAX INJ	VAC	Preventive
YF-VAX INJ	-	Preventive
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
VAGISIL CREAM	-	EXC
VITAMIN C VAGINAL TAB	-	EXC
VAGINAL ANTI-INFECTIVES		
MICONAZOLE 7 SUPP 100MG	OTC	EXC
MONISTAT 3 CREAM	-	EXC
XACIATO GEL (QL= 25 grams/30 days; Trial of 2: metronidazole gel, clindamycin vaginal cream AND trial of 1: metronid tab or clinda cap)	QL-ST	Non-Preferred
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL (QL= 180gm/30 days)	QL	Preventive

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DrugName	Special Code	Tier
VAGINAL AND RELATED PRODUCTS Cont.		
VAGINAL PROGESTINS		
ENDOMETRIN SUPP	PA	Preferred
progesterone vaginal insert (ENDOMETRIN equiv)	PA	Select
VAGINAL PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
FEM PH GEL	-	Non-Preferred
SPERMICIDES		
CONTRACEPTIVE FILM	OTC	Preventive
CONTRACEPTIVE FOAM	OTC	Preventive
CONTRACEPTIVE GEL	OTC	Preventive
CONTRACEPTIVE SUPP	OTC	Preventive
TODAY SPONGE	OTC	Preventive
VAGINAL ANTI-INFECTIVES		
GYNAZOLE CREAM	-	Non-Preferred
AVC VAGINAL CREAM	-	Preferred
metronidazole vaginal gel (METROGEL equiv)	-	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
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		
PROGESTERONE SUPP	-	EXC
ENDOMETRIN INSERT	PA	Preferred
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
ADRENALIN INJ	-	EXC
epinephrine inj (ADRENALIN equiv)	-	EXC
ADRENACLICK INJ, EPINEPHRINE INJ	-	Non-Preferred
AUVI-Q INJ (QL= 2 inj/fill)	QL	Preferred
NEFFY SPRAY (QL= 2 doses/fill)	QL	Preferred
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
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap (NORTHERA equiv)	AMSP	Preferred Specialty
VASOPRESSORS		
AKOVAZ INJ	-	EXC
BIORPHEN INJ	-	EXC
ephedrine sulfate prefilled syringe (AKOVAZ equiv)	-	EXC
EPHEDRINE SULF-NACL SOLN PREF SYR	-	EXC
EPINEPHRINE INJ	-	EXC
EPINEPHRINE INJ/NACL	-	EXC
EPINEPHRINE SOL NACL	-	EXC
EPINEPHRINE SOLN	-	EXC
GIAPREZA INJ	-	EXC
NOREPINEPHRINE INJ	-	EXC
phenylephrine hcl (pf) iv soln (BIORPHEN equiv)	-	EXC
PHENYLEPHRINE HCL IV SOLN	-	EXC
REZIPRES INJ	-	EXC
EPINEPHRINE PF INJ 1 MG/ML	-	Non-Preferred
EPINEPHRINE INJ	-	Preferred
midodrine tab (PROAMATINE equiv)	-	Select
VITAMINS		
MISC. NUTRITIONAL FACTORS		
QUERCETIN CAP	-	EXC
QUERCETIN-ZINC CHEW TAB	OTC	EXC
OIL SOLUBLE VITAMINS		
BETA CAROTENE CAP	-	EXC
CHOLECALCIFEROL CHEW TAB	OTC	EXC
cholecalciferol tab (VITAMIN D3 equiv)	-	EXC
K2 LIQ	-	EXC
K2-45 CAP	-	EXC
VIT E/D-ALPH CAP	OTC	EXC
VITAMIN A LIQUID	-	EXC
VITAMIN D3 CAP	-	EXC
VITAMIN D3 DROPS	-	EXC
VITAMIN E DROPS	-	EXC
VITAMIN E LIQUID	-	EXC
phytonadione tab (MEPHYTON equiv)	-	Select
vitamin D cap (RX strength only)	-	Select
WATER SOLUBLE VITAMINS		
ASCORBIC ACID INJ	-	EXC
BIOTIN CHEW TAB	OTC	EXC
biotin chew tab (YUMVS equiv)	OTC--	EXC
BIOTIN LIQUID	OTC	EXC
BIOTIN TAB	-	EXC

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DrugName	Special Code	Tier
VITAMINS Cont.		
BUFFERED C POWDER	OTC	EXC
ENDUR-AMIDE TAB	-	EXC
LIQUID-C LIQ	OTC	EXC
NIACIN CAP	OTC	EXC
NIACIN TR CAP	OTC	EXC
NIACINAMIDE CAP	OTC	EXC
riboflavin tab	-	EXC
THIAMINE HCL SOLN NACL	-	EXC
thiamine mononitrate tab (B1 equiv)	-	EXC
TRUE VIT B1 TAB	-	EXC
TRUE VIT B6 TAB	-	EXC
VITAMIN B-1 CAP	OTC	EXC
VITAMIN B1 LIQUID	-	EXC
VITAMIN B2 LIQUID	-	EXC
VITAMIN B-2 TAB	OTC	EXC
VITAMIN B3 LIQUID	-	EXC
VITAMIN B5 LIQUID	-	EXC
VITAMIN B6 LIQUID	-	EXC
VITAMIN B-6 TAB	-	EXC
VITAMIN C TR TAB	OTC	EXC
YUMVS BIOTIN CHW ZERO	-	EXC
POTABA POWDER PACKET	-	Preferred

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Moda Small Group Formulary
Prior Authorization Drug List
Last Updated* 11/18/2025

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
abiraterone acetate tab 500mg	Preferred Specialty
abiraterone tab 250mg	Preferred Specialty
ABRILADA INJ	Non-Preferred Specialty
ACTEMRA ACTPEN INJ	Non-Preferred Specialty
ACTEMRA SC INJ	Non-Preferred Specialty
ACTHAR HP GEL INJ	Preferred Specialty
ACTHAR INJ 80UNIT	Preferred Specialty
ACTHAR INJ GEL	Non-Preferred Specialty
ACTIMMUNE INJ	Non-Preferred Specialty
ADALIMU-ADBM KIT	Non-Preferred Specialty
ADALIMU-ADBM KIT 40/0.4ML	Non-Preferred Specialty
ADALIMU-FKJP KIT 20/0.4ML	Non-Preferred Specialty
ADALIMUMAB KIT ADBM	Non-Preferred Specialty
ADALIMUMAB-AATY KIT	Non-Preferred Specialty
ADALIMUMAB-AATY KIT 20MG/0.2ML	Non-Preferred Specialty
ADALIMUMAB-AATY KIT 80MG/0.8ML	Non-Preferred Specialty
ADALIMUMAB-ADAZ INJ	Non-Preferred Specialty
ADALIMUMAB-ADAZ INJ 10MG/0.1ML	Preferred Specialty
ADALIMUMAB-ADAZ INJ 40MG/0.4ML	Preferred Specialty
ADALIMUMAB-ADBM KIT	Non-Preferred Specialty
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	Non-Preferred Specialty
ADALIMUMAB-FKJP PFS KIT	Non-Preferred Specialty
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML	Non-Preferred Specialty
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 40MG/0.4ML	Non-Preferred Specialty
ADALIMUMAB-RYVK INJ	Non-Preferred Specialty
ADBRY INJ	Non-Preferred Specialty
ADEMPAS TAB	Non-Preferred Specialty
ADVATE INJ 1000 UNIT	Preferred Specialty
ADVATE INJ 1500 UNIT	Preferred Specialty
ADVATE INJ 2000 UNIT	Preferred Specialty
ADVATE INJ 250 UNIT	Preferred Specialty
ADVATE INJ 3000 UNIT	Preferred Specialty
ADVATE INJ 4000 UNIT	Preferred Specialty
ADVATE INJ 500 UNIT	Preferred Specialty
ADYNOVATE INJ	Non-Preferred Specialty
AFSTYLA KIT	Preferred Specialty
AGAMREE SUSP	Non-Preferred Specialty
AIMOVIG INJ	Preferred
AJOVY INJ	Preferred
AKEEGA TAB	Non-Preferred Specialty
ALECENSA CAP	Preferred Specialty
ALHEMO INJ	Non-Preferred Specialty

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ALKINDI SPRINKLE CAP	Non-Preferred
ALPHANATE, HUMATE-P INJ	Preferred Specialty
ALPHANINE SD INJ	Non-Preferred Specialty
ALPROLIX INJ	Preferred Specialty
ALTUVIIIO INJ	Non-Preferred Specialty
ALUNBRIG PAK	Non-Preferred Specialty
ALUNBRIG TAB 30MG	Preferred Specialty
ALUNBRIG TAB 90MG, 180MG	Preferred Specialty
ALVAIZ TAB	Non-Preferred Specialty
ALYFTREK TAB 10-50-125MG	Preferred Specialty
ALYFTREK TAB 4-20-50MG	Preferred Specialty
ambrisentan tab	Preferred Specialty
AMJEVITA AUTO-INJECTOR	Non-Preferred Specialty
AMJEVITA INJ 10MG/0.2ML	Non-Preferred Specialty
AMJEVITA INJ 20MG/0.2ML	Non-Preferred Specialty
AMJEVITA INJ 40MG/0.4ML	Non-Preferred Specialty
AMJEVITA INJ 80MG/0.8ML	Non-Preferred Specialty
AMJEVITA SYRINGE 20MG/0.4ML	Non-Preferred Specialty
ANDEMBRY INJ	Non-Preferred Specialty
ANDRODERM PATCH	Non-Preferred
APADAZ TAB	Non-Preferred
AQNEURSA POWDER	Non-Preferred Specialty
ARCALYST INJ	Non-Preferred Specialty
ARIKAYCE SUSP	Non-Preferred Specialty
ATTRUBY PAK	Non-Preferred Specialty
AUGTYRO CAP	Non-Preferred Specialty
AUGTYRO CAP 160MG	Non-Preferred Specialty
AUSTEDO TAB 12MG	Non-Preferred Specialty
AUSTEDO TAB 6MG	Non-Preferred Specialty
AUSTEDO TAB 9MG	Non-Preferred Specialty
AUSTEDO XR TAB	Non-Preferred Specialty
AUSTEDO XR TAB 18MG	Non-Preferred Specialty
AUSTEDO XR TAB 24MG	Non-Preferred Specialty
AUSTEDO XR TAB 6MG	Non-Preferred Specialty
AUSTEDO XR TAB TITRATION KIT	Non-Preferred Specialty
AUSTEDO XR TAB TITRATION PACK	Non-Preferred Specialty
AYVAKIT TAB	Non-Preferred Specialty
BAFIERTAM CAP	Non-Preferred Specialty
BALVERSA TAB 3MG	Non-Preferred Specialty
BALVERSA TAB 4MG	Non-Preferred Specialty
BALVERSA TAB 5MG	Non-Preferred Specialty
BARACLUDE SOLN	Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
BAXDELA TAB	Non-Preferred
BENEFIX INJ	Preferred Specialty
BENLYSTA AUTO-INJECTOR	Non-Preferred Specialty
BENLYSTA INJ	Non-Preferred Specialty
BERINERT INJ	Non-Preferred Specialty
BESREMI INJ	Non-Preferred Specialty
betaine powder for oral solution	Preferred Specialty
BETASERON INJ	Non-Preferred Specialty
BEVYXXA CAP	Non-Preferred
bexarotene cap	Preferred Specialty
bexarotene gel	Preferred Specialty
BILDYOS INJ	Non-Preferred Specialty
BIMZELX INJ	Non-Preferred Specialty
BONSITY, TERIPARATIDE INJ	Non-Preferred Specialty
bosentan tab	Preferred Specialty
bosentan tab for oral susp	Preferred Specialty
BOSULIF CAP	Preferred Specialty
BOSULIF TAB	Preferred Specialty
BRAFTOVI CAP 75MG	Non-Preferred Specialty
BRUKINSA CAP	Non-Preferred Specialty
BRUKINSA TAB	Non-Preferred Specialty
BYLVAY CAP	Non-Preferred Specialty
CABLIVI INJ KIT	Non-Preferred Specialty
CABOMETYX TAB	Preferred Specialty
CALQUENCE CAP	Preferred Specialty
CALQUENCE TAB	Preferred Specialty
CAMZYOS CAP	Non-Preferred Specialty
CAPRELSA TAB 100MG	Preferred Specialty
CAPRELSA TAB 300MG	Preferred Specialty
carglumic acid tab	Preferred Specialty
CERDELGA CAP	Preferred Specialty
CHOLBAM CAP	Non-Preferred Specialty
CIBINQO TAB	Non-Preferred Specialty
CIMZIA INJ	Preferred Specialty
CIMZIA INJ 200MG/ML	Preferred Specialty
CINQAIR INJ	Non-Preferred Specialty
CINRYZE INJ	Non-Preferred Specialty
COAGADEX INJ	Non-Preferred Specialty
COMETRIQ KIT	Preferred Specialty
CONEXXENCE INJ 60MG/ML	Non-Preferred Specialty
COPIKTRA CAP	Non-Preferred Specialty
CORIFACT KIT	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
CORLANOR SOLN	Non-Preferred
CORTROPHIN GEL 80UNIT	Non-Preferred Specialty
CORTROPHIN INJ	Non-Preferred Specialty
COSENTYX INJ (1-PACK)	Preferred Specialty
COSENTYX INJ (2-PACK)	Preferred Specialty
COSENTYX INJ 300MG/2ML	Preferred Specialty
COTELLIC TAB	Preferred Specialty
CRENESSITY CAP	Non-Preferred Specialty
CRENESSITY SOLN	Non-Preferred Specialty
CUTAQUIG INJ	Non-Preferred Specialty
CUVITRU INJ	Preferred Specialty
CYLTEZO AUTO-INJECTOR	Non-Preferred Specialty
CYLTEZO INJ 10MG/0.2ML	Non-Preferred Specialty
CYLTEZO INJ 20MG/0.4ML	Non-Preferred Specialty
CYLTEZO INJ 40MG/0.8ML	Non-Preferred Specialty
CYLTEZO INJ CROHNS	Non-Preferred Specialty
CYLTEZO INJ PSORIASIS	Non-Preferred Specialty
CYLTEZO KIT	Non-Preferred Specialty
CYLTEZO KIT CROHNS	Non-Preferred Specialty
CYLTEZO PSORIASIS KIT	Non-Preferred Specialty
DAKLINZA TAB	Non-Preferred Specialty
dalfampridine ER tab	Preferred Specialty
DANZITEN TAB	Non-Preferred Specialty
dasatinib tab	Preferred Specialty
DAURISMO TAB 100MG	Non-Preferred Specialty
DAURISMO TAB 25MG	Non-Preferred Specialty
DAYBUE SOLN	Non-Preferred Specialty
deferasirox granules packet	Preferred Specialty
deferasirox tab	Preferred Specialty
deferasirox tab 90mg, 360mg	Preferred Specialty
deferiprone tab	Preferred Specialty
deferiprone tab 1000mg	Preferred Specialty
deflazacort susp	Preferred Specialty
deflazacort tab	Preferred Specialty
DIACOMIT CAP	Non-Preferred Specialty
DIACOMIT POWDER PACK	Non-Preferred Specialty
dichlorphenamide tab	Preferred Specialty
DIGITAL THERAPY APPLICATION	Non-Preferred
DOJOLVI ORAL LIQUID	Non-Preferred Specialty
DOPTELET SPRINKLE CAP	Preferred Specialty
DOPTELET TAB	Preferred Specialty
DUPIXENT INJ	Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
DUPIXENT PEN INJ	Preferred Specialty
DUVYZAT ORAL SUSP	Non-Preferred Specialty
DUZALLO TAB	Non-Preferred
EBGLYSS INJ	Non-Preferred Specialty
ELIGARD INJ	Preferred Specialty
ELOCTATE INJ	Preferred Specialty
eltrombopag olamine powder pack for susp	Preferred Specialty
eltrombopag olamine tab	Preferred Specialty
EMGALITY INJ	Preferred
EMGALITY INJ 100MG/ML	Non-Preferred
EMPAVELI INJ	Preferred Specialty
ENBREL INJ	Preferred Specialty
ENBREL INJ 25MG	Preferred Specialty
ENBREL INJ 50MG	Preferred Specialty
ENBREL MINI INJ	Preferred Specialty
ENBREL SURECLICK INJ 50MG	Preferred Specialty
ENDOMETRIN INSERT	Preferred
ENDOMETRIN SUPP	Preferred
ENSACOVE CAP 100MG	Non-Preferred Specialty
ENSACOVE CAP 25MG	Non-Preferred Specialty
ENSPRYNG INJ	Non-Preferred Specialty
ENTYVIO INJ	Preferred Specialty
EPCLUSA PAK	Non-Preferred Specialty
EPCLUSA TAB	Preferred Specialty
EPIDIOLEX SOLN	Preferred Specialty
ERIVEDGE CAP	Preferred Specialty
ERLEADA TAB	Preferred Specialty
ERLEADA TAB 240MG	Preferred Specialty
erlotinib tab 100mg	Preferred Specialty
erlotinib tab 150mg	Preferred Specialty
erlotinib tab 25mg	Preferred Specialty
ESPEROCT INJ	Non-Preferred Specialty
everolimus tab	Preferred Specialty
everolimus tab for oral susp	Preferred Specialty
EVRYSDI SOLN	Non-Preferred Specialty
EVRYSDI TAB	Non-Preferred Specialty
EXKIVITY CAP	Non-Preferred Specialty
EXSERVAN FILM	Preferred Specialty
EXTAVIA INJ	Non-Preferred Specialty
EXXUA TAB	Non-Preferred
FABHALTA CAP	Non-Preferred Specialty
FASENRA INJ	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
FASENRA INJ 10MG/0.5ML	Non-Preferred Specialty
FASENRA PEN INJ	Non-Preferred Specialty
FEIBA INJ	Non-Preferred Specialty
FENTANYL BUCCAL TAB	Non-Preferred
FERRIPROX 2 DAY TAB 1000MG	Non-Preferred Specialty
FERRIPROX SOLN	Non-Preferred Specialty
FILSPARI TAB	Non-Preferred Specialty
FILSUVEZ GEL	Non-Preferred Specialty
FINTEPLA SOLN	Non-Preferred Specialty
FIRDAPSE TAB	Non-Preferred Specialty
FORTEO INJ 560MCG/2.24ML	Non-Preferred Specialty
FORZINITY INJ	Non-Preferred Specialty
FOTIVDA CAP	Non-Preferred Specialty
FRUZAQLA CAP 1MG	Non-Preferred Specialty
FRUZAQLA CAP 5MG	Non-Preferred Specialty
FYLNETRA INJ	Non-Preferred Specialty
gabapentin (once-daily) tab	Preferred
GALAFOLD CAP	Non-Preferred Specialty
GATTEX KIT	Non-Preferred Specialty
GAVRETO CAP	Non-Preferred Specialty
gefitinib tab	Preferred Specialty
GILENYA CAP	Non-Preferred Specialty
GILOTRIF TAB	Preferred Specialty
glycerol phenylbutyrate liquid	Non-Preferred Specialty
GOMEKLI CAP	Non-Preferred Specialty
GOMEKLI TAB	Non-Preferred Specialty
GRANIX INJ	Non-Preferred Specialty
GUARDIAN 4 MIS SENSOR	Non-Preferred
GUARDIAN 4 TRANSMITTER	Non-Preferred
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
HARVONI PELLET PAK	Preferred Specialty
HARVONI TAB	Preferred Specialty
HEMLIBRA INJ	Preferred Specialty
HEMOFIL M, KOATE INJ	Preferred Specialty
HETLIOZ SUSP	Non-Preferred Specialty
HIZENTRA INJ	Preferred Specialty
HORIZANT TAB	Non-Preferred

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
HORIZANT TAB 600MG ER	Non-Preferred
HULIO INJ 40MG/0.8ML	Non-Preferred Specialty
HULIO KIT 20MG/0.4ML	Non-Preferred Specialty
HUMATROPE INJ	Non-Preferred Specialty
HUMIRA 10MG/0.1ML (CORDAVIS)	Non-Preferred Specialty
HUMIRA 20MG/0.2ML (CORDAVIS)	Non-Preferred Specialty
HUMIRA 40MG/0.4ML (CORDAVIS)	Non-Preferred Specialty
HUMIRA 80MG/0.8ML (CORDAVIS)	Non-Preferred Specialty
HUMIRA INJ 10MG	Non-Preferred Specialty
HUMIRA INJ 20MG	Non-Preferred Specialty
HUMIRA INJ 40MG	Non-Preferred Specialty
HUMIRA INJ 80MG	Non-Preferred Specialty
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	Non-Preferred Specialty
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	Non-Preferred Specialty
HUMIRA INJ PEDIATRIC UC STARTER PACK	Non-Preferred Specialty
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	Non-Preferred Specialty
HUMIRA PEN INJ 40MG	Non-Preferred Specialty
HYCAMTIN CAP	Preferred Specialty
HYDROXYPROGESTERONE CAPROATE INJ	Preferred Specialty
HYFTOR GEL	Non-Preferred Specialty
HYMPAVZI INJ	Non-Preferred Specialty
HYQVIA INJ	Preferred Specialty
HYRIMOZ INJ 40MG/0.4ML	Non-Preferred Specialty
HYRIMOZ INJ 40MG/0.8ML	Non-Preferred Specialty
HYRIMOZ INJ 80MG/0.8ML	Non-Preferred Specialty
HYRIMOZ INJ CROHNS	Non-Preferred Specialty
HYRIMOZ INJ PLAQUE PSORIASIS	Non-Preferred Specialty
HYRIMOZ PFS INJ 10MG/0.1ML	Non-Preferred Specialty
HYRIMOZ PFS INJ 20MG/0.2ML	Non-Preferred Specialty
HYRIMOZ-PED INJ CROHNS	Non-Preferred Specialty
HYRIMOZ-PED INJ CROHNS 80MG/0.8ML	Non-Preferred Specialty
IBRANCE CAP	Non-Preferred Specialty
IBRANCE TAB	Non-Preferred Specialty
IBSRELA TAB	Non-Preferred
icatibant inj	Preferred Specialty
ICLUSIG TAB	Preferred Specialty
IDACIO INJ 40MG/0.8ML	Non-Preferred Specialty
IDELVION INJ	Non-Preferred Specialty
IDHIFA TAB	Non-Preferred Specialty
imatinib tab 100mg	Preferred Specialty
imatinib tab 400mg	Preferred Specialty
IMBRUVICA CAP 140MG	Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
IMBRUVICA CAP 70MG	Preferred Specialty
IMBRUVICA SUSP	Preferred Specialty
IMBRUVICA TAB	Preferred Specialty
IMKELDI SOLUTION	Non-Preferred Specialty
IMULDOSA SYRINGE 45MG/0.5ML	Non-Preferred Specialty
IMULDOSA SYRINGE 90MG/ML	Non-Preferred Specialty
INBRIJA INH POWDER	Non-Preferred Specialty
INGREZZA CAP	Non-Preferred Specialty
INGREZZA PACK 40-80MG	Non-Preferred Specialty
INGREZZA SPRINKLE CAP	Non-Preferred Specialty
INLYTA TAB	Preferred Specialty
INLYTA TAB 5MG	Preferred Specialty
INQOVI TAB	Non-Preferred Specialty
INREBIC CAP	Non-Preferred Specialty
IQIRVO TAB	Non-Preferred Specialty
ISTURISA TAB	Non-Preferred Specialty
ITOVEBI TAB	Non-Preferred Specialty
ivabradine hcl tab	Select
IWILFIN TAB	Non-Preferred Specialty
IXINITY INJ, RIXUBIS INJ	Non-Preferred Specialty
JAKAFI TAB	Preferred Specialty
JATENZO CAP 158MG	Non-Preferred
JATENZO CAP 198MG	Non-Preferred
JATENZO CAP 237MG	Non-Preferred
JAVYGTOR PAK 100MG	Preferred Specialty
JAVYGTOR POW 500MG	Preferred Specialty
JAVYGTOR TAB 100MG	Preferred Specialty
JAYPIRCA TAB 100MG	Non-Preferred Specialty
JAYPIRCA TAB 50MG	Non-Preferred Specialty
JIVI INJ	Non-Preferred Specialty
JOENJA TAB	Non-Preferred Specialty
JUBBONTI INJ	Non-Preferred Specialty
JUXTAPID CAP	Preferred Specialty
JYNARQUE PAK	Preferred Specialty
JYNARQUE TAB 15MG	Preferred Specialty
JYNARQUE TAB 30MG	Preferred Specialty
KALYDECO PAK	Preferred Specialty
KALYDECO TAB	Preferred Specialty
KEVZARA INJ	Non-Preferred Specialty
KINERET INJ	Non-Preferred Specialty
KISQALI PAK	Preferred Specialty
KISQALI TAB	Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
KITABIS PAK NEB SOLN	Non-Preferred Specialty
KLISYRI OINT	Non-Preferred
KOGENATE FS INJ	Non-Preferred Specialty
KOSELUGO CAP	Non-Preferred Specialty
KOSELUGO CAP 10MG	Non-Preferred Specialty
KOSELUGO CAP 5MG	Non-Preferred Specialty
KOVALTRY INJ	Non-Preferred Specialty
KRAZATI TAB	Non-Preferred Specialty
KYNAMRO INJ	Non-Preferred Specialty
KYNMOBI TITRATION KIT	Non-Preferred Specialty
KYZATREX CAP	Non-Preferred
KYZATREX CAP, TLANDO CAP	Non-Preferred
lamivudine tab 100mg	Preferred Specialty
lapatinib ditosylate tab	Preferred Specialty
LAZCLUZE TAB 240MG	Non-Preferred Specialty
LAZCLUZE TAB 80MG	Non-Preferred Specialty
lenalidomide cap	Preferred Specialty
LENVIMA CAP	Preferred Specialty
LEUKINE INJ	Non-Preferred Specialty
LEUPROLIDE INJ (3 MONTH)	Preferred Specialty
LIQREV SUSP	Non-Preferred Specialty
LIVDELZI CAP	Non-Preferred Specialty
LIVMARLI SOLN	Non-Preferred Specialty
LIVMARLI TAB	Non-Preferred Specialty
LODOCO TAB	Non-Preferred
LONSURF TAB	Preferred Specialty
LORBRENA TAB 100MG	Non-Preferred Specialty
LORBRENA TAB 25MG	Non-Preferred Specialty
LUMAKRAS TAB	Non-Preferred Specialty
LUMAKRAS TAB 240MG	Non-Preferred Specialty
LUMAKRAS TAB 320MG	Non-Preferred Specialty
LUMRYZ PACK 4.5GM	Non-Preferred Specialty
LUMRYZ PACK 6GM	Non-Preferred Specialty
LUMRYZ PACK 7.5GM	Non-Preferred Specialty
LUMRYZ PACK 9GM	Non-Preferred Specialty
LUMRYZ STARTER PACK	Non-Preferred Specialty
LUPKYNIS CAP	Non-Preferred Specialty
LUPRON DEPOT INJ	Preferred Specialty
LUPRON DEPOT INJ PED	Preferred Specialty
LUPRON DEPOT-PED INJ (1-MONTH)	Preferred Specialty
LUPRON DEPOT-PED INJ (3-MONTH)	Preferred Specialty
LUTRATE DEPO INJ	Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
LYNPARZA CAP	Preferred Specialty
LYNPARZA TAB	Preferred Specialty
LYTGOBI TAB (12MG DAILY DOSE)	Non-Preferred Specialty
LYTGOBI TAB (16MG DAILY DOSE)	Non-Preferred Specialty
LYTGOBI TAB (20MG DAILY DOSE)	Non-Preferred Specialty
MAKENA INJ	Non-Preferred Specialty
MAVENCLAD PAK	Non-Preferred Specialty
MAYZENT STARTER PACK 0.25 MG	Non-Preferred Specialty
MAYZENT TAB	Non-Preferred Specialty
MAYZENT TAB STARTER PACK	Non-Preferred Specialty
MEKINIST SOLN	Preferred Specialty
MEKINIST TAB 0.5MG	Preferred Specialty
MEKINIST TAB 2MG	Preferred Specialty
MEKTOVI TAB	Non-Preferred Specialty
metyrosine cap	Preferred
mifepristone tab	Preferred Specialty
miglustat cap	Preferred Specialty
MIPLYFFA CAP	Non-Preferred Specialty
MIRCERA INJ	Non-Preferred Specialty
MODERIBA TAB	Non-Preferred Specialty
MOUNJARO INJ	Non-Preferred
MOVANTIK TAB	Preferred
MULPLETA TAB	Non-Preferred Specialty
MYALEPT INJ	Non-Preferred Specialty
MYCAPSSA CAP	Non-Preferred Specialty
MYFEMBREE TAB	Non-Preferred Specialty
NATESTO GEL	Non-Preferred
NATPARA INJ	Non-Preferred Specialty
NEMLUVIO INJ	Non-Preferred Specialty
NERLYNX TAB	Non-Preferred Specialty
NEULASTA INJ	Non-Preferred Specialty
NEUPOGEN INJ	Non-Preferred Specialty
NEXLETOL TAB	Non-Preferred
NEXLIZET TAB	Non-Preferred
NGENLA INJ	Non-Preferred Specialty
NILOTINIB CAP	Non-Preferred Specialty
nilotinib hcl cap	Preferred Specialty
nilutamide tab	Preferred Specialty
NINLARO CAP	Preferred Specialty
nitisinone cap	Preferred Specialty
NITYR TAB	Non-Preferred Specialty
NIVESTYM INJ	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
Non-preferred CGM Monitor Supplies Kit	Non-Preferred
NORDITROPIN INJ, NUTROPIN AQ INJ	Non-Preferred Specialty
NOVOEIGHT INJ	Non-Preferred Specialty
NOVOSEVEN RT INJ	Non-Preferred Specialty
NUBEQA TAB	Preferred Specialty
NUCALA INJ	Preferred Specialty
NUPLAZID CAP	Non-Preferred Specialty
NUPLAZID TAB	Non-Preferred Specialty
NURTEC ODT	Non-Preferred
NUWIQ INJ	Non-Preferred Specialty
NUWIQ KIT	Non-Preferred Specialty
NUZYRA TAB	Non-Preferred Specialty
NYPOZI INJ	Non-Preferred Specialty
OBIZUR INJ	Preferred Specialty
OCALIVA TAB	Non-Preferred Specialty
OCREVUS INJ	Non-Preferred Specialty
OCREVUS ZUNOVO INJ	Non-Preferred Specialty
octreotide inj	Preferred Specialty
OCTREOTIDE INJ 100MCG	Preferred Specialty
ODOMZO CAP	Preferred Specialty
OFEV CAP	Preferred Specialty
OGSIVEO TAB	Non-Preferred Specialty
OGSIVEO TAB 100MG	Non-Preferred Specialty
OGSIVEO TAB 150MG	Non-Preferred Specialty
OHTUVAYRE SUSP	Non-Preferred Specialty
OJEMDA SUSP	Non-Preferred Specialty
OJEMDA TAB	Non-Preferred Specialty
OJJAARA TAB	Non-Preferred Specialty
OLPRUVA PACK	Non-Preferred Specialty
OLUMIANT TAB	Non-Preferred Specialty
OLYSIO CAP	Non-Preferred Specialty
OMVOH INJ	Non-Preferred Specialty
OMVOH INJ 100MG/ML, 200MG/2ML	Non-Preferred Specialty
ONAPGO INJ	Non-Preferred Specialty
ONUREG TAB	Non-Preferred Specialty
OPFOLDA CAP	Non-Preferred Specialty
OPSUMIT TAB	Preferred Specialty
OPSYNVI TAB	Non-Preferred Specialty
OPZELURA CREAM	Non-Preferred
ORENCIA CLICK INJ	Non-Preferred Specialty
ORENCIA SC INJ 125MG/ML	Non-Preferred Specialty
ORENCIA SC INJ 50MG/0.4ML	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ORENCIA SC INJ 87.5MG/0.7ML	Non-Preferred Specialty
ORENITRAM TAB	Preferred Specialty
ORENITRAM TAB MONTH PAK	Non-Preferred Specialty
ORFADIN SUSP	Non-Preferred Specialty
ORGOVYX TAB	Non-Preferred Specialty
ORIAHNN CAP	Non-Preferred Specialty
ORILISSA TAB 150MG	Non-Preferred Specialty
ORILISSA TAB 200MG	Non-Preferred Specialty
ORKAMBI GRANULES PACKET	Preferred Specialty
ORKAMBI TAB	Preferred Specialty
ORLADEYO CAP	Non-Preferred Specialty
ORMALVI TAB 50MG	Preferred Specialty
ORSERDU TAB 345MG	Non-Preferred Specialty
ORSERDU TAB 86MG	Non-Preferred Specialty
OSPHENA TAB	Non-Preferred
OSPOMYV INJ	Non-Preferred Specialty
OTEZLA STARTER PACK	Preferred Specialty
OTEZLA TAB	Preferred Specialty
OTEZLA XR TAB	Preferred Specialty
OTULFI INJ	Non-Preferred Specialty
OTULFI SYRINGE 45MG/0.5ML	Non-Preferred Specialty
OTULFI SYRINGE 90MG/ML	Non-Preferred Specialty
OXERVATE OPHTH SOLN	Non-Preferred Specialty
PALFORZIA POWDER PACK	Non-Preferred Specialty
PALFORZIA SPRINKLE CAP	Non-Preferred Specialty
PALYNZIQ INJ	Non-Preferred Specialty
pazopanib hcl tab	Preferred Specialty
PAZOPANIB TAB 400MG	Non-Preferred Specialty
PEMAZYRE TAB	Non-Preferred Specialty
PHEBURANE ORAL PELLETS	Non-Preferred Specialty
PHYRAGO TAB	Non-Preferred Specialty
PIQRAY TAB	Non-Preferred Specialty
pirfenidone cap	Preferred Specialty
pirfenidone tab 267mg	Preferred Specialty
PIRFENIDONE TAB 534MG	Preferred Specialty
pirfenidone tab 801mg	Preferred Specialty
PLEGRIDY INJ	Non-Preferred Specialty
PLEGRIDY PEN INJ	Non-Preferred Specialty
POMALYST CAP	Preferred Specialty
PONVORY TAB	Non-Preferred Specialty
PONVORY TAB STARTER PACK	Non-Preferred Specialty
PRALUENT INJ	Non-Preferred

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
PREVYMIS PAK	Non-Preferred Specialty
PREVYMIS TAB	Non-Preferred Specialty
PROCYSBI CAP	Non-Preferred Specialty
PROCYSBI GRANULES PACKET	Non-Preferred Specialty
PROFILNINE INJ	Preferred Specialty
progesterone vaginal insert	Select
PROLIA INJ	Preferred Specialty
pyrimethamine tab	Preferred Specialty
PYRUKYND TAB	Non-Preferred Specialty
PYRUKYND THERAPY PACK	Non-Preferred Specialty
PYZCHIVA INJ	Non-Preferred Specialty
PYZCHIVA INJ 45MG/0.5ML	Non-Preferred Specialty
PYZCHIVA INJ 90MG/ML	Non-Preferred Specialty
QBREXZA PAD	Non-Preferred
QFITLIA INJ	Non-Preferred Specialty
QINLOCK TAB	Non-Preferred Specialty
QULIPTA TAB	Non-Preferred
RADICAVA ORS SUSP	Preferred Specialty
RAYALDEE CAP	Non-Preferred
RAYOS TAB	Non-Preferred
REBINYN INJ	Non-Preferred Specialty
RECOMBINATE INJ	Non-Preferred Specialty
RECORLEV TAB	Non-Preferred Specialty
RELEUKO INJ	Non-Preferred Specialty
RELISTOR INJ	Non-Preferred Specialty
RELISTOR INJ KIT	Non-Preferred Specialty
RELISTOR TAB	Non-Preferred Specialty
RELYVRIO PAK	Non-Preferred Specialty
REMODULIN SOLN 8MG/20ML	Non-Preferred Specialty
REPATHA INJ	Preferred
REPATHA PUSHTRONEX INJ	Preferred
RETEVMO CAP 40MG	Non-Preferred Specialty
RETEVMO CAP 80MG	Non-Preferred Specialty
RETEVMO TAB	Non-Preferred Specialty
RETEVMO TAB 40MG	Non-Preferred Specialty
REVLIMID CAP	Preferred Specialty
REVUFORJ TAB	Non-Preferred Specialty
REZDIFFRA TAB	Non-Preferred Specialty
REZLIDHIA CAP	Non-Preferred Specialty
REZUROCK TAB	Non-Preferred Specialty
RINVOQ ER TAB	Non-Preferred Specialty
RINVOQ ER TAB 45MG	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
RINVOQ ORAL SOLN	Non-Preferred Specialty
RIVFLOZA INJ	Non-Preferred Specialty
roflumilast tab	Select
ROMVIMZA CAP	Non-Preferred Specialty
ROZLYTREK CAP 100MG	Non-Preferred Specialty
ROZLYTREK CAP 200MG	Non-Preferred Specialty
ROZLYTREK PAK	Non-Preferred Specialty
RUBRACA TAB	Preferred Specialty
RUCONEST INJ	Non-Preferred Specialty
RUZURGI TAB	Non-Preferred Specialty
RYDAPT CAP	Non-Preferred Specialty
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	Non-Preferred Specialty
SAMSCA TAB, TOLVAPTAN TAB	Non-Preferred Specialty
sapropterin dihydrochloride powder packet	Preferred Specialty
sapropterin dihydrochloride soluble tab	Preferred Specialty
SCEMBLIX TAB 100MG	Non-Preferred Specialty
SCEMBLIX TAB 20MG	Non-Preferred Specialty
SCEMBLIX TAB 40MG	Non-Preferred Specialty
SELARSDI INJ	Preferred Specialty
SELARSDI INJ 45MG/0.5ML	Preferred Specialty
SELARSDI INJ 90MG/ML	Preferred Specialty
SEVENFACT SOLN	Non-Preferred Specialty
SIGNIFOR INJ	Preferred Specialty
sildenafil susp	Preferred Specialty
SILIQ INJ	Non-Preferred Specialty
SIMLANDI 1-PEN KIT	Non-Preferred Specialty
SIMLANDI INJ	Non-Preferred Specialty
SIMLANDI KIT	Non-Preferred Specialty
SIMLANDI KIT (adalimumab-ryvk)	Non-Preferred Specialty
SIMPONI SC INJ	Non-Preferred Specialty
simvastatin tab 80mg	Preventive
SKYCLARYS CAP 50MG	Non-Preferred Specialty
SKYRIZI 180MG/1.2ML CARTRIDGE	Non-Preferred Specialty
SKYRIZI INJ	Non-Preferred Specialty
SKYRIZI INJ 150MG/ML	Non-Preferred Specialty
SKYRIZI PEN 150MG/ML	Non-Preferred Specialty
SKYTROFA INJ	Preferred Specialty
SKYTROFA INJ 0.7MG	Preferred Specialty
SKYTROFA INJ 1.4MG	Preferred Specialty
SKYTROFA INJ 1.8MG	Preferred Specialty
SKYTROFA INJ 2.1MG	Preferred Specialty
SKYTROFA INJ 2.5MG	Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
SODIUM OXYBATE SOLN, XYREM SOLN	Non-Preferred Specialty
sodium phenylbutyrate powder	Preferred Specialty
sodium phenylbutyrate tab	Preferred Specialty
SOFDRA GEL	Non-Preferred
SOGROYA INJ	Non-Preferred Specialty
SOHONOS CAP	Non-Preferred Specialty
SOMAVERT INJ	Preferred Specialty
sorafenib tosylate tab	Preferred Specialty
SOTYKTU TAB	Non-Preferred Specialty
SOVALDI TAB	Non-Preferred Specialty
SPEVIGO INJ	Non-Preferred Specialty
SPINRAZA INJ	Non-Preferred Specialty
SPRAVATO NASAL SOLN	Non-Preferred Specialty
STARJEMZA INJ	Non-Preferred Specialty
STARJEMZA PFS INJ 45MG/0.5ML	Non-Preferred Specialty
STARJEMZA PFS INJ 90MG/ML	Non-Preferred Specialty
STELARA INJ	Non-Preferred Specialty
STEQEYMA INJ 45MG/0.5ML	Preferred Specialty
STEQEYMA INJ 90MG/ML	Preferred Specialty
STIMUFEND INJ	Non-Preferred Specialty
STIVARGA TAB	Preferred Specialty
STOBOCLO INJ	Non-Preferred Specialty
STRENSIQ INJ	Preferred Specialty
STRIANT FILM	Non-Preferred
sunitinib malate cap	Preferred Specialty
SUNOSI TAB 150MG	Non-Preferred
SUNOSI TAB 75MG	Non-Preferred
SYLATRON INJ	Non-Preferred Specialty
SYMDEKO TAB	Preferred Specialty
SYMPROIC TAB	Preferred
SYNAGIS INJ	Preferred Specialty
SYNRIBO INJ	Preferred Specialty
TABRECTA TAB	Non-Preferred Specialty
TADLIQ SUSP	Non-Preferred Specialty
TAFINLAR CAP	Preferred Specialty
TAFINLAR TAB	Preferred Specialty
TAGRISSO TAB	Preferred Specialty
TAKHZYRO INJ	Preferred Specialty
TAKHZYRO INJ 150MG/ML	Preferred Specialty
TALTZ INJ	Non-Preferred Specialty
TALTZ INJ 20MG/0.25ML	Non-Preferred Specialty
TALTZ INJ 40MG/0.5ML	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
TALZENNA CAP	Non-Preferred Specialty
TARPEYO CAP	Non-Preferred Specialty
TASCENSO ODT TAB	Non-Preferred Specialty
tasimelteon capsule	Preferred Specialty
TAVALISSE TAB	Non-Preferred Specialty
TAVNEOS CAP	Non-Preferred Specialty
TAZVERIK TAB	Non-Preferred Specialty
TECHNIVIE TAB	Non-Preferred Specialty
TEGSEDI INJ	Non-Preferred Specialty
TEPMETKO TAB	Non-Preferred Specialty
teriparatide (recombinant) soln pen-inj 560mcg/2.24ml	Preferred Specialty
teriparatide inj 560mcg/2.24ml	Non-Preferred Specialty
TESTOSTERONE GEL 1% 25MG	Preferred
TESTOSTERONE GEL PUMP	Preferred
TESTOSTERONE GEL PUMP, VOGELXO GEL PUMP	Non-Preferred
TESTOSTERONE GEL, VOGELXO GEL	Non-Preferred
tetrabenazine tab	Preferred Specialty
TEZSPIRE INJ	Preferred Specialty
TEZSPIRE SOLN	Preferred Specialty
THIOLA EC TAB	Non-Preferred Specialty
TIBSOVO TAB	Non-Preferred Specialty
TIGLUTIK SUSP	Preferred Specialty
tiopronin tab	Preferred Specialty
tiopronin tab delayed release	Preferred Specialty
TOBI PODHALER	Non-Preferred Specialty
tobramycin neb soln	Preferred Specialty
tolvaptan tab	Non-Preferred Specialty
tolvaptan tab 15mg	Preferred Specialty
tolvaptan tab therapy pack	Non-Preferred Specialty
TRACLEER TAB	Non-Preferred Specialty
TREMFYA INJ	Preferred Specialty
TREMFYA INJ CROHNS INDUCTION PACK	Preferred Specialty
treprostinil inj 10mg/ml	Preferred Specialty
treprostinil inj 1mg/ml	Preferred Specialty
treprostinil inj 2.5mg/ml	Preferred Specialty
treprostinil inj 5mg/ml	Preferred Specialty
TRIKAFTA TAB	Preferred Specialty
TRIKAFTA THERAPY PACK	Preferred Specialty
TRUQAP TAB	Non-Preferred Specialty
TRUQAP THERAPY PACK	Non-Preferred Specialty
TRUSELTIQ PACK 100MG	Non-Preferred Specialty
TRUSELTIQ PACK 175MG	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
TRUSELTIQ PACK 50MG, 125MG	Non-Preferred Specialty
TRYNGOLZA INJ	Non-Preferred Specialty
TRYVIO TAB	Non-Preferred Specialty
TUKYSA TAB	Non-Preferred Specialty
TURALIO CAP	Non-Preferred Specialty
TYENNE INJ	Preferred Specialty
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
UDENYCA INJ	Non-Preferred Specialty
UPNEEQ SOLN	Non-Preferred
UPTRAVI TAB	Preferred Specialty
USTEKINUMAB INJ 45MG/0.5ML	Non-Preferred Specialty
USTEKINUMAB INJ 90MG/ML	Non-Preferred Specialty
USTENKINUMAB-AEKN 45MG/0.5ML	Non-Preferred Specialty
USTENKINUMAB-AEKN 90MG/ML	Non-Preferred Specialty
VABRINTY INJ 30MG	Non-Preferred Specialty
VALCHLOR GEL	Preferred Specialty
VANFLYTA TAB	Non-Preferred Specialty
VANRAFIA TAB	Non-Preferred Specialty
VECAMYL TAB	Non-Preferred Specialty
VELSIPITY TAB	Non-Preferred Specialty
VENCLEXTA STARTER PACK	Preferred Specialty
VENCLEXTA TAB	Preferred Specialty
VENTAVIS INH SOLN	Preferred Specialty
VERZENIO TAB	Preferred Specialty
VIEKIRA PAK TAB	Non-Preferred Specialty
VIEKIRA XR TAB	Non-Preferred Specialty
vigabatrin powder pack	Preferred Specialty
vigabatrin tab	Preferred Specialty
VIGAFYDE SOLN	Non-Preferred Specialty
VIJOICE GRANULES PACKET	Non-Preferred Specialty
VIJOICE TAB	Non-Preferred Specialty
VITRAKVI CAP 100MG	Non-Preferred Specialty
VITRAKVI CAP 25MG	Non-Preferred Specialty
VITRAKVI SOLN	Non-Preferred Specialty
VIVJOA CAP	Non-Preferred Specialty
VIZIMPRO TAB	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
VONJO CAP	Non-Preferred Specialty
VORANIGO TAB	Non-Preferred Specialty
VORANIGO TAB 10MG	Non-Preferred Specialty
VOSEVI TAB	Preferred Specialty
VOTRIENT TAB	Preferred Specialty
VOWST CAP	Non-Preferred Specialty
VOXZOGO INJ	Non-Preferred Specialty
VOYDEYA TAB	Preferred Specialty
VOYDEYA TAB THERAPY PACK	Preferred Specialty
VTAMA CREAM	Non-Preferred
VYLEESI INJ	Non-Preferred
VYNDAMAX CAP	Non-Preferred Specialty
VYNDAQEL CAP	Non-Preferred Specialty
VYVGART HYTRULO INJ	Preferred Specialty
WAINUA INJ	Non-Preferred Specialty
WAKIX TAB	Non-Preferred Specialty
WEGOVY INJ	Non-Preferred
WEGOVY INJ 1.7MG	Non-Preferred
WEGOVY INJ 2.4MG	Non-Preferred
WELIREG TAB	Non-Preferred Specialty
WEZLANA INJ	Non-Preferred Specialty
WEZLANA SYRINGE 45MG/0.5ML	Non-Preferred Specialty
WEZLANA SYRINGE 90MG/ML	Non-Preferred Specialty
WILATE INJ	Non-Preferred Specialty
WINREVAIR INJ	Non-Preferred Specialty
XALKORI CAP	Preferred Specialty
XALKORI SPRINKLE CAP	Preferred Specialty
XELJANZ SOLN	Preferred Specialty
XELJANZ TAB	Preferred Specialty
XELJANZ XR TAB	Preferred Specialty
XEMBIFY INJ	Non-Preferred Specialty
XENLETA TAB	Non-Preferred Specialty
XERMELO TAB	Non-Preferred Specialty
XIFAXAN TAB 200MG	Non-Preferred
XIFAXAN TAB 550MG	Non-Preferred
XOLAIR INJ	Preferred Specialty
XOLAIR INJ 150MG/1ML	Preferred Specialty
XOLAIR INJ 150MG/ML	Preferred Specialty
XOLAIR INJ 300MG/2ML	Preferred Specialty
XOLAIR INJ 75MG/0.5ML	Preferred Specialty
XOLREMDI CAP	Non-Preferred Specialty
XOSPATA TAB	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
XPHOZAH TAB	Non-Preferred Specialty
XPOVIO PAK 10MG	Non-Preferred Specialty
XPOVIO TAB	Non-Preferred Specialty
XTANDI CAP	Non-Preferred Specialty
XTANDI TAB 40MG	Non-Preferred Specialty
XTANDI TAB 80MG	Non-Preferred Specialty
XURIDEN POWDER	Non-Preferred Specialty
XYNTHA INJ	Non-Preferred Specialty
XYOSTED INJ	Non-Preferred
XYWAV SOLN	Non-Preferred Specialty
YESINTEK INJ	Preferred Specialty
YESINTEK INJ 45MG/0.5ML	Preferred Specialty
YESINTEK INJ 90MG/ML	Preferred Specialty
YONSA TAB	Non-Preferred Specialty
YORVIPATH INJ 168 MCG/0.56ML	Non-Preferred Specialty
YORVIPATH INJ 294 MCG/0.98ML	Non-Preferred Specialty
YORVIPATH INJ 420 MCG/1.4ML	Non-Preferred Specialty
YUFLYMA 2SYR KIT 40MG/0.4ML	Non-Preferred Specialty
YUFLYMA KIT 40MG/0.4ML	Non-Preferred Specialty
YUFLYMA KIT 80MG/0.8ML	Non-Preferred Specialty
YUSIMRY INJ 40MG/0.8ML	Non-Preferred Specialty
YUTREPIA CAP	Non-Preferred Specialty
ZEJULA CAP	Preferred Specialty
ZEJULA TAB	Preferred Specialty
ZELBORAF TAB	Preferred Specialty
ZELSUVMI GEL	Non-Preferred
ZEPATIER TAB	Non-Preferred Specialty
ZEPBOUND INJ	Non-Preferred
ZEPOSIA CAP	Non-Preferred Specialty
ZEPOSIA STARTER PACK	Non-Preferred Specialty
ZIEXTENZO INJ	Non-Preferred Specialty
ZILBRYSQ INJ 16.6MG/0.416ML	Non-Preferred Specialty
ZILBRYSQ INJ 23MG/0.574ML	Non-Preferred Specialty
ZILBRYSQ INJ 32.4MG/0.81ML	Non-Preferred Specialty
ZOKINVY CAP	Non-Preferred Specialty
ZOLINZA CAP	Preferred Specialty
ZOMACTON INJ	Non-Preferred Specialty
ZTALMY SUSP	Non-Preferred Specialty
ZURAMPIC TAB	Non-Preferred
ZURZUVAE CAP 20MG	Non-Preferred
ZURZUVAE CAP 25MG	Non-Preferred
ZURZUVAE CAP 30MG	Non-Preferred

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ZYDELIG TAB	Preferred Specialty
ZYKADIA CAP	Preferred Specialty
ZYKADIA TAB	Preferred Specialty
ZYMFENTRA INJ	Non-Preferred Specialty

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

Over-the-Counter (OTC) Medications

aspirin chew tab 81mg	aspirin ec tab 325mg	aspirin ec tab 81mg	B-D INSULIN SYRINGE
BD NEEDLES	B-D PEN NEEDLE	CALIBRATION LIQUID	cold/allergy elx children
CONTOUR TEST STRIP	CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM	CONTRACEPTIVE GEL
CONTRACEPTIVE SUPP	CYTRA-3 SYRUP	EMBECTA INSULIN SYRINGE	EMBECTA PEN NEEDLE
FEMALE CONDOMS	folic acid tab 400mcg	folic acid tab 800mcg	FREESTYLE INSULINX TEST STRIP
FREESTYLE LITE TEST STRIP	FREESTYLE PRECISION NEO TEST STRIP	FREESTYLE TEST STRIP	GUAIFENESIN/CODEINE SYRUP
HUMULIN MIX INJ	HYPODERMIC NEEDLES	ibuprofen tab cold/sinus	LANCET KIT
LANCETS	lansoprazole cap	levonorgestrel tab	meclizine chew tab
nicotine gum	NICOTINE KIT	nicotine lozenge	nicotine patch
nizoral a-d shampoo	NOVOFINE PEN NEEDLE	NOVOLIN 70/30 FLEXPEN INJ	NOVOLIN R INJ 100 UNIT
NOVOTWIST PEN NEEDLE	PRECISION XTRA TEST STRIP	SYRINGE LUER-LOK	TODAY SPONGE
trispec pse liquid	tussin cf 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

abacavir soln	abacavir tab	abacavir/lamivudine tab	abacavir/lamivudine/zidovudine tab
ABILIFY ASIMTUFII INJ 720MG/2.4ML	ABILIFY ASIMTUFII INJ 960MG/3.2ML	ABILIFY MAINTENA	abiraterone acetate tab 500mg
abiraterone tab 250mg	ABRILADA INJ	ACTEMRA ACTPEN INJ	ACTEMRA SC INJ
ACTHAR HP GEL INJ	ACTHAR INJ 80UNIT	ACTHAR INJ GEL	ACTIMMUNE INJ
ADALIMU-ADBM KIT	ADALIMU-ADBM KIT 40/0.4ML	ADALIMU-FKJP KIT 20/0.4ML	ADALIMUMAB KIT ADBM
ADALIMUMAB-AATY KIT 80MG/0.8ML	ADALIMUMAB-ADAZ INJ	ADALIMUMAB-ADAZ INJ 10MG/0.1ML	ADALIMUMAB-ADAZ INJ 40MG/0.4ML
ADALIMUMAB-ADBM KIT	ADALIMUMAB-FKJP AUTO-INJECTOR KIT	ADALIMUMAB-FKJP PFS KIT	ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA 80MG/0.8ML
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA 40MG/0.4ML	ADALIMUMAB-RYVK INJ	ADBRY INJ	adefovir dipivoxil tab
ADEMPAS TAB	ADVATE INJ 1000 UNIT	ADVATE INJ 1500 UNIT	ADVATE INJ 2000 UNIT
ADVATE INJ 250 UNIT	ADVATE INJ 3000 UNIT	ADVATE INJ 4000 UNIT	ADVATE INJ 500 UNIT
ADYNOVATE INJ	AFSTYLA KIT	AGAMREE SUSP	AKEEGA TAB
ALECENSA CAP	ALHEMO INJ	ALPHANATE, HUMATE-P INJ	ALPHANINE SD INJ
ALPROLIX INJ	ALTUVIIIO INJ	ALUNBRIG PAK	ALUNBRIG TAB 30MG
ALUNBRIG TAB 90MG, 180MG	ALVAIZ TAB	ALYFTREK TAB 10-50-125MG	ALYFTREK TAB 4-20-50MG
ambrisentan tab	aminocaproic acid soln	AMJEVITA AUTO-INJECTOR	AMJEVITA INJ 10MG/0.2ML
AMJEVITA INJ 20MG/0.2ML	AMJEVITA INJ 40MG/0.4ML	AMJEVITA INJ 80MG/0.8ML	AMJEVITA SYRINGE 20MG/0.4ML
ANDEMBRY INJ	apomorphine inj	APTIVUS CAP	APTIVUS SOLN
AQNEURSA POWDER	ARANESP INJ	ARCALYST INJ	ARIKAYCE SUSP
ARISTADA INJ	atazanavir cap 150mg	atazanavir cap 200mg	ATTRUBY PAK
AUGTYRO CAP	AUGTYRO CAP 160MG	AUSTEDO TAB 12MG	AUSTEDO TAB 6MG
AUSTEDO TAB 9MG	AUSTEDO XR TAB	AUSTEDO XR TAB 18MG	AUSTEDO XR TAB 24MG
AUSTEDO XR TAB 6MG	AUSTEDO XR TAB TITRATION KIT	AUSTEDO XR TAB TITRATION PACK	AVONEX INJ
AYVAKIT TAB	BAFIERTAM CAP	BALVERSA TAB 3MG	BALVERSA TAB 4MG
BALVERSA TAB 5MG	BARACLUDE SOLN	BENEFIX INJ	BENLYSTA AUTO-INJECTOI
BENLYSTA INJ	BERINERT INJ	BESREMI INJ	betaine powder for oral solution

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BETASERON INJ	bexarotene cap	bexarotene gel	BIKTARVY TAB
BILDYOS INJ	BIMZELX INJ	BONSITY, TERIPARATIDE INJ	bosentan tab
bosentan tab for oral susp	BOSULIF CAP	BOSULIF TAB	BRAFTOVI CAP 75MG
BRONCHITOL CAP	BRUKINSA CAP	BRUKINSA TAB	BYLVAY CAP
CABLIVI INJ KIT	CABOMETYX TAB	CALQUENCE CAP	CALQUENCE TAB
CAMZYOS CAP	capecitabine tab	CAPRELSA TAB 100MG	CAPRELSA TAB 300MG
carglumic acid tab	CAYSTON INH SOLN	CERDELGA CAP	CHOLBAM CAP
CIBINQO TAB	CIMDUO TAB	CIMZIA INJ	CIMZIA INJ 200MG/ML
CINQAIR INJ	CINRYZE INJ	COAGADEX INJ	COMETRIQ KIT
CONEXXENCE INJ 60MG/M	COPIKTRA CAP	CORIFACT KIT	CORTROPHIN GEL 80UNIT
CORTROPHIN INJ	COSENTYX INJ (1-PACK)	COSENTYX INJ (2-PACK)	COSENTYX INJ 300MG/2ML
COTELLIC TAB	CRENESSITY CAP	CRENESSITY SOLN	CRIXIVAN CAP
CUTAQUIG INJ	CUVITRU INJ	cyclophosphamide cap	cyclosporine cap
CYLTEZO AUTO-INJECTOR	CYLTEZO INJ 10MG/0.2ML	CYLTEZO INJ 20MG/0.4ML	CYLTEZO INJ 40MG/0.8ML
CYLTEZO INJ CROHNS	CYLTEZO INJ PSORIASIS	CYLTEZO KIT	CYLTEZO KIT CROHNS
CYLTEZO PSORIASIS KIT	CYSTADANE POWDER	CYSTADROPS SOLN	CYSTAGON CAP 150MG
CYSTAGON CAP 50MG	CYSTARAN OPHTH SOLN	DAKLINZA TAB	dalfampridine ER tab
DANZITEN TAB	darunavir tab 600mg	darunavir tab 800mg	dasatinib tab
DAURISMO TAB 100MG	DAURISMO TAB 25MG	DAYBUE SOLN	deferasirox granules packet
deferasirox tab	deferasirox tab 90mg, 360mg	deferiprone tab	deferiprone tab 1000mg
deflazacort susp	deflazacort tab	DELSTRIGO TAB	DIACOMIT CAP
DIACOMIT POWDER PACK	dichlorphenamide tab	DIDANOSINE DR CAP	dimethyl fumarate DR cap
dimethyl fumarate DR starter pack	DOJOLVI ORAL LIQUID	DOPTELET SPRINKLE CAP	DOPTELET TAB
DOVATO TAB	droxidopa cap	DUPIXENT INJ	DUPIXENT PEN INJ
DUVYZAT ORAL SUSP	EBGLYSS INJ	EDURANT PED TAB	EDURANT TAB
EFAVIRENZ CAP	efavirenz tab	efavirenz/emtricitabine/tenofovir df tab	ELIGARD INJ
ELOCTATE INJ	eltrombopag olamine powder pack for susp	eltrombopag olamine tab	EMPAVELI INJ
emtricitabine cap	emtricitabine/tenofovir disoproxil fumarate tab	emtricitabine/tenofovir disoproxil fumarate tab 200-300mg	EMTRIVA SOLN
ENBREL INJ	ENBREL INJ 25MG	ENBREL INJ 50MG	ENBREL MINI INJ
ENBREL SURECLICK INJ 50MG	ENSACOVE CAP 100MG	ENSACOVE CAP 25MG	ENSPRYNG INJ
ENTYVIO INJ	EPCLUSA PAK	EPCLUSA TAB	EPIDIOLEX SOLN
EPIVIR HBV SOLN	EPOGEN/PROCRIT	ERIVEDGE CAP	ERLEADA TAB
ERLEADA TAB 240MG	erlotinib tab 100mg	erlotinib tab 150mg	erlotinib tab 25mg
ERZOFRI INJ 117MG/0.75ML	ERZOFRI INJ 156MG/ML	ERZOFRI INJ 234MG/1.5ML	ERZOFRI INJ 351MG/2.25M
ERZOFRI INJ 39MG/0.25ML	ERZOFRI INJ 78MG/0.5ML	ESPEROCT INJ	etravirine tab 100mg
etravirine tab 200mg	everolimus tab	everolimus tab for oral susp	EVOTAZ TAB
EVRYSDI SOLN	EVRYSDI TAB	EXKIVITY CAP	EXSERVAN FILM
EXTAVIA INJ	FABHALTA CAP	FASENRA INJ	FASENRA INJ 10MG/0.5ML
FASENRA PEN INJ	FEIBA INJ	FERRIPROX 2 DAY TAB 1000MG	FERRIPROX SOLN
FILSPARI TAB	FILSUVEZ GEL	fingolimod hcl cap	FINTEPLA SOLN
FIRDAPSE TAB	FORTEO INJ 560MCG/2.24ML	FORZINITY INJ	fosamprenavir tab
FOTIVDA CAP	FRUZAQLA CAP 1MG	FRUZAQLA CAP 5MG	FULPHILA INJ

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FUROSCIX KIT
FUZEON INJ
GALAFOLD CAP
GATTEX KIT
GAVRETO CAP
gefitinib tab
GENOTROPIN INJ
GENVOYA TAB
GILENYA CAP
GILOTRIF TAB
glatiramer inj 20mg/ml
glatiramer inj 40mg/ml
GLEOSTINE/LOMUSTINE CAP
glycerol phenylbutyrate liquid
GOMEKLI CAP
GOMEKLI TAB
GRANIX INJ
HADLIMA INJ 40MG/0.4ML
HADLIMA INJ 40MG/0.8ML
HADLIMA PUSH INJ 40MG/0.4ML
HADLIMA PUSH INJ 40MG/0.8ML
HAEGARDA INJ 2000U
HAEGARDA INJ 3000U
haloperidol decanoate inj
HARVONI PELLET PAK
HARVONI TAB
HEMLIBRA INJ
HEMOFIL M, KOATE INJ
HETLIOZ SUSP
HEXALEN CAP
HIZENTRA INJ
HULIO INJ 40MG/0.8ML
HULIO KIT 20MG/0.4ML
HUMATROPE INJ
HUMIRA 10MG/0.1ML (CORDAVIS)
HUMIRA 20MG/0.2ML (CORDAVIS)
HUMIRA 40MG/0.4ML (CORDAVIS)
HUMIRA 80MG/0.8ML (CORDAVIS)
HUMIRA INJ 10MG
HUMIRA INJ 20MG
HUMIRA INJ 40MG
HUMIRA INJ 80MG
HUMIRA INJ CROHNS/UC/HIDRADENITI STARTER PACK
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK
HUMIRA INJ PEDIATRIC UC STARTER PACK
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK
HUMIRA PEN INJ 40MG
HYCAMTIN CAP
HYDROXYPROGESTERONE CAPROATE INJ
HYFTOR GEL
HYMPAVZI INJ
HYQVIA INJ
HYRIMOZ INJ 40MG/0.4ML
HYRIMOZ INJ 40MG/0.8ML
HYRIMOZ INJ 80MG/0.8ML
HYRIMOZ INJ CROHNS
HYRIMOZ INJ PLAQUE PSORIASIS
HYRIMOZ PFS INJ 10MG/0.1ML
HYRIMOZ PFS INJ 20MG/0.2ML
HYRIMOZ-PED INJ CROHN
HYRIMOZ-PED INJ CROHN 80MG/0.8ML
IBRANCE CAP
IBRANCE TAB
icatibant inj
ICLUSIG TAB
IDACIO INJ 40MG/0.8ML
IDELVION INJ
IDHIFA TAB
imatinib tab 100mg
imatinib tab 400mg
IMBRUVICA CAP 140MG
IMBRUVICA CAP 70MG
IMBRUVICA SUSP
IMBRUVICA TAB
IMKELDI SOLUTION
IMPAVIDO CAP
IMULDOSA SYRINGE 45MG/0.5ML
IMULDOSA SYRINGE 90MG/ML
INBRIJA INH POWDER
INCRELEX INJ
INGREZZA CAP
INGREZZA PACK 40-80MG
INGREZZA SPRINKLE CAP
INLYTA TAB
INLYTA TAB 5MG
INQOVI TAB
INREBIC CAP
INTELENCE TAB
INTRON-A INJ
INVEGA HAFYERA INJ
INVEGA INJ
INVIRASE CAP
INVIRASE TAB
IQIRVO TAB
ISTURISA TAB
ITOVEBI TAB
IWILFIN TAB
IXINITY INJ, RIXUBIS INJ
JAKAFI TAB
JAVYGTOR PAK 100MG
JAVYGTOR POW 500MG
JAVYGTOR TAB 100MG
JAYPIRCA TAB 100MG
JAYPIRCA TAB 50MG
JIVI INJ
JOENJA TAB
JUBBONTI INJ
JULUCA TAB
JUXTAPID CAP
JYNARQUE PAK
JYNARQUE TAB 15MG
JYNARQUE TAB 30MG
KALETRA SOLN
KALETRA TAB 200-50MG
KALYDECO PAK
KALYDECO TAB
KESIMPTA INJ
KEVZARA INJ
KINERET INJ
KISQALI PAK
KISQALI TAB
KITABIS PAK NEB SOLN
KOGENATE FS INJ
KOSELUGO CAP
KOSELUGO CAP 10MG
KOSELUGO CAP 5MG
KOVALTRY INJ
KRAZATI TAB
KYNAMRO INJ
KYNMOBI FILM
KYNMOBI TITRATION KIT
lamivudine soln
lamivudine tab 100mg
lamivudine tab 150mg
lamivudine/zidovudine tab
lapatinib ditosylate tab
LAZCLUZE TAB 240MG
LAZCLUZE TAB 80MG
LEDIPASVIR/SOFOSBUVIR TAB
lenalidomide cap
LENVIMA CAP
LEUKINE INJ
LEUPROLIDE INJ (3 MONTH)
l-glutamine powder packet

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LIQREV SUSP
LIVDELZI CAP
LIVMARLI SOLN
LIVMARLI TAB
LONSURF TAB
lopinavir/ritonavir soln
LORBRENA TAB 100MG
LORBRENA TAB 25MG
LUMAKRAS TAB
LUMAKRAS TAB 240MG
LUMAKRAS TAB 320MG
LUMRYZ PACK 4.5GM
LUMRYZ PACK 6GM
LUMRYZ PACK 7.5GM
LUMRYZ PACK 9GM
LUMRYZ STARTER PACK
LUPKYNIS CAP
LUPRON DEPOT INJ
LUPRON DEPOT INJ PED
LUPRON DEPOT-PED INJ (1-MONTH)
LUPRON DEPOT-PED INJ (3-MONTH)
LUTRATE DEPO INJ
LYNPARZA CAP
LYNPARZA TAB
LYSODREN TAB
LYTGOBI TAB (12MG DAILY DOSE)
LYTGOBI TAB (16MG DAILY DOSE)
LYTGOBI TAB (20MG DAILY DOSE)
MAKENA INJ
maraviroc tab 150mg
maraviroc tab 300mg
MATULANE CAP
MAVENCLAD PAK
MAVYRET PAK
MAVYRET TAB
MAYZENT STARTER PACK 0.25 MG
MAYZENT TAB
MAYZENT TAB STARTER PACK
MEKINIST SOLN
MEKINIST TAB 0.5MG
MEKINIST TAB 2MG
MEKTOVI TAB
MELPHALAN TAB
mercaptopurine susp
mesna tab
mifepristone tab
miglustat cap
MIPLYFFA CAP
MIRCERA INJ
MODERIBA TAB
MULPLETA TAB
MYALEPT INJ
MYCAPSSA CAP
MYFEMBREE TAB
MYLERAN TAB
NATPARA INJ
NEMLUVIO INJ
NERLYNX TAB
NEULASTA INJ
NEUPOGEN INJ
nevirapine ER tab
nevirapine tab
NGENLA INJ
NILOTINIB CAP
nilotinib hcl cap
nilutamide tab
NINLARO CAP
nitisinone cap
NITYR TAB
NIVESTYM INJ
NORDITROPIN INJ, NUTROPIN AQ INJ
NORVIR CAP
NORVIR POWDER PACK
NORVIR SOLN
NOURIANZ TAB
NOVOEIGHT INJ
NOVOSEVEN RT INJ
NUBEQA TAB
NUCALA INJ
NUPLAZID CAP
NUPLAZID TAB
NUWIQ INJ
NUWIQ KIT
NUZYRA TAB
NYPOZI INJ
NYVEPRIA INJ
OBIZUR INJ
OCALIVA TAB
OCREVUS INJ
OCREVUS ZUNOVO INJ
octreotide inj
OCTREOTIDE INJ 100MCG
ODEFSEY TAB
ODOMZO CAP
OFEV CAP
OGSIVEO TAB
OGSIVEO TAB 100MG
OGSIVEO TAB 150MG
OHTUVAYRE SUSP
OJEMDA SUSP
OJEMDA TAB
OJJAARA TAB
OLPRUVA PACK
OLUMIANT TAB
OLYSIO CAP
OMNITROPE INJ
OMNITROPE INJ 5.8MG
OMVOH INJ
OMVOH INJ 100MG/ML, 200MG/2ML
ONAPGO INJ
ONUREG TAB
OPFOLDA CAP
OPSUMIT TAB
OPSYNVI TAB
ORENCIA CLICK INJ
ORENCIA SC INJ 125MG/ML
ORENCIA SC INJ 50MG/0.4ML
ORENCIA SC INJ 87.5MG/0.7ML
ORENITRAM TAB
ORENITRAM TAB MONTH PAK
ORFADIN SUSP
ORGOVYX TAB
ORIAHNN CAP
ORILISSA TAB 150MG
ORILISSA TAB 200MG
ORKAMBI GRANULES PACKET
ORKAMBI TAB
ORLADEYO CAP
ORMALVI TAB 50MG
ORSERDU TAB 345MG
ORSERDU TAB 86MG
OSPOMYV INJ
OTEZLA STARTER PACK
OTEZLA TAB
OTEZLA XR TAB
OTULFI INJ
OTULFI SYRINGE 45MG/0.5ML
OTULFI SYRINGE 90MG/ML
OXERVATE OPHTH SOLN
PALFORZIA POWDER PACK
PALFORZIA SPRINKLE CAP
PALYNZIQ INJ
pazopanib hcl tab
PAZOPANIB TAB 400MG
PEGASYS INJ
PEG-INTRON INJ
PEMAZYRE TAB
PERSERIS INJ
PHEBURANE ORAL PELLETS
PHYRAGO TAB
PIFELTRO TAB
PIQRAY TAB
pirfenidone cap
pirfenidone tab 267mg
PIRFENIDONE TAB 534MG
pirfenidone tab 801mg
PLEGRIDY INJ
PLEGRIDY PEN INJ
POMALYST CAP
PONVORY TAB

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PONVORY TAB STARTER PACK
PRETOMANID TAB
PREVYMIS PAK
PREVYMIS TAB
PREZCOBIX TAB
PREZISTA SUSP
PREZISTA TAB
PREZISTA TAB 150MG
PREZISTA TAB 75MG
PROCYSBI CAP
PROCYSBI GRANULES PACKET
PROFILNINE INJ
PROLIA INJ
PULMOZYME INH SOLN
pyrimethamine tab
PYRUKYND TAB
PYRUKYND THERAPY PACK
PYZCHIVA INJ
PYZCHIVA INJ 45MG/0.5ML
PYZCHIVA INJ 90MG/ML
QFITLIA INJ
QINLOCK TAB
RADICAVA ORS SUSP
REBETOL SOLN
REBIF INJ
REBIF TITRTN INJ PACK
REBINYN INJ
RECOMBINATE INJ
RECORLEV TAB
RELEUKO INJ
RELISTOR INJ
RELISTOR INJ KIT
RELISTOR TAB
RELYVRIO PAK
REMODULIN SOLN 8MG/20ML
RESCRIPTOR TAB
RETACRIT INJ
RETEVMO CAP 40MG
RETEVMO CAP 80MG
RETEVMO TAB
RETEVMO TAB 40MG
REVLIMID CAP
REVUFORJ TAB
REYATAZ POWDER PACK
REZDIFFRA TAB
REZLIDHIA CAP
REZUROCK TAB
RIBAPAK TAB
ribavirin cap
RIBAVIRIN TAB
riluzole tab
RINVOQ ER TAB
RINVOQ ER TAB 45MG
RINVOQ ORAL SOLN
risperidone microspheres inj
ritonavir tab
RIVFLOZA INJ
ROMVIMZA CAP
ROZLYTREK CAP 100MG
ROZLYTREK CAP 200MG
ROZLYTREK PAK
RUBRACA TAB
RUCONEST INJ
RUKOBIA ER TAB
RUZURGI TAB
RYDAPT CAP
RYKINDO INJ
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ
SAMSCA TAB, TOLVAPTAN TAB
sapropterin dihydrochloride powder packet
sapropterin dihydrochloride soluble tab
SCEMBLIX TAB 100MG
SCEMBLIX TAB 20MG
SCEMBLIX TAB 40MG
SELARSDI INJ
SELARSDI INJ 45MG/0.5ML
SELARSDI INJ 90MG/ML
SELZENTRY SOLN
SELZENTRY TAB 150MG
SELZENTRY TAB 25MG
SELZENTRY TAB 300MG
SELZENTRY TAB 75MG
SEVENFACT SOLN
SIGNIFOR INJ
sildenafil susp
SILIQ INJ
SIMLANDI 1-PEN KIT
SIMLANDI INJ
SIMLANDI KIT
SIMLANDI KIT (adalimumab-ryvk)
SIMPONI SC INJ
sirolimus soln
sirolimus tab
SIRTURO TAB
SKYCLARYS CAP 50MG
SKYRIZI 180MG/1.2ML CARTRIDGE
SKYRIZI INJ
SKYRIZI INJ 150MG/ML
SKYRIZI PEN 150MG/ML
SKYTROFA INJ
SKYTROFA INJ 0.7MG
SKYTROFA INJ 1.4MG
SKYTROFA INJ 1.8MG
SKYTROFA INJ 2.1MG
SKYTROFA INJ 2.5MG
SODIUM OXYBATE SOLN, XYREM SOLN
sodium phenylbutyrate powder
sodium phenylbutyrate tab
SOFDRA GEL
SOFOSBUVIR/VELPATASVIR TAB
SOGROYA INJ
SOHONOS CAP
SOMAVERT INJ
sorafenib tosylate tab
SOTYKTU TAB
SOVALDI TAB
SPEVIGO INJ
SPINRAZA INJ
SPRAVATO NASAL SOLN
STAVUDINE CAP
STELARA INJ
STEQEYMA INJ 45MG/0.5ML
STEQEYMA INJ 90MG/ML
STIMUFEND INJ
STIVARGA TAB
STOBOCLO INJ
STRENSIQ INJ
STRIBILD TAB
sunitinib malate cap
SYLATRON INJ
SYMDEKO TAB
SYMTUZA TAB
SYNAGIS INJ
SYNRIBO INJ
TABRECTA TAB
TADLIQ SUSP
TAFINLAR CAP
TAFINLAR TAB
TAGRISSO TAB
TAKHZYRO INJ
TAKHZYRO INJ 150MG/ML
TALTZ INJ
TALTZ INJ 20MG/0.25ML
TALTZ INJ 40MG/0.5ML
TALZENNA CAP
TARPEYO CAP
TASCENSO ODT TAB
tasimelteon capsule
TAVALISSE TAB
TAVNEOS CAP
TAZVERIK TAB
TECHNIVIE TAB
TEGSEDI INJ
temozolomide cap
tenofovir disoproxil fumarate tab
TEPMETKO TAB

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teriflunomide tab
teriparatide (recombinant) soln pen-inj 560mcg/2.24ml
teriparatide inj 560mcg/2.24ml
tetrabenazine tab
TEZSPIRE INJ
TEZSPIRE SOLN
THALOMID CAP
THIOLA EC TAB
TIBSOVO TAB
TIGLUTIK SUSP
tiopronin tab
tiopronin tab delayed release
TOBI PODHALER
tobramycin neb soln
tolvaptan tab
tolvaptan tab 15mg
tolvaptan tab therapy pack
toremifene tab
TRACLEER TAB
TREMFYA INJ
TREMFYA INJ CROHNS INDUCTION PACK
treprostinil inj 10mg/ml
treprostinil inj 1mg/ml
treprostinil inj 2.5mg/ml
treprostinil inj 5mg/ml
tretinoin cap
TRIKAFTA TAB
TRIKAFTA THERAPY PACK
TRIUMEQ PD TAB
TRIUMEQ TAB
TRUQAP TAB
TRUQAP THERAPY PACK
TRUSELTIQ PACK 100MG
TRUSELTIQ PACK 175MG
TRUSELTIQ PACK 50MG, 125MG
TRYNGOLZA INJ
TRYVIO TAB
TUKYSA TAB
TURALIO CAP
TYENNE INJ
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
UDENYCA INJ
UPTRAVI TAB
USTEKINUMAB INJ 45MG/0.5ML
USTEKINUMAB INJ 90MG/ML
USTENKINUMAB-AEKN 45MG/0.5ML
UZEDY INJ
VABRINTY INJ 30MG
USTENKINUMAB-AEKN 90MG/ML
VALCHLOR GEL
VANFLYTA TAB
VANRAFIA TAB
VECAMYL TAB
VELSIPITY TAB
VEMLIDY TAB
VENCLEXTA STARTER PACK
VENCLEXTA TAB
VENTAVIS INH SOLN
VERZENIO TAB
VIDEX SOLN
VIEKIRA PAK TAB
VIEKIRA XR TAB
vigabatrin powder pack
vigabatrin tab
VIGAFYDE SOLN
VIJOICE GRANULES PACKET
VIJOICE TAB
VIRACEPT TAB
VIREAD TAB
VISTOGARD PAK
VITRAKVI CAP 100MG
VITRAKVI CAP 25MG
VITRAKVI SOLN
VIVITROL INJ
VIVJOA CAP
VIZIMPRO TAB
VONJO CAP
VORANIGO TAB
VORANIGO TAB 10MG
VOSEVI TAB
VOTRIENT TAB
VOWST CAP
VOXZOGO INJ
VOYDEYA TAB
VOYDEYA TAB THERAPY PACK
VUMERITY CAP
VYNDAMAX CAP
VYNDAQEL CAP
VYVGART HYTRULO INJ
WAINUA INJ
WAKIX TAB
WELIREG TAB
WEZLANA INJ
WEZLANA SYRINGE 45MG/0.5ML
WEZLANA SYRINGE 90MG/ML
WILATE INJ
WINREVAIR INJ
XALKORI CAP
XALKORI SPRINKLE CAP
XDEMVY DROP
XELJANZ SOLN
XELJANZ TAB
XELJANZ XR TAB
XEMBIFY INJ
XENLETA TAB
XERMELO TAB
XOLAIR INJ
XOLAIR INJ 150MG/1ML
XOLAIR INJ 150MG/ML
XOLAIR INJ 300MG/2ML
XOLAIR INJ 75MG/0.5ML
XOLREMDI CAP
XOSPATA TAB
XPHOZAH TAB
XPOVIO PAK 10MG
XPOVIO TAB
XTANDI CAP
XTANDI TAB 40MG
XTANDI TAB 80MG
XURIDEN POWDER
XYNTHA INJ
XYWAV SOLN
YESINTEK INJ
YESINTEK INJ 45MG/0.5ML
YESINTEK INJ 90MG/ML
YONSA TAB
YORVIPATH INJ 168 MCG/0.56ML
YORVIPATH INJ 294 MCG/0.98ML
YORVIPATH INJ 420 MCG/1.4ML
YUFLYMA 2SYR KIT 40MG/0.4ML
YUFLYMA KIT 40MG/0.4ML
YUFLYMA KIT 80MG/0.8ML
YUSIMRY INJ 40MG/0.8ML
ZARXIO INJ
ZARXIO INJ 480/0.8
ZEJULA CAP
ZEJULA TAB
ZELBORAF TAB
ZEPATIER TAB
ZEPOSIA CAP
ZEPOSIA STARTER PACK
zidovudine cap
zidovudine syrup
zidovudine tab
ZIEXTENZO INJ
ZILBRYSQ INJ 16.6MG/0.416ML

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ZILBRYSQ INJ 23MG/0.574ML
ZILBRYSQ INJ 32.4MG/0.81ML
ZOKINVY CAP
ZOLINZA CAP
ZOMACTON INJ
ZTALMY SUSP
ZYDELIG TAB
ZYKADIA CAP
ZYKADIA TAB
ZYMFENTRA INJ
ZYPREXA RELPREVV INJ

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ABILIFY MYCITE PACK	QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics
ABILIFY MYCITE TAB	QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics
ACIOXIA GEL	QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- (crm, lot, oint)
ACTOPLUS MET XR TAB	Step Therapy requires trial of metformin or metformin ER
ADAPALENE SOLN	QL= 360ml/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream
ADLARITY PATCH	QL= 4 patches/28 days; Step therapy requires trial of donepezil tab OR donepezil ODT
ADMELOG INJ, HUMALOG INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
AFREZZA INH POWDER	QL= 360 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
AIRSUPRA AER 90-80MCG	QL= 2 inh/30 days; Step Therapy requires trial of albuterol AND two of: Arnuity, Asmanex, Qvar
AKYNZEO CAP	QL= 1 cap/28 days; Step Therapy requires trial of aprepitant, granisetron, or ondansetron
ALLOPURINOL TAB 200MG	QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs
almotriptan tab 12.5mg	QL= 12 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
almotriptan tab 6.25mg	QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitripta tab, or sumatriptan tab
ALOGLIPTIN TAB	QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR jentaduet
ALOGLIPTIN/METFORMIN TAB	QL= 2 tabs/day; Step therapy requires trial of metformin AND Tradjenta OR jentadue
ALOGLIPTIN/PIOGLITAZONE TAB	QL= 1 tab/day; Step therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto
ALVESCO INHALER	QL= 12.2gm/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAI
AMCINONIDE CREAM 0.1%	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
amcinonide oint	Step therapy requires trial of 2 high potency steroids (eg. betamethasone, clobetasol halobetasol)
AMCINONIDE OINTMENT	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
amphetamine tab	QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
AMZEEQ FOAM	QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
ANALPRAM-HC CREAM 1-1%	ST req trial of: LIDOCAINE-HYDROCORTISONE ACETATE perianal/RECTAL CRE
ANTARA CAP	QL= 2 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130)
ANTARA CAP 30MG, FENOFIBRATE MICRONIZED CAP 30MG	QL= 2 caps/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg
ANTARA CAP 90MG, FENOFIBRATE MICRONIZED CAP 90MG	QL= 1 cap/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54m 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg
ANZEMET TAB	QL= 1 tab/30 days; Step Therapy requires trial of ondansetron
APRACLONIDIN OPHTH SOLN	QL= 5mL/30 days; Step therapy requires trial of 2: latanoprost, travoprost, brimonidine, carteolol, levobunolol, timolol
aprepitant cap 125mg	QL= 1 cap/21 days; Step Therapy requires trial of ondansetron
aprepitant cap 40mg	QL= 1 cap/28 days; Step Therapy requires trial of ondansetron
aprepitant cap 80mg	QL= 2 caps/21 days; Step Therapy requires trial of ondansetron
aprepitant pak	QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron
ARCAPTA NEOHALER	Step Therapy requires trial of STRIVERDI RESPIMAT, ANORO ELLIPTA or STIOLT INHALER
arformoterol tartrate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbutero neb soln
ASACOL HD TAB, MESALAMINE TAB	Step Therapy requires trial of APRISO or LIALDA
asenapine maleate SL tab	QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT
ASPRUZYO SPRINKLE GRANULES	QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab
ATORVALIQ SUSP	QL = 600ml/30 days; Step therapy requires trial of 2: atorvastatin tab, rosuvastatin ta or simvastatin tab
AUVELITY TAB	QL= 60 tabs/30 days; ST req trial of 4 (citalopram, escitalopram, fluoxetine cap/tab, fluvoxamine, paroxetine IR/ER, sertraline, desvenlafaxine ER, venlafaxine IR/ER, bupropion, mirtazapine) followed by vilazodone
AVANDIA TAB	Step Therapy requires trial of metformin or metformin ER
AVONEX INJ	QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
baclofen oral soln 10mg/5ml	QL= 16 mL/day; ST req trial of baclofen (5/10mg) tabs and tizanidine caps/tabs (can be open or crushed)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
baclofen oral soln 5mg/5ml	QL= 16ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can open or crush)
BACLOFEN SOLN	QL= 480ml/30 days; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed)
baclofen susp	QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open o crushed)
BACLOFEN TAB 15MG	QL= 8 tabs/day; ST req trial 2: baclofen 5/10mg tab, cyclobenz, tizanidine, methocarb, chlorzoxazone, orphenadrine
BASAGLAR INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300
BASAGLAR KWIKPEN	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300
BASAGLAR TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300
BELBUCA FILM	Step therapy requires trial of buprenorphine patch
bepotastine besilate ophth soln	QL= 5ml/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln
BETAMETHASONE AUGMENTED GEL	QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone (oint, crm, lot), clobetasol, halobetasol, or fluocinonide
BETAXOLOL OPHTH SOLN	QL=5mL/30 days; Step therapy requires trial of 2: carteolol, levobunolol, dorzolamide-timolol, timolol
BEXAGLIFLOZN TAB	QL= 30 tabs/30 days; ST req trial of 2: farxiga tab, xigduo xr tab, Jardiance tab, synjardy tab, or synjardy xr tab
bimatoprost ophth soln	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln
BISOPROLOL FUMARATE TAB	QL= 8 tabs/day; ST req trial of bisoprolol 5/10mg tab, atenolol tab, metoprolol succ tab, AND acebutolol cap
BLUJEPA TAB	QL= 20 tab/5 days, no roll up, 6 fills/year; Step therapy req trial of 2: nitrofurantoin, trimethoprim-sulfamethoxazole, cephalexin
BREKIYA INJ	QL= 24mL/28 days; ST req 2: nara tab, riza tab/ODT, zolmi tab, suma tab, eletrip FOLLOWED BY generic DHE inj/nasal
brimonidine tartrate ophth soln 0.1%	Step Therapy requires trial of brimonidine ophth soln 0.2%
brimonidine tartrate-timolol maleate ophth soln	QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate
bromfenac sodium ophth soln 0.07%	QL= 3ml/30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
BRONCHITOL CAP	QL= 560 caps/28 days; ST req trial of hypertonic saline; Diagnosis Restricted – Cystic Fibrosis (E84)
BRYNOVIN SOLN	QL= 1 bottle/30 days; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
BUCAPSOL CAP	QL= 2 caps/day; Step req trial of buspirone tabs, hydroxyzine, and doxepin (10, 25, 50, 75, 100, or 150mg)
budesonide rectal foam	QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
budesonide/formoterol inhaler	QL= 10.3gm/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
BYDUREON INJ	QL= 4 inj/28 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11)
CALCIPOTRIENE FOAM	QL= 60gm/30 days; Step therapy requires trial of calcipotriene soln
CALCIPOTRIENE FOAM, SORILUX FOAM	QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln
candesartan tab	Step Therapy requires trial of 2: irbesartan, losartan, or valsartan
candesartan/hydrochlorothiazide tab	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug
CARBAMAZEPINE CHEW TAB 200MG	Step therapy requires trial of carbamazepine 100mg chew tab
carbinoxamine maleate tab	QL= 120 tabs/30 days; Step therapy requires trial of carbinoxamine 4mg tab
carisoprodol tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
cephalexin cap 750mg	QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexin 500mg tab/cap
CESAMET CAP	Step Therapy requires trial of ondansetron
CHENODAL TAB	ST req trial of 1: ursodiol caps or tabs
CITALOPRAM CAP	QL= 1 cap/day; Step therapy requires trial of citalopram tab
CLOBETASOL OPHTH SUSP	QL= 3.5ml/17 days; ST req trial of 2: prednisolone sol/sus 1%, dexamethasone soln 0.1%, fluorometholone susp 0.1% ophth
clobetasol propionate emollient cream	QL= 200 gm/30 days; Step Therapy requires trial of 2 high pot steroids: betamethasone, clobetasol (crm, lot, gel, oint, etc.), halobetasol, or fluocinonide
COBENFY CAP	QL= 60 caps/30 days; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
COBENFY CAP STARTER PACK	QL= 56 caps/28 days; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
colesevelam pack	Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol
COXANTO CAP	QL= 180 caps/30 days; ST req trial of generic oxaprozin 600mg AND 2 addl NSAID (e.g., diclofenac, etodolac, sulindac)
CRESEMBA CAP 186MG	QL= 72 caps/30 days; Step therapy requires trial of two: voriconazole and posaconazole
CRESEMBA CAP 74.5MG	QL= 180 caps/30 days; Step therapy requires trial of two: voriconazole and posaconazole
CROTAN LOTION	ST req trial of permethrin cream
CUVRIOR TAB	QL= 10 tabs/day; ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap
cyanocobalamin nasal spray 500mcg/0.1ml	ST req trial of cyanocobalamin injection
CYSTADANE POWDER	QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through Walgreens 888-347-3416

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
dantrolene cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
DAPAGLIF PRO TAB 10MG	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANC SYNJARDY, or SYNJARDY XR
DAPAGLIF PRO TAB 5MG	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANC SYNJARDY, or SYNJARDY XR
DAPAGLIF-MET TAB 10-1000	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANC SYNJARDY, or SYNJARDY XR
darifenacin SR tab	Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER solifenacin
DARTISLA ODT TAB	QL= 4 tabs/day, Step therapy requires trial of glycopyrrolate tab or glycopyrrolate solution
DEGLUDEC FLEXTOUCH INJ 100 UNIT	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300
DEGLUDEC FLEXTOUCH INJ 200 UNIT	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300
DEGLUDEC INJ 100 UNIT	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300
DESOXIMETASONE GEL	QL= 454 gm/30 days; ST req trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
desoximetasone oint 0.05%	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
DESVENLAFAXINE ER TAB	QL= 1 tab/day; Step Therapy requires trial of 2 antidepressants
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
DEXCOM G7 SENSOR (15-DAY)	QL = 2 sensors/30 days; Step therapy requires trial of an insulin product
DEXPAK TAB	Step Therapy requires trial of dexamethasone
dextroamphetamine sulfate tab 15mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 2.5mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate
dextroamphetamine sulfate tab 20mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 30mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 7.5mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
DHIVY TAB	QL= 8 tabs/day; Step therapy requires trial of carbidopa-levodopa tab/ODT or carbidopa-levodopa ER tab
diclofenac potassium (migraine) packet	QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan)
diclofenac potassium cap	QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets
diclofenac sodium soln 2%	Step therapy requires trial of diclofenac 1.5% soln
DICYCLOMINE TAB 40MG	QL= 4 tabs/day; Step therapy requires trial of dicyclomine 10mg cap/ 20mg tab/ 10mg/5mL soln
diflorasone oint	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
dihydroergotamine mesylate nasal spray	QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
DOLOBID TAB	QL= 6 tabs/day; ST req trial of 3: diflunisal 500mg tab, diclofenac, etodolac, flurbiprofen, nabumetone
DOLOBID TAB 375MG	QL= 4 tabs/day; ST req trial of 3: diflunisal 500mg tab, diclofenac, etodolac, flurbiprofen, nabumetone
DORYX MPC TAB	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate followed by generic doxycycline hyclate DR
dorzolamide/timolol (pf) ophth soln	Step Therapy requires trial of dorzolamide/timolol ophth soln
doxepin hcl cream	ST req trial of a topical corticosteroid AND topical tacrolimus
doxepin tab	QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zaleplon cap, zolpidem IR/ER/SL tab, doxepin 10mg, trazodone tab
doxycycline (rosacea) cap delayed release	QL= 1 cap/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 100mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 200mg	QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 50mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 75mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate tab 150mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxycycline hyclate tab 50mg	Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate tab 75mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxycycline monohydrate tab 150mg	QL= 2 tabs/day; Step therapy req trial of doxycycline monohydrate 50mg tabs, 100mg tabs, 50mg caps, or 100mg caps
DUTOPROL TAB	QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers
DXEVO 11-DAY PAK	Step therapy requires trial of dexamethasone tab/soln
eletriptan tab	QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitripta tab, or sumatriptan tab
ELMIRON CAP	QL= 3 caps/day; Step Therapy requires trial of amitriptyline AND hydroxyzine

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Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
EMROSI CAP	QL= 30 caps/30 days; Step Therapy requires trial of two of the following: doxycycline monohydrate and minocycline cap
ENTADFI CAP	QL= 1 tab/day; Step therapy requires trial of an alpha 1 blocker (e.g. tamsulosin), finasteride 5mg AND tadalafil
EOHILIA SUSP	Step therapy requires trial of budesonide vials
epinastine ophth soln	QL= 5ml/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln
EPOGEN/PROCRIT	QL= 12 vials/30 days; ST req trial of Retacrit OR Aranesp
EPRONTIA SOLN	QL= 480mL/30 day; Step therapy requires trial of topiramate sprinkle caps
ERGOMAR SL TAB	QL= 12 tabs/30 days; ST req trial of Migergot rectal supp, and 2 of the following: nar tab, riza- tab/ODT, suma- tab
ERMEZA SOLN 150MCG/5ML	QL= 10ml/day; Step therapy requires trial of levothyroxine tab
ERY PAD	QL= 360 pads/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
ESCITALOPRAM CAP	QL= 1 cap/day; ST req trial of escitalopram tabs AND one SSRI (eg. fluoxetine, sertraline) or SNRI (eg. venlafaxine, desven.)
estradiol gel 0.06%	QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
estradiol td gel	QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
estradiol td gel 1.25mg/1.25gm	QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
EVZIO INJ	Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY
EVZIO INJ	Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY
EZALLOR SPRINKLE CAP	QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, rosuvastatin, or simvastatin
EZETIMIBE/ATORVASTATIN TAB	QL= 1 tab/day; Step therapy requires trial of atorvastatin and ezetimibe
febuxostat tab	QL= 1 tab/day; Step Therapy requires trial of allopurinol 100mg or 300mg
FENOFIBRATE CAP	QL= 3 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130)
FENOFIBRATE MICRO CAP 90MG	QL= 2 caps/day; ST req trial of 2: fenofibrate tab (Tricor) or fenofibrate cap (Lofibra)
FENOFIBRIC TAB 105MG	QL= 1 tab/day; ST req trial of fenofibrate tab (Tricor) AND fenofibrate cap (Lofibra)
FENOFIBRIC TAB 35MG	QL= 2 tabs/day; ST req trial of fenofibrate tab (Tricor) AND fenofibrate cap (Lofibra)
FENOPROFEN TAB	ST req trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
FETZIMA CAP	QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
FETZIMA TITRATION PACK	QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
flavoxate tab	QL= 8 tabs/day; Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER trospium IR/ER, solifenacin
FLEQSUVY SUSP	QL= 16ml/day; Step therapy requires trial of baclofen and tizanidine
FLOLIPID SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
fluocinolone acetonide cream 0.025%	QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone
fluocinolone acetonide cream 0.05%	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
FLURAZEPAM CAP	QL= 1 cap/day; Step Therapy requires trial of 2: estazolam, temazepam, and triazolam
FLURBIPROFEN OPHTH SOLN	Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
fluvastatin cap	QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastati pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay
fluvastatin ER tab	QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay
FORFIVO XL TAB	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
FREE LIBRE 3-PLUS SENSOR	QL= 2 sensors/30 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 2-PLUS SENSOR	QL= 2 sensors/30 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 3 READER	QL= 1 receiver/1 year; Step Therapy requires trial of one insulin product
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
FULVICIN P/G TAB	QL= 1 tab/day; ST req trial of itraconazole, fluconazole, terbinafine, and griseofulvin oral suspension
FULVICIN P/G TAB, GRISEOFULVIN ULTR MICRO TAB	QL= 1 tab/day; ST req trial of itraconazole, fluconazole, terbinafine, and griseofulvin oral susp
FUROSCIX KIT	QL= 8 kits/30 days; Step requires a trial of furosemide tabs or furosemide soln; Only available through Onco360 or CareMed 877-662-6633
GABARONE TAB	QL= 3 tabs/day; Step therapy requires trial of gabapentin capsules AND pregabalin capsules
GEMTESA TAB	QL= 30 tabs/30 days; Step Therapy requires trial of oxybutynin IR/ER AND solifenac
GIMOTI NASAL SPRAY	QL= 1 bottle/28 days; ST req trial of metoclopramide tab
GLIMEPIRIDE TAB	QL= 1 tab/day; ST req trial of glimepiride 1mg tab or 2mg tab
GLIPIZIDE TAB	QL= 30 tabs/30 days; Step req trial of 3 of: glipizide IR tabs (5mg, 10mg), glipizide ER, glimepiride, glyburide
GLOPERBA SOLN	QL= 300ml/30 days; Step Therapy requires trial of colchicine
GLYCATE TAB	QL= 4 tabs/day; Step Therapy requires trial of glycopyrrolate tab 1mg or glycopyrrolate tab 2mg
GLYXAMBI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
halobetasol propionate foam	QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobet- crm/oint, or fluocinonide
HELIDAC PACK	QL= 224 tab/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole)
HUMALOG INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG KWIKPEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMALOG TEMPO PEN INJ 100UNIT/ML	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
HUMULIN MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HYDROCODONE BITARTRATE ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
IBUPROFEN TAB 300MG	QL= 1 tab/day; ST req trial of ibup (200, 400, 600, 800) AND 2: diclof EC/XR, etodola IR/ER, melox tab, celecoxib
INDOMETHACIN CAP, TIVORBEX CAP	Step Therapy requires trial of 2 nonsteroidal anti-inflammatory agents (NSAIDs)
indomethacin suppository	QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxen diclofenac, meloxicam, etc)
indomethacin susp	QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp
INPEFA TAB	QL= 30 tabs/30 days; Step therapy requires trial of Jardiance and Farxiga
INSULIN GLARGINE INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
INSULIN GLARGINE-YFGN PEN (CIVICA) 100UNIT/ML	QL= 60mL/30 days; ST req Semglee or Insulin Glargine-Yfgn (BIOCON) AND Toujeo or Insulin Glargine U-300
INZIRQO SUSP	QL= 5ml/day; ST req Diuril AND trial of 1: HCTZ tab/cap, chlorthal-, spirono- tab, spirono-HCTZ, or Triam-HCTZ
isosorbide dinitrate tab 40mg	Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER
ivermectin cream	QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole
IYUZEH OPHTH DROPS	QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln
JOURNAVX TAB	QL= 30 tablets/14 days; limit 1 fill/6 months; ST req 1 NSAID (ibu 600, meloxicam tab, celecoxib, etc) AND 1 gabapentinoid (gabapentin, pregabalin)
KERENDIA TAB	QL= 30 tabs/30 days; Step req trial of 1 ACE/ARB (ex lisinopril, losartan, valsartan) AND 1 SGLT2 (ex Farxiga, Jardiance)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
KESIMPTA INJ	QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
KHINDIVI SOLN	ST req trial of hydrocortisone tab AND prednisolone soln
KRISTALOSE PAK	ST req trial of lactulose
LABETALOL TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: labetalol (100,200,300mg), atenolol metopro-, bisopro-, nado-, proprano-, carvedilol IR
lamotrigine odt	QL= 2 tabs/day; Step Therapy requires trial of lamotrigine chew
LANSOPRAZOLE/AMOXICILLIN/CLARITHOMYCIN KIT	QL= 112 tab/10 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole)
lanthanum carbonate chew tab	QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
lanthanum carbonate chew tab 500mg	QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
LANTUS SOLOSTAR INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler
LEVEMIR FLEXTOUCH INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300
LEVEMIR INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300
LEVOFLOXACIN OPHTH SOLN	QL=5mL/30 days; Step therapy requires trial of ciprofloxacin, moxifloxacin or ofloxacin ophth
levorphanol tab	QL= 6 tabs/day; ST req trial of 2 short acting opioids(eg hydrocodone, hydromorphone, oxycodone)
l-glutamine powder packet	QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps
LIBERVANT FILM	QL= 4 doses/fill, 5 fills/month; Step requires trial of diazepam rectal gel
LOKELMA PAK	QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone
LOPRESSOR SOLN	QL= 1200mL/30 days; ST req trial of 2: atenolol, bisoprol, metoprol, nadolol, propran soln/tab, labetal, carved
LOTEMAX OPHTH OINT 0.5%	Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
loteprednol etabonate ophth gel	QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
loteprednol etabonate ophth susp 0.2%	QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
LUMIGAN OPHTH SOLN	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost
LYUMJEV INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
LYUMJEV KWIKPEN	QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
LYUMJEV KWIKPEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
LYUMJEV TEMPO PEN INJ 100UNIT/ML	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
LYVISPAH GRANULE PACKET 10MG	QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap
LYVISPAH GRANULE PACKET 20MG	QL= 4 packets/day; Step therapy requires trial of baclofen tab AND tizanidine tab/ca
LYVISPAH GRANULE PACKET 5MG	QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap
MELOXICAM SUSP	QL= 10ml/day; Step therapy requires trial of naproxen susp AND ibuprofen susp
memantine ER cap	QL= 1 cap/day; Step Therapy requires trial of memantine tab
memantine hcl-donepezil hcl 24hr er cap	QL= 1 cap/day; ST requires trial of 2: donepezil, donepezil ODT, memantine, or NAMENDA XR
mercaptopurine susp	ST req trial of mercaptopurine tab
mesalamine ER cap	QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA
mesalamine tab	QL= 9 tabs/1 day; Step Therapy requires trial of generic APRISO or generic LIALDA
METAXALONE TAB	ST req metaxolone (400/800) AND trial of 2: cariso-, chlorzox-, cycloben-, methoca-, or orphena-
METFORMIN TAB	QL= 4 tabs/day; ST req trial of metformin IR (generic Glucophage) 500mg, 850mg, o 1000mg tab AND metformin ER
methamphetamine hcl tab	QL= 5 tabs/day; ST req trial of dextro-amphet tab, dexmethylph HCl tab, methylphen tab/soln, and dextroamph tab
methazolamide tab	Step Therapy requires trial of acetazolamide
METHOCARBAMOL TAB 1000MG	QL= 8 tabs/day; Step therapy requires trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine
methsuximide cap	QL= 4 caps/day; ST requires trial of ethosuximide tab/soln
methyldopa tab	QL= 6 tabs/day; ST req trial of hydralazine tab, labetalol tab, nifedipine cap/SR tab
methylphenidate ER cap 10mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate ER cap 15mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate ER cap 20mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate ER cap 30mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate ER cap 40mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate ER cap 50mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate ER cap 60mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
METHYLPHENIDATE ER TAB	QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
methylphenidate ER tab 72mg	QL= 1 tab/day; Step Therapy requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (generic Concerta)
methylphenidate td patch	QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
METRONIDAZOLE TAB	ST requires trial of generic metronidazole 250 mg AND 500 mg tab
MICORT HC CREAM	QL= 360g/30 days; ST req trial of 1: hydrocortisone 0.5%,1% cream/ 0.5%,1%, 2.5% ointment/ 1%, 2.5% lotion
MIEBO OPHTH SOLN	QL= 3ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion
MINOCYCLINE ER CAP	QL= 1 cap/day; Step Therapy requires trial of minocycline
minocycline ER tab	QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab
MINOLIRA TAB	QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab
mirabegron tab er	Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER solifenacin
MORPHINE SULFATE ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 10mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 20mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 30mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 50mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 60mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 80mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
MOTPOLY XR CAP 100MG	QL= 1 cap/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap
MOTPOLY XR CAP 150MG	QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap
MOTPOLY XR CAP 200MG	QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap
MOXATAG TAB	Step Therapy requires trial of amoxicillin
MOXIFLOXACIN SOLN	QL= 1 bottle/30 days; Step therapy requires trial of 2: ciprofloxacin hcl drops, levofloxacin drops, ofloxacin drops
naftifine cream	QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products
naftifine hcl gel 2%	QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream
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
NITROFURANTOIN SUSP	Step therapy requires trial of Nitrofurantoin Susp 25 MG/5ML
NOURIANZ TAB	QL= 1 tab/day; ST req trial of 2: dopamine agonist(ropinir-, pramip-), COMT inhib(entacapone), MAOB inhib(rasag-, seleg-)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
NOXAFIL PAK	QL= 31 packets/30 days; Step Therapy requires trial of fluconazole tab, fluconazole susp, itraconazole cap, itraconazole soln, voriconazole susp, or voriconazole tab
NUEDEXTA CAP	QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA
NUVESSA VAGINAL GEL, VANDAZOLE GEL	QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln
olopatadine nasal spray	QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray
ONDANSETRON TAB 24MG	QL= 1 tab/day; Trial of ondansetron ODT (4mg, 8mg) AND trial of 1: ondansetron tat ondansetron soln
ONDANSETRON TAB ODT 16MG	QL= 1 tab/day; Trial of ondansetron ODT (4mg, 8mg) AND trial of 1: ondansetron tat ondansetron soln
ONYDA XR SUSP	QL= 4ml/days; ST req trial of ALL: clonidine ER tab, guanfacine ER tab, and atomoxetine cap
OPIPZA FILM	QL= 30 films/30 days; Step Therapy requires trial of two of the following: aripiprazole ODT and aripiprazole oral soln
OPIPZA FILM 10MG	QL= 90 films/30 days; Step Therapy requires trial of two of the following: aripiprazole ODT and aripiprazole oral soln
ORAPRED ODT TAB, PREDNISOLONE ODT TAB	Step therapy requires trial of two of the following: prednisolone oral soln, methylprednisolone, prednisone tab/soln
ORLYNVAH TAB	QL= 10 tabs/fill, 6 fills/year; ST req trial of 2: nitrofurantoin, sulfa-trimeth, cephalexin, ciprofloxacin, amox-clav
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	QL= 1 bottle/fill, 2 fills/month; Step Therapy requires trial of neomycin/polymixin/hydrocoritisone otic
oxazepam cap	Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab
OXYBUTYNIN TAB 2.5MG	QL= 1 tab/day; Step therapy requires trial of: oxybutynin syrup or solifenacin
OXYCODONE ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 80MG	QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN CR TAB	QL= 2 tabs/day; Step therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
OXYCONTIN TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
PAROXETINE SUSP	QL= 900 mL/30 days; ST req trial of 2: SSRI (eg. paroxetine tab, fluoxetine, sertraline), SNRI (eg. venlafaxine)
penciclovir cream	QL= 5 grams/30 days, Step Therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB
PENTASA CAP	QL= 8 caps/day; Step Therapy requires trial of APRISO or LIALDA
perampanel tab	QL= 4 tabs/day; ST req trial of 2: levetiracetam, lamotrigine, valproic acid, divalproex topiramate
PEXEVA TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
pitavastatin calcium tab	QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs
PLIAGLIS CREAM	ST req trial of two: lidocaine ointment, soln, gel, cream, lidocaine-prilocaine cream
podofilox gel	QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream
POKONZA POWDER	QL= 60 packets/30 days; ST req trial of 2: KCL sprinkle cap CR 10meq, KCL oral soln, KCL 20MEQ packet
posaconazole susp	Step therapy requires trial of fluconazole, itraconazole or voriconazole
prednisolone tab	Step therapy requires trial of 2: prednisolone oral soln, methylprednisolone, prednisone tab/soln
pregabalin ER tab	QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap c pregabalin soln
prucalopride succinate tab	QL= 1 tab/day; Step therapy requires trial of Trulance, Linzess, AND lubiprostone
PULMICORT FLEXHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVA
QUETIAPINE TAB 150MG	QL= 1 tab/day; Step therapy requires trial of quetiapine 25, 50, 100, 200, 300, or 400mg IR tabs
QUVIVIQ TAB	QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate
RALDESY SOLN	QL= 40ml/day; Req trial of 2: cital- tab/sol, escita- tab/sol, fluox- tab/cap/sol, mirta-tab/ODT, sertr- tab/con
REBIF INJ	QL= 6ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
REBIF TITRTN INJ PACK	QL= 4.2ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
RELEXXII ER TAB 18MG	QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
RELEXXII ER TAB 27MG	QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
RELEXXII ER TAB 36MG	QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
RELEXXII ER TAB 54MG	QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)

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Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
RELTONE CAP	Step therapy requires trial of ursodiol tab
RETIN-A MICRO GEL, RETIN-A MICRO GEL PUMP	QL= 300g/30 days; ST req trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
REYVOW TAB 100mg	QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
REYVOW TAB 50mg	QL= 4 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
REZVOGLAR INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300
RIBAPAK TAB	Step Therapy requires trial of ribavirin
ROSADAN KIT	Step Therapy requires trial of metronidazole cream
ROSZET TAB	QL= 1 tab/day; Step Therapy requires trial of rosuvastatin and ezetimibe
ROXYBOND TAB	Step therapy requires trial of 2: oxycodone, oxymorphone, hydromorphone tab/soln, tramadol, morphine sulf tab/soln
rufinamide tab	QL= 240 tabs/30 days; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB	QL= 4 tabs/day; Step therapy req trial of carbinoxamine 4mg tab
SAVELLA PAK	Step Therapy requires trial of duloxetine and gabapentin
SAVELLA TAB	QL= 2 tabs/day; Step Therapy requires trial of duloxetine and gabapentin
saxagliptin hcl tab	QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto
saxagliptin-metformin hcl tab er 24hr	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
SECUADO PATCH	QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT
SEGLENTIS TAB	QL= 10 tabs/day; Trial of 3: tramad IR, celecox cap, oxycod tab/cap/sol, hydromorph tab/sol, oxymorph tab, morph sol
SERNIVO SPRAY	QL= 200 ml/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone (crm, lot), desonide oint, mometasone, or triamcinolone
sertraline hcl cap	QL= 30 caps/30 days; Step therapy requires trial of sertraline tab
SIMVASTATIN SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
SITAVIG TAB	QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir
SOAANZ TAB	QL= 5 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab
SOAANZ TAB 60MG	QL= 3 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab
SOVUNA TAB	Step therapy requires trial of generic hydroxychloroquine (generic for Planquenil)
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

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
spironolactone susp	QL= 600ml/30 days; ST req trial of furosemide oral soln
sumatriptan nasal spray	QL= 6 sprays/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
sumatriptan vial inj	QL= 4 mL/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
SYMBRAVO TAB	QL= 1 tab/day; ST req trial of meloxicam tab AND all of the following triptans: riza-, suma-, nara-, zolmi-
tafluprost preservative free (pf) ophth soln	QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln
TALICIA CAP	QL= 168 caps/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole)
tavaborole soln	Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine ta
tazarotene gel 0.05%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream
tazarotene gel 0.1%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream
TELMISARTAN/AMLODIPINE TAB	QL= 1 tab/day; Step therapy requires trial of amlodpine-olmesartan OR amlodipine-valsartan
TETRACYCLINE TAB	QL= 4 tabs/day; ST req trial of tetracycline caps followed by minocycline IR OR doxycycline monohydrate
TEZRULY SOLN	QL= 20ml/day; ST req trial of terazosin capsules
THYQUIDITY SOLN	Step Therapy requires trial of levothyroxine
TIROSINT-SOL	Step therapy requires trial of levothyroxine
TONMYA SUB	QL= 60 tabs/30 days; ST req trial of cyclobenzaprine 5mg/10mg AND trial of 3: duloxe, venlafax, gabapn, pregab, amitrip
topiramate cap er 200mg	QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkl (generic Qudexy XR)
topiramate er cap	QL= 1 cap/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle (generic Qudexy XR)
topiramate ER cap 100mg	QL= 1 cap/day; Step Therapy requires trial of topiramate IR
topiramate ER cap 150mg	QL= 2 caps/day; Step Therapy requires trial of topiramate IR
topiramate ER cap 200mg	QL= 2 caps/day; Step Therapy requires trial of topiramate IR
topiramate ER cap 25mg	QL= 1 cap/day; Step Therapy requires trial of topiramate IR
topiramate ER cap 50mg	QL= 1 cap/day; Step Therapy requires trial of topiramate IR
topiramate oral soln	QL= 480mL/30 day; Step therapy requires trial of topiramate sprinkle caps
topiramate sprinkle cap 50mg	QL= 8 cap/day; Step therapy requires trial of topiramate 15mg/25mg sprinkle cap
toremifene tab	Step Therapy requires trial of tamoxifen
TRAMADOL HCL ER TAB 100MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
TRAMADOL HCL ER TAB 200MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
TRAMADOL HCL ER TAB 300MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
TRAMADOL HCL TAB 75MG	QL= 30 tabs/30 days; Step Therapy requires trial of tramadol 50mg tab or tramadol 100mg tab
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 or Insulin Glargine U-300
TRESIBA INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AND Toujeo or Insulin Glargine U-300
TRETIN-X CREAM	QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream
TREXIMET TAB	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
trientine cap 250mg	ST req trial of generic penicillamine tab
TRIENTINE CAP 500MG	ST req trial of generic penicillamine tab and then trial of gen trientine 250mg cap
trimipramine cap	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
TRINTELLIX TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
trospium chloride SR cap	QL= 1 cap/day; Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR, trospium IR/ER, solifenacin
TRUDHESA NASAL SPRAY	QL= 8ml/28 days; Step therapy requires trial of 2: dihydroergotamine mesylate, sumatriptan tab, rizatriptan, naratriptan
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
URSODIOL CAP	Step therapy requires trial of ursodiol tab
vancomycin hcl for oral soln 25mg/ml	QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution
vancomycin hcl for oral soln 50mg/ml	QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution
VARUBI TAB	QL= 2 tabs/day; Step Therapy requires trial of ondansetron
VELTASSA POWDER	QL= 1 packet/day; ST req trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma
VELTASSA POWDER 1GM	QL= 4 packets/day; ST req trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma
VENLAFAXINE TAB	QL= 2 tabs/day; Step therapy requires trial of venlafaxine ER HCL cap/tab
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler
VEOZAH TAB	QL= 30 tabs/30 days; ST requires trial of 2: parox, escital, venlafax, desven AND tria of 1: gabapen, pregab, clonidine
VERAPAMIL CAP ER	QL= 1 cap/day; Step requires trial of verapamil ER tablets (generic Calan) AND diltiazem ER capsules
VERAPAMIL ER CAP	QL= 1 cap/day; Step requires trial of verapamil ER tablets (generic Calan) AND diltiazem ER capsules

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
verapamil SR cap	Step Therapy requires trial of Verapamil ER tab (generic Calan)
VERKAZIA EMULSION 0.1% OPHTH	QL= 4 vials/day, 6 fills/year; ST requires trial of 1: fluorometholone ophth, dexamethasone ophth, prednisolone ophth or loteprednol ophth
VESICARE LS SUSP	QL= 2 bottles/30 days; Step Therapy requires trial of oxybutynin IR/ER and solifenacin tabs
VEVYE DROP 0.1%	QL= 6ml/30 days; ST req trial of cyclosporine ophthalmic emulsion
VIIBRYD STARTER KIT	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
vilazodone hcl tab	QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr desven ER, venlfx IR/ER, dulox
VIVLODEX CAP	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
VOQUEZNA DUAL PAK	QL= 1 pack/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole)
VOQUEZNA TRIP PAK	QL= 1 pack/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole)
VUMERITY CAP	QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
VYSCOXA SUSP	QL= 840 mL/21 days; ST req trial of celecoxib cap [can be opened/sprinkled], ibuprofen susp, and naproxen susp
VYZULTA SOLN	QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost
XACIATO GEL	QL= 25 grams/30 days; Trial of 2: metronidazole gel, clindamycin vaginal cream ANI trial of 1: metronid tab or clinda cap
XELPROS OPHTH EMULSION	Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost
XELSTRYM PAD	QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
XERMELO TAB	QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Biologics 800-850-4306
XROMI SOLN	ST req trial of Droxia capsule for adults/older kids
ZANAFLEX CAP	QL= 4 caps/day; ST req trial of tizanadine tabs (2,4,6mg) and 2 of: cyclobenzaprine, methocarbamol, orphenadrine
ZAVZPRET SPRAY	QL= 6 sprays/30 days; ST req trial of 2 oral triptan (sumatriptan, naratriptan, rizatriptan) followed by sumatriptan nasal
ZECUITY PAD	QL= 4 pads/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
ZILXI FOAM	QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
ZIMHI SOLN	QL= 2 syringes/fill, 2 fills/30 days; Step therapy requires trial of 2: naloxone nasal spray, naloxone inj
ZITUVIMET XR TAB	QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR Jentadue
ZITUVIO TAB	QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
zolmitriptan nasal spray	QL= 6 sprays/30 days; ST req trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab FOLLOWED BY suma nasal
ZOLPIDEM CAP	QL= 1 cap/day; ST requires trial of zolpidem tab AND Trial of 1: eszopiclone, zaleplon, zolpidem ER or zolpidem SL
ZOLPIMIST SPRAY	Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, c zolpidem SL
ZONTIVITY TAB	Step Therapy requires trial of clopidogrel
ZORYVE CREAM	QL= 60 grams/30 days; Step therapy requires trial of calcipotriene cream/oint/soln AND topical tacrolimus oint
ZORYVE CREAM 0.05%	QL= 60 grams/30 days; ST req trial of tacrolimus oint
ZORYVE CREAM 0.15%	QL= 60g/30 days; ST req trial of tacrolimus oint
ZORYVE FOAM 0.3%	QL= 60g/30 days; Step Therapy requires trial of 1 topical steroid (e.g. clobetasol) an 1 topical calcineurin inhibitor (e.g. tacro)
ZUNVEYL TAB	QL= 2 tabs/day; ST req trial of generic galantamine tab/cap

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Moda Small Group Formulary
Smoking Cessation Agents
Last Updated* 11/18/2025

Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/plan year)	Preventive
CHANTIX TAB(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

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• 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
ABILIFY MYCITE PACK	QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics
ABILIFY MYCITE TAB	QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics
abiraterone acetate tab 500mg	QL= 2 tabs/day
abiraterone tab 250mg	QL= 4 tabs/day
ABRILADA INJ	QL= 2 syringes/28 days
ABRYSVO INJ	QL= 1 inj/fill, 1 fill/lifetime; Covered for members 50 years of age and older or weeks 32-36 of pregnancy
ACIOXIA GEL	QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betameth-, desonide oint, momet-, triamcin- (crm, lot, oint)
ACTEMRA ACTPEN INJ	QL= 2 inj/28 days
ACTEMRA SC INJ	QL= 2 inj/28 days
ACTINEL LIQUID	QL= 1200ml/30 days
ACTINEL PEDIATRIC LIQUID	QL= 2400ml/30 days
ADALIMU-ADBM KIT	QL= 6 inj/28 days, 1 fill/year
ADALIMU-ADBM KIT 40/0.4ML	QL= 2 inj/28 days
ADALIMU-FKJP KIT 20/0.4ML	QL= 2 inj/28 days
ADALIMUMAB KIT ADBM	QL= 2 inj/28 days
ADALIMUMAB-AATY KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY KIT 20MG/0.2ML	QL= 2 inj/28 days
ADALIMUMAB-AATY KIT 80MG/0.8ML	QL= 1 kit/365 days
ADALIMUMAB-ADAZ INJ	QL= 2 inj/28 days
ADALIMUMAB-ADAZ INJ 10MG/0.1ML	QL= 0.2ml/28 days
ADALIMUMAB-ADAZ INJ 40MG/0.4ML	QL= 2 inj/28 days
ADALIMUMAB-ADBM KIT	QL= 1 pack/fill, 1 fill/year; Only available through Accredo 800-803-2523
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT	QL= 2 inj/28 days
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML	QL= 2 inj/28 days
ADALIMUMAB-RYVK AUTO-INJECTOR KI (TEVA) 40MG/0.4ML	QL= 2 inj/28 days
ADALIMUMAB-RYVK INJ	QL= 2 inj/28 days; Only available through Accredo 800-803-2523
adapalene cream	QL= 360g/30 days
adapalene gel	QL= 360g/30 days
ADAPALENE SOLN	QL= 360ml/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream
ADBRY INJ	QL= 4 syringes/28 days
adefovir dipivoxil tab	QL= 1 tab/day
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 800-803-2523
ADLARITY PATCH	QL= 4 patches/28 days; Step therapy requires trial of donepezil tab OR donepezil OD

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ADMELOG INJ, HUMALOG INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, o FIASP
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, o FIASP
ADVICOR TAB 1000-20MG	QL= 2 tabs/day
ADVICOR TAB 500-20MG, 1000-40MG	QL= 1 tab/day
ADVICOR TAB 750-20MG	QL= 2 tabs/day
AEROCHAMBER	QL= 1 device/365 days
AFLURIA INJ	QL= 0.5ml/fill
AFREZZA INH POWDER	QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, or FIASP
AGAMREE SUSP	QL= 225ml/30 days; Only available through AnovoRx 844-288-5007
AIMOVIG INJ	QL= 1 pack/28 days
AIRSUPRA AER 90-80MCG	QL= 2 inh/30 days; Step Therapy requires trial of albuterol AND two of: Arnuity, Asmanex, Qvar
AJOVY INJ	QL= 1 inj/28 days
AKEEGA TAB	QL= 60 tablets/30 days
AKYNZEO CAP	QL= 1 cap/28 days; Step Therapy requires trial of aprepitant, granisetron, or ondansetron
albuterol HFA inhaler	QL= 2 inhalers/30 days
ALECENSA CAP	QL= 8 caps/day
alendronate sodium oral soln	QL= 300ml/28 days
ALLOPURINOL TAB 200MG	QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs
almotriptan tab 12.5mg	QL= 12 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitripta tab, or sumatriptan tab
almotriptan tab 6.25mg	QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
ALOGLIPTIN TAB	QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto
ALOGLIPTIN/METFORMIN TAB	QL= 2 tabs/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto
ALOGLIPTIN/PIOGLITAZONE TAB	QL= 1 tab/day; Step therapy requires trial of metformin OR pioglitazone AND Tradjent OR Jentadueto
ALTOPREV TAB	QL= 1 tab/day
ALUNBRIG PAK	QL= 1 pack/365 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
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
ALVESCO INHALER	QL= 12.2gm/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR
ALYFTREK TAB 10-50-125MG	QL= 90 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046
ALYFTREK TAB 4-20-50MG	QL= 60 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046
ambrisentan tab	QL= 1 tab/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
AMCINONIDE CREAM 0.1%	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
AMCINONIDE OINTMENT	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
AMJEVITA AUTO-INJECTOR	QL= 2 syringes/28 days
AMJEVITA INJ 10MG/0.2ML	QL= 2 syringes/28 days
AMJEVITA INJ 20MG/0.2ML	QL= 2 syringes/28 days
AMJEVITA INJ 40MG/0.4ML	QL= 2 syringes/28 days
AMJEVITA INJ 80MG/0.8ML	QL= 2 syringes/28 days
AMJEVITA SYRINGE 20MG/0.4ML	QL= 2 syringes/28 days
amoxapine tab	QL= 4 tabs/day
amphetamine tab	QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine
amphetamine/dextroamphetamine tab 10mg	QL= 180 tabs/30 days
amphetamine/dextroamphetamine tab 12.5mg	QL= 150 tabs/30 days
amphetamine/dextroamphetamine tab 15mg	QL= 120 tabs/30 days
amphetamine/dextroamphetamine tab 20mg	QL= 90 tabs/30 days
amphetamine/dextroamphetamine tab 30mg	QL= 60 tabs/30 days
amphetamine/dextroamphetamine tab 5mg	QL= 360 tabs/30 days
amphetamine/dextroamphetamine tab 7.5mg	QL= 240 tabs/30 days
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
AMZEEQ FOAM	QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
ANDEMBRY INJ	QL= 1.2 mL/28 days; Only available through Accredo 800-803-2523, Orsini 800-410-8575 or CVS Specialty 800-237-2767
ANDRODERM PATCH	QL= 1 patch/day
ANORO ELLIPTA INHALER	QL= 60 gm/30 days
ANTARA CAP	QL= 2 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130)
ANTARA CAP 30MG, FENOFIBRATE MICRONIZED CAP 30MG	QL= 2 caps/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54m 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBR 67mg, 134mg, 200mg

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ANTARA CAP 90MG, FENOFIBRATE MICRONIZED CAP 90MG	QL= 1 cap/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA 67mg, 134mg, 200mg
ANZEMET TAB	QL= 1 tab/30 days; Step Therapy requires trial of ondansetron
APADAZ TAB	QL= 12 tabs/day
apomorphine inj	QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767
APRACLONIDIN OPHTH SOLN	QL= 5mL/30 days; Step therapy requires trial of 2: latanoprost, travoprost, brimonidine carteolol, levobunolol, timolol
aprepitant cap 125mg	QL= 1 cap/21 days; Step Therapy requires trial of ondansetron
aprepitant cap 40mg	QL= 1 cap/28 days; Step Therapy requires trial of ondansetron
aprepitant cap 80mg	QL= 2 caps/21 days; Step Therapy requires trial of ondansetron
aprepitant pak	QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron
APTIOM TAB	QL= 60 tabs/30 days
APTIVUS CAP	QL= 4 caps/day
APTIVUS SOLN	QL= 380ml/30 days
AQNEURSA POWDER	QL= 112 packets/28 days; Only available through Curant Health 1-866-437-8040
ARANESP INJ	QL= 4 syringes/30 days
ARBLI SUSP	QL= 10 mL/day
ARCALYST INJ	QL= 4 vials/21 days; Only available through Walgreens 888-347-3416
AREXVY INJ	QL= 1 inj/fill, 1 fill/lifetime; Covered for members 50 years of age and older or weeks 32-36 of pregnancy
arformoterol tartrate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln
ARIKAYCE SUSP	QL= 252ml/30days; Only available through Maxor Pharmacy 800-658-6046
aripiprazole ODT	QL= 2 tabs/day
aripiprazole soln	QL= 30 ml/day
armodafinil tab 150mg	QL= 1 tab/day
armodafinil tab 200mg	QL= 1 tab/day
armodafinil tab 250mg	QL= 60 tabs/30 days
armodafinil tab 50mg	QL= 3 tabs/day
ARNUITY ELLIPTA INHALER	QL= 1 inhaler/30 days
asenapine maleate SL tab	QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapin quetiapine XR, risperidone, or risperidone ODT
ASMANEX HFA INHALER	QL= 1 inhaler/30 days
ASMANEX INHALER	QL= 1 inhaler/30 days
ASPRUZYO SPRINKLE GRANULES	QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab
atazanavir cap 150mg	QL= 2 caps/day
atazanavir cap 200mg	QL= 2 caps/day
atazanavir cap 300mg	QL= 1 cap/day
atomoxetine cap 100mg	QL= 1 cap/day
atomoxetine cap 10mg	QL= 120 caps/30 days
atomoxetine cap 18mg	QL= 2 caps/day
atomoxetine cap 25mg	QL= 2 caps/day

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
atomoxetine cap 40mg	QL= 2 caps/day
atomoxetine cap 60mg	QL= 1 cap/day
atomoxetine cap 80mg	QL= 1 cap/day
ATORVALIQ SUSP	QL = 600ml/30 days; Step therapy requires trial of 2: atorvastatin tab, rosuvastatin tab or simvastatin tab
atorvastatin tab	QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
atorvastatin tab 10mg	QL= 60 tabs/30 days; Covered at $0 for members 40 years or older; All other member covered at generic copay
atorvastatin tab 20mg	QL= 60 tabs/30 days; Covered at $0 for members 40 years or older; All other member covered at generic copay
atorvastatin tab 30mg	QL= 60 tabs/30 days; Covered at $0 for members 40 years or older; All other member covered at generic copay
atropine ophth soln	QL= 1 bottle/30 days
ATROVENT HFA INHALER	QL= 25.8gm/30 days
ATTRUBY PAK	QL= 112 tabs/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575
AUGTYRO CAP	QL= 240 caps/30 days
AUGTYRO CAP 160MG	QL= 2 caps/day
AURYXIA TAB, FERRIC CITRATE TAB	QL= 12 tabs/day
AUSTEDO TAB 12MG	QL= 120 tabs/30 days
AUSTEDO TAB 6MG	QL= 30 tabs/30 days
AUSTEDO TAB 9MG	QL= 30 tabs/30 days
AUSTEDO XR TAB	QL= 30 tabs/30 days
AUSTEDO XR TAB 18MG	QL= 2 tabs/day
AUSTEDO XR TAB 24MG	QL= 60 tabs/30 days
AUSTEDO XR TAB 6MG	QL= 8 tabs/day
AUSTEDO XR TAB TITRATION KIT	QL= 1 pack/fill, 1 fill/plan year
AUSTEDO XR TAB TITRATION PACK	QL= 28 tabs/28 days
AUVELITY TAB	QL= 60 tabs/30 days; ST req trial of 4 (citalopram, escitalopram, fluoxetine cap/tab, fluvoxamine, paroxetine IR/ER, sertraline, desvenlafaxine ER, venlafaxine IR/ER, bupropion, mirtazapine) followed by vilazodone
AUVI-Q INJ	QL= 2 inj/fill
AVONEX INJ	QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
AYVAKIT TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306
baclofen oral soln 10mg/5ml	QL= 16 mL/day; ST req trial of baclofen (5/10mg) tabs and tizanidine caps/tabs (can b open or crushed)
baclofen oral soln 5mg/5ml	QL= 16ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can open or crush)
BACLOFEN SOLN	QL= 480ml/30 days; ST req trial of baclofen tabs and tizanidine caps/tabs (can be ope or crushed)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
baclofen susp	QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed)
BACLOFEN TAB 15MG	QL= 8 tabs/day; ST req trial 2: baclofen 5/10mg tab, cyclobenz, tizanidine, methocarb chlorzoxazone, orphenadrine
BAFIERTAM CAP	QL= 120 caps/30 days; Only Available through Walgreens 888-347-3416
BALVERSA TAB 3MG	QL= 3 tabs/day
BALVERSA TAB 4MG	QL= 2 tabs/day
BALVERSA TAB 5MG	QL= 1 tab/day
BAQSIMI NASAL POWDER	QL= 2 inhlations/fill, 2 fills/month
BARACLUDE SOLN	QL= 630ml/30 days
BASAGLAR INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AN Toujeo or Insulin Glargine U-300
BASAGLAR KWIKPEN	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AN Toujeo or Insulin Glargine U-300
BASAGLAR TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AN Toujeo or Insulin Glargine U-300
BAXDELA TAB	QL= 2 tabs/day
b-donna tab	QL= 8 tabs/day
BENLYSTA AUTO-INJECTOR	QL= 4 inj/28 day
BENLYSTA INJ	QL= 4 inj/28 day
BENZONATATE CAP	QL= 3 caps/day
bepotastine besilate ophth soln	QL= 5ml/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln
BERINERT INJ	QL= 20ml/30 days; Only available through Accredo 800-803-2523
BESREMI INJ	QL= 2 inj/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
betaine powder for oral solution	QL= 540 grams/30 days; Only available through Walgreens 888-347-3416
betamethasone augmented cream	QL= 200 gm/30 days
BETAMETHASONE AUGMENTED GEL	QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone (oint, crm, lot), clobetasol, halobetasol, or fluocinonide
betamethasone augmented lotion	QL= 200 ml/30 days
betamethasone diproprionate cream	QL= 200 gm/30 days
betamethasone diproprionate lotion	QL= 200 ml/30 days
betamethasone diproprionate oint	QL= 200 gm/30 days
BETASERON INJ	QL= 14 kits/28 days
BETAXOLOL OPHTH SOLN	QL=5mL/30 days; Step therapy requires trial of 2: carteolol, levobunolol, dorzolamide-timolol, timolol
BETIMOL OPHTH SOLN	QL= 5ml/30 days
BEVYXXA CAP	QL= 43 caps/42 days
BEXAGLIFLOZN TAB	QL= 30 tabs/30 days; ST req trial of 2: farxiga tab, xigduo xr tab, Jardiance tab, synjardy tab, or synjardy xr tab
bexarotene gel	QL= 60g/30 days
BIKTARVY TAB	QL= 1 tab/day
BILDYOS INJ	QL= 1 mL (1 syringe)/180 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
bimatoprost ophth soln	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln
BIMZELX INJ	QL= 2ml/56 days
bismuth/metro/tetra cap	QL= 120 tab/10 days
BISOPROLOL FUMARATE TAB	QL= 8 tabs/day; ST req trial of bisoprolol 5/10mg tab, atenolol tab, metoprolol succ tab AND acebutolol cap
BLUJEPA TAB	QL= 20 tab/5 days, no roll up, 6 fills/year; Step therapy req trial of 2: nitrofurantoin, trimethoprim-sulfamethoxazole, cephalexin
BONSITY, TERIPARATIDE INJ	QL= 2.24 units/28 days
bosentan tab	QL= 2 tabs/day; Only available through Lumicera 855-847-3553
bosentan tab for oral susp	QL= 4 tabs/day; Only available through Accredo 800-803-2523
BOSULIF CAP	QL= 5 caps/day; Only available through Walgreens 888-347-3416
BRAFTOVI CAP 75MG	QL= 6 caps/day; Only available through Optum 877-445-6874
BREKIYA INJ	QL= 24mL/28 days; ST req 2: nara tab, riza tab/ODT, zolmi tab, suma tab, eletrip FOLLOWED BY generic DHE inj/nasal
BREO ELLIPTA INHALER	QL= 1 inhaler/30 days
BREZTRI AEROSPHERE INHALER	QL= 1 inhaler/30 days
brimonidine tartrate-timolol maleate ophth soln	QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate
bromfenac sodium ophth soln 0.07%	QL= 3ml/30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
BRONCHITOL CAP	QL= 560 caps/28 days; ST req trial of hypertonic saline; Diagnosis Restricted – Cystic Fibrosis (E84)
BRUKINSA CAP	QL= 4 caps/day
BRUKINSA TAB	QL= 60 tabs/30 days
BRYNOVIN SOLN	QL= 1 bottle/30 days; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
BUCAPSOL CAP	QL= 2 caps/day; Step req trial of buspirone tabs, hydroxyzine, and doxepin (10, 25, 50 75, 100, or 150mg)
budesonide inh susp	QL= 120 units/30 days
budesonide rectal foam	QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema
budesonide/formoterol inhaler	QL= 10.3gm/30 days; Step Therapy requires trial of BREO ELLIPTA, DULERA and fluticasone/salmeterol or wixela
bupropion SR tab	Limited to 180 days/plan year
butalbital/acetaminophen tab	QL= 6 tabs/day
butalbital/acetaminophen/caffeine/codeine cap	QL= 6 caps/day
butorphanol nasal spray	QL= 5ml/30 days
BYDUREON INJ	QL= 4 inj/28 days; Step Therapy requires trial of liraglutide, TRULICITY, OZEMPIC and RYBELSUS; Diagnosis Restricted – Type 2 Diabetes (E11)
CABLIVI INJ KIT	QL= 1 vial/day; Only available through Biologics 800-850-4306
CABOMETYX TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
CALCIPOTRIENE FOAM	QL= 60gm/30 days; Step therapy requires trial of calcipotriene soln
CALCIPOTRIENE FOAM, SORILUX FOAM	QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
CALQUENCE CAP	QL= 2 caps/day
CALQUENCE TAB	QL= 2 tabs/day
CAMZYOS CAP	QL= 1 cap/day; Only available through AllianceRx Walgreens Prime 855-244-2555
CAPMIST DM TAB	QL= 4 tabs/day
CAPRELSA TAB 100MG	QL= 2 tabs/day; Only available through Biologics 800-850-4306
CAPRELSA TAB 300MG	QL= 1 tab/day; Only available through Biologics 800-850-4306
CAPVAXIVE INJ	QL= 0.5 mL/fill; Covered for ages 19 years and older
carbidopa-levodopa-entacapone tab 12.5-50-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 18.75-75-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 25-100-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 31.25-125-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 37.5-150-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 50-200-200mg	QL= 6 tabs/day
carbinoxamine maleate tab	QL= 120 tabs/30 days; Step therapy requires trial of carbinoxamine 4mg tab
CARBINOXAMINE TAB	QL= 240 tabs/30 days
CARBZAH SOLN	QL= 40ml/day
carisoprodol tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
cephalexin cap 750mg	QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexi 500mg tab/cap
CEQUR SIMPLICITY 2U	QL= 10 patches/30 days
CEQUR SIMPLICITY INSERTER	QL= 1 inserter/lifetime
CERDELGA CAP	QL= 1 cap/day; Only available through Accredo 800-803-2523
CHANTIX TAB	Limited to 180 days/plan year
CHLORPROMAZINE CONC	QL= 800ml/30 days
CHLORPROMAZINE CONC 100MG/ML	QL= 2000ml/30 days
CHLORPROMAZINE CONC 30MG/ML	QL= 600ml/30 days
chlorzoxazone tab	QL= 4 tabs/day
CIBINQO TAB	QL= 1 tab/day
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA INJ 200MG/ML	QL= 2 units/28 days
cinacalcet tab 30mg	QL= 2 tabs/day
cinacalcet tab 60mg	QL= 2 tabs/day
cinacalcet tab 90mg	QL= 4 tabs/day
CINQAIR INJ	QL= 4 vials/28 days; Only available through Walgreens 888-347-3416
CINRYZE INJ	QL= 16 vials/28 days; Only available through Accredo 800-803-2523
CITALOPRAM CAP	QL= 1 cap/day; Step therapy requires trial of citalopram tab

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
clindamycin lotion	QL= 360g/30 days
clindamycin pad	QL= 360 swabs/30 days
clindamycin topical soln	QL= 360mL/30 days
clindamycin vaginal cream	QL= 1 tube/fill
clobazam susp	QL= 480ml/30 days
clobetasol foam	QL= 200 gm/30 days
clobetasol lotion	QL= 200 ml/30 days
CLOBETASOL OPHTH SUSP	QL= 3.5ml/17 days; ST req trial of 2: prednisolone sol/sus 1%, dexamethasone soln 0.1%, fluorometholone susp 0.1% ophth
clobetasol propionate cream	QL= 200 gm/30 days
clobetasol propionate emollient cream	QL= 200 gm/30 days; Step Therapy requires trial of 2 high pot steroids: betamethasone, clobetasol (crm, lot, gel, oint, etc.), halobetasol, or fluocinonide
clobetasol propionate gel	QL= 200 gm/30 days
clobetasol propionate oint	QL= 200 gm/30 days
clobetasol propionate soln	QL= 200 ml/30 days
clobetasol shampoo	QL= 200 ml/30 days
clobetasol spray	QL= 200 ml/30 days
clonidine ER tab	QL= 4 tabs/day
clopidogrel tab 300mg	QL= 4 tabs/30 days
CLOZAPINE ODT	QL= 3 tabs/day
clozapine ODT 25mg, 100mg	QL= 3 tabs/day
CLOZAPINE ODT, FAZACLO ODT	QL= 3 tabs/day
clozapine tab	QL= 3 tabs/day
COBENFY CAP	QL= 60 caps/30 days; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
COBENFY CAP STARTER PACK	QL= 56 caps/28 days; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, or lurasidone
CODITUSSIN LIQUID DAC	QL= 1200ml/30 days
colchicine cap	QL= 4 caps/day
colchicine tab	QL= 4 tabs/day
cold/allergy elx children	QL= 2400ml/30 days
COMBIVENT RESPIMAT INHALER	QL= 2 inhalers/30 days
CONEXXENCE INJ 60MG/ML	QL= 1mL/180 days
CONTOUR BLOOD GLUCOSE TEST STRI	QL= 300 strips/30 days
CONTOUR TEST STRIP	QL= 300 test strips/30 days
COPIKTRA CAP	QL= 2 caps/day; Only available through Optum 877-445-6874
COSENTYX INJ (1-PACK)	QL= 1 inj/28 days
COSENTYX INJ (2-PACK)	QL= 2 inj/56 days
COSENTYX INJ 300MG/2ML	QL= 2ml/28 days
COTELLIC TAB	QL= 3 tabs/day
COVID-19 VACCINE BIVALENT BOOSTEF INJ (MODERNA)	QL=1 inj/fill

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA)	QL= 1 inj/fill
COVID-19 VACCINE INJ (JANSSEN)	QL= 1 dose/45 days
COVID-19 VACCINE INJ (NOVAVAX)	QL= 1 dose/17 days
COXANTO CAP	QL= 180 caps/30 days; ST req trial of generic oxaprozin 600mg AND 2 addl NSAID (e.g., diclofenac, etodolac, sulindac)
CRENESSITY CAP	QL= 60 caps/30 days; Only available through PantheRx Pharmacy 855-726-8479
CRENESSITY SOLN	QL= 120ml/30 days; Only available through PantheRx Pharmacy 855-726-8479
CRESEMBA CAP 186MG	QL= 72 caps/30 days; Step therapy requires trial of two: voriconazole and posaconazole
CRESEMBA CAP 74.5MG	QL= 180 caps/30 days; Step therapy requires trial of two: voriconazole and posaconazole
CUE HEALTH MIS MONITOR	QL= 1 kit/year
CUTAQUIG INJ	QL= 576ml/28 days
CUVRIOR TAB	QL= 10 tabs/day; ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap
cyclosporine ophth emulsion	QL= 60 vials/30 days
CYLTEZO AUTO-INJECTOR	QL= 2 inj/28 days
CYLTEZO INJ 10MG/0.2ML	QL= 2 inj/28 days
CYLTEZO INJ 20MG/0.4ML	QL= 2 inj/28 days
CYLTEZO INJ 40MG/0.8ML	QL= 2 inj/28 days
CYLTEZO INJ CROHNS	QL= 1 pack/fill, 1 fill/year
CYLTEZO INJ PSORIASIS	QL= 1 pack/fill, 1 fill/year
CYLTEZO KIT	QL= 2 inj/28 days
CYLTEZO KIT CROHNS	QL= 6 inj/28 days, 1 fill/year
CYLTEZO PSORIASIS KIT	QL= 4 inj/28 days, 1 fill/year
CYSTADANE POWDER	QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through Walgreens 888-347-3416
CYSTADROPS SOLN	QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Anovo Specialty Pharmacy 844-288-5007
CYSTAGON CAP 50MG	QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04)
CYSTARAN OPHTH SOLN	QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416
dabigatran etexilate mesylate cap	QL= 2 caps/day
danazol cap	QL= 4 caps/day

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
dantrolene cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
DANZITEN TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
DAPAGLIF PRO TAB 10MG	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE SYNJARDY, or SYNJARDY XR
DAPAGLIF PRO TAB 5MG	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE SYNJARDY, or SYNJARDY XR
DAPAGLIF-MET TAB 10-1000	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE SYNJARDY, or SYNJARDY XR
DARTISLA ODT TAB	QL= 4 tabs/day, Step therapy requires trial of glycopyrrolate tab or glycopyrrolate solution
darunavir tab 600mg	QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
darunavir tab 800mg	QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
DAURISMO TAB 100MG	QL= 1 tab/day; Only available through Walgreens 888-347-3416
DAURISMO TAB 25MG	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
DAYBUE SOLN	QL= 4000ml/30 days; 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 AN Toujeo or Insulin Glargine U-300
DEGLUDEC FLEXTOUCH INJ 200 UNIT	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AN Toujeo or Insulin Glargine U-300
DEGLUDEC INJ 100 UNIT	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AN Toujeo or Insulin Glargine U-300
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/84 days
dermawerx pak	QL= 1 kit/30 days
DESCOVY TAB	QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
DESOXIMETASONE GEL	QL= 454 gm/30 days; ST req trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
desoximetasone oint 0.05%	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
DESVENLAFAXINE ER TAB	QL= 1 tab/day; Step Therapy requires trial of 2 antidepressants
DEXAMETHASONE TAB 20MG	QL= 8 tabs/30 days
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
DEXCOM G7 SENSOR (15-DAY)	QL = 2 sensors/30 days; Step therapy requires trial of an insulin product
dexmethylphenidate ER cap	QL= 1 tab/day
dexmethylphenidate tab 10mg	QL= 60 tabs/30 days
dexmethylphenidate tab 2.5mg	QL= 240 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
dexmethylphenidate tab 5mg	QL= 120 tabs/30 days
dextroamphetamine 5mg tab	QL= 180 tabs/30 days
dextroamphetamine ER cap 10mg	QL= 2 caps/day
dextroamphetamine ER cap 15mg	QL= 4 caps/day
dextroamphetamine ER cap 5mg	QL= 2 caps/day
dextroamphetamine soln	QL= 1800ml/30 days
dextroamphetamine sulfate tab 15mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 2.5mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate
dextroamphetamine sulfate tab 20mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 30mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 7.5mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate, amphetamine/dextroamphetamine, dexmethylphenidate
dextroamphetamine tab 10mg	QL= 6 tabs/day
DHIVY TAB	QL= 8 tabs/day; Step therapy requires trial of carbidopa-levodopa tab/ODT or carbidopa-levodopa ER tab
DIAZEPAM GEL	QL= 4 doses/fill
diazepam oral soln 5mg/5ml	QL= 360ml/30 days
diazepam rectal gel	QL= 4 doses/fill
dichlorphenamide tab	QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
diclofenac gel	QL= 100gm/fill, 2 fills/month
diclofenac potassium (migraine) packet	QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan)
diclofenac potassium cap	QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets
diclofenac potassium tab	QL= 4 tabs/day
DICYCLOMINE TAB 40MG	QL= 4 tabs/day; Step therapy requires trial of dicyclomine 10mg cap/ 20mg tab/ 10mg/5mL soln
DIDANOSINE DR CAP	QL= 2 caps/day
DIFICID SUSP	QL= 136 mL/10 days
DIFICID TAB	QL= 20 tabs/10 days
diflorasone oint	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
DIGITAL THERAPY APPLICATION	QL= 1 membership/lifetime
digoxin tab 62.5mcg	QL= 1 tab/day
dihydroergotamine mesylate inj	QL= 24ml/28 days
dihydroergotamine mesylate nasal spray	QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
dimethyl fumarate DR cap	QL= 60 caps/30 days
dimethyl fumarate DR starter pack	QL= 60 caps/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
DOLOBID TAB	QL= 6 tabs/day; ST req trial of 3: diflunisal 500mg tab, diclofenac, etodolac, flurbiprofen, nabumetone
DOLOBID TAB 375MG	QL= 4 tabs/day; ST req trial of 3: diflunisal 500mg tab, diclofenac, etodolac, flurbiprofen, nabumetone
donepezil tab 10mg	QL= 60 tabs/30 days
donepezil tab 23mg	QL= 1 tab/day
donepezil tab 5mg	QL= 60 tabs/30 days
DOPTELET SPRINKLE CAP	QL= 2 caps/day; Only available through Accredo 800-803-2523
DOPTELET TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
DORYX MPC TAB	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate followed by generic doxycycline hyclate DR
DOVATO TAB	QL= 1 tab/day
doxepin cap	QL= 2 tabs/day
doxepin tab	QL= 30 tabs/30 days; ST req trial of 2: eszopiclone tab. zaleplon cap, zolpidem IR/ER/SL tab, doxepin 10mg, trazodone tab
doxycycline (rosacea) cap delayed release	QL= 1 cap/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate cap	QL= 2 caps/day
doxycycline hyclate cap 50mg	QL= 2 caps/day
doxycycline hyclate DR tab	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 100mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 200mg	QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 50mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 75mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate tab	QL= 2 tabs/day
doxycycline hyclate tab 150mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxycycline hyclate tab 75mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxycycline monohydrate cap	QL= 2 caps/day
doxycycline monohydrate cap 50mg	QL= 2 caps/day
doxycycline monohydrate tab	QL= 2 tabs/day
doxycycline monohydrate tab 150mg	QL= 2 tabs/day; Step therapy req trial of doxycycline monohydrate 50mg tabs, 100mg tabs, 50mg caps, or 100mg caps
doxylamine/pyridoxine dr tab	QL= 120 tabs/30 days
dronabinol cap	QL= 2 caps/day
DULERA INHALER	QL= 1 inhaler/30 days
duloxetine cap 40mg	QL= 2 caps/day
duloxetine EC cap 20mg	QL= 6 caps/day
duloxetine EC cap 30mg	QL= 4 caps/day
duloxetine EC cap 60mg	QL= 2 caps/day
DUPIXENT INJ	QL= 2 inj/28 days
DUPIXENT PEN INJ	QL= 2 syringes/28 days
DUTOPROL TAB	QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers
DUVYZAT ORAL SUSP	QL= 140ml/11 days; Only available through PantherRx Pharmacy 855-726-8479
DUZALLO TAB	QL= 1 tab/day

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
EBGLYSS INJ	QL= 2ml/28 days
EDURANT PED TAB	QL= 6 tabs/day
EDURANT TAB	QL= 1 tab/day
efavirenz/emtricitabine/tenofovir df tab	QL= 1 tab/day
EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB	QL= 1 tab/day
eletriptan tab	QL= 9 tabs/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
ELIQUIS STARTER PACK 5MG	QL= 1 pack/30 days
ELIQUIS TAB 2.5MG	QL= 60 tabs/30 days
ELIQUIS TAB 5MG	QL= 74 tabs/30 days
ELMIRON CAP	QL= 3 caps/day; Step Therapy requires trial of amitriptyline AND hydroxyzine
eltrombopag olamine powder pack for susp	QL= 6 packets/day
eltrombopag olamine tab	QL= 2 tabs/day
EMEND SUSP	QL= 3 doses/fill, 2 fills/month
EMGALITY INJ	QL= 1 inj/28 days
EMGALITY INJ 100MG/ML	QL= 3 inj/fill, 6 fills/year
EMPAVELI INJ	QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479
EMROSI CAP	QL= 30 caps/30 days; Step Therapy requires trial of two of the following: doxycycline monohydrate and minocycline cap
emtricitabine cap	QL= 1 cap/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
emtricitabine/tenofovir disoproxil fumarate tab	QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg	QL= 30 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
emtricitabine-rilpivirine-tenofovir df tab	QL= 1 tab/day
EMTRIVA SOLN	QL= 850ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
ENBREL INJ	QL= 8 inj/28 days
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
ENSACOVE CAP 100MG	QL= 60 caps/30 days; Only available through Biologics 800-850-4306
ENSACOVE CAP 25MG	QL= 90 caps/30 days; Only available through Biologics 800-850-4306
ENSPRYNG INJ	QL= 1 inj/28 days
ENTADFI CAP	QL= 1 tab/day; Step therapy requires trial of an alpha 1 blocker (e.g. tamsulosin), finasteride 5mg AND tadalafil
entecavir tab	QL= 1 tab/day
ENTRESTO CAP	QL= 8 caps/day
ENTYVIO INJ	QL= 1.36ml/28 days
EPCLUSA PAK	QL= 1 packet/day

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
EPCLUSA TAB	QL= 1 tab/day
epinastine ophth soln	QL= 5ml/25 days; Step Therapy requires trial of azelastine 0.05% ophth soln
EPINEPHRINE INJ 0.15MG	QL= 2 inj/fill
EPINEPHRINE INJ 0.3MG	QL= 2 inj/fill
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/fill
EPIVIR HBV SOLN	QL= 720ml/30 days
EPOGEN/PROCRIT	QL= 12 vials/30 days; ST req trial of Retacrit OR Aranesp
EPRONTIA SOLN	QL= 480mL/30 day; Step therapy requires trial of topiramate sprinkle caps
ERGOMAR SL TAB	QL= 12 tabs/30 days; ST req trial of Migergot rectal supp, and 2 of the following: nara- tab, riza- tab/ODT, suma- tab
ERGOTAMINE/CAFFEINE TAB	QL= 40 tabs/28 days
ERIVEDGE CAP	QL= 1 cap/day
ERLEADA TAB	QL= 4 tabs/day
ERLEADA TAB 240MG	QL= 1 tab/day
erlotinib tab 100mg	
erlotinib tab 150mg	
erlotinib tab 25mg	QL= 3 tabs/day
ERMEZA SOLN 150MCG/5ML	QL= 10ml/day; Step therapy requires trial of levothyroxine tab
ERY PAD	QL= 360 pads/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
ESCITALOPRAM CAP	QL= 1 cap/day; ST req trial of escitalopram tabs AND one SSRI (eg. fluoxetine, sertraline) or SNRI (eg. venlafaxine, desven.)
eslicarbazepine acetate tab	QL= 60 tabs/30 days
estradiol gel 0.06%	QL= 50 gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
estradiol patch	QL= 8 patches/28 days
estradiol td gel	QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
estradiol td gel 1.25mg/1.25gm	QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
ESTRING	QL= 1 ring/90 days; 3 copays per Rx
eszopiclone tab	QL= 1 tab/day
etravirine tab 100mg	QL= 4 tabs/day
etravirine tab 200mg	QL= 2 tabs/day
EULEXIN CAP	QL= 6 caps/day
everolimus tab	QL= 1 tab/day
everolimus tab for oral susp	QL= 1 tab/day
EVOTAZ TAB	QL= 1 tab/day
EVRYSDI SOLN	QL= 240ml/30 days; Only available through Accredo 800-803-2523
EVRYSDI TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
EXKIVITY CAP	QL= 120 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
EXSERVAN FILM	QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
EXTAVIA INJ	QL= 14 kits/28 days
EXXUA TAB	QL= 1 tab/day
EZALLOR SPRINKLE CAP	QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, rosuvastatin, or simvastatin
ezetimibe tab	QL= 1 tab/day
EZETIMIBE/ATORVASTATIN TAB	QL= 1 tab/day; Step therapy requires trial of atorvastatin and ezetimibe
FABHALTA CAP	QL= 60 caps/30 days; Only available through Onco360 877-662-6633
famciclovir tab 125mg	QL= 2 tabs/day
famciclovir tab 250mg	QL= 2 tabs/day
famciclovir tab 500mg	QL= 42 tabs/fill, 2 fills/month
FARXIGA TAB	QL= 1 tab/day
FASENRA INJ	QL= 1 syringe/56 days
FASENRA INJ 10MG/0.5ML	QL= 1 syringe/56 days
FASENRA PEN INJ	QL= 1 pen/56 days
febuxostat tab	QL= 1 tab/day; Step Therapy requires trial of allopurinol 100mg or 300mg
felbamate susp	QL= 30ml/day
felbamate tab 400mg	QL= 9 tabs/day
felbamate tab 600mg	QL= 6 tabs/day
FEMLYV TAB	QL= 28 tabs/24 days
FENOFIBRATE CAP	QL= 3 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130)
FENOFIBRATE MICRO CAP 90MG	QL= 2 caps/day; ST req trial of 2: fenofibrate tab (Tricor) or fenofibrate cap (Lofibra)
FENOFIBRIC TAB 105MG	QL= 1 tab/day; ST req trial of fenofibrate tab (Tricor) AND fenofibrate cap (Lofibra)
FENOFIBRIC TAB 35MG	QL= 2 tabs/day; ST req trial of fenofibrate tab (Tricor) AND fenofibrate cap (Lofibra)
FENTANYL BUCCAL TAB	QL= 120 tabs/30 days
fentanyl patch	QL= 15 patches/30 days
fesoterodine fumarate er tab	QL= 1 tab/day
FETZIMA CAP	QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
FETZIMA TITRATION PACK	QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
FIASP FLEXTOUCH INJ	QL= 60 units/30 days
FIASP INJ	QL= 60 units/30 days
FIASP PENFILL INJ	QL= 60 units/30 days
FIASP PUMP CARTRIDGE	QL= 60 units/30 days
FILSPARI TAB	QL= 30 tabs/30 days; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695
FILSUVEZ GEL	QL= 702g/30days; Only available through PantheRx 855-726-8479
fingolimod hcl cap	QL= 30 caps/30 days
FINTEPLA SOLN	QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
FIRDAPSE TAB	QL= 8 tabs/day; Only available through AnovoRx 844-288-5007
FIRVANQ SOLN 25MG/ML	QL= 300ml/30 days
FIRVANQ SOLN 50MG/ML	QL= 300ml/30 days
flavoxate tab	QL= 8 tabs/day; Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER, solifenacin

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FLEQSUVY SUSP	QL= 16ml/day; Step therapy requires trial of baclofen and tizanidine
FLOLIPID SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
FLUBLOK INJ	QL= 0.5ml/fill
FLUCELVAX INJ	QL= 0.5ml/fill
FLUMIST NASAL	QL= 1 dose/fill; Limited to members aged 2 to 49 years old
fluocinolone acetonide cream 0.01%	QL= 454 gm/30 days
fluocinolone acetonide cream 0.025%	QL= 454 gm/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone, desonide oint, mometasone, or triamcinolone
fluocinolone acetonide cream 0.05%	QL= 454 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobetasol, or fluocinonide
fluoxetine cap 90mg	QL= 4 caps/28 days
FLURAZEPAM CAP	QL= 1 cap/day; Step Therapy requires trial of 2: estazolam, temazepam, and triazolam
FLUTAMIDE CAP	QL= 6 caps/day
FLUTICASONE DISKUS INHALER	QL= 2 inhalers/30 days
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100 MCG/ACT	QL= 1 inhaler/30 days
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200 MCG/ACT	QL= 1 inhaler/30 days
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50 MCG/ACT	QL= 1 inhaler/30 days
FLUTICASONE HFA INHALER 110MCG	QL= 2 inhalers/30 days
FLUTICASONE HFA INHALER 220MCG	QL= 2 inhalers/30 days
FLUTICASONE HFA INHALER 44MCG	QL= 2 inhalers/30 days
FLUTICASONE/SALMETEROL INHALER	QL= 1 inhaler/30 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
FORTEO INJ 560MCG/2.24ML	QL= 2.24 mL/28 days
FORZINITY INJ	QL= 4 vials/28 days; Only available through AnovoRx 844-288-5007
fosamprenavir tab	QL= 4 tabs/day
FOSRENOL POWDER PACK	QL= 3 packs/day
FOTIVDA CAP	QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
FRAGMIN INJ 7500	QL= 3ml/30 days
FREE LIBRE 3-PLUS SENSOR	QL= 2 sensors/30 days; Step therapy requires trial of one insulin product
FREESTYLE INSULINX TEST STRIP	QL= 300 test strips/30 days
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FREESTYLE LIBRE 2-PLUS SENSOR	QL= 2 sensors/30 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 3 READER	QL= 1 receiver/1 year; Step Therapy requires trial of one insulin product
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
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
FRUZAQLA CAP 1MG	QL= 84 caps/28 days; Only available through Onco360 877-662-6633
FRUZAQLA CAP 5MG	QL= 21 caps/28 days; Only available through Onco360 877-662-6633
FULPHILA INJ	QL= 2 syringes/28 days
FULVICIN P/G TAB	QL= 1 tab/day; ST req trial of itraconazole, fluconazole, terbinafine, and griseofulvin o suspension
FULVICIN P/G TAB, GRISEOFULVIN ULTR MICRO TAB	QL= 1 tab/day; ST req trial of itraconazole, fluconazole, terbinafine, and griseofulvin o susp
FUROSCIX KIT	QL= 8 kits/30 days; Step requires a trial of furosemide tabs or furosemide soln; Only available through Onco360 or CareMed 877-662-6633
FYLNETRA INJ	QL= 2 syringes/28 days
gabapentin (once-daily) tab	QL= 2 tabs/day
GABARONE TAB	QL= 3 tabs/day; Step therapy requires trial of gabapentin capsules AND pregabalin capsules
GALAFOLD CAP	QL= 15 caps/30 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
galantamine ER cap	QL= 1 cap/day
galantamine tab	QL= 60 tabs/30 days
GAVILYTE-C SOLN	Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
GAVRETO CAP	QL= 120 caps/30 days
gefitinib tab	QL= 1 tab/day
GEMTESA TAB	QL= 30 tabs/30 days; Step Therapy requires trial of oxybutynin IR/ER AND solifenacir
GENOTROPIN INJ	QL= 21 syringes/28 days
GENVOYA TAB	QL= 1 tab/day
GILENYA CAP	QL= 30 caps/30 days
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
GIMOTI NASAL SPRAY	QL= 1 bottle/28 days; ST req trial of metoclopramide tab
glatiramer inj 20mg/ml	QL= 30 syringes/30 days
glatiramer inj 40mg/ml	QL= 12 syringes/28 days
GLIMEPIRIDE TAB	QL= 1 tab/day; ST req trial of glimepiride 1mg tab or 2mg tab
GLIPIZIDE TAB	QL= 30 tabs/30 days; Step req trial of 3 of: glipizide IR tabs (5mg, 10mg), glipizide ER glimepiride, glyburide
GLOPERBA SOLN	QL= 300ml/30 days; Step Therapy requires trial of colchicine

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
glucagon (rdna) for inj kit	QL= 2 inj/fill, 2 fills/month
GLUCAGON EMR INJ	QL= 2 inj/fill
GLYCATE TAB	QL= 4 tabs/day; Step Therapy requires trial of glycopyrrolate tab 1mg or glycopyrrolat tab 2mg
glycopyrrolate oral soln	QL= 9ml/day
GLYXAMBI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab
GOMEKLI CAP	QL= 42 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
GOMEKLI TAB	QL= 84 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
granisetron tab	QL= 8 tabs/30 days
GRANISOL SOLN	QL= 60ml/30 days
GRANIX INJ	QL= 15 syringes/30 days
GRASTEK SL TAB	QL= 30 tabs/30 days
guaifenesin/codeine syrup	QL= 240ml/fill, 2 fills/month
guanfacine ER tab	QL= 1 tab/day
guanfacine ER tab 1mg	QL= 2 tabs/day
guanfacine ER tab 2mg	QL= 2 tabs/day
GUARDIAN 4 MIS SENSOR	QL= 5 sensors/30 days
GUARDIAN 4 TRANSMITTER	QL= 1 transmitter/year
GVOKE INJ	QL= 2 inj/fill, 2 fills/month
GVOKE INJ KIT	QL= 2 vials/fill, 2 fills/30 days
GVOKE PFS INJ	QL= 2 inj/fill, 2 fills/month
HADLIMA INJ 40MG/0.4ML	QL= 2 inj/28 days
HADLIMA INJ 40MG/0.8ML	QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.4ML	QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.8ML	QL= 2 inj/28 days
HAEGARDA INJ 2000U	QL= 30 vials/30 days; Only available through Accredo 800-803-2523
HAEGARDA INJ 3000U	QL= 20 vials/30 days; Only available through Accredo 800-803-2523
halobetasol propionate cream	QL= 200 gm/30 days
halobetasol propionate foam	QL= 200 gm/30 days; Step Therapy requires trial of 2 high potency steroids: betamethasone, clobetasol, halobet- crm/oint, or fluocinonide
halobetasol propionate oint	QL= 200 gm/30 days
HARVONI PELLET PAK	QL= 28 tabs/28 days
HARVONI TAB	QL= 28 tabs/28 days
HELIDAC PACK	QL= 224 tab/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole)
HETLIOZ SUSP	QL= 158ml/30 days
HORIZANT TAB	QL= 30 tabs/30 days
HORIZANT TAB 600MG ER	QL= 60 tabs/30 days
HULIO INJ 40MG/0.8ML	QL= 2 pens/28 days
HULIO KIT 20MG/0.4ML	QL = 2 pens/28 days

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Quantity Limit (QL) Medications

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

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
hydromorphone ER tab 12mg	QL= 1 tab/day
hydromorphone ER tab 16mg	QL= 1 tab/day
hydromorphone ER tab 8mg	QL= 1 tab/day
hydroxyprogesterone caproate inj	QL= 4 vials/28 days
HYFTOR GEL	QL= 20 grams/30 days; Only available through Walgreens 888-347-3416
HYMPAVZI INJ	QL= 4ml/28 days
HYRIMOZ INJ 40MG/0.4ML	QL= 2 inj/28 days
HYRIMOZ INJ 40MG/0.8ML	QL= 2 inj/28 days
HYRIMOZ INJ 80MG/0.8ML	QL= 2 inj/28 days
HYRIMOZ INJ CROHNS	QL= 1 pack/fill, 1 fill/year
HYRIMOZ INJ PLAQUE PSORIASIS	QL= 1 pack/fill, 1 fill/year
HYRIMOZ PFS INJ 10MG/0.1ML	QL= 2 inj/28 days
HYRIMOZ PFS INJ 20MG/0.2ML	QL= 2 inj/28 days
HYRIMOZ-PED INJ CROHNS	QL= 1 pack/fill, 1 fill/year
HYRIMOZ-PED INJ CROHNS 80MG/0.8ML	QL= 1 pack/fill, 1 fill/year
IBRANCE CAP	QL= 21 caps/28 days; Only available through Walgreens 888-347-3416
IBRANCE TAB	QL= 21 tabs/28 days; Only available through Walgreens 888-347-3416
IBSRELA TAB	QL= 60 tabs/30 days
IBUPROFEN TAB 300MG	QL= 1 tab/day; ST req trial of ibup (200, 400, 600, 800) AND 2: diclof EC/XR, etodolac IR/ER, melox tab, celecoxib
ibuprofen tab cold/sinus	QL= 240 tabs/30 days
icatibant inj	QL= 36ml/30 days; Only available through Accredo 888-773-7376
icosapent ethyl cap 0.5gm	QL= 2 caps/day
icosapent ethyl cap 1gm	QL= 4 caps/day
IDACIO INJ 40MG/0.8ML	QL= 2 pens/28 days
IDHIFA TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
imatinib tab 100mg	QL= 3 tabs/day
imatinib tab 400mg	QL= 2 tabs/day
IMBRUVICA CAP 140MG	QL= 3 caps/day; Only available through Optum 877-445-6874
IMBRUVICA CAP 70MG	QL= 1 cap/day; Only available through Optum 877-445-6874
IMBRUVICA SUSP	QL= 216ml/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
IMKELDI SOLUTION	QL= 140ml/28 days
IMPAVIDO CAP	QL= 3 caps/day
IMULDOSA SYRINGE 45MG/0.5ML	QL= 0.5 mL/84 days
IMULDOSA SYRINGE 90MG/ML	QL= 1 mL/84 days
INBRIJA INH POWDER	QL= 4 units/day; Only available through Walgreens 888-347-3416
INCRUSE ELLIPTA INHALER	QL= 30 units/30 days
indomethacin suppository	QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxen, diclofenac, meloxicam, etc)
indomethacin susp	QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp
INGREZZA CAP	QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
INGREZZA PACK 40-80MG	QL= 1 pack/fill, 1 fill/plan year; Only available through PantherRx Pharmacy 855-726-8479
INGREZZA SPRINKLE CAP	QL= 1 cap/day; Only available through PantheRx 855-726-8479
INLYTA TAB	QL= 8 tabs/day; Only available through Walgreens 888-347-3416
INLYTA TAB 5MG	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
INPEFA TAB	QL= 30 tabs/30 days; Step therapy requires trial of Jardiance and Farxiga
INQOVI TAB	QL= 5 tabs/28 days; Only available through Optum 877-445-6874 or Walgreens 888-347-3416
INREBIC CAP	QL= 4 caps/day; Only available through Lumicera 855-847-3553
INSULIN ASPART FLEXPEN INJ	QL= 60 units/30 days
INSULIN ASPART INJ	QL= 60 units/30 days
INSULIN ASPART MIX FLEXPEN INJ	QL= 60 units/30 days
INSULIN ASPART MIX INJ	QL= 60 units/30 days
INSULIN ASPART PENFILL INJ	QL= 60 units/30 days
INSULIN GLARGINE INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (1 UNIT DOSE)	QL= 18ml/30 days
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (2 UNIT DIAL)	QL= 18ml/30 days
INSULIN GLARGINE-YFGN (SINGLE PEN	QL= 60ml/30 days
INSULIN GLARGINE-YFGN PEN (CIVICA) 100UNIT/ML	QL= 60mL/30 days; ST req Semglee or Insulin Glargine-Yfgn (BIOCON) AND Toujeo Insulin Glargine U-300
INSULIN LISP INJ 100/ML	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
INZIRQO SUSP	QL= 5ml/day; ST req Diuril AND trial of 1: HCTZ tab/cap, chlorthal-, spirono- tab, spirono-HCTZ, or Triam-HCTZ
IQIRVO TAB	QL= 30 tabs/30 days; Only available through Walgreens 888-347-3416
ISENTRESS (HD) TAB	QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
ISENTRESS CHEW TAB	QL= 6 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
ISENTRESS POWDER PACK	QL= 2 packets/day; No deductible, coinsurance or other UM edits when used for PEP PrEP
isosorbide dinitrate-hydralazine hcl tab	QL= 6 tabs/day
ISOXSUPRINE TAB	QL= 120 tabs/30 days
ISTURISA TAB	QL= 12 tabs/day; Only available through AnovoRx 844-288-5007
ITOVEBI TAB	QL= 28 tabs/28 days
ivabradine hcl tab	QL= 60 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
ivermectin cream	QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole
IWILFIN TAB	QL= 240 tablets/30 days; Only available through Curant Health 1-866-437-8040
IYUZEH OPHTH DROPS	QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln
JAKAFI TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JARDIANCE TAB	QL= 1 tab/day
JATENZO CAP 158MG	QL= 4 caps/day
JATENZO CAP 198MG	QL= 4 caps/day
JATENZO CAP 237MG	QL= 2 caps/day
JAYPIRCA TAB 100MG	QL= 60 tabs/30 days
JAYPIRCA TAB 50MG	QL= 30 tabs/30 days
JENTADUETO TAB	QL= 2 tabs/day
JENTADUETO XR TAB	QL= 2 tabs/day
JOENJA TAB	QL= 60 tabs/30 days; Only available through PantheRx Pharmacy 855-726-8479
JOURNAVX TAB	QL= 30 tablets/14 days; limit 1 fill/6 months; ST req 1 NSAID (ibu 600, meloxicam tab, celecoxib, etc) AND 1 gabapentinoid (gabapentin, pregabalin)
JUBBONTI INJ	QL= 1mL/180 days
JULUCA TAB	QL= 1 tab/day
JYLAMVO SOLN, XATMEP SOLN	QL= 60ml/30 days
JYNARQUE PAK	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 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 SOLN	QL= 480 mL/30 days
KALETRA TAB 100-25MG	QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
KALETRA TAB 200-50MG	QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
KALYDECO PAK	QL= 2 packets/day; Only available through Walgreens 888-347-3416
KALYDECO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
KARBINAL ER SUSP	QL= 960ml/30 days
KERENDIA TAB	QL= 30 tabs/30 days; Step req trial of 1 ACE/ARB (ex lisinopril, losartan, valsartan) AND 1 SGLT2 (ex Farxiga, Jardiance)
KESIMPTA INJ	QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
KEVZARA INJ	QL= 2 inj/28 days
KINERET INJ	QL= 1 inj/day; Only available through Biologics 800-850-4306
KISQALI PAK	QL= 91 tabs/28 days
KISQALI TAB	QL= 63 tabs/28 days
KLISYRI OINT	QL= 5 grams/5 days
KOSELUGO CAP	QL= 12 caps/day; Only available through Onco360 877-662-6633
KOSELUGO CAP 10MG	QL= 8 caps/day; Only available through Onco360 877-662-6633
KOSELUGO CAP 5MG	QL= 20 caps/day; Only available through Onco360 877-662-6633

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
KRAZATI TAB	QL= 180 tabs/30 days; Only available through Biologics 800-850-4306
KRINTAFEL TAB	QL= 2 tabs/365 days
KYNMOBI FILM	QL= 150 films/30 days
KYZATREX CAP	QL= 4 tabs/day
KYZATREX CAP, TLANDO CAP	QL= 4 caps/day
LABETALOL TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: labetalol (100,200,300mg), atenolol, metopro-, bisopro-, nado-, proprano-, carvedilol IR
lacosamide oral solution	QL= 1200ml/30 days
lacosamide tab	QL= 2 tabs/day
LAGEVRIO CAP 200MG	QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older
lamivudine soln	QL= 960ml/30 days
lamivudine tab 100mg	QL= 1 tab/day
lamivudine tab 150mg	QL= 2 tabs/day
lamivudine tab 300mg	QL= 1 tab/day
lamivudine/zidovudine tab	QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
lamotrigine ER tab 100mg	QL= 3 tabs/day
lamotrigine ER tab 200mg	QL= 2 tabs/day
lamotrigine ER tab 250mg	QL= 2 tabs/day
lamotrigine ER tab 25mg	QL= 6 tabs/day
lamotrigine ER tab 300mg	QL= 2 tabs/day
lamotrigine ER tab 50mg	QL= 6 tabs/day
lamotrigine odt	QL= 2 tabs/day; Step Therapy requires trial of lamotrigine chew
LAMPIT TAB 120MG	QL= 225 tabs/30 days
LAMPIT TAB 30MG	QL= 360 tabs/30 days
LANSOPRAZOLE/AMOXICILLIN/CLARITHOMYCIN KIT	QL= 112 tab/10 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole)
lanthanum carbonate chew tab	QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
lanthanum carbonate chew tab 500mg	QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
LANTUS SOLOSTAR INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AN Toujeo or Insulin Glargine U-300
lapatinib ditosylate tab	QL= 5 tabs/day
LAZCLUZE TAB 240MG	QL= 30 tabs/30 days
LAZCLUZE TAB 80MG	QL= 60 tabs/30 days
LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/day
lenalidomide cap	QL= 1 cap/day; Only available through Onco360 877-662-6633
LENVIMA CAP	QL= 3 caps/day; Only available through Optum 877-445-6874
LEUPROLIDE INJ (3 MONTH)	QL= 1 kit/90 days
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler
LEVALBUTEROL TARTRATE	QL= 2 inhalers/fill, 2 fills/30 days
LEVEMIR FLEXTOUCH INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AN Toujeo or Insulin Glargine U-300

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
LEVEMIR INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AN Toujeo or Insulin Glargine U-300
LEVOFLOXACIN OPHTH SOLN	QL=5mL/30 days; Step therapy requires trial of ciprofloxacin, moxifloxacin or ofloxacir ophth
levorphanol tab	QL= 6 tabs/day; ST req trial of 2 short acting opioids(eg hydrocodone, hydromorphone oxycodone)
l-glutamine powder packet	QL= 6 packets/day; Step therapy requires trial of hydroxyurea caps
LIBERVANT FILM	QL= 4 doses/fill, 5 fills/month; Step requires trial of diazepam rectal gel
lidocaine oint	QL= 8gm/day
LIKMEZ SUSP	QL= 210ml/14 days
LINZESS CAP	QL= 30 caps/30 days
LIQREV SUSP	QL= 6ml/day; Only available through Optum 877-445-6874
liraglutide soln pen-injector	QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
lisdexamfetamine dimesylate cap	QL= 1 cap/day
lisdexamfetamine dimesylate chew tab	QL= 1 tab/day
LIVDELZI CAP	QL= 30 caps/30 days; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479
LIVMARLI TAB	QL= 1 tab/day; Only available through Eversana 636-519-2400
LODOCO TAB	QL= 30 tabs/30 days
lofexidine hcl tab	QL= 224 tabs/fill, 1 fill/month
LOKELMA PAK	QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone
lopinavir/ritonavir soln	QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
lopinavir-ritonavir tab 100-25mg	QL= 2 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
lopinavir-ritonavir tab 200-50mg	QL= 4 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
LOPRESSOR SOLN	QL= 1200mL/30 days; ST req trial of 2: atenolol, bisoprol, metoprol, nadolol, propranol soln/tab, labetal, carved
LORBRENA TAB 100MG	QL= 1 tab/day; Only available through Walgreens 888-347-3416
LORBRENA TAB 25MG	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
LORTUSS EX LIQUID	QL= 1200ml/30 days
LORTUSS LIQUID	QL= 1200ml/30 days
loteprednol etabonate ophth gel	QL= 5g/28 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
loteprednol etabonate ophth susp 0.2%	QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
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
LULICONAZOLE CREAM, LUZU CREAM	QL= 60gm/28 days
LUMAKRAS TAB	QL= 240 tabs/30 days; Only available through Biologics 800-850-4306

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
LUMAKRAS TAB 240MG	QL= 2 caps/day; Only available through Biologics 800-850-4306
LUMAKRAS TAB 320MG	QL= 90 tabs/30 days; Only available through Biologics 800-850-4306
LUMIGAN OPHTH SOLN	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost followed by 1: travopros bimatoprost 0.03%, or tafluprost
LUMRYZ PACK 4.5GM	QL= 1 pack/day; Only available through Accredo 800-803-2523
LUMRYZ PACK 6GM	QL= 1 pack/day; Only available through Accredo 800-803-2523
LUMRYZ PACK 7.5GM	QL= 1 pack/day; Only available through Accredo 800-803-2523
LUMRYZ PACK 9GM	QL= 1 pack/day; Only available through Accredo 800-803-2523
LUMRYZ STARTER PACK	QL= 28 packets/28 days; Only available through Accredo 888-773-7376
LUPKYNIS CAP	QL= 180 caps/30 days
LUPRON DEPOT INJ	QL= 1 syringe kit/90 days
LUPRON DEPOT INJ PED	QL= 1 syringe kit/180 days
LUPRON DEPOT-PED INJ (1-MONTH)	QL=1 syringe kit/30 days
LUPRON DEPOT-PED INJ (3-MONTH)	QL=1 syringe kit/90 days
lurasidone hcl tab	QL= 1 tab/day
LUTRATE DEPO INJ	QL= 1 kit/90 days
LYNPARZA CAP	QL= 16 caps/day; Only available through Biologics 800-850-4306
LYNPARZA TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
LYTGOBI TAB (12MG DAILY DOSE)	QL= 84 tabs/28 days; Only available through Onco360 877-662-6633
LYTGOBI TAB (16MG DAILY DOSE)	QL= 112 tabs/28 days; Only available through Onco360 877-662-6633
LYTGOBI TAB (20MG DAILY DOSE)	QL= 140 tabs/28 days; Only available through Onco360 877-662-6633
LYUMJEV INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
LYUMJEV KWIKPEN	QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
LYUMJEV KWIKPEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
LYUMJEV TEMPO PEN INJ 100UNIT/ML	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG, INSULIN ASPART, c FIASP
LYVISPAH GRANULE PACKET 10MG	QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap
LYVISPAH GRANULE PACKET 20MG	QL= 4 packets/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap
LYVISPAH GRANULE PACKET 5MG	QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap
MAKENA INJ	QL= 4.4 ml/28 days
maraviroc tab 150mg	QL= 2 tabs/day
maraviroc tab 300mg	QL= 4 tabs/day
MAR-COF CG LIQUID	QL= 473ml/month
MAVENCLAD PAK	QL= 10 tabs/fill, 2 fills/year
MAVYRET PAK	QL= 5 packets/day
MAVYRET TAB	QL= 3 tabs/day
MAYZENT STARTER PACK 0.25 MG	QL= 7 tabs/fill, 2 fills/year
MAYZENT TAB	QL= 1 tab/day
MAYZENT TAB STARTER PACK	QL= 12 tabs/fill, 2 fills/year
medroxyprogesterone inj	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
MEKINIST SOLN	QL= 40ml/day
MEKINIST TAB 0.5MG	QL= 3 tabs/day
MEKINIST TAB 2MG	QL= 1 tab/day
MEKTOVI TAB	QL= 6 tabs/day; Only available through Optum 877-445-6874 or Walgreens 888-347-3416
MELOXICAM SUSP	QL= 10ml/day; Step therapy requires trial of naproxen susp AND ibuprofen susp
memantine ER cap	QL= 1 cap/day; Step Therapy requires trial of memantine tab
memantine hcl-donepezil hcl 24hr er cap	QL= 1 cap/day; ST requires trial of 2: donepezil, donepezil ODT, memantine, or NAMENDA XR
MEMANTINE TITRATION PAK	QL= 49 tablets/28 days
M-END DMX LIQUID	QL= 1800ml/30 days
meperidine tab	QL= 6 tabs/day
mesalamine DR cap	QL= 6 caps/day
mesalamine DR tab	QL= 4 tabs/day
mesalamine enema	QL= 60 mL/day
mesalamine ER cap	QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA
mesalamine supp	QL= 1 supp/day
mesalamine tab	QL= 9 tabs/1 day; Step Therapy requires trial of generic APRISO or generic LIALDA
METFORMIN TAB	QL= 3 tabs/day; ST requires trial of metformin 500mg, 850mg, or 1000mg tab AND metformin ER
methadone soln	QL= 4 ml/day
methadone soln 10mg/5ml	QL= 20ml/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
methamphetamine hcl tab	QL= 5 tabs/day; ST req trial of dextro-amphet tab, dexmethylph HCl tab, methylphen tab/soln, and dextroamph tab
METHITEST TAB	QL= 150 tablets/30 days
methocarbamol tab 1000mg	QL= 8 tabs/day; ST req trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine
methsuximide cap	QL= 4 caps/day; ST requires trial of ethosuximide tab/soln
methyldopa tab	QL= 6 tabs/day; ST req trial of hydralazine tab, labetalol tab, nifedipine cap/SR tab
methylphenidate ER cap 10mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate ER cap 15mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate ER cap 20mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate ER cap 30mg	QL= 60 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate ER cap 40mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
methylphenidate ER cap 50mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate ER cap 60mg	QL= 30 caps/30 days; Step Therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate ER tab	QL= 1 tab/day
methylphenidate ER tab 10mg	QL= 3 tabs/day
methylphenidate ER tab 20mg	QL= 3 tabs/day
METHYLPHENIDATE ER TAB 45MG/RELEXXII TAB 45MG	QL= 1 tab/day
METHYLPHENIDATE ER TAB 63MG/RELEXXII TAB 63MG	QL= 1 tab/day
methylphenidate ER tab 72mg	QL= 1 tab/day; Step Therapy requires trial of 2: dextro/amph ER, dexmethyl ER, methylph ER (generic Concerta)
methylphenidate tab 10mg	QL= 180 tabs/30 days
methylphenidate tab 20mg	QL= 90 tabs/30 days
methylphenidate tab 5mg	QL= 360 tabs/30 days
methylphenidate td patch	QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER methylphen ER 27/36/54 (non-OSM)
methyltestosterone cap	QL= 150 tablets/30 days
metyrosine cap	QL= 448 caps/28 days
MICORT HC CREAM	QL= 360g/30 days; ST req trial of 1: hydrocortisone 0.5%,1% cream/ 0.5%,1%, 2.5% ointment/ 1%, 2.5% lotion
MIEBO OPHTH SOLN	QL= 3ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion
mifepristone tab	QL= 4 tabs/day
MIGERGOT SUPP	QL= 20 supp/28 days
miglustat cap	QL= 3 caps/day; Only available through Accredo 800-803-2523
MINOCYCLINE ER CAP	QL= 1 cap/day; Step Therapy requires trial of minocycline
minocycline ER tab	QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab
MINOLIRA TAB	QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab
MIPLYFFA CAP	QL= 90 caps/30 days; Only available through Orsini 800-410-8575
MITIGARE CAP	QL= 2 caps/day
modafinil tab	QL= 2 tabs/day
MOLNUPIRAVIR CAP	QL= 40 caps/fill
MORGIDOX KIT	QL= 1 kit/30 days
MORPHABOND TAB	QL= 2 tabs/day
MORPHINE SULFATE ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 10mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 20mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 30mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 50mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 60mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 80mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
morphine sulfate ER tab	QL= 3 tabs/day
MOTPOLY XR CAP 100MG	QL= 1 cap/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap
MOTPOLY XR CAP 150MG	QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap
MOTPOLY XR CAP 200MG	QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap
MOUNJARO INJ	QL= 2ml/28 days
MOVANTIK TAB	QL= 30 tabs/30 days
MOXIFLOXACIN SOLN	QL= 1 bottle/30 days; Step therapy requires trial of 2: ciprofloxacin hcl drops, levofloxacin drops, ofloxacin drops
MRESVIA INJ	QL= 0.5 mL/fill, 1 fill/lifetime; Covered for members 50 years of age and older
MULPLETA TAB	QL= 7 tabs/fill, 3 fills/365 days; Only available through Lumicera 855-847-3553
MYALEPT INJ	QL= 1 inj/30 days; Only available through Accredo 888-773-7376
MYFEMBREE TAB	QL= 28 tabs/28 days
naftifine cream	QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products
naftifine hcl gel 2%	QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream
NALOXONE PREFILLED INJ	QL= 2 inj/fill, 2 fill/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
NARDIL TAB 15MG	QL= 4 tabs/day
NATACYN OPHTH SUSP	QL= 45ml/30 days
NATESTO GEL	QL= 3 bottles/30 days
NAYZILAM SPRAY	QL= 4 units/fill, 5 fills/month
NEFFY SPRAY	QL= 2 doses/fill
NEMLUVIO INJ	QL= 1 auto-injector/28 days; Only available through Accredo 888-773-7376
NERLYNX TAB	QL= 6 tabs/day; Only available through Optum 877-445-6874
NEULASTA INJ	QL= 1.2 units/28 days
NEUPOGEN INJ	QL= 15 syringes/30 days
nevirapine ER tab	QL= 1 tab/day
NEVIRAPINE SUSP	QL= 1200ml/30 days
nevirapine tab	QL= 2 tabs/day
NEXAFED SINUS TAB + PAIN	QL= 240 tabs/30 days
NEXICLON XR TAB	QL= 3 tabs/day
NEXLETOL TAB	QL= 1 tab/day
NEXLIZET TAB	QL= 1 tab/day
NEXTSTELLIS TAB	QL= 28 tabs/24 days
NGENLA INJ	QL= 1.2ml/28 days
niacin ER tab	QL= 2 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
NILOTINIB CAP	QL= 4 caps/day; Only available through Accredo 800-803-2523
nilutamide tab	QL= 150mg/day after the first 30 days
NIVESTYM INJ	QL= 15 syringes/30 days
NORLIQVA ORAL SOLN	QL= 300ml/30 days
NORVIR CAP	QL= 12 caps/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
NORVIR POWDER PACK	QL= 12 packets/day; No deductible, coinsurance or other UM edits when used for PEI / PrEP
NORVIR SOLN	QL= 480ml/30 days; No deductible, coinsurance or other UM edits when used for PEF / PrEP
NOURIANZ TAB	QL= 1 tab/day; ST req trial of 2: dopamine agonist(ropinir-, pramip-), COMT inhib(entacapone), MAOB inhib(rasag-, seleg-)
NOVOLIN 70/30 FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN 70/30 INJ	QL= 60 units/30 days
NOVOLIN 70/30 VIAL	QL= 60 units/30 days
NOVOLIN N FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN N INJ	QL= 60 units/30 days
NOVOLIN N RELION INJ	QL= 60 units/30 days
NOVOLIN R FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN R INJ	QL= 60 units/30 days
NOVOLIN R INJ 100 UNIT	QL= 60ml/30 days
NOVOLIN VIAL	QL= 60 units/30 days
NOVOLOG FLEXPEN INJ	QL= 60 units/30 days
NOVOLOG INJ	QL= 60 units/30 days
NOVOLOG INJ FLEX REL	QL= 60ml/30 days
NOVOLOG MIX FLEXPEN INJ	QL= 60 units/30 days
NOVOLOG MIX INJ	QL= 60 units/30 days
NOVOLOG PENFILL INJ	QL= 60 units/30 days
NOXAFIL PAK	QL= 31 packets/30 days; Step Therapy requires trial of fluconazole tab, fluconazole susp, itraconazole cap, itraconazole soln, voriconazole susp, or voriconazole tab
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
NUPLAZID CAP	QL= 1 cap/day; Only available through Walgreens 888-347-3416
NUPLAZID TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
NURTEC ODT	QL= 8 tabs/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
NUVESSA VAGINAL GEL, VANDAZOLE GEL	QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln
NUZYRA TAB	QL= 30 tabs/fill, 1 fill/month; Only available through Walgreens 888-347-3416
NYPOZI INJ	QL= 7.5ml/30 days
NYVEPRIA INJ	QL= 2 inj/28 days
OBREDON SOLN	QL= 1800ml/30 days
OCALIVA TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
OCREVUS INJ	QL= 60ml/365 days; Only available through Emerging Health 971-290-2010
OCREVUS ZUNOVO INJ	QL= 23ml/180 days; Only available through Emerging Health 971-290-2010
ODACTRA SL TAB	QL= 30 tabs/30 days
ODEFSEY TAB	QL= 1 tab/day
ODOMZO CAP	QL= 1 cap/day
OFEV CAP	QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
OGSIVEO TAB	QL= 168 tabs/28 days; Only available through Onco360 877-662-6633
OGSIVEO TAB 100MG	QL= 2 tabs/day; Only available through Onco360 877-662-6633
OGSIVEO TAB 150MG	QL= 2 tabs/day; Only available through Onco360 877-662-6633
OHTUVAYRE SUSP	QL= 150 mL/30 days; Only available through AcariaHealth 800-511-5144 or Caremark/CVS Specialty 800-378-0695
OJEMDA SUSP	QL= 96 mL/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
OJEMDA TAB	QL= 24 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
OJJAARA TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
olanzapine ODT	QL= 1 tab/day
olmesartan/amlodipine/hydrochlorothiazide tab	QL= 30 tabs/30 days
olopatadine nasal spray	QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray
OLPRUVA PACK	QL= 3 packets/day; Only available through CVS Specialty 800-237-2767
OLUMIANT TAB	QL= 1 tab/day
OMECLAMOX-PAK	QL= 80 tab/10 days; Generic bismuth-metronidazole-tetracycline combination is on formulary
omega-3-acid ethyl esters cap	QL= 4 caps/day
OMNIPOD 5 DEX G7G6 INTRO KIT	QL= 1 kit/year
OMNIPOD 5 DEX G7G6 PODS	QL= 15 pods/30 days
OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT	QL= 1 kit/year
OMNIPOD 5 LIBRE2 PLUS G6 PODS	QL= 15 pods/30 days
OMNIPOD DASH KIT	QL= 1 kit/year
OMNIPOD DASH PODS	QL= 15 pods/30 days
OMNITROPE INJ	QL= 13.5 mL/28 days
OMNITROPE INJ 5.8MG	QL= 8 vials/28 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
OMVOH INJ	QL= 2ml/28 days
OMVOH INJ 100MG/ML, 200MG/2ML	QL= 3ml/28 days
ONAPGO INJ	QL= 20ml/day; Only available through CVS Specialty 800-238-7828
ondansetron inj	QL= 24ml/fill, 1 fill/15 days
ondansetron soln	QL= 50ml/fill, 1 fill/15 days
ONDANSETRON TAB 24MG	QL= 1 tab/day; Trial of ondansetron ODT (4mg, 8mg) AND trial of 1: ondansetron tab, ondansetron soln
ONDANSETRON TAB ODT 16MG	QL= 1 tab/day; Trial of ondansetron ODT (4mg, 8mg) AND trial of 1: ondansetron tab, ondansetron soln
ONUREG TAB	QL= 14 tabs/28 days
ONYDA XR SUSP	QL= 4ml/days; ST req trial of ALL: clonidine ER tab, guanfacine ER tab, and atomoxetine cap
OPFOLDA CAP	QL= 3 caps/14 days; Only available through Orsini Pharmacy 800-410-8575
OPIPZA FILM	QL= 30 films/30 days; Step Therapy requires trial of two of the following: aripiprazole ODT and aripiprazole oral soln
OPIPZA FILM 10MG	QL= 90 films/30 days; Step Therapy requires trial of two of the following: aripiprazole ODT and aripiprazole oral soln
OPSUMIT TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
OPSYNVI TAB	QL= 1 tab/day; Only available through Accredo 888-773-7376
OPZELURA CREAM	QL= 120 grams/28 days
ORALAIR SL TAB	QL= 30 tabs/30 days
ORENCIA CLICK INJ	QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days
ORGOVYX TAB	QL= 30 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ORIAHNN CAP	QL= 2 caps/day
ORILISSA TAB 150MG	QL= 1 tab/day
ORILISSA TAB 200MG	QL= 2 tabs/day
ORKAMBI GRANULES PACKET	QL= 2 packets/day; Only available through Walgreens 888-347-3416
ORKAMBI TAB	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
ORLADEYO CAP	QL= 28 caps/28 days; Only available through Optime Care 1-888-287-2017
ORLYNVAH TAB	QL= 10 tabs/fill, 6 fills/year; ST req trial of 2: nitrofurantoin, sulfa-trimeth, cephalexin, ciprofloxacin, amox-clav
ORMALVI TAB 50MG	QL= 4 tabs/day; Only available through LeMed 347-913-4656 or Vanscoy 855-826-72
ORSERDU TAB 345MG	QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ORSERDU TAB 86MG	QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
oseltamivir cap 30mg	QL= 40 caps/183 days
oseltamivir cap 45mg	QL= 40 caps/183 days
oseltamivir cap 75mg	QL= 20 caps/183 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
oseltamivir susp	QL= 360ml/183 days
OSPHENA TAB	QL= 1 tab/day
OSPOMYV INJ	QL= 1mL (1 syringe)/180 days
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
OTEZLA XR TAB	QL= 1 tab/day
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	QL= 1 bottle/fill, 2 fills/month; Step Therapy requires trial of neomycin/polymixin/hydrocoritisone otic
OTREXUP INJ 12.5MG/0.4ML	QL= 1.6ml/28 days
OTULFI INJ	QL= 1mL/84 days
OTULFI SYRINGE 45MG/0.5ML	QL= 1 inj/84 days
OTULFI SYRINGE 90MG/ML	QL= 1 inj/84 days
oxcarbazepine er tab 150mg	QL= 1 tab/day
oxcarbazepine er tab 300mg	QL= 1 tab/day
oxcarbazepine er tab 600mg	QL= 4 tabs/day
OXERVATE OPHTH SOLN	QL= 28ml/28 days; Only available through Accredo 800-803-2523
OXYBUTYNIN TAB 2.5MG	QL= 1 tab/day; Step therapy requires trial of: oxybutynin syrup or solifenacin
OXYCODONE ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 80MG	QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
oxycodone/acetaminophen tab 10-325mg	QL= 12 tabs/day
oxycodone/acetaminophen tab 2.5-325mg	QL= 12 tabs/day
oxycodone/acetaminophen tab 5-325mg	QL= 12 tabs/day
oxycodone/acetaminophen tab 7.5-325mg	QL= 12 tabs/day
OXYCONTIN CR TAB	QL= 2 tabs/day; Step therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYMORPHONE ER TAB 10MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 15MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 20MG	QL= 2 tabs/day
oxymorphone ER tab 30mg	QL= 4 tabs/day
OXYMORPHONE ER TAB 40MG	QL= 4 tabs/day
OXYMORPHONE ER TAB 5MG	QL= 2 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
PALYNZIQ INJ	QL= 1 inj/day; Only available through Accredo 800-803-2523
paroxetine cap	QL= 1 cap/day
PAROXETINE SUSP	QL= 900 mL/30 days; ST req trial of 2: SSRI (eg. paroxetine tab, fluoxetine, sertraline) SNRI (eg. venlafaxine)
PAXLOVID PAK	QL= 11 tabs/5 days
PAXLOVID TAB 150-100	QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 12 years or older
PAXLOVID TAB 150-100MG	QL= 20 tabs/90 days, 1 fill/90 days; Covered for members age 12 years or older
PAXLOVID TAB 300-100	QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 12 years or older
PAXLOVID TAB 300-100MG	QL= 30 tabs/90 days, 1 fill/90 days; Covered for members age 12 years or older
pazopanib hcl tab	QL= 120 tabs/30 days
PAZOPANIB TAB 400MG	QL= 60 tabs/30 days
pb-belladonna elixir	QL= 1200ml/30 days
peg 3350/electrolytes soln	Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
PEMAZYRE TAB	QL= 14 tabs/21 days; Only available through Biologics 800-850-4306
penciclovir cream	QL= 5 grams/30 days, Step Therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB
penicillamine tab	QL= 480 tabs/30 days
PENTASA CAP	QL= 8 caps/day; Step Therapy requires trial of APRISO or LIALDA
perampanel tab	QL= 4 tabs/day; ST req trial of 2: levetiracetam, lamotrigine, valproic acid, divalproex, topiramate
PEXEVA TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
PHENELZINE SULFATE TAB	QL= 4 tabs/day
PHEXXI GEL	QL= 180gm/30 days
phospha 250 neutral tab	QL= 8 tabs/day
pirfenidone cap	QL= 3 caps/day
pirfenidone tab 267mg	QL= 9 tabs/day
PIRFENIDONE TAB 534MG	QL= 4 tabs/day
pirfenidone tab 801mg	QL= 3 tabs/day
pitavastatin calcium tab	QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prav OR Simvastatin tabs
PLEGRIDY INJ	QL= 1 kit/28 days
PLEGRIDY PEN INJ	QL= 1 kit/28 days
podofilox gel	QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream
PODOFILOX SOLN	QL= 0.5ml/day
POKONZA POWDER	QL= 60 packets/30 days; ST req trial of 2: KCL sprinkle cap CR 10meq, KCL oral soln KCL 20MEQ packet
POMALYST CAP	QL= 21 caps/28 days; Only available through Walgreens 888-347-3416
PONVORY TAB	QL= 30 tabs/30 days
PONVORY TAB STARTER PACK	QL= 14 tabs/14 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
potassium phosphate monobasic tab	QL= 8 tabs/day
PRADAXA PELLET PACK	QL= 2 packets/day
PRALUENT INJ	QL= 2 inj/28 days
prasugrel tab	QL= 1 tab/day
pravastatin sodium 80mg	QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
pravastatin tab	QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
PRECISION XTRA TEST STRIP	QL= 300 test strips/30 days
pregabalin ER tab	QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln
pregabalin soln	QL= 30ml/day
PRETOMANID TAB	QL= 1 tab/day
PREVYMIS PAK	QL= 1 packet/day
PREZCOBIX TAB	QL= 1 tab/day
PREZISTA SUSP	QL= 400ml/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
PREZISTA TAB	QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
PREZISTA TAB 150MG	QL= 8 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
PREZISTA TAB 75MG	QL= 16 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
PRIMIDONE TAB	QL= 4 tabs/day
PRIMLEV TAB 5-300MG	QL= 13 tabs/day
PROMETHAZINE VC SYRUP	QL= 30ml/day
prucalopride succinate tab	QL= 1 tab/day; Step therapy requires trial of Trulance, Linzess, AND lubiprostone
PULMICORT FLEXHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of ARNUITY, ASMANEX and QVAR
PULMOZYME INH SOLN	QL= 30 ampules/30 days
pyrimethamine tab	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
PYRUKYND TAB	QL= 56 tabs/28 days; Only available through Biologics by McKesson 800-850-4306
PYRUKYND THERAPY PACK	QL= 7 tabs/7 days; Only available through Biologics by McKesson 800-850-4306
PYZCHIVA INJ	QL= 0.5mL/84 days
PYZCHIVA INJ 45MG/0.5ML	QL= 1 inj/84 days
PYZCHIVA INJ 90MG/ML	QL= 1 inj/84 days
QBREXZA PAD	QL= 1 pad/day
QFITLIA INJ	QL= 0.2ml/56 days; Only available through Soleo Health 844-747-3030
QINLOCK TAB	QL= 90 tabs/30 days; Only available through Biologics 800-850-4306
quetiapine tab	QL= 3 tabs/day
QUETIAPINE TAB 150MG	QL= 1 tab/day; Step therapy requires trial of quetiapine 25, 50, 100, 200, 300, or 400mg IR tabs
quetiapine XR tab	QL= 1 tab/day
quinidine sulfate tab	QL= 8 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
QUINIDINE SULFATE TAB 200MG	QL= 8 tabs/day
QUINIDINE SULFATE TAB 300MG	QL= 5 tabs/day
QULIPTA TAB	QL= 30 tabs/30 days
QUVIVIQ TAB	QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate
QVAR REDIHALER	QL= 21.2gm/30 days
RADICAVA ORS SUSP	QL= 70ml/28 days; Only available through Accredo 800-803-2523
RAGWITEK SL TAB	QL= 30 tabs/30 days
RALDESY SOLN	QL= 40ml/day; Req trial of 2: cital- tab/sol, escita- tab/sol, fluox- tab/cap/sol, mirta- tab/ODT, sertr- tab/con
raloxifene tab	QL= 1 tab/day
ranolazine tab	QL= 120 tabs/30 days
rasagiline tab	QL= 1 tab/day
RAYALDEE CAP	QL= 2 caps/day
REBIF INJ	QL= 6ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
REBIF TITRTN INJ PACK	QL= 4.2ml/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
RECORLEV TAB	QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
RELENZA DISKHALER	QL= 1 inhaler/fill, 1 fill/month
RELEUKO INJ	QL= 15 syringes/30 days
RELEXXII ER TAB 18MG	QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
RELEXXII ER TAB 27MG	QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
RELEXXII ER TAB 36MG	QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
RELEXXII ER TAB 54MG	QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
RELISTOR INJ	QL= 0.6ml/day
RELISTOR INJ KIT	QL= 0.6ml/day
RELISTOR TAB	QL= 3 tabs/day
RELYVRIO PAK	QL= 56 packs/28 days; Only available through Accredo 888-773-7376
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
RETACRIT INJ	QL= 4 vials/30 days
RETEVMO CAP 40MG	QL= 3 caps/day; Only available through Lumicera 855-847-3553
RETEVMO CAP 80MG	QL= 2 caps/day; Only available through Lumicera 855-847-3553
RETEVMO TAB	QL= 60 tabs/30 days
RETEVMO TAB 40MG	QL= 90 tabs/30 days
RETIN-A MICRO GEL, RETIN-A MICRO GEL PUMP	QL= 300g/30 days; ST req trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
REVLIMID CAP	QL= 1 cap/day; Only available through Onco360 877-662-6633
REVUFORJ TAB	QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
REXULTI TAB	QL= 1 tab/day
REYATAZ POWDER PACK	QL= 5 packets/day
REYVOW TAB 100mg	QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptar ODT, or sumatriptan
REYVOW TAB 50mg	QL= 4 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptar ODT, or sumatriptan
REZDIFFRA TAB	QL= 30 tabs/30 days; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416
REZLIDHIA CAP	QL= 60 caps/30 days; Only available through Biologics 800-850-4306
REZUROCK TAB	QL= 30 tabs/30 days; Only available through Biologics 800-850-4306
REZVOGLAR INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AN Toujeo or Insulin Glargine U-300
RINVOQ ER TAB	QL= 1 tab/day
RINVOQ ER TAB 45MG	QL= 1 tab/day, 2 fills/year
RINVOQ ORAL SOLN	QL= 360ml/30 days
risedronate tab 30mg	QL= 1 tab/day
risedronate tab 35mg	QL= 4 tabs/28 days
risedronate tab 5mg	QL= 1 tab/day
ritonavir tab	QL= 12 tabs/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
rivaroxaban for susp	QL= 10mL/day
rivaroxaban tab	QL = 60 tabs/30 days
RIVFLOZA INJ	QL= 2 vials/28 days; Only available through CVS Specialty 800-237-2767
rizatriptan ODT	QL= 12 tabs/30 days
rizatriptan tab	QL= 12 tabs/30 days
roflumilast tab	QL= 1 tab/day
ROMVIMZA CAP	QL= 8 caps/28 days; Only available through Biologics 800-850-4306
rosuvastatin tab	QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
rosuvastatin tab 10mg	QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
ROSZET TAB	QL= 1 tab/day; Step Therapy requires trial of rosuvastatin and ezetimibe
ROZLYTREK CAP 100MG	QL= 1 cap/day
ROZLYTREK CAP 200MG	QL= 3 caps/day
ROZLYTREK PAK	QL= 360 packets/30 days
RUBRACA TAB	QL= 4 tabs/day; Only available through Optum 877-445-6874
RUCONEST INJ	QL= 16 vials/30 days; Only available through Accredo 800-803-2523
rufinamide tab	QL= 240 tabs/30 days; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
RUKOBIA ER TAB	QL= 60 tabs/30 days

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
RUZURGI TAB	QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
RYBELSUS TAB	QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB	QL= 4 tabs/day; Step therapy req trial of carbinoxamine 4mg tab
sacubitril-valsartan tab	QL= 60 tabs/30 days
SAMSCA TAB, TOLVAPTAN TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
SANTYL OINT	QL= 90gm/30 days
SAVELLA TAB	QL= 2 tabs/day; Step Therapy requires trial of duloxetine and gabapentin
saxagliptin hcl tab	QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto
saxagliptin-metformin hcl tab er 24hr	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue
SCEMBLIX TAB 100MG	QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
SCEMBLIX TAB 20MG	QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
SCEMBLIX TAB 40MG	QL= 8 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
scopolamine patch	QL= 10 patches/30 days
SECUADO PATCH	QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT
SEGLENTIS TAB	QL= 10 tabs/day; Trial of 3: tramad IR, celecox cap, oxycod tab/cap/sol, hydromorph tab/sol, oxymorph tab, morph sol
SELARSDI INJ	QL= 0.5 mL/84 days
SELARSDI INJ 45MG/0.5ML	QL= 1 inj/84 days
SELARSDI INJ 90MG/ML	QL= 1 inj/84 days
selegiline tab	QL= 2 tabs/day
SELZENTRY SOLN	QL= 31ml/day
SELZENTRY TAB 150MG	QL= 2 tabs/day
SELZENTRY TAB 25MG	QL= 4 tabs/day
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
SEREVENT DISKUS INHALER	QL= 1 inhaler/30 days
SERNIVO SPRAY	QL= 200 ml/30 days; Step Therapy requires trial of 2 med potency steroids: betamethasone (crm, lot), desonide oint, mometasone, or triamcinolone
sertraline hcl cap	QL= 30 caps/30 days; Step therapy requires trial of sertraline tab
SFROWASA ENEMA	QL= 60 mL/day
SIGNIFOR INJ	QL= 2 vials/day; Only available through Accredo 800-803-2523
sildenafil susp	QL= 224ml/30 days
sildenafil tab 20mg	QL= 3 tabs/day
SILIQ INJ	QL= 4 inj/28 days

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SIMCOR TAB	QL= 1 tab/day
SIMLANDI 1-PEN KIT	QL= 1 inj/28 days
SIMLANDI INJ	QL= 2 inj/28 days
SIMLANDI KIT	QL= 2 inj/28 days
SIMLANDI KIT (adalimumab-ryvk)	QL= 2 inj/28 days
SIMPONI SC INJ	QL= 1 inj/28 days
SIMVASTATIN SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
simvastatin tab 5mg, 10mg, 20mg, 40mg	QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
simvastatin tab 80mg	QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
SITAGLIPTIN/METFORMIN TAB	QL= 2 tabs/day
SITAVIG TAB	QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir
SIVEXTRO TAB	QL= 6 tabs/fill
SKYCLARYS CAP 50MG	QL= 90 caps/30 days; Only available through Biologics 800-850-4306
SKYRIZI 180MG/1.2ML CARTRIDGE	QL= 1 cartridge/56 days
SKYRIZI INJ	QL= 1 cartridge/56 days
SKYRIZI INJ 150MG/ML	QL= 1 syringe/84 days
SKYRIZI PEN 150MG/ML	QL= 1 pen/84 days
SKYTROFA INJ	QL= 4 inj/28 days
SKYTROFA INJ 0.7MG	QL= 4 inj/28 days; Only available through Lumicera 855-847-3553
SKYTROFA INJ 1.4MG	QL= 4 inj/28 days; Only available through Lumicera 855-847-3553
SKYTROFA INJ 1.8MG	QL= 4 inj/28 days; Only available through Lumicera 855-847-3553
SKYTROFA INJ 2.1MG	QL= 4 inj/28 days; Only available through Lumicera 855-847-3553
SKYTROFA INJ 2.5MG	QL= 4 inj/28 days; Only available through Lumicera 855-847-3553
SOAANZ TAB	QL= 5 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab
SOAANZ TAB 60MG	QL= 3 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab
SODIUM OXYBATE SOLN, XYREM SOLN	QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-368
sodium sulfacetamide lotion	QL= 354mL/30 days
SOFDRA GEL	QL= 40.2 mL/30 days; Only available through Lombard Pharmacy 630 495-2333
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day
SOGROYA INJ	QL= 6ml/28 days
SOHONOS CAP	QL= 30 caps/30 days; Only available through CVS Specialty 800-237-2767
solifenacin tab	QL= 1 tab/day
sorafenib tosylate tab	QL= 4 tabs/day
SOTYKTU TAB	QL= 1 tab/day
SOVALDI TAB	QL= 28 tabs/28 days
SPEVIGO INJ	QL= 2 mL/28 days; Only available through Accredo 888-773-7376
SPIKEVAX INJ	QL= 1 dose/24 days

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SPINOSAD SUSP	QL= 1 bottle/fill, 1 fill/month
SPIRIVA HANDIHALER	QL= 1 cap/day; For use with Handihaler device
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	QL= 1 inhaler/30 days
spironolactone susp	QL= 600ml/30 days; ST req trial of furosemide oral soln
SPRAVATO NASAL SOLN	QL= 4 kits/28 days; Only available through Walgreens 888-347-3416
STAHIST AD TAB 25-60MG	QL= 4 tabs/day
STARJEMZA INJ	QL= 0.5mL/84 days
STARJEMZA PFS INJ 45MG/0.5ML	QL= 0.5mL/84 days
STARJEMZA PFS INJ 90MG/ML	QL= 1 mL/84 days
stavudine cap	QL= 2 caps/day
STELARA INJ	QL= 1 inj/84 days
STEQEYMA INJ 45MG/0.5ML	QL= 1 inj/84 days
STEQEYMA INJ 90MG/ML	QL= 1 inj/84 days
STIMUFEND INJ	QL = 1.2 units/28 days; Only available through Walgreens 888-347-3416
STIOLTO INHALER	QL= 1 inhaler/30 days
STIVARGA TAB	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
STOBOCLO INJ	QL= 1 mL/180 days
STRIANT FILM	QL= 60 films/30 days
STRIBILD TAB	QL= 1 tab/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; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
sumatriptan tab	QL= 9 tabs/30 days
sumatriptan vial inj	QL= 4 mL/30 days; ST req trial of 2: naratriptan tab, rizatriptan tab/ODT, zolmitriptan tab, or sumatriptan tab
sunitinib malate cap	QL= 28 caps/42 days
SUNOSI TAB 150MG	QL= 1 tab/day
SUNOSI TAB 75MG	QL= 2 tabs/day
SYMBRAVO TAB	QL= 1 tab/day; ST req trial of meloxicam tab AND all of the following triptans: riza-, suma-, nara-, zolmi-
SYMDEKO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
SYMPROIC TAB	QL= 30 tabs/30 days
SYNAGIS INJ	QL= 2 inj/28 days
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TABLOID TAB	QL= 4 tabs/day
TABRECTA TAB	QL= 112 tabs/28 days
tadalafil tab	QL= 1 tab/day
tadalafil tab (PAH)	QL= 2 tabs/day
TADLIQ SUSP	QL= 10ml/day
TAFINLAR CAP	QL= 4 caps/day
TAFINLAR TAB	QL= 12 tabs/day
tafluprost preservative free (pf) ophth soln	QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln
TAGRISSO TAB	QL= 1 tab/day
TAKHZYRO INJ	QL= 2 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
TALICIA CAP	QL= 168 caps/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole)
TALTZ INJ	QL= 1 inj/28 days
TALTZ INJ 20MG/0.25ML	QL= 1 inj/28 days
TALTZ INJ 40MG/0.5ML	QL= 1 inj/28 days
TALZENNA CAP	QL= 1 cap/day; Only available through Walgreens 888-347-3416
TARPEYO CAP	QL= 120 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479
TASCENSO ODT TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
TAVALISSE TAB	QL= 2 tab/day; Only available through Biologics 800-850-4306
TAVNEOS CAP	QL= 180 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479
tazarotene gel 0.05%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream
tazarotene gel 0.1%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream
TAZVERIK TAB	QL= 8 tabs/day; Only available through Onco360 877-662-6633
TECHNIVIE TAB	QL= 1 pack/28 days; Only available through Walgreens 888-347-3416
TEGSEDI INJ	QL= 4 inj/28 days; Only available through Accredo 800-803-2523
TELMISARTAN/AMLODIPINE TAB	QL= 1 tab/day; Step therapy requires trial of amlodpine-olmesartan OR amlodipine-valsartan
tenofovir disoproxil fumarate tab	QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
TEPMETKO TAB	QL= 60 tabs/30 days; Only available through Biologics 800-850-4306
teriflunomide tab	QL= 30 tabs/30 days
teriparatide (recombinant) soln pen-inj 560mcg/2.24ml	QL= 2.24 mL/28 days
teriparatide inj 560mcg/2.24ml	QL= 2.24 ml/28 days
testosterone cypionate inj	QL= 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

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 150g/30 days
TESTOSTERONE GEL PUMP, VOGELXO GEL PUMP	QL= 300g/30 days
TESTOSTERONE GEL, VOGELXO GEL	QL= 2 packets/day
TESTOSTERONE INJ	QL= 4 vials/28 days
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ	QL= 1 vial/28 days
TETRACYCLINE TAB	QL= 4 tabs/day; ST req trial of tetracycline caps followed by minocycline IR OR doxycycline monohydrate
TEZRULY SOLN	QL= 20ml/day; ST req trial of terazosin capsules
TEZSPIRE INJ	QL= 1 pen/30 days
TEZSPIRE SOLN	QL= 1 syringe/30 days
THALOMID CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
THEOPHYLLINE TAB ER	QL= 1 tab/day
THIOLA EC TAB	QL= 8 tabs/day; Only available through Eversana 636-519-2400
thioridazine hcl tab	QL= 8 tabs/day
tiagabine tab 12mg	QL= 4 tabs/day
tiagabine tab 16mg	QL= 3 tabs/day
tiagabine tab 2mg	QL= 4 tabs/day
tiagabine tab 4mg	QL= 4 tabs/day
TIBSOVO TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ticagrelor tab	QL= 2 tabs/day
timolol maleate preservative free ophth soln	QL= 2ml/day
timolol ophth soln	QL= 10ml/30 days
tiopronin tab	QL= 8 tabs/day; Only available through Eversana 636-519-2400
tiopronin tab delayed release	QL= 8 tabs/day
tiotropium bromide cap inhaler	QL= 1 cap/day; For use with Handihaler device
TIVICAY PD TAB	QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
TIVICAY TAB	QL= 180 tabs/30 days; No deductible, coinsurance or other UM edits when used for PEP / PrEP
tolterodine SR cap	QL= 1 cap/day
tolvaptan tab	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
tolvaptan tab 15mg	QL= 1 tab/day; Only available through Walgreens 888-347-3416
tolvaptan tab therapy pack	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
TONMYA SUB	QL= 60 tabs/30 days; ST req trial of cyclobenzaprine 5mg/10mg AND trial of 3: duloxe venlafax, gabapn, pregab, amitrip
topiramate cap er 200mg	QL= 2 caps/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle (generic Qudexy XR)
topiramate er cap	QL= 1 cap/day; ST requires trial of topiramate IR followed by topiramate ER sprinkle* (generic Qudexy XR)

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
topiramate ER cap 100mg	QL= 1 cap/day; Step Therapy requires trial of topiramate IR
topiramate ER cap 150mg	QL= 2 caps/day; Step Therapy requires trial of topiramate IR
topiramate ER cap 200mg	QL= 2 caps/day; Step Therapy requires trial of topiramate IR
topiramate ER cap 25mg	QL= 1 cap/day; Step Therapy requires trial of topiramate IR
topiramate ER cap 50mg	QL= 1 cap/day; Step Therapy requires trial of topiramate IR
topiramate oral soln	QL= 480mL/30 day; Step therapy requires trial of topiramate sprinkle caps
topiramate sprinkle cap 50mg	QL= 8 cap/day; Step therapy requires trial of topiramate 15mg/25mg sprinkle cap
TOUJEO MAX SOLOSTAR INJ	QL= 18ml/30 days
TOUJEO SOLOSTAR INJ	QL= 18ml/30 days
TRACLEER TAB	QL= 4 tabs/day; Only available through Accredo 800-803-2523
TRADJENTA TAB	QL= 1 tab/day
TRAMADOL HCL ER TAB 100MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
TRAMADOL HCL ER TAB 200MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
TRAMADOL HCL ER TAB 300MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
TRAMADOL HCL TAB	QL= 30 tabs/30 days
tramadol hcl tab 100mg	QL= 4 tabs/day
TRAMADOL HCL TAB 75MG	QL= 30 tabs/30 days; Step Therapy requires trial of tramadol 50mg tab or tramadol 100mg tab
tranexamic acid tab	QL= 180 tabs/30 days
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= 1ml/56 days
TREMFYA INJ CROHNS INDUCTION PAC	QL= 12 mL/year
TRESIBA FLEXTOUCH INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AN Toujeo or Insulin Glargine U-300
TRESIBA INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn AN Toujeo or Insulin Glargine U-300
tretinoin cream	QL= 360g/30 days
tretinoin gel	QL= 360g/30 days
TRETIN-X CREAM	QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream
TREXIMET TAB	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
TRIHEXYPHENIDYL SOLN	QL= 946ml/28 days
TRIKAFTA TAB	QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416
TRIKAFTA THERAPY PACK	QL= 56 packets/28 days; Only available through Walgreens 888-347-3416
trilyte soln	Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
TRINTELLIX TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
triprolidine/pseudoephedrine tab 2.5-60 mg	QL= 4 tabs/day
trispec pse liquid	QL= 1200ml/30 days
TRIUMEQ PD TAB	QL= 6 tabs/day
TRIUMEQ TAB	QL= 1 tab/day

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
trospium chloride SR cap	QL= 1 cap/day; Step therapy requires trial of 3: oxybutynin IR/ER, tolterodine IR, trospium IR/ER, solifenacin
TRUDHESA NASAL SPRAY	QL= 8ml/28 days; Step therapy requires trial of 2: dihydroergotamine mesylate, sumatriptan tab, rizatriptan, naratriptan
TRULANCE TAB	QL= 30 tabs/30 days
TRULICITY INJ	QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
TRUQAP TAB	QL= 64 tabs/28 days
TRUQAP THERAPY PACK	QL= 64 tabs/28 days
TRUSELTIQ PACK 100MG	QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246
TRUSELTIQ PACK 175MG	QL= 63 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246
TRUSELTIQ PACK 50MG, 125MG	QL= 42 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246
TRYNGOLZA INJ	QL= 0.8ml/30 days; Only available through PantheRx Pharmacy 855-726-8479
TRYVIO TAB	QL= 30 tabs/30 days; Only available through Walgreens 888-347-3416
TUKYSA TAB	QL= 120 tabs/30 days; Only available through Biologics 800-850-4306
TURALIO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
tussin cf liquid	QL= 1200ml/30 days
TYENNE INJ	QL= 1.8ml/28 days
TYMLOS INJ	QL= 1.56 units/30 days
TYRVAYA SOLN	QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis)
TYVASO DPI POWDER 16-32-48MCG	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER 16-32MCG	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER 32-48MCG	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO 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
UDENYCA INJ	QL= 2 syringes/28 days
UPNEEQ SOLN	QL= 30 droppers/30 days
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
USTEKINUMAB INJ 45MG/0.5ML	QL= 0.5 mL/84 days
USTEKINUMAB INJ 90MG/ML	QL= 1 mL/84 days
USTENKINUMAB-AEKN 45MG/0.5ML	QL= 0.5 mL/84 days
USTENKINUMAB-AEKN 90MG/ML	QL= 1.0 mL/84 days
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Accredo 800-803-2523
valsartan oral soln	QL= 2400mL/30 day
VALTOCO NASAL SPRAY	QL= 5 doses/fill, 4 fills/month
vancomycin cap 125mg	QL= 56 caps/30 days
vancomycin cap 250mg	QL= 112 caps/30 days

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
vancomycin hcl for oral soln 25mg/ml	QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin via for compounded oral solution
vancomycin hcl for oral soln 50mg/ml	QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin via for compounded oral solution
VANFLYTA TAB	QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
VANRAFIA TAB	QL= 30 tabs/30 days; Only available through CareMed 877-662-6633
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
VELPHORO CHEW TAB	QL= 6 tabs/day
VELSIPITY TAB	QL= 30 tabs/30 days
VELTASSA POWDER	QL= 1 packet/day; ST req trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ metolazone AND Lokelma
VELTASSA POWDER 1GM	QL= 4 packets/day; ST req trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma
VEMLIDY TAB	QL= 1 tab/day
VENLAFAXINE TAB	QL= 2 tabs/day; Step therapy requires trial of venlafaxine ER HCL cap/tab
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 800-803-2523
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler
VEOZAH TAB	QL= 30 tabs/30 days; ST requires trial of 2: parox, escital, venlafax, desven AND trial 1: gabapen, pregab, clonidine
VERAPAMIL CAP ER	QL= 1 cap/day; Step requires trial of verapamil ER tablets (generic Calan) AND diltiazem ER capsules
VERAPAMIL ER CAP	QL= 1 cap/day; Step requires trial of verapamil ER tablets (generic Calan) AND diltiazem ER capsules
VERKAZIA EMULSION 0.1% OPHTH	QL= 4 vials/day, 6 fills/year; ST requires trial of 1: fluorometholone ophth, dexamethasone ophth, prednisolone ophth or loteprednol ophth
VERZENIO TAB	QL= 2 tabs/day
VESICARE LS SUSP	QL= 2 bottles/30 days; Step Therapy requires trial of oxybutynin IR/ER and solifenacin tabs
VEVYE DROP 0.1%	QL= 6ml/30 days; ST req trial of cyclosporine ophthalmic emulsion
V-GO INJ KIT	QL= 1 kit/day
VIDEX SOLN	QL= 600ml/30 days
VIEKIRA PAK TAB	QL= 4 tabs/day; Only available through Lumicera 855-847-3553
VIEKIRA XR TAB	QL= 3 tabs/day; Only available through Lumicera 855-847-3553
vigabatrin powder pack	QL= 6 packs/day; Only available through PantheRx 855-726-8479
vigabatrin tab	QL= 6 tabs/day; Only available through Lumicera 855-847-3553
VIGAFYDE SOLN	QL= 750ml/30 days; Only available through AnovoRx 844-288-5007
VIJOICE GRANULES PACKET	QL= 1 packet/day; Only available through Biologics 800-850-4306
VIJOICE TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306
vilazodone hcl tab	QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
VIREAD TAB	QL= 1 tab/day; No deductible, coinsurance or other UM edits when used for PEP / PrEP
VITRAKVI CAP 100MG	QL= 2 caps/day; Only available through Accredo 888-773-7376
VITRAKVI CAP 25MG	QL= 8 caps/day; Only available through Accredo 888-773-7376
VITRAKVI SOLN	QL= 10ml/day; Only available through Accredo 888-773-7376
VIVJOA CAP	QL= 18 caps/84 days; Only available through Walgreens 888-347-3416
VIVLODEX CAP	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
VIZIMPRO TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
VONJO CAP	QL= 120 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
VOQUEZNA DUAL PAK	QL= 1 pack/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole)
VOQUEZNA TRIP PAK	QL= 1 pack/14 days; ST req trial of generic bismuth/metron/tetracycline AND Omeclamox (amox-clarith-omeprazole)
VORANIGO TAB	QL= 30 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
VORANIGO TAB 10MG	QL= 60 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
VOSEVI TAB	QL= 1 tab/day
VOTRIENT TAB	QL= 120 tabs/30 days
VOWST CAP	QL= 12 caps/30 days; Only available through Orsini Pharmacy 800-410-8575
VOXZOGO INJ	QL= 30 vials/30 days; Only available through Accredo 800-803-2523
VOYDEYA TAB	QL= 180 tabs/30 days; Only available through Onco360 877-662-6633
VOYDEYA TAB THERAPY PACK	QL= 180 tabs/30 days; Only available through Onco360 877-662-6633
VRAYLAR CAP	QL= 1 cap/day
VRAYLAR PACK	QL= 2 packs/plan year
VTAMA CREAM	QL= 60 grams/30 days
VUMERITY CAP	QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
VYLEESI INJ	QL= 2.4 ml/28 days
VYNDAMAX CAP	QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
VYNDAQEL CAP	QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
VYSCOXA SUSP	QL= 840 mL/21 days; ST req trial of celecoxib cap [can be opened/sprinkled], ibuprofe susp, and naproxen susp
VYVANSE CHEW TAB	QL= 1 tab/day
VYVGART HYTRULO INJ	QL= 20mL/28 days; Only available through Walgreens 888-347-3416
VYZULTA SOLN	QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost followed by 1: travopros bimatoprost 0.03%, or tafluprost
WAINUA INJ	QL= 0.8ml/28 days; Only available through Orsini 800-410-8575
WAKIX TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
WEGOVY INJ	QL= 2 mL/28 days; Excluded for weight loss
WEGOVY INJ 1.7MG	QL= 3 mL/28 days; Excluded for weight loss
WEGOVY INJ 2.4MG	QL= 3 mL/28 days; Excluded for weight loss
WELIREG TAB	QL= 90 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
WEZLANA INJ	QL = 0.5ml/84 days; Only available through Optum 877-445-6874
WEZLANA SYRINGE 45MG/0.5ML	QL = 0.5ml/84 days; Only available through Optum 877-445-6874
WEZLANA SYRINGE 90MG/ML	QL = 1ml/84 days; Only available through Optum 877-445-6874
WINREVAIR INJ	QL= 1 kit/21 days; Only available through Accredo 800-803-2523 or Caremark/CVS Specialty 800-378-0695
XACIATO GEL	QL= 25 grams/30 days; Trial of 2: metronidazole gel, clindamycin vaginal cream AND trial of 1: metronid tab or clinda cap
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	QL= 60 tabs/30 days
XARELTO TAB 10MG	QL= 30 tabs/30 days
XARELTO TAB 15MG	QL= 60 tabs/30 days
XARELTO TAB 20MG	QL= 30 tabs/30 days
XARTEMIS XR TAB	QL= 12 tabs/day
XCOPRI TAB 25MG	QL= 1 tab/day
XDEMVY DROP	QL= 10ml/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
XELSTRYM PAD	QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER methylphen ER 27/36/54 (non-OSM)
XENLETA TAB	QL= 10 tabs/fill, 1 fill/month
XEPI CREAM	QL= 30gm/30 days
XERMELO TAB	QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Biologics 800-850-4306
XIFAXAN TAB 200MG	QL= 9 tabs/fill, 2 fills/month
XIFAXAN TAB 550MG	QL= 2 tabs/day
XIGDUO XR TAB	QL= 1 tab/day
XIGDUO XR TAB 2.5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	QL= 1 tab/day
XOLAIR INJ	QL= 1 vial/28 days
XOLAIR INJ 150MG/1ML	QL= 1ml/28 days

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XOLAIR INJ 150MG/ML	QL= 1ml/28 days
XOLAIR INJ 300MG/2ML	QL= 2ml/28 days
XOLAIR INJ 75MG/0.5ML	QL= 0.5ml/28 days
XOLREMDI CAP	QL= 60 caps/20 days; Only available through PantheRx 855-726-8479
XOSPATA TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306
XPHOZAH TAB	QL= 60 tabs/30 days; Only available through Walgreens 888-347-3416
XPOVIO PAK 10MG	QL= 16 tabs/28 days; Only available through Onco360 877-662-6633
XPOVIO TAB	QL= 32 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
XTANDI CAP	QL= 4 caps/day
XTANDI TAB 40MG	QL= 4 tabs/day
XTANDI TAB 80MG	QL= 2 tabs/day
XYOSTED INJ	QL= 4ml/28 days
YESINTEK INJ	QL= 1 vial/84 days
YESINTEK INJ 45MG/0.5ML	QL= 1 inj/84 days
YESINTEK INJ 90MG/ML	QL= 1 inj/84 days
YONSA TAB	QL= 4 tabs/day
YORVIPATH INJ 168 MCG/0.56ML	QL= 1.12ml/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575
YORVIPATH INJ 294 MCG/0.98ML	QL= 1.96ml/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575
YORVIPATH INJ 420 MCG/1.4ML	QL= 2.80ml/28 days; Only available through PantheRx 855-726-8479 or Orsini 800-410-8575
YUFLYMA 2SYR KIT 40MG/0.4ML	QL= 2 inj/28 days
YUFLYMA KIT 40MG/0.4ML	QL= 2 inj/28 days
YUFLYMA KIT 80MG/0.8ML	QL= 2 syringes/28 days
YUSIMRY INJ 40MG/0.8ML	QL= 2 inj/28 days
YUTREPIA CAP	QL= 5 caps/day
zaleplon cap	QL= 2 caps/day
ZANAFLEX CAP	QL= 4 caps/day; ST req trial of tizanadine tabs (2,4,6mg) and 2 of: cyclobenzaprine, methocarbamol, orphenadrine
ZARXIO INJ	QL= 15 syringes/30 days
ZARXIO INJ 480/0.8	QL= 15 syringes/30 days
ZAVZPRET SPRAY	QL= 6 sprays/30 days; ST req trial of 2 oral triptan (sumatriptan, naratriptan, rizatripta followed by sumatriptan nasal
ZECUITY PAD	QL= 4 pads/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatripta ODT, or sumatriptan
ZEJULA CAP	QL= 30 caps/30 days; Only available through Optum 877-445-6874
ZEJULA TAB	QL= 1 tab/day; Only available through Optum 877-445-6874
ZELBORAF TAB	QL= 8 tabs/day
ZELSUVMI GEL	QL= 31g/30 days
ZEPATIER TAB	QL= 1 tab/day
ZEPBOUND INJ	QL= 2mL/28 days; Excluded for Weight Loss

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
zephrex-d tab 30mg	QL= 240 tabs/30 days
ZEPOSIA CAP	QL=30 caps/30 days
ZEPOSIA STARTER PACK	QL= 37 caps/37 days
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
ZIEXTENZO INJ	QL= 1.2 units/28 days
ZILBRYSQ INJ 16.6MG/0.416ML	QL= 11.65ml/28 days; Only available through PantheRx Pharmacy 855-726-8479
ZILBRYSQ INJ 23MG/0.574ML	QL= 16.07ml/28 days; Only available through PantheRx Pharmacy 855-726-8479
ZILBRYSQ INJ 32.4MG/0.81ML	QL= 22.68ml/28 days; Only available through PantheRx Pharmacy 855-726-8479
zileuton ER tab	QL= 2 tabs/day
ZILXI FOAM	QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
ZIMHI SOLN	QL= 2 syringes/fill, 2 fills/30 days; Step therapy requires trial of 2: naloxone nasal spray, naloxone inj
ziprasidone cap	QL= 2 caps/day
ZITUVIMET XR TAB	QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR Jentaduetc
ZITUVIO TAB	QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentaduet
zolmitriptan nasal spray	QL= 6 sprays/30 days; ST req trial of 2: nara tab, riza tab/ODT, zolm tab, suma tab FOLLOWED BY suma nasal
zolmitriptan tab	QL= 9 tabs/30 days
ZOLPIDEM CAP	QL= 1 cap/day; ST requires trial of zolpidem tab AND Trial of 1: eszopiclone, zaleplon zolpidem ER or zolpidem SL
zolpidem ER tab	QL= 1 tab/day
zolpidem er tab 6.25mg	QL= 2 tabs/day
zolpidem tab	QL= 1 tab/day
zolpidem tab 5mg	QL= 2 tabs/day
zolpidem tartrate SL tab	QL= 1 tab/day
ZOMIG SPRAY	QL= 6 sprays/fill, 2 fills/30 days
ZONISADE SUSP	QL= 900ml/30 days
ZORYVE CREAM	QL= 60 grams/30 days; Step therapy requires trial of calcipotriene cream/oint/soln AN topical tacrolimus oint
ZORYVE CREAM 0.05%	QL= 60 grams/30 days; ST req trial of tacrolimus oint
ZORYVE CREAM 0.15%	QL= 60g/30 days; ST req trial of tacrolimus oint
ZORYVE FOAM 0.3%	QL= 60g/30 days; Step Therapy requires trial of 1 topical steroid (e.g. clobetasol) and topical calcineurin inhibitor (e.g. tacro)
ZTALMY SUSP	QL= 1100ml/30 days; Only available through Orsini Pharmacy 800-410-8575
ZUNVEYL TAB	QL= 2 tabs/day; ST req trial of generic galantamine tab/cap
ZURAMPIC TAB	QL= 1 tab/day
ZURZUVAE CAP 20MG	QL= 28 caps/14 days, 1 fill/365 days
ZURZUVAE CAP 25MG	QL= 28 caps/14 days, 1 fill/365 days
ZURZUVAE CAP 30MG	QL= 14 caps/14 days, 1 fill/365 days

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ZYFLO TAB	QL= 4 tabs/day
ZYKADIA CAP	QL= 3 caps/day
ZYKADIA TAB	QL= 3 tabs/day
ZYMFENTRA INJ	QL= 2 pens/28 days

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Nondiscrimination notice

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

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

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

If you need any of the above, call:

888-217-2363 (TDD/TTY 711)

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

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

Scott White coordinates our nondiscrimination work:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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