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

Moda Large Group Commercial Formulary
Alphabetical Index
Last Updated 3/1/2024

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)	QL	Select	ANTIVIRALS
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
ABECMA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABILIFY MAINTENA INJ	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE PACK (QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics)	QL-ST	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE TAB (QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics)	QL-ST	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABRAXANE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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)	QL-VAC	Preventive	VACCINES
ABSORICA CAP (Step Therapy requires trial of amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, or zenatane cap)	ST	Non-Preferred Brands	DERMATOLOGICALS
ABSORICA LD CAP (QL= 2 caps/day)	QL	Non-Preferred Brands	DERMATOLOGICALS
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	Non-Preferred Brands	ANALGESICS - OPIOID
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

NC =Not Covered

AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
PA	Prior Authorization	QL	Quantity Limit
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
VAC	Vaccine Program		

generic =small letters

BRANDS =CAPITAL LETTERS

LD	Limited Distribution
OTC	Over-the-Counter
RDX	Restricted to Diagnosis
ST	Step Therapy

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Drug Name	Special Code	Tier	Category
ACCRUFER CAP	-	EXC	HEMATOPOIETIC AGENTS
ACCURETIC TAB	-	Non-Preferred Brands	ANTIHYPERTENSIVES
acebutolol cap (SECTRAL equiv)	-	Select	BETA BLOCKERS
ACETAMINOPHEN W/ DM LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB (QL= 10 tabs/day)	QL	High Cost Generics	ANALGESICS - OPIOID
acetaminophen/codeine soln	-	Select	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	Select	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	Preferred Brands	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	Select	MIGRAINE PRODUCTS
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
acetylcysteine soln (MUCOMYST equiv)	-	Select	COUGH/COLD/ALLERGY
ACIOXIA GEL	-	EXC	DERMATOLOGICALS
ACIPHEX SPRINKLE CAP (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
ACIPHEX TAB (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
acitretin cap (SORIATANE equiv) (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	High Cost Generics	DERMATOLOGICALS
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
ACTHAR HP GEL INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHAR INJ 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTICLATE TAB (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Non-Preferred Brands	TETRACYCLINES
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ANTINEOPLASTICS
ACTINEL LIQUID (QL= 1200ml/30 days)	QL	Preferred Brands	COUGH/COLD/ALLERGY

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ACTINEL PEDIATRIC LIQUID (QL= 2400ml/30 days)	QL	Non-Preferred Brands	COUGH/COLD/ALLERGY
ACTIQ LOZENGE (QL= 120 lozenges/30 days)	PA-QL	Non-Preferred Brands	ANALGESICS - OPIOID
ACTONEL TAB 150MG (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTONEL TAB 30MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTONEL TAB 35MG (QL= 4 tabs/28 days)	QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTONEL TAB 5MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTOPLUS MET TAB	-	Non-Preferred Brands	ANTIDIABETICS
ACTOPLUS MET XR TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands	ANTIDIABETICS
ACULAR (LS) OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
ACUVAIL OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
ACYCLONINE MUM AERO POWDER	-	EXC	MOUTH/THROAT/DENTAL AGENTS
acyclovir cap (ZOVIRAX equiv)	-	Select	ANTIVIRALS
acyclovir cream (ZOVIRAX equiv)	-	High Cost Generics	DERMATOLOGICALS
acyclovir oint (ZOVIRAX OINT equiv)	-	High Cost Generics	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	Select	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	Select	ANTIVIRALS
ACZONE GEL 5% (QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
ACZONE GEL 7.5% (QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
ADACEL/BOOSTRIX INJ	VAC	Preventive	TOXOIDS
ADALIMUMAB-ADAZ INJ 40MG/0.4ML, HYRIMOZ INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
adapalene cream (DIFFERIN equiv) (QL= 360g/30 days)	QL	Select	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv)	OTC	EXC	DERMATOLOGICALS
adapalene gel 0.3% (DIFFERIN equiv) (QL= 360g/30 days)	QL	Select	DERMATOLOGICALS

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ADAPALENE SOLN (QL= 360mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	EXC	DERMATOLOGICALS
ADAPALENE/BENZOYL PEROXIDE PAD	-	EXC	DERMATOLOGICALS
ADAPALENE/BENZOYL PEROXIDE/NIACINAMIDE GEL	-	EXC	DERMATOLOGICALS
adapalene-benzoyl peroxide gel 0.3-2.5% (EPIDUO equiv)	-	EXC	DERMATOLOGICALS
ADAZIN CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
ADBRY INJ (QL= 4 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
ADDERALL TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADDERALL XR CAP	-	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADDERALL XR CAP 10MG (QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADDERALL XR CAP 15MG (QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADDERALL XR CAP 20MG (QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADDERALL XR CAP 30MG (QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADDERALL XR CAP 5MG (QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADDYI TAB	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day)	AMSP-QL	Generic Specialty	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
ADENOCAINE INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.
ADHANSIA XR CAP 25MG (QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADHANSIA XR CAP 35MG (QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADHANSIA XR, JORNAY PM (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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ADLARITY PATCH (QL= 1 patch/7 days; Step therapy requires trial of donepezil tab OR donepezil ODT)	QL-ST	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ADLYXIN INJ (QL= 6ml/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands	ANTIDIABETICS
ADMELOG INJ, INSULIN LISPRO INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) (QL= units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
ADRENACLICK INJ, EPINEPHRINE INJ	-	Non-Preferred Brands	VASOPRESSORS
ADRENALIN INJ	-	Non-Preferred Brands	VASOPRESSORS
ADRENALIN NASAL SOLN	-	Non-Preferred Brands	NASAL AGENTS - SYSTEMIC AND TOPICAL
ADSTILADRIN SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ADUHELM INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ADULT BARRIER OINT	-	EXC	DERMATOLOGICALS
ADVAIR DISKUS INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR HFA, DULERA, BREO ELLIPTA and fluticasone/salmeterol, wixela)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVICOR TAB 1000-20MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ADVICOR TAB 500-20MG, 1000-40MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ADVICOR TAB 750-20MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ADVIL COLD/ TAB SINUS (QL= 240 tabs/30 days)	QL	Select	COUGH/COLD/ALLERGY
ADVIL COLD/SINUS CAP	-	EXC	COUGH/COLD/ALLERGY
ADVIL DUAL TAB ACTION	OTC	EXC	ANALGESICS - ANTI-INFLAMMATORY
ADZENYS ER SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADZENYS XR TAB (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADZYNMA KIT	-	EXC	HEMATOLOGICAL AGENTS - MISC.

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AEMCOLO TAB (QL= 12 tabs/fill, 2 fills/month)	QL	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
AEROCHAMBER (QL= 1 device/365 days)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
AFINITOR DISPERZ TAB (QL= 1 tab/day; Step therapy requires trial of everolimus tab for oral susp)	AMSP-PA-QL-SF-ST	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB (QL= 1 tab/day; Step therapy requires trial of everolimus tab)	AMSP-PA-QL-SF-ST	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ	VAC	Preventive	VACCINES
AFLURIA INJ, FLUZONE INJ	VAC	Preventive	VACCINES
AFREZZA INH POWDER (QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
AFREZZA INH POWDER (QL= 360 inhalations/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
AFREZZA INH POWDER (QL= 630 inhalations/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
AFRIN CHILD NASAL SOLN	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AFSTYLA KIT (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
AGAMREE SUSP (QL= 225ml/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	CORTICOSTEROIDS
age shield lotion (CERAVE equiv)	-	EXC	DERMATOLOGICALS
AGGRASTAT INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
AIMOVIG INJ (QL= 1 pack/28 days)	AMSP-PA-QL	Non-Preferred Specialty	MIGRAINE PRODUCTS
AIRDUO POWDER INHALER W/SENSOR (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR HFA, DULERA, BREO ELLIPTA and fluticasone/salmeterol, wixela)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AIRDUO RESPICLICK (QL= 1 inhaler/30 days, Step Therapy requires trial of ADVAIR HFA, DULERA, BREO ELLIPTA and fluticasone/salmeterol, wixela)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty	MIGRAINE PRODUCTS
AKEEGA TAB (QL= 60 tablets/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AKLIEF CREAM (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS

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AKTEN OPHTH GEL	-	Non-Preferred Brands	OPHTHALMIC AGENTS
AKYNZEO CAP (QL= 1 cap/28 days; Step Therapy requires trial of aprepitant, granisetron, or ondansetron)	QL-ST	Non-Preferred Brands	ANTIEMETICS
ALAHIST DM LIQ	OTC	EXC	COUGH/COLD/ALLERGY
ALAHIST DM LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
ALAMAX CR TAB	-	EXC	ALTERNATIVE MEDICINES
ALA-SCALP LOTION	-	EXC	DERMATOLOGICALS
ALASKA WILD CAP FISH OIL	-	EXC	NUTRIENTS
ALBUKED INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
ALBUTEROL 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
ALBUTEROL TAB ER	-	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	Select	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	Select	DERMATOLOGICALS
ALCOHOL SWABS	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ALDARA CREAM 5% (QL= 24gm/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
ALECENSA CAP (QL= 8 caps/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv) (QL= 300ml/28 days)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	Value	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	Value	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALEVICYN SOLN DERMAL	-	Non-Preferred Brands	DERMATOLOGICALS
ALFERON-N INJ	-	EXC	ANTINEOPLASTICS
alfuzosin SR tab (UROXATRAL equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS

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Drug Name	Special Code	Tier	Category
ALIMTA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALINIA SUSP (QL= 60ml/fill, 2 fills/month)	QL	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
ALINIA TAB (QL= 6 tabs/fill, 2 fills/month)	QL	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
aliskiren tab (TEKTURNA equiv) (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB))	ST	High Cost Generics	ANTIHYPERTENSIVES
ALIVE PREMIU CHW PRENATAL	-	EXC	MULTIVITAMINS
ALKA-SELTZER TAB	-	EXC	ANALGESICS - NONNARCOTIC
ALKERAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALKINDI SPRINKLE CAP	PA	Non-Preferred Brands	CORTICOSTEROIDS
ALLEGRA-D 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 TRAY	-	Non-Preferred Brands	MEDICAL DEVICES AND SUPPLIES
ALLOPURINOL TAB (QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs)	QL-ST	Non-Preferred Brands	GOUT AGENTS
allopurinol tab (ZYLOPRIM equiv)	QL-ST	Select	GOUT AGENTS
ALLZITAL TAB (QL= 12 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - NONNARCOTIC
ALMOND INJ	-	EXC	DIAGNOSTIC PRODUCTS
almotriptan tab (AXERT equiv) (QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	High Cost Generics	MIGRAINE PRODUCTS
almotriptan tab (AXERT equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	High Cost Generics	MIGRAINE PRODUCTS
ALOCANE SPRAY	-	EXC	DERMATOLOGICALS
ALOCRIL OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
ALOGLIPTIN TAB (QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
ALOGLIPTIN TAB, NESINA TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB (QL= 2 tabs/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS

Drug Name	Special Code	Tier	Category
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB (QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
ALOMIDE OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
ALOQUIN GEL	-	Non-Preferred Brands	DERMATOLOGICALS
ALORA PATCH (QL= 8 patches/28 days)	QL	Non-Preferred Brands	ESTROGENS
alosetron tab (LOTRONEX equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
ALPHA LIPOIC ACID-BIOTIN-BERBERINE CAP	-	EXC	ALTERNATIVE MEDICINES
ALPHA LIPOIC TAB	--OTC	EXC	ALTERNATIVE MEDICINES
ALPHAGAN P OPHTH SOLN 0.15% (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
ALPHAGAN P SOLN 0.1% (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
alprazolam ER tab (XANAX XR equiv)	-	Select	ANTIANXIETY AGENTS
ALPRAZOLAM INTENSOL CONC	-	Non-Preferred Brands	ANTIANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	High Cost Generics	ANTIANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	Select	ANTIANXIETY AGENTS
ALREX OPHTH SUSP 0.2% (QL= 5ml/30 days)	QL	Non-Preferred Brands	OPHTHALMIC AGENTS
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ (QL= 8 inj/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
ALTABAX OINT	-	Non-Preferred Brands	DERMATOLOGICALS
ALTERNAR ALT INJ	-	EXC	DIAGNOSTIC PRODUCTS
ALTERNARIA ALTERNATA INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ALTOPREV TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS

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

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Drug Name	Special Code	Tier	Category
ALTRENO LOTION (QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
ALTUVIIIO INJ	AMSP-PA	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ALUNBRIG PAK (QL= 1 pack/365 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	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)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVAIZ TAB	PA	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
ALVESCO INHALER (QL= 12.2gm/30 days; Step Therapy requires trial of fluticasone diskus, fluticasone hfa, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALYMSYS IV SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALZAIR NASAL SPRAY	-	Non-Preferred Brands	NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	Select	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	Select	ANTIPARKINSON AGENTS
amantadine tab	-	Select	ANTIPARKINSON AGENTS
AMBIEN CR TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
AMBIEN TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
AMBISOME INJ	-	EXC	ANTIFUNGALS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	Select	DERMATOLOGICALS
AMCINONIDE LOTION	-	Preferred Brands	DERMATOLOGICALS
amcinonide oint (Step therapy requires trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol))	ST	High Cost Generics	DERMATOLOGICALS
AMCINONIDE OINTMENT (ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol))	ST	Non-Preferred Brands	DERMATOLOGICALS
AMERGE TAB (QL= 9 tabs/30 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
AMERICAN ELM INJ	-	EXC	DIAGNOSTIC PRODUCTS
AMERICAN LOBSTER INJ	-	EXC	DIAGNOSTIC PRODUCTS

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Drug Name	Special Code	Tier	Category
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/ SOLN DEXTROSE	-	EXC	NUTRIENTS
aminocaproic acid soln (AMICAR equiv)	AMSP	Generic Specialty	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	High Cost Generics	HEMOSTATICS
AMIODARONE INJ	-	EXC	ANTIARRHYTHMICS
amiodarone tab (CORDARONE equiv)	-	Select	ANTIARRHYTHMICS
AMITIZA CAP (QL= 60 caps/30 days; Step Therapy requires trial of TRULANCE or both MOVANTIK and SYMPROIC)	QL-ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	Value	ANTIDEPRESSANTS
AMJEVITA AUTO-INJECTOR (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ 10MG/0.2ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ 20MG/0.2ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ 40MG/0.4ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ 80MG/0.8ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA SYRINGE 20MG/0.4ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA SYRINGE 40MG/0.8ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
amlodipine tab (NORVASC equiv)	-	Value	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv) (QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin))	QL-ST	High Cost Generics	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	Select	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR TAB equiv)	-	Select	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	Select	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) (QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ)	QL-ST	High Cost Generics	ANTIHYPERTENSIVES
AMMONIA AROM INH	OTC	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
ammonium lactate cream (LAC-HYDRIN equiv)	-	Select	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
ammonium lactate lotion (LAC-HYDRIN equiv)	-	Select	DERMATOLOGICALS
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	Select	DERMATOLOGICALS
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 ER TAB	-	Non-Preferred Brands	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	Select	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	Select	PENICILLINS
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP (QL= 240ml/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine tab (EVEKEO equiv) (QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 10mg (ADDERALL equiv) (QL= 180 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 12.5mg (ADDERALL equiv) (QL= 150 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 15mg (ADDERALL equiv) (QL= 120 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 20mg (ADDERALL equiv) (QL= 90 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 30mg (ADDERALL equiv) (QL= 60 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 5mg (ADDERALL equiv) (QL= 360 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 240 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/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	High Cost Generics	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	High Cost Generics	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	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphotericin b liposome iv for susp (AMBISOME equiv)	-	EXC	ANTIFUNGALS
ampicillin cap (AMPICILLIN equiv)	-	Select	PENICILLINS

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Drug Name	Special Code	Tier	Category
AMPICILLIN INJ	-	EXC	PENICILLINS
AMPYRA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMRIX CAP (QL= 30 caps/30 days; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
AMTAGVI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AMVUTTRA SOLN	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMZEEQ FOAM (QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
ANACAINE OINT	-	Non-Preferred Brands	DERMATOLOGICALS
ANACIN TAB	-	EXC	ANALGESICS - NONNARCOTIC
ANADROL TAB	-	Non-Preferred Brands	ANDROGENS-ANABOLIC
anagrelide cap (AGRYLIN equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM ADVANCED KIT	-	Non-Preferred Brands	ANORECTAL AGENTS
ANALPRAM-E KIT	-	Non-Preferred Brands	ANORECTAL AGENTS
ANALPRAM-HC CREAM 1-1% (ST req trial of: LIDOCAINE-HYDROCORTISONE ACETATE perianal/RECTAL CREAM)	ST	Non-Preferred Brands	ANORECTAL AND RELATED PRODUCTS
ANASTIA LOTION	-	Non-Preferred Brands	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
ANDROGEL 1% 25MG (QL= 150gm/30 days)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
ANDROGEL 1% 50MG/5GM (QL= 300gm/30 days)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 1.25GM (QL= 2 packets/day)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC

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Drug Name	Special Code	Tier	Category
ANDROGEL PUMP 1% (QL= 300gm/30 days)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1.62% (QL= 150gm/30 days)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	Non-Preferred Brands	ESTROGENS
ANNOVERA RING	-	Preventive	CONTRACEPTIVES
ANORO ELLIPTA INHALER (QL= 60gm/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTACID CHEW	-	EXC	ANTACIDS
ANTARA CAP (QL= 2 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130))	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ANTARA CAP 30MG, FENOFIBRATE MICRONIZED CAP 30MG (QL= 2 caps/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ANTARA CAP 90MG, FENOFIBRATE MICRONIZED CAP 90MG (QL= 1 cap/da Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
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 Brands	ANTIEMETICS
APADAZ TAB (QL= 12 tabs/day)	PA-QL	Non-Preferred Brands	ANALGESICS - OPIOID
APAP/CODEINE SOLN	-	Select	ANALGESICS - OPIOID
APEXICON E CREAM (PSORCON E equiv)	-	Non-Preferred Brands	DERMATOLOGICALS
APHEXDA INJ	-	EXC	HEMATOPOIETIC AGENTS
APIDRA INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
APIDRA SOLOSTAR INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
APLENZIN TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
APOKYN INJ (QL= 54ml/30 days; Only available through Accredo 800-803-2523)	LD-QL	Non-Preferred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS

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VAC	Vaccine Program				

Drug Name	Special Code	Tier	Category
apomorphine inj (APOKYN equiv) (QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767)	LD-QL	Generic Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
APONVIE INJ	-	EXC	ANTIEMETICS
APPLE CIDER VINEGAR-GINGER CHEW TAB	OTC	EXC	ALTERNATIVE MEDICINES
APPLE INJ	-	EXC	DIAGNOSTIC PRODUCTS
APRACLONIDIN OPHTH SOLN (QL= 5mL/30 days; Step therapy requires trial of 2: latanoprost, travoprost, brimonidine, carteolol, levobunolol, timolol)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
apraclonidine ophth soln 0.5% (IOPIDINE equiv)	-	High Cost Generics	OPHTHALMIC AGENTS
aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Select	ANTIEMETICS
aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Select	ANTIEMETICS
aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Select	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron)	QL-ST	Select	ANTIEMETICS
APRETUDE SUSP	-	EXC	ANTIVIRALS
APRISO CAP (QL= 4 caps/day)	QL	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
APRIZIO PAK KIT	-	Non-Preferred Brands	DERMATOLOGICALS
APTENSIO XR CAP 10MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
APTENSIO XR CAP 15MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
APTENSIO XR CAP 20MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
APTENSIO XR CAP 30MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
APTENSIO XR CAP 40MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
APTENSIO XR CAP 50MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
APTENSIO XR CAP 60MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
APTIOM TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTICONVULSANTS
APTIVUS CAP (QL= 4 caps/day)	QL	Preferred Brands	ANTIVIRALS

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

Drug Name	Special Code	Tier	Category
APTIVUS SOLN (QL= 380ml/30 days)	QL	Preferred Brands	ANTIVIRALS
ARAKODA TAB	-	Non-Preferred Brands	ANTIMALARIALS
ARANESP INJ (QL= 4 syringes/30 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
ARANESP INJ (QL= 4 vials/30 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
ARAZLO LOTION (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
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 SEREVENT DISKUS, ANORO ELLIPTA or STIOLTO INHALER)	ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AREXVY INJ (QL= 1 inj/day, 1 fill/lifetime; Covered for members 60 years of age and older)	QL-VAC	Preventive	VACCINES
arformoterol tartrate neb soln (BROVANA equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	High Cost Generics	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARGATROBAN INJ	-	EXC	ANTICOAGULANTS
argatroban iv soln	-	EXC	ANTICOAGULANTS
ARICEPT TAB 10MG (QL= 1 tab/day)	QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARICEPT TAB 23MG (QL= 1 tab/day)	QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARICEPT TAB 5MG (QL= 1 tab/day)	QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARIKAYCE SUSP (QL= 252ml/30days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Non-Preferred Specialty	AMINOGLYCOSIDES
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARISTADA 675MG/2.4ML INJ	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARISTADA INJ	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARIXTRA INJ 10MG/0.8ML	-	Non-Preferred Specialty	ANTICOAGULANTS

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Drug Name	Special Code	Tier	Category
ARIXTRA INJ 2.5MG/0.5ML	-	Non-Preferred Specialty	ANTICOAGULANTS
ARIXTRA INJ 5MG/0.4ML	-	Non-Preferred Specialty	ANTICOAGULANTS
ARIXTRA INJ 7.5MG/0.6ML	-	Non-Preferred Specialty	ANTICOAGULANTS
armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
armodafinil tab 250mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ARMONAIR DIGITAL INHALER 113MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of fluticasone diskus, fluticasone hfa, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 232MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of fluticasone diskus, fluticasone hfa, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 55MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of fluticasone diskus, fluticasone hfa, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	EXC	THYROID AGENTS
ARNUITY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARRANON INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARTIFICIAL TEARS DROP	-	EXC	OPHTHALMIC AGENTS
ARYMO ER TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
ARZERRA CON	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ASACOL HD TAB (Step Therapy requires trial of APRISO or LIALDA)	ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
ASACOL HD TAB, MESALAMINE TAB (Step Therapy requires trial of APRISO or LIALDA)	ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
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	High Cost Generics	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	Preventive	CONTRACEPTIVES
ASHWAGANDHA CAP 35	OTC	EXC	ALTERNATIVE MEDICINES
ASHWAGANDHA TAB	-	EXC	ALTERNATIVE MEDICINES

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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
ASPERG FUMIG INJ	-	EXC	DIAGNOSTIC PRODUCTS
aspirin chew tab 81mg (Covered for females only)	-	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 (Covered for females only)	OTC	Preventive	ANALGESICS - NONNARCOTIC
aspirin tab 325mg	OTC	EXC	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	Select	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENOX equiv)	-	High Cost Generics	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 Brands	ANTIANGINAL AGENTS
ASTAGRAF XL CAP	-	Non-Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ATACAND HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
ATACAND TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Select	ANTIVIRALS
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Select	ANTIVIRALS
atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day)	QL	Select	ANTIVIRALS
ATELVIA TAB (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate)	QL-ST	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
atenolol tab (TENORMIN equiv)	-	Value	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	Select	ANTIHYPERTENSIVES
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= 2 caps/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS

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Drug Name	Special Code	Tier	Category
atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ATORVALIQ SUSP (QL = 600ml/30 days; Step therapy requires trial of 2: atorvastatin tab, rosuvastatin tab or simvastatin tab)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	Select	ANTIMALARIALS
ATRALIN GEL, RETIN-A GEL (QL= 360g/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
ATRIPLA TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
ATRIX SYSTEM KIT	-	EXC	DERMATOLOGICALS
atropine ophth oint	-	Select	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days)	QL	Select	OPHTHALMIC AGENTS
ATROPINE SUL INJ	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS
ATROPINE SUL OPHTH OINT	-	Non-Preferred Brands	OPHTHALMIC AGENTS
ATROPINE SUL SOLN 1% OPHTH	QL	Non-Preferred Brands	OPHTHALMIC AGENTS
ATROPINE SULFATE INJ	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS
atropine sulfate iv soln	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERCS
ATROVENT HFA INHALER (QL= 25.8gm/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AUBAGIO TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AURYXIA TAB (QL= 12 tabs/day; Step Therapy requires trial of sevelamer followed by lanthanum for anemia: oral iron (OTC))	QL-ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB 12MG (QL= 120 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
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 12MG (QL= 90 tabs/30 days)	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= 210 tabs/30 days)	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.
AUVELITY TAB (QL= 60 tabs/30 days; ST req trial of 4 (citalopram, escitalopram, fluoxetine cap/tab, fluvoxamine, paroxetine IR/ER, sertraline, desvenlafaxine ER, venlafaxine IR/ER, bupropion, mirtazapine) followed by vilazodone)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
AUVI-Q INJ	-	Non-Preferred Brands	VASOPRESSORS
AVANDIA TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands	ANTIDIABETICS
AVAR AEROSOL FOAM	-	EXC	DERMATOLOGICALS
AVAR GEL	-	EXC	DERMATOLOGICALS
AVAR PAD	-	EXC	DERMATOLOGICALS
AVC VAGINAL CREAM	-	Preferred Brands	VAGINAL PRODUCTS
AVEIDA GEL	-	EXC	DERMATOLOGICALS
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.
AXERT TAB (QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
AXERT TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZASITE SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	Select	ASSORTED CLASSES

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azathioprine tab 100mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg)	QL-ST	High Cost Generics	MISCELLANEOUS THERAPEUTIC CLASSES
azathioprine tab 75mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg)	QL-ST	High Cost Generics	MISCELLANEOUS THERAPEUTIC CLASSES
azelaic acid gel (FINACEA equiv)	-	Select	DERMATOLOGICALS
azelastine nasal spray (ASTELIN equiv)	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	Select	OPHTHALMIC AGENTS
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZELEX CREAM (QL= 300g/30 days; ST req trial of 2: adapalene, tretinoin, clindamycin, erythromycin, azelaic acid 15% gel)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
AZENASE PAK	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZESCHEW TAB 13-1MG	-	Non-Preferred Brands	MULTIVITAMINS
AZESCO TAB	-	Non-Preferred Brands	MULTIVITAMINS
AZILECT TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIPARKINSON AGENTS
azithromycin susp (ZITHROMAX equiv)	-	Select	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	Select	MACROLIDES
AZOPT OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
AZOPT OPHTH SUSP (Step Therapy requires trial of dorzolamide 2% ophth soln)	--ST	Non-Preferred Brands	OPHTHALMIC AGENTS
AZOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
AZSTARYS CAP (QL= 30 caps/30 days)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/NOREXIANTS
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 Brands	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	Select	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	Select	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	Select	OPHTHALMIC AGENTS
baclofen intrathecal inj	-	EXC	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN SOLN (QL= 480ml/30 days; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS

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baclofen susp (BACLOFEN equiv) (QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN SUSP (QL=16ml/day; Step therapy requires trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab (BACLOFEN equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB 5MG	-	Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
BACTROBAN CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
BACTROBAN NASAL OINT	-	Non-Preferred Brands	NASAL AGENTS - SYSTEMIC AND TOPICAL
BAFIERTAM CAP (QL= 120 caps/30 days; Only Available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BALCOLTRA TAB	-	Non-Preferred Brands	CONTRACEPTIVES
BALFAXAR INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
balsalazide cap (COLAZAL equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
BALVERSA TAB 3MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 4MG (QL= 2 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 5MG (QL= 1 tab/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BANANA INJ	-	EXC	DIAGNOSTIC PRODUCTS
BAND-AID SPRAY ANTISEPTIC	-	EXC	DERMATOLOGICALS
BANZEL SUSP (QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
BANZEL TAB (QL= 8 tabs/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/month)	QL	Preferred Brands	ANTIDIABETICS
BARACLUDE SOLN (QL= 630ml/30 days)	AMSP-PA-QL	Preferred Specialty	ANTIVIRALS
BARACLUDE TAB (QL= 1 tab/day)	QL	Non-Preferred Specialty	ANTIVIRALS
BARRIGEL INJ	-	EXC	ANORECTAL AND RELATED PRODUCTS
BASAGLAR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Non-Preferred Brands	ANTIDIABETICS

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AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
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BASAGLAR KWIKPEN (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
BASAGLAR TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
BASE D PEG GRANULES	-	EXC	PHARMACEUTICAL ADJUVANTS
BAXDELA TAB (QL= 2 tabs/day)	PA-QL	Non-Preferred Brands	FLUOROQUINOLONES
BC FAST PAIN POW RLF MAX	OTC	EXC	ANALGESICS - NONNARCOTIC
BC FAST PAIN RELIEF POWDER	-	EXC	ANALGESICS - NONNARCOTIC
b-complex w/ c and folic acid tab (NEPHRO-VITE equiv)	OTC	EXC	MULTIVITAMINS
B-D INSULIN SYRINGE	--OTC	Select	MEDICAL DEVICES AND SUPPLIES
BD NEEDLES	OTC	Select	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv) (QL= 8 tabs/day)	QL	High Cost Generics	ULCER DRUGS
BEANO TAB	-	EXC	GASTROINTESTINAL AGENTS - MISC.
BEBTELOVIMAB IV SOLN	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
BECONASE AQ NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
BEEF INJ	-	EXC	DIAGNOSTIC PRODUCTS
BELBUCA FILM (Step therapy requires trial of buprenorphine patch)	ST	Non-Preferred Brands	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	Preferred Brands	ULCER DRUGS
BELSOMRA TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate)	QL-ST	Non-Preferred Brands	HYPNOTICS
BENADRYL SOLN CHILD	OTC	EXC	COUGH/COLD/ALLERGY
benazepril tab (LOTENSIN equiv)	-	Select	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	Select	ANTIHYPERTENSIVES
bendamustine hcl for iv soln (TREANDA equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BENICAR HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, olmesartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	AMSP-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ (QL= 4 inj/28 day)	AMSP-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
BENTIVITE TAB	-	EXC	HEMATOPOIETIC AGENTS
BENZAC WASH	-	EXC	DERMATOLOGICALS
BENZACLIN GEL	-	EXC	DERMATOLOGICALS
BENZAMYCIN GEL	-	EXC	DERMATOLOGICALS
BENZAMYCIN GEL PACK	-	EXC	DERMATOLOGICALS

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BENZEPRO LIQUID CREAMY	OTC	EXC	DERMATOLOGICALS
BENZIQ LS GEL	-	EXC	DERMATOLOGICALS
BENZNIDAZOLE TAB	-	Preferred Brands	ANTHELMINTICS
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 (TESSALON equiv)	-	Select	COUGH/COLD/ALLERGY
benzoyl peroxide cloth	-	EXC	DERMATOLOGICALS
benzoyl peroxide foam (DAYLOGIC equiv)	OTC	EXC	DERMATOLOGICALS
benzoyl peroxide gel	-	EXC	DERMATOLOGICALS
benzoyl peroxide liquid	-	EXC	DERMATOLOGICALS
benzoyl peroxide wash kit	-	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
BEOVU INJ	-	EXC	OPHTHALMIC AGENTS
bepotastine besilate ophth soln (BEPREVE equiv)	-	EXC	OPHTHALMIC AGENTS
BEPREVE DROPS	-	EXC	OPHTHALMIC AGENTS
BERBERINE 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.
BESIVANCE OPHTH SUSP (Step Therapy requires trial of 2: ciprofloxacin ophth soln, levofloxacin ophth soln, ofloxacin ophth soln, or VIGAMOX OPHTH SOLN)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
BESREMI INJ (QL= 2 inj/28 days; Only available through Biologics by McKesson 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BETA CAROTENE CAP	-	EXC	VITAMINS
BETADINE OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
BETADINE SOLN	-	EXC	ANTISEPTICS & DISINFECTANTS
betaine powder for oral solution (CYSTADANE equiv) (QL= 540 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	Select	DERMATOLOGICALS
betamethasone augmented gel	-	Select	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	Select	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	Select	DERMATOLOGICALS
betamethasone diproprionate cream (DIPROSONE CREAM equiv)	-	Select	DERMATOLOGICALS
betamethasone diproprionate lotion	-	Select	DERMATOLOGICALS
betamethasone diproprionate oint (DIPROSONE OINT equiv)	-	Select	DERMATOLOGICALS
betamethasone valerate cream	-	Select	DERMATOLOGICALS

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betamethasone valerate foam (LUXIQ FOAM equiv)	-	High Cost Generics	DERMATOLOGICALS
betamethasone valerate lotion	-	Select	DERMATOLOGICALS
betamethasone valerate oint	-	Select	DERMATOLOGICALS
BETASERON INJ (QL= 14 kits/28 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BETAXOLOL OPHTH SOLN (QL= 5mL/30 days; Step therapy requires trial of carteolol, levobunolol, dorzolamide-timolol, timolol)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
betaxolol ophth soln (BETOPTIC-S equiv)	QL-ST	Select	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	Select	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	Select	URINARY ANTISPASMODICS
BETIMOL OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN (Step Therapy requires trial of 2: carteolol, levobunolol, dorzolamide/timolol, timolol maleate)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
BEVACIZUMAB INJ	-	EXC	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER (QL= 10.7gm/30 days; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEVYXXA CAP (QL= 43 caps/42 days)	PA-QL	Non-Preferred Brands	ANTICOAGULANTS
BEXAGLIFLOZN TAB (QL= 30 tabs/30 days; ST req trial of 2: farxiga tab, xigduo xr tab, Jardiance tab, synjardy tab, or synjardy xr tab)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
bexarotene cap (TARGRETIN equiv)	AMSP-PA-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bexarotene gel (TARGRETIN equiv) (QL= 60g/30 days)	AMSP-PA-QL	Generic Specialty	DERMATOLOGICALS
BEXSERO INJ	VAC	Preventive	VACCINES
BEYAZ TAB	-	Non-Preferred Brands	CONTRACEPTIVES
BEYFORTUS INJ	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
BIAFINE EMULSION	-	Non-Preferred Brands	DERMATOLOGICALS
bicalutamide tab (CASODEX equiv)	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIDIL TAB (QL= 6 tabs/day)	QL	Non-Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
BIFERARX TAB	-	Non-Preferred Brands	HEMATOPOIETIC AGENTS

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BIJUVA CAP	-	Non-Preferred Brands	ESTROGENS
BIKTARVY TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
bilberry (vaccinium myrtillus) cap	-	EXC	ALTERNATIVE MEDICINES
BILTRICIDE TAB	-	Non-Preferred Brands	ANTHELMINTICS
bimatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Select	OPHTHALMIC AGENTS
BIMZELX INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
BINOSTO TAB (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate and ibandronate)	QL-ST	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
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-KERAT CAP ALPHA	-	EXC	ALTERNATIVE MEDICINES
BIPOL SOROKI INJ	-	EXC	DIAGNOSTIC PRODUCTS
BISMUTH SUBSALICYLATE CAP	-	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
BISMUTH SUBSALICYLATE TAB	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
bismuth/metro/tetra cap (PYLERA equiv) (Step therapy requires trial of oral metronidazole and tetracycline)	ST	High Cost Generics	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
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
BLACK COHOSH CAP	-	EXC	ALTERNATIVE MEDICINES
BLACK COHOSH TAB	OTC	EXC	ALTERNATIVE MEDICINES
BLACK ELDERBERRY SYRUP	-	EXC	ALTERNATIVE MEDICINES
BLACK WALNUT INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
BLACK WILLOW INJ	-	EXC	DIAGNOSTIC PRODUCTS
BLACK/SWEET BIRCH POLLEN INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
BLEPHAMIDE OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT	-	Non-Preferred Brands	OPHTHALMIC AGENTS
BLUDIGO INJ	-	EXC	DIAGNOSTIC PRODUCTS
BLUE CRAB INJ	-	EXC	DIAGNOSTIC PRODUCTS

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BORTEZOMIB INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bortezomib inj (VELCADE equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
BOSULIF CAP (QL= 5 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOSULIF TAB (Only available through Walgreens 888-347-3416)	LD-PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
BREO ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREXAFEMME TAB (QL= 4 tabs/day, 2 fills/month; Step therapy requires trial of oral fluconazole)	QL-ST	Non-Preferred Brands	ANTIFUNGALS
BREZTRI AEROSPHERE INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	High Cost Generics	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2% (ALPHAGAN equiv)	-	Select	OPHTHALMIC AGENTS
brimonidine tartrate gel (MIRVASO equiv)	-	EXC	DERMATOLOGICALS
brimonidine tartrate ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	High Cost Generics	OPHTHALMIC AGENTS
brimonidine tartrate-timolol maleate ophth soln (COMBIGAN equiv) (QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate)	QL-ST	High Cost Generics	OPHTHALMIC AGENTS
brinzolamide ophth susp (AZOPT equiv) (Step Therapy requires trial of dorzolamide 2% ophth soln)	ST	High Cost Generics	OPHTHALMIC AGENTS
BRISDELLE CAP (QL= 1 cap/day)	QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIUMVI INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT SOLN 10MG/ML (QL= 600ml/30 days)	QL	Non-Preferred Brands	ANTICONVULSANTS

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BRIVIACT TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
BRIXADI SOLN	-	EXC	ANALGESICS - OPIOID
BROMFED DM SYRUP	-	EXC	COUGH/COLD/ALLERGY
bromfenac ophth soln (BROMDAY equiv) (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	High Cost Generics	OPHTHALMIC AGENTS
bromfenac sodium ophth soln 0.07% (PROLENSA equiv) (QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	QL-ST	High Cost Generics	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	Select	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	Select	ANTIPARKINSON AGENTS
BROMSITE DROP	-	Non-Preferred Brands	OPHTHALMIC 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	RESPIRATORY AGENTS - MISC.
BROVANA NEB SOLN (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BROWN SHRIMP INJ	-	EXC	DIAGNOSTIC PRODUCTS
BRUKINSA CAP (QL= 4 caps/day)	LMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRYHALI LOTION, ULTRAVATE LOTION (Step Therapy requires trial of 1 topical corticosteroid lotion)	ST	Non-Preferred Brands	DERMATOLOGICALS
budesonide ER tab (UCERIS equiv)	-	High Cost Generics	CORTICOSTEROIDS
budesonide inh susp 0.25mg/2ml, 0.5mg/2ml (PULMICORT equiv) (QL= 120 units/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide inh susp 1mg/2ml (QL= 60 units/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide rectal foam (UCERIS equiv) (QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema)	QL-ST	High Cost Generics	ANORECTAL AND RELATED PRODUCTS
budesonide SR cap (ENTOCORT EC equiv)	-	Select	CORTICOSTEROIDS
budesonide/formoterol inhaler (BREYNA equiv) (QL= 10.3 g/30 days; ST requires trial of 3: ADVAIR HFA, DULERA INHALER, BREO ELLIPTA INHALER and trial of 1: fluticasone/salmeterol inhaler or wixela)	QL-ST	High Cost Generics	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide/formoterol inhaler (SYMBICORT equiv) (QL= 10.2gm/30 days; ST req trial of 3: ADVAIR HFA, DULERA, BREO ELLIPTA and trial of 1: fluticasone/salmeterol or wixela)	QL-ST	High Cost Generics	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BUFFERED C POWDER	OTC	EXC	VITAMINS
bumetanide tab (BUMEX equiv)	-	Select	DIURETICS
BUMEX TAB	-	Non-Preferred Brands	DIURETICS

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Drug Name	Special Code	Tier	Category
BUNAVAIL FILM	-	Non-Preferred Brands	ANALGESICS - OPIOID
BUPHENYL POWDER (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
BUPHENYL TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
buprenorphine hcl buccal film (BELBUCA equiv) (Step therapy requires trial of buprenorphine patch)	ST	High Cost Generics	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
BURN RELIEF GEL	-	EXC	DERMATOLOGICALS
buspirone tab (BUSPAR equiv)	-	Select	ANTIANXIETY AGENTS
butalbital/acetaminophen cap	-	High Cost Generics	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day)	QL	Select	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine soln	-	Select	ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	Non-Preferred Brands	ANALGESICS - NONNARCOTIC
BUTISOL TAB	-	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
butorphanol nasal spray (QL= 5ml/30 days)	QL	Select	ANALGESICS - OPIOID
BUTRANS PATCH	-	Non-Preferred Brands	ANALGESICS - OPIOID
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands	ANTIDIABETICS
BYDUREON INJ (QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnosis Restricted – Type 2 Diabete (E11))	QL-RDX-ST	Non-Preferred Brands	ANTIDIABETICS
BYDUREON PEN INJ (QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnosis Restricted – Type Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands	ANTIDIABETICS
BYETTA INJ (QL= 1 pen/30 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands	ANTIDIABETICS

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Drug Name	Special Code	Tier	Category
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
BYSTOLIC TAB (QL= 1 tab/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol)	QL-ST	Non-Preferred Brands	BETA BLOCKERS
BYSTOLIC TAB 20MG (QL= 2 tabs/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol cap)	QL-ST	Non-Preferred Brands	BETA BLOCKERS
BYVALSON TAB	-	Non-Preferred Brands	ANTIHYPERTENSIVES
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
CADUET TAB (QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin))	QL-ST	Non-Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
CAFCIT INJ	-	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
CAFERGOT TAB (QL= 40 tabs/28 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
caffeine citrate soln (CAFCIT equiv)	-	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
CALC CIT+D3 TAB	OTC	EXC	MINERALS & ELECTROLYTES
calcipotriene cream (TRIONEX equiv)	-	EXC	DERMATOLOGICALS
calcipotriene cream (DOVONEX CREAM equiv)	-	Select	DERMATOLOGICALS
CALCIPOTRIENE FOAM (QL= 60gm/30 days; Step therapy requires trial of calcipotriene soln)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
CALCIPOTRIENE FOAM, SORILUX FOAM (QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
calcipotriene oint	-	Select	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	Select	DERMATOLOGICALS
CALCIPOTRIENE/ BETAMETHASONE SUSP (QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	High Cost Generics	DERMATOLOGICALS

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calcipotriene-betamethasone dipropionate susp (CALCIPOTRIENE/ BETAMETHASONE SUSP equiv) (QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene)	QL-ST	High Cost Generics	DERMATOLOGICALS
calcitonin inj (MIACALCIN equiv)	-	High Cost Generics	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitonin nasal spray (MIACALCIN equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL OINT	-	Non-Preferred Brands	DERMATOLOGICALS
calcitriol soln (CALCITRIOL equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCIUM 1200 CHEW	-	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 CHEW	-	EXC	MINERALS & ELECTROLYTES
CALCIUM D-CAP GLUCARAT	OTC	EXC	ALTERNATIVE MEDICINES
CALCIUM GLU/NACL INJ	-	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
CALIBRATION LIQUID	OTC	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
CALIUM GLUCONATE/NACL INJ	-	EXC	MINERALS & ELECTROLYTES
CAL-MAG TAB	OTC	EXC	MINERALS & ELECTROLYTES
CALOMIST NASAL SPRAY	-	Non-Preferred Brands	HEMATOPOIETIC AGENTS
CALQUENCE CAP (QL= 2 caps/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALQUENCE TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALSODORE PAK	-	EXC	DERMATOLOGICALS
CAMBIA POWDER (QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan))	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
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

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Drug Name	Special Code	Tier	Category
CAMZYOS CAP (QL= 1 cap/day; Only available through AllianceRx Walgreens Prime 855-244-2555)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
CANASA SUPP (QL= 1 tab/day)	QL	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
candesartan tab (ATACAND equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Select	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Select	ANTIHYPERTENSIVES
capecitabine tab (XELODA equiv)	AMSP	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	Non-Preferred Brands	DERMATOLOGICALS
CAPLYTA CAP (QL= 1 cap/day; Step therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, clozapine)	QL-ST	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CAPMIST DM TAB (QL= 4 tabs/day)	QL	Preferred Brands	COUGH/COLD/ALLERGY
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin cream	-	EXC	DERMATOLOGICALS
capsaicin/menthol topical patch (SINELEE equiv)	-	High Cost Generics	DERMATOLOGICALS
captopril tab (CAPOTEN equiv) (Step Therapy requires trial of 2 angiotensin-converting enzyme (ACE) inhibitors)	ST	High Cost Generics	ANTIHYPERTENSIVES
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug)	ST	Preferred Brands	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	ST--	Select	ANTIHYPERTENSIVES
CARAC CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
CARAWAY SEED-LEVOMENTHOL CAP DELAYED RELEASE ER	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
CARBAGLU TAB (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	Select	ANTICONVULSANTS
carbamazepine 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

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CARBIDOPA/LEVODOPA ODT TAB	-	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	Select	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	Non-Preferred Brands	ANTIPARKINSON AGENTS
carbidopa-levodopa-entacapone tab 12.5-50-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 18.75-75-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 25-100-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 31.25-125-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 37.5-150-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 50-200-200mg (STALEVO equiv) (QL= 6 tabs/day)	QL	Select	ANTIPARKINSON AND RELATED THERAPY AGENTS
CARBINOXAMINE SOLN (QL= 40ml/day)	QL	Select	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv) (QL= 240 tabs/30 days)	QL	Select	ANTIHISTAMINES
CARBOPROST TROMETHAMINE IM SOLN PREF SYR	-	EXC	OXYTOCICS
CARDIOCHEK MIS PLUS	-	EXC	MEDICAL DEVICES AND SUPPLIES
CARDURA XL TAB	-	Non-Preferred Brands	GENITOURINARY AGENTS - MISCELLANEOUS
carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376)	LD-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
carisoprodol tab (SOMA equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Select	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	-	Select	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	Select	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	EXC	DERMATOLOGICALS
CARMUSTINE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CARNITEX CAP	OTC	EXC	NUTRIENTS
CARNITOR INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CAROSPIR SUSP (QL= 600ml/30 days; ST req trial of furosemide oral soln)	QL-ST	Non-Preferred Brands	DIURETICS
CARTEOLOL OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	Select	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	High Cost Generics	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	Value	BETA BLOCKERS

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Drug Name	Special Code	Tier	Category
CARVYKTI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CASGEVY INJ	-	EXC	HEMATOPOIETIC AGENTS
CASHEW NUT INJ	-	EXC	DIAGNOSTIC PRODUCTS
CASTOR OIL POLY 40	-	EXC	CHEMICALS
CATAPRES-TTS PATCH	-	Non-Preferred Brands	ANTIHYPERTENSIVES
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	ANTI-INFECTIVE AGENTS - MISC.
CEFACLOR CAP	-	Non-Preferred Brands	CEPHALOSPORINS
CEFACLOR ER TAB	-	Non-Preferred Brands	CEPHALOSPORINS
CEFACLOR SUSP	-	Non-Preferred Brands	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	Select	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	Select	CEPHALOSPORINS
CEFADROXIL TAB	-	Non-Preferred Brands	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	Select	CEPHALOSPORINS
CEFAZOLIN INJ	-	EXC	CEPHALOSPORINS
CEFAZOLIN SODIUM IV SOLN PREF SYRINGE	-	EXC	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	Select	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	Select	CEPHALOSPORINS
CEFDITOREN TAB	-	Non-Preferred Brands	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	Select	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	Select	CEPHALOSPORINS
CEFOTETAN INJ	-	EXC	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	Select	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	Select	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	Select	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	Select	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	Select	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
CELERY INJ	-	EXC	DIAGNOSTIC PRODUCTS
CELONTIN CAP (QL= 4 caps/day; ST requires trial of ethosuximide tab/soln)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
CENTANY OINT	-	Non-Preferred Brands	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	Select	CEPHALOSPORINS

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cephalexin cap 750mg (QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexin 500mg tab/cap)	QL-ST	High Cost Generics	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	Select	CEPHALOSPORINS
CEPHALEXIN TAB	-	Select	CEPHALOSPORINS
CEQUA (PF) OPHTH SOLN (Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
CEQUR SIMPLICITY 2U (QL= 10 patches/30 days)	QL	Non-Preferred Brands	MEDICAL DEVICES AND SUPPLIES
CEQUR SIMPLICITY INSERTER (QL= 1 inserter/lifetime)	QL	Non-Preferred Brands	MEDICAL DEVICES AND SUPPLIES
CERDELGA CAP (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty	HEMATOPOIETIC AGENTS
CERVARIX INJ	VAC	Preventive	VACCINES
CERVICAL CAP	-	Preventive	MEDICAL DEVICES AND SUPPLIES
CERVIDIL INSERTS	-	Non-Preferred Brands	OXYTOCICS
CESAMET CAP (Step Therapy requires trial of ondansetron)	ST	Non-Preferred Brands	ANTIEMETICS
cetirizine hcl orally disintegrating tab (ZYRTEC equiv)	OTC	EXC	ANTIHISTAMINES
cetirizine/pseudoepherine tab 5-120mg	-	EXC	COUGH/COLD/ALLERGY
cetrorelix acetate kit (CETROTIDE equiv)	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETROTIDE KIT	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETYLEV TAB	-	Non-Preferred Brands	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	Non-Preferred Brands	ANTIDOTES
CHENODAL TAB (ST req trial of 1: ursodiol caps or tabs)	ST	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
CHICKEN MEAT INJ	-	EXC	DIAGNOSTIC PRODUCTS
chlordiazepoxide cap (LIBRIUM equiv)	-	Select	ANTIANXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	Select	ULCER DRUGS

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chlorhexidine gluconate soln (PERIDEX equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
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 Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CHLORPROMAZINE CONC 100MG/ML (QL= 2000ml/30 days)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CHLORPROMAZINE CONC 30MG/ML (QL= 600ml/30 days)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine hcl inj	-	EXC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine tab (THORAZINE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	Value	DIURETICS
chlorzoxazone tab (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab (QL= 4 tabs/day)	QL-ST	Select	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 375mg (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	Select	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
CHOLECALCIFEROL CHEW TAB	OTC	EXC	VITAMINS
cholecalciferol 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-SILICON LIQUID	-	EXC	ALTERNATIVE MEDICINES
CHORION MEMBRANE ALLOGRAFT (HUMAN) SHEET	-	EXC	DERMATOLOGICALS
CIALIS TAB (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	Non-Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
CIBINQO TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
cicatrace kit (REXASIL equiv)	-	High Cost Generics	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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CILOXAN OPHTH OINT	-	Non-Preferred Brands	OPHTHALMIC AGENTS
CIMDUO TAB	-	Preferred Brands	ANTIVIRALS
CIMERLI INJ	-	EXC	OPHTHALMIC AGENTS
CIMETIDINE SOLN (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
cimetidine soln (CIMETIDINE equiv)	-	Select	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	-	Select	ULCER DRUGS
CIMZIA INJ	-	EXC	GASTROINTESTINAL AGENTS - MISC.
CIMZIA INJ (QL= 2 inj/28 days)	--AMSP-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	AMSP-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
CINQAIR INJ (QL= 4 vials/28 days; Only available through Walgreens 888-347-3416)	LD-M-PA-QL	Non-Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
ciporofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	Select	OTIC AGENTS
CIPRO HC OTIC SUSP	-	Non-Preferred Brands	OTIC AGENTS
CIPRO SUSP	-	Select	FLUOROQUINOLONES
CIPRODEX	-	Non-Preferred Brands	OTIC AGENTS
CIPROFLOXACIN 100MG TAB	-	Non-Preferred Brands	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv)	-	Select	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	Preferred Brands	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	Select	FLUOROQUINOLONES
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	Select	FLUOROQUINOLONES
CIRCATA CREAM	-	EXC	DERMATOLOGICALS
CISPLATIN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CITALOPRAM CAP (QL= 1 cap/day; Step therapy requires trial of citalopram tab)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS

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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	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
CLARIFOAM EF FOAM	-	EXC	DERMATOLOGICALS
CLARINEX SYRUP	-	EXC	ANTIHISTAMINES
CLARINEX TAB	-	EXC	ANTIHISTAMINES
CLARINEX-D TAB	-	EXC	COUGH/COLD/ALLERGY
CLARINEX-D TAB 12 HOUR	-	EXC	COUGH/COLD/ALLERGY
CLARISCAN INJ, DOTAREM INJ	-	EXC	DIAGNOSTIC PRODUCTS
CLARITHROMYC SUSP	-	Preferred Brands	MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	Select	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	Select	MACROLIDES
CLARITIN CAP	OTC	EXC	ANTIHISTAMINES
CLARITIN CHEW TAB	-	EXC	ANTIHISTAMINES
CLARITIN-D TAB 10-240MG	-	EXC	COUGH/COLD/ALLERGY
CLARITIN-D TAB 5-120MG	-	EXC	COUGH/COLD/ALLERGY
CLARITY GEL SUPPORT	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
CLEAR EYES DROPS	-	EXC	OPHTHALMIC AGENTS
CLEAR EYES SOLN	-	EXC	OPHTHALMIC AGENTS
clemastine fumarate syrup (CLEMASTINE equiv)	OTC	EXC	ANTIHISTAMINES
clemastine tab	-	EXC	ANTIHISTAMINES
CLENIA PLUS SUSP	-	EXC	DERMATOLOGICALS
CLENPIQ SOLN	-	Non-Preferred Brands	LAXATIVES
CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill)	QL	Non-Preferred Brands	VAGINAL PRODUCTS
CLEOCIN-T GEL (QL= 360g/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
CLEVER CHOIC MIS HEAR AID	-	EXC	MEDICAL DEVICES AND SUPPLIES
CLIMARA PATCH (QL= 4 patches/28 days)	QL	Non-Preferred Brands	ESTROGENS
CLIMARA PRO PATCH	-	Non-Preferred Brands	ESTROGENS
CLINDACIN KIT	-	EXC	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv) (QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	High Cost Generics	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	Select	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	Select	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	Select	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.

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clindamycin topical soln (CLEOCIN-T equiv)	-	Select	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv) (QL= 1 tube/fill)	QL	Select	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	EXC	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	--OTC	EXC	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv) (QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin)	QL-ST	High Cost Generics	DERMATOLOGICALS
CLINDAVIX KIT	-	EXC	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill)	QL	Non-Preferred Brands	VAGINAL PRODUCTS
CLINISTIX TES KIDNEY	-	EXC	DIAGNOSTIC PRODUCTS
CLINISTIX TEST STRIP	OTC	EXC	DIAGNOSTIC PRODUCTS
clobazam susp (ONFI equiv) (QL= 480ml/30 days)	QL	Select	ANTICONVULSANTS
clobazam tab (ONFI equiv)	-	Select	ANTICONVULSANTS
clobetasol E foam (OLUX E equiv)	-	High Cost Generics	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	-	Select	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	-	Select	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	-	Select	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	Select	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	Select	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	Select	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	Select	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	-	Select	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	-	Select	DERMATOLOGICALS
CLOCORTOLONE CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
clocortolone pivalate cream (CLOCORTOLONE equiv) (QL= 1 tube/30 days; Step therapy requires trial of one preferred topical steroid)	QL-ST	High Cost Generics	DERMATOLOGICALS
CLODERM CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
CLOMID TAB	-	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 patch (CATAPRES-TTS equiv)	-	High Cost Generics	ANTIHYPERTENSIVES
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

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clotrimazole troches (MYCELEX TROCHES equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	Select	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	Select	DERMATOLOGICALS
CLOZAPINE ODT (QL= 3 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZARIL TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CNJ-016 INJ	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CO Q-10 CAP	-	EXC	ALTERNATIVE MEDICINES
coal tar shampoo (IONIL-T equiv)	-	EXC	DERMATOLOGICALS
COARTEM TAB	-	Non-Preferred Brands	ANTIMALARIALS
COCAINE HCL SOLN	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
COCKROACH INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
COCONUT INJ	-	EXC	DIAGNOSTIC PRODUCTS
CODEINE SULFATE SOLN	-	Non-Preferred Brands	ANALGESICS - OPIOID
CODEINE SULFATE TAB	-	High Cost Generics	ANALGESICS - OPIOID
CODEINE SULFATE TAB	-	Non-Preferred Brands	ANALGESICS - OPIOID
codeine sulfate tab	-	Select	ANALGESICS - OPIOID
CODITUSSIN LIQUID DAC (QL= 1200ml/30 days)	QL	Preferred Brands	COUGH/COLD/ALLERGY
COFFEE BEAN CAP	-	EXC	ALTERNATIVE MEDICINES
colchicine cap (MITIGARE equiv) (QL= 4 caps/day)	QL	High Cost Generics	GOUT AGENTS
colchicine tab (COLCRYS equiv) (QL= 4 tabs/day)	QL	Select	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	Select	GOUT AGENTS
COLCRYS TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands	GOUT AGENTS
cold/allergy elx children (QL= 2400ml/30 days)	QL	Select	COUGH/COLD/ALLERGY
colesevelam pack (WELCHOL equiv) (Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol)	ST	High Cost Generics	ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	Select	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	Select	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	Select	ANTIHYPERLIPIDEMICS

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colestipol tab (COLESTID equiv)	-	Select	ANTIHYPERLIPIDEMICS
colistimethate inj (COLY-MYCIN M equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
COLLAGEN MATRIX LIQUID	-	EXC	DERMATOLOGICALS
COLLAGEN-VITAMIN C TAB	OTC	EXC	ALTERNATIVE MEDICINES
COLUMVI INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COLY-MYCIN S OTIC SUSP	-	Non-Preferred Brands	OTIC AGENTS
COLY-MYCIN-S SUSP OTIC	-	Non-Preferred Brands	OTIC AGENTS
COMBIGAN OPHTH SOLN (QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
COMBIPATCH	-	Non-Preferred Brands	ESTROGENS
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVIR TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
COMBOGESIC INJ	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
COMETRIQ KIT (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMIRNATY INJ	VAC	Preventive	VACCINES
COMIRNATY INJ 30MCG/0.3ML	VAC	Preventive	VACCINES
COMPLERA TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
COMPLEX B-100 TAB	-	EXC	MULTIVITAMINS
COMPOUND W AER NITROFRE	-	EXC	DERMATOLOGICALS
CONCEPT DHA CAP	-	Preferred Brands	MULTIVITAMINS
CONCERTA TAB 18MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
CONCERTA TAB 27MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
CONCERTA TAB 36MG (QL= 1 tabs/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
CONCERTA TAB 54MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
CONDYLOX GEL (QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS

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CONJUPRI TAB, LEVAMLODIPINE TAB (QL= 1 tab/day; Step therapy requires trial of 2: nifedipine IR/ER, felodipine ER, nicardipine, isradipine, amlodipine)	QL-ST	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
CONSENSI TAB (QL= 30 tabs/30 days; Step Therapy requires trial of amlodipine and celecoxib)	QL-ST	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days)	QL	Preferred Brands	DIAGNOSTIC PRODUCTS
CONTOUR TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands	DIAGNOSTIC PRODUCTS
CONTRACEPTIVE FILM	OTC	Preventive	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	Preventive	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	Preventive	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	Preventive	VAGINAL PRODUCTS
COPAXONE INJ 20MG/ML (QL= 30 syringes/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPAXONE INJ 40MG/ML (QL= 12 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPIKTRA CAP (QL= 2 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COQMAX OMEGA CAP	OTC	EXC	ALTERNATIVE MEDICINES
CORDRAN CREAM 0.025%	-	Non-Preferred Brands	DERMATOLOGICALS
CORDRAN OINTMENT	-	Non-Preferred Brands	DERMATOLOGICALS
CORDRAN TAPE	-	Non-Preferred Brands	DERMATOLOGICALS
CORLANOR SOLN	PA	Non-Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
CORLANOR TAB	PA	Non-Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
CORN INJ	-	EXC	DIAGNOSTIC PRODUCTS
CORTANE-B OTIC SOLN	-	Non-Preferred Brands	OTIC AGENTS
CORTIC-ND DROPS	-	EXC	OTIC AGENTS
CORTIFOAM	-	Non-Preferred Brands	ANORECTAL AGENTS

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CORTISONE ACETATE TAB	-	Preferred Brands	CORTICOSTEROIDS
CORTISPORIN CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
CORTISPORIN OINT	-	Non-Preferred Brands	DERMATOLOGICALS
CORTROPHIN GEL 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
CORVITE TAB	-	EXC	HEMATOPOIETIC AGENTS
COSENTYX INJ	-	EXC	DERMATOLOGICALS
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
COSENTYX INJ (2-PACK) (QL= 2 inj/56 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
COSENTYX INJ 300MG/2ML (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
COSOPT (PF) OPHTH SOLN (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
COSOPT OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
COTELLIC TAB (QL= 3 tabs/day)	LMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT 17.3MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
COTEMPLA XR ODT 25.9MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
COTEMPLA XR ODT 8.6MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
COVID-19 TEST	OTC	EXC	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL=1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL	Preventive	VACCINES

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

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COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ (PFIZER)	-	EXC	VACCINES
COVID-19 VACCINE INJ 5-11Y (PFIZER)	-	EXC	VACCINES
COVID-19 VACCINE INJ 5-11Y (PFIZER)	--VAC	Preventive	VACCINES
COVID-19 VACCINE INJ 6-11Y (MODERNA)	-	EXC	VACCINES
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	VAC	Preventive	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	-	EXC	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	--VAC	Preventive	VACCINES
COVID-19 VACCINE INJ 6M-5Y (MODERNA)	-	EXC	VACCINES
COW MILK INJ	-	EXC	DIAGNOSTIC PRODUCTS
COXANTO CAP (QL= 180 caps/30 days; ST req trial of generic oxaprozin 600mg AND 2 addl NSAID (e.g., diclofenac, etodolac, sulindac))	QL-ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
CPB WC LIQUID	-	EXC	COUGH/COLD/ALLERGY
CRANBERRY CAP	OTC	EXC	ALTERNATIVE MEDICINES
CRANBERRY CAP URIN COM	-	EXC	MULTIVITAMINS
CRANBERRY TAB DISINTEGRATING	-	EXC	ALTERNATIVE MEDICINES
CRANRX CHW	-	EXC	ALTERNATIVE MEDICINES
CREATINE MONOHYDRATE LIQUID	-	EXC	NUTRIENTS
CREON CAP	-	Preferred Brands	DIGESTIVE AIDS
CRESEMBA CAP 186MG (QL= 72 caps/30 days; Step therapy requires trial of voriconazole and posaconazole)	QL-ST	Non-Preferred Brands	ANTIFUNGALS
CRESEMBA CAP 74.5MG (QL= 180 caps/30 days; Step therapy requires trial of two: voriconazole and posaconazole)	QL-ST	Non-Preferred Brands	ANTIFUNGALS
CRESTOR TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin tab or rosuvastatin tab)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
CRINONE GEL	-	Non-Preferred Brands	VAGINAL PRODUCTS
CRIXIVAN CAP	-	Preferred Brands	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	Select	OPHTHALMIC AGENTS
CROMOLYN SODIUM OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
CROTAN LOTION (Step therapy requires trial of permethrin cream and lindane)	ST	Non-Preferred Brands	DERMATOLOGICALS
cryselle tab	-	Preventive	CONTRACEPTIVES

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CUE COVID-19 INJ TEST CARTRIDGE	OTC	EXC	DIAGNOSTIC PRODUCTS
CUE HEALTH MIS MONITOR (QL= 1 kit/year)	QL	Preventive	DIAGNOSTIC PRODUCTS
CUPRIMINE CAP	-	Non-Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
CUTAQUIG INJ (QL= 576ml/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUVITRU INJ (Only available through AllianceRx Walgreens Prime 855-244-2555)	LD-PA	Preferred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUVPOSA SOLN (QL= 9ml/day)	QL	Non-Preferred Brands	ULCER DRUGS
CUVRIOR TAB (QL= 10 tabs/day; ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap)	QL-ST	Non-Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
CVS B12 CHEW	-	EXC	HEMATOPOIETIC AGENTS
CVS BALANCED TAB B100	OTC	EXC	MULTIVITAMINS
cyanocobalamin inj	-	Select	HEMATOPOIETIC AGENTS
cyanocobalamin nasal spray 500mcg/0.1ml (NASCOBAL equiv) (ST req trial of cyanocobalamin injection)	ST	High Cost Generics	HEMATOPOIETIC AGENTS
cyclobenzaprine ER cap (AMRIX equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab (FLEXERIL equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (Trial of 2: cyclobenzaprine 5mg, cyclobenzaprine 10mg, tizanidine, methocarbamol, baclofen, chlorzoxazone, orphenadrine)	ST	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
CYCLOGYL OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
CYCLOMYDRIL OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	Select	OPHTHALMIC AGENTS
cyclophosphamide cap	-	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE TAB	-	Non-Preferred Brands	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cycloserine cap (CYCLOSERINE equiv)	-	Select	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	High Cost Generics	ASSORTED CLASSES

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CYCLOSPORINE EMULSION 0.1% OPHTH	-	EXC	OPHTHALMIC AGENTS
cyclosporine modified cap (NEORAL equiv)	-	Select	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	Select	ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days)	QL	Select	OPHTHALMIC AGENTS
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
CYMBALTA CAP 20MG (QL= 6 caps/day)	QL	Non-Preferred Brands	ANTIDEPRESSANTS
CYMBALTA CAP 30MG (QL= 4 caps/day)	QL	Non-Preferred Brands	ANTIDEPRESSANTS
CYMBALTA CAP 60MG (QL= 2 caps/day)	QL	Non-Preferred Brands	ANTIDEPRESSANTS
cyproheptadine syrup	-	Select	ANTIHISTAMINES
cyproheptadine tab	-	Select	ANTIHISTAMINES
CYSTADANE POWDER (QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through Walgreens 888-347-3416)	LD-QL-ST	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
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 (20mL)/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-QL-RDX	Non-Preferred Specialty	OPHTHALMIC AGENTS
CYSTAGON CAP 150MG (Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-RDX	Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTAGON CAP 50MG (QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-QL-RDX	Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416)	LD-QL-RDX	Preferred Specialty	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
CYTARABINE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYTRA K CRYSTALS	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
D.H.E. INJ (QL= 24ml/28 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
D2.5W/NACL INJ	-	EXC	MINERALS & ELECTROLYTES
D5W/NACL INJ	-	EXC	MINERALS & ELECTROLYTES
dabigatran etexilate mesylate cap (PRADAXA equiv) (QL= 2 caps/day)	QL	Select	ANTICOAGULANTS
DAKLINZA TAB (Only available through Lumicera 855-847-3553)	LMSP-PA	Non-Preferred Specialty	ANTIVIRALS
dalfampridine ER tab (AMPYRA equiv)	AMSP-PA	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv) (QL= 4 caps/day)	QL	Select	ANDROGENS-ANABOLIC
DANDELION (TARAXACUM OFFICINALE) CAP	-	EXC	ALTERNATIVE MEDICINES
DANTRIUM CAP (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
dantrolene cap (DANTRIUM equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
dapsone gel (ACZONE equiv) (QL= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	High Cost Generics	DERMATOLOGICALS
dapsone tab	-	Select	ANTI-INFECTIVE AGENTS - MISC.
DAPTOMY/NACL INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv) (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	High Cost Generics	URINARY ANTISPASMODICS
DARTISLA ODT TAB (QL= 4 tabs/day, Step therapy requires trial of glycopyrrolate tab or glycopyrrolate solution)	QL-ST	Non-Preferred Brands	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
darunavir tab 800mg (PREZISTA equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
DARZALEX FASPRO SOLN	-	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

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DAXXIFY INJ	-	EXC	DERMATOLOGICALS
DAYBUE SOLN (QL= 4000ml/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	NEUROMUSCULAR AGENTS
DAYTRANA PATCH (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
DAYVIGO TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate)	QL-ST	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
DAZAVEIDAOXI GEL	-	EXC	DERMATOLOGICALS
DAZOMON GEL	-	EXC	DERMATOLOGICALS
DDAVP NASAL SOLN	-	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
DECON-A LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
DEFENCATH SOLN	-	EXC	ANTICOAGULANTS
deferasirox granules packet (JADENU equiv)	AMSP-PA	Generic Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (EXJADE equiv)	AMSP-PA	Generic Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 90mg, 360mg (JADENU equiv)	AMSP-PA	Generic Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Generic Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab 1000mg (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Generic Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deflazacort tab (EMFLAZA equiv)	AMSP-PA	Preferred Specialty	CORTICOSTEROIDS
DEGLUDEC FLEXTOUCH INJ 100 UNIT (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Preferred Brands	ANTIDIABETICS
DEGLUDEC FLEXTOUCH INJ 200 UNIT (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Preferred Brands	ANTIDIABETICS
DEGLUDEC INJ 100 UNIT (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Preferred Brands	ANTIDIABETICS
DELESTROGEN INJ	-	Non-Preferred Brands	ESTROGENS
DELSTRIGO TAB	-	Preferred Brands	ANTIVIRALS
DELZICOL CAP (QL= 6 caps/day)	QL	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	Select	TETRACYCLINES
DEMEROL TAB (QL= 6 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
DEMSER CAP (QL= 448 caps/28 days)	PA-QL	Non-Preferred Brands	ANTIHYPERTENSIVES

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DENAVIR CREAM (QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
DENGVAXIA SUSP	-	EXC	VACCINES
DENOVO PLUS CAP B12	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEOXIATAR SOLN	-	EXC	DERMATOLOGICALS
DEPEN TITRATAB (QL= 16 tabs/day)	QL	Non-Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
DEPO-ESTRADIOL INJ	-	Non-Preferred Brands	ESTROGENS
DEPO-PROVERA INJ (QL= 1 inj/84 days)	QL	Non-Preferred Brands	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days)	QL	Preventive	CONTRACEPTIVES
DEPO-TESTOSTERONE INJ (QL= 1 vial/28 days)	QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
DEPO-TESTOSTERONE INJ (QL= 4 vials/28 days)	QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
DERMACINRX KIT (QL= 1 kit/30 days)	QL	Non-Preferred Brands	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)	PA-QL	Preferred Brands	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.
desonate gel	-	High Cost Generics	DERMATOLOGICALS
DESONATE GEL	-	Non-Preferred Brands	DERMATOLOGICALS
desonide cream	-	Select	DERMATOLOGICALS
desonide lotion	-	Select	DERMATOLOGICALS
desonide oint	-	Select	DERMATOLOGICALS

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DESOWEN CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
DESOWEN CREAM KIT	-	Non-Preferred Brands	DERMATOLOGICALS
DESOWEN LOTION	-	Non-Preferred Brands	DERMATOLOGICALS
DESOWEN LOTION KIT	-	Non-Preferred Brands	DERMATOLOGICALS
DESOWEN OINT KIT	-	Non-Preferred Brands	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	Select	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	Select	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	Select	DERMATOLOGICALS
desoximetasone spray 0.25% (TOPICORT equiv)	-	High Cost Generics	DERMATOLOGICALS
DESOXYN TAB (QL= 5 tabs/day; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DESVENLAFAXINE ER TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day)	QL-ST	Select	ANTIDEPRESSANTS
DEXAMETHASONE CONC	-	Preferred Brands	CORTICOSTEROIDS
dexamethasone elixir	-	Select	CORTICOSTEROIDS
dexamethasone pak (DEXPAK equiv)	-	Select	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	Preferred Brands	CORTICOSTEROIDS
dexamethasone tab (DEXAMETHASONE equiv)	-	Select	CORTICOSTEROIDS
DEXAMETHASONE TAB 20MG (QL= 8 tabs/30 days)	QL	Preferred Brands	CORTICOSTEROIDS
DEXCOM G6 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
DEXEDRINE CAP 10MG (QL= 120 caps/30 days)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
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Drug Name	Special Code	Tier	Category
DEXEDRINE CAP 15MG (QL= 4 caps/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
DEXEDRINE CAP 5MG (QL= 2 caps/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
DEXILANT DR CAP (Covered for members age 17 or younger; QL= 1 cap/day)	QL	Non-Preferred Brands	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
dexlansoprazole DR cap (DEXILANT equiv) (Covered for members age 17 or younger; QL=1 cap/day; Step therapy requires trial of all: omeprazole, esomeprazole, lansoprazole cap, rabeprazole, and pantoprazole tab)	QL-ST	High Cost Generics	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
DEXMEDETOMIDINE HCL-NACL SOLN PREF SYR	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 60 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dexmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 240 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dexmethylphenidate tab 5mg (FOCALIN equiv) (QL= 120 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
DEXPAK TAB (Step Therapy requires trial of dexamethasone)	ST	Preferred Brands	CORTICOSTEROIDS
dextroamphetamine 5mg tab (QL= 180 tabs/30 days)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dextroamphetamine ER cap 10mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dextroamphetamine ER cap 15mg (QL= 4 caps/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dextroamphetamine ER cap 5mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dextroamphetamine soln (PROCENTRA equiv) (QL= 1800ml/30 days)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	High Cost Generics	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	High Cost Generics	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	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

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Drug Name	Special Code	Tier	Category
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
dextroamphetamine tab 10mg (QL= 6 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
dextromethorphan-guaifenesin liquid 20-200mg/20ml (ROBITUSSIN equiv)	-	EXC	COUGH/COLD/ALLERGY
dextrose w/ sodium chloride inj 2.5%-0.45% (D2.5W/NACL equiv)	-	EXC	MINERALS & ELECTROLYTES
dextrose w/ sodium chloride inj 5%-0.225% (DW5-NACL equiv)	-	EXC	MINERALS & ELECTROLYTES
dextrose w/ sodium chloride inj 5%-0.3% (D5W/NACL equiv)	-	EXC	MINERALS & ELECTROLYTES
DHIVY TAB (QL= 8 tabs/day; Step therapy requires trial of carbidopa-levodopa tab/ODT or carbidopa-levodopa ER tab)	QL-ST	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	Non-Preferred Specialty	ANTICONVULSANTS
DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	Non-Preferred Specialty	ANTICONVULSANTS
DIADIMAXIA, DIASDIMAXIA CREAM	-	EXC	DERMATOLOGICALS
DIALYVITE TAB	-	Select	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	Select	MULTIVITAMINS
DIAOXIA, DIASOXIA CREAM	-	EXC	DERMATOLOGICALS
DIAPHRAGM	-	Preventive	MEDICAL DEVICES AND SUPPLIES
DIASAXIATAR CREAM	-	EXC	DERMATOLOGICALS
DIASAXIATAR GEL	-	EXC	DERMATOLOGICALS
DIASTAT ACDL GEL (QL= 1 pack/30 days)	QL	Non-Preferred Brands	ANTICONVULSANTS
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 1 kit/30 days)	QL	Non-Preferred Brands	ANTICONVULSANTS
diazepam conc (VALIUM equiv)	-	Select	ANTIANXIETY AGENTS
DIAZEPAM GEL 2.5MG (QL= 1 kit/30 days)	QL	Preferred Brands	ANTICONVULSANTS
diazepam oral soln (QL= 360ml/30 days)	QL	Select	ANTIANXIETY AGENTS
diazepam rectal gel (QL= 1 pack/30 days)	QL	High Cost Generics	ANTICONVULSANTS
DIAZEPAM RECTAL GEL (QL= 1 kit/30 days)	QL	Preferred Brands	ANTICONVULSANTS
diazepam tab (VALIUM equiv)	-	Select	ANTIANXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	Select	ANTIDIABETICS
dichlorphenamide tab (KEVEYIS equiv) (QL= 4 tabs/day)	AMSP-PA-QL	Generic Specialty	DIURETICS
DICLEGIS TAB (QL= 120 tabs/30 days)	QL	Non-Preferred Brands	ANTIEMETICS
diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month)	QL	Select	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv)	-	Select	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
DICLOFENAC PATCH, FLECTOR PATCH (QL= 60 patches/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
diclofenac potassium (migraine) packet (CAMBIA equiv) (QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan))	QL-ST	High Cost Generics	MIGRAINE PRODUCTS
diclofenac potassium cap (ZIPSOR equiv) (QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets)	QL-ST	High Cost Generics	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab (CATAFLAM equiv) (QL= 4 tabs/day)	QL	Select	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab 25mg (QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets)	QL-ST	High Cost Generics	ANALGESICS - ANTI-INFLAMMATORY
DICLOFENAC SOD SOLN 2%, CAPSAICIN CREAM 0.025% THER PACK	-	EXC	DERMATOLOGICALS
diclofenac sodium EC tab (VOLTAREN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium gel kit (VENNGEL equiv)	-	EXC	DERMATOLOGICALS
diclofenac sodium ophth soln (VOLTAREN equiv)	-	Select	OPHTHALMIC AGENTS
diclofenac sodium soln (XRYLIX equiv)	-	EXC	DERMATOLOGICALS
diclofenac sodium soln 2% (Step therapy requires trial of of diclofenac 1.5% soln)	ST	High Cost Generics	DERMATOLOGICALS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
DICLOFENAC SODIUM-MENTHOL-LIDOCAINE PATCH	-	EXC	DERMATOLOGICALS
diclofenac soln 1.5% (PENNSAID equiv)	-	Select	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
DICLONA GEL	-	EXC	DERMATOLOGICALS
DICLONA+ PAD	-	EXC	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	Select	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	Select	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	Select	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	Select	ULCER DRUGS
DIDANOSINE DR CAP (QL= 2 caps/day)	QL	Preferred Brands	ANTIVIRALS
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	QL	Select	ANTIVIRALS
DIETHYLPROPION ER TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/NOREXIANTS
diethylpropion tab	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/NOREXIANTS
DIFFERIN CREAM (QL= 360g/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
DIFFERIN GEL (QL= 360g/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
DIFFERIN GEL 0.1%	OTC	EXC	DERMATOLOGICALS
DIFFERIN LOTION (QL= 472mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
DIFICID SUSP (QL= 136 mL/30 days)	QL	Preferred Brands	MACROLIDES

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Drug Name	Special Code	Tier	Category
DIFICID TAB (QL= 20 tabs/30 days)	QL	Preferred Brands	MACROLIDES
DIFLORASONE CREAM, PSORCON CREAM (Step Therapy requires trial of 2 high potency creams: betameth diprop/val, fluocinonide, mometasone, triamcin, amcinonide)	ST	Non-Preferred Brands	DERMATOLOGICALS
diflorasone oint	-	High Cost Generics	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	Select	ANALGESICS - NONNARCOTIC
difluprednate ophth emulsion (DUREZOL equiv) (QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp)	QL-ST	High Cost Generics	OPHTHALMIC AGENTS
DIGESTIVE ENZYME CAP DELAYED RELEASE	OTC	EXC	DIGESTIVE AIDS
digoxin soln (LANOXIN equiv)	-	High Cost Generics	CARDIOTONICS
DIGOXIN SOLN	-	Non-Preferred Brands	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	Select	CARDIOTONICS
digoxin tab 62.5mcg (LANOXIN equiv) (QL= 1 tab/day)	QL	Select	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 24ml/28 days)	QL	High Cost Generics	MIGRAINE PRODUCTS
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan)	QL-ST	High Cost Generics	MIGRAINE PRODUCTS
DIHYRDROBERBERINE CAP	OTC	EXC	ALTERNATIVE MEDICINES
DILANTIN CAP 30MG	-	Preferred Brands	ANTICONVULSANTS
DILAUDID LIQUID	-	Non-Preferred Brands	ANALGESICS - OPIOID
diltiazem ER cap (CARDIZEM CD equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
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	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= 60 caps/30 days)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIOOXIA CREAM	-	EXC	DERMATOLOGICALS
DIPENTUM CAP	-	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	Select	ANTIHISTAMINES
diphenhydramine inj	-	Select	ANTIHISTAMINES

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diphenhydramine-phenylephrine tab	-	EXC	COUGH/COLD/ALLERGY
diphenhydramine-phenylephrine-apap liquid (DIMETAPP equiv)	-	EXC	COUGH/COLD/ALLERGY
DIPHENOXYLATE/ATROPINE LIQUID	-	Preferred Brands	ANTIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	Select	ANTIDIARRHEALS
dipyridamole tab (PERSANTINE equiv)	-	Select	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	Select	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	Select	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIUREX ULTRA TAB	OTC	EXC	DIURETICS
DIURIL SUSP	-	Preferred Brands	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	Select	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	Select	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	Select	ANTICONVULSANTS
DIVIGEL GEL (QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Non-Preferred Brands	ESTROGENS
DIVIGEL GEL 1.25MG/1.25GM (QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Non-Preferred Brands	ESTROGENS
DIVIGEL GEL, ELESTRIN GEL	-	Non-Preferred Brands	ESTROGENS
DOBUTAMINE INJ	-	EXC	CARDIOTONICS
docetaxel inj	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DOCK-SORREL INJ	-	EXC	DIAGNOSTIC PRODUCTS
DOCUSATE SYRUP	-	EXC	LAXATIVES
dofetilide cap (TIKOSYN equiv)	-	High Cost Generics	ANTIARRHYTHMICS
DOG EPITHELI INJ	-	EXC	DIAGNOSTIC PRODUCTS
DOJOLVI ORAL LIQUID (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	NUTRIENTS
DOLOPHINE TAB 10MG (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
DOLOPHINE TAB 5MG (QL= 8 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
donepezil ODT (ARICEPT equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 10mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 5mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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

Drug Name	Special Code	Tier	Category
DONNATAL ELIXIR (QL= 1200ml/30 days)	QL	Non-Preferred Brands	ULCER DRUGS
DONNATAL TAB (QL= 8 tabs/day)	QL	Non-Preferred Brands	ULCER DRUGS
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
DORAL TAB	-	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
DORYX MPC TAB (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate followed by generic doxycycline hyclate DR)	QL-ST	Non-Preferred Brands	TETRACYCLINES
DORYX TAB 50MG (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Non-Preferred Brands	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	Select	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Select	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
dorzolamide/timolol ophth soln (COSOPT equiv)	-	Select	OPHTHALMIC AGENTS
DOVATO TAB	-	Non-Preferred Brands	ANTIVIRALS
doxazosin tab (CARDURA equiv)	-	Select	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv) (QL= 2 tabs/day)	QL	Select	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	Select	ANTIDEPRESSANTS
doxepin hcl cream (ST req trial of a topical corticosteroid AND topical tacrolimus)	ST	High Cost Generics	DERMATOLOGICALS
DOXEPIN HCL CREAM (ST req trial of a topical corticosteroid AND topical tacrolimus)	ST	Non-Preferred Brands	DERMATOLOGICALS
doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	High Cost Generics	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
doxercalciferol cap (HECTOROL equiv)	-	High Cost Generics	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxorubicin hcl inj (ADRIAMYCIN equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DOXYCYCLINE CAP, ORACEA CAP (QL= 1 cap/day; Step Therapy requires trial of doxycycline hyclate, doxycycline hyclate DR, or doxycycline monohydrate)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
doxycycline hyclate cap (QL= 2 caps/day)	QL	Select	TETRACYCLINES
doxycycline hyclate cap 50mg (VIBRAMYCIN equiv) (QL= 2 caps/day)	QL	Select	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics	TETRACYCLINES

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doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Select	TETRACYCLINES
doxycycline hyclate DR tab 200mg (DORYX equiv) (QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics	TETRACYCLINES
doxycycline hyclate DR tab 50mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics	TETRACYCLINES
doxycycline hyclate DR tab 75mg (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day)	QL	Select	TETRACYCLINES
doxycycline hyclate tab 150mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	High Cost Generics	TETRACYCLINES
doxycycline hyclate tab 50mg (TARGADOX equiv) (Step Therapy requires trial of doxycycline monohydrate)	ST	High Cost Generics	TETRACYCLINES
doxycycline hyclate tab 75mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	High Cost Generics	TETRACYCLINES
doxycycline monohydrate cap (MONODOX equiv) (QL= 2 caps/day)	QL	High Cost Generics	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	Select	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	Select	TETRACYCLINES
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 requires trial of doxycycline monohydrate tablets)	QL-ST	High Cost Generics	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	Select	TETRACYCLINES
doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days)	QL	Select	ANTIEMETICS
doxylamine-dm liquid (ROBITUSSIN equiv)	-	EXC	COUGH/COLD/ALLERGY
D-PENAMINE TAB	-	Preferred Brands	ASSORTED CLASSES
DRIZALMA DR CAP	-	Non-Preferred Brands	ANTIDEPRESSANTS
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	QL	Select	ANTIEMETICS
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	Preventive	CONTRACEPTIVES
DROXIA CAP	-	Preferred Brands	HEMATOPOIETIC AGENTS
droxidopa cap (NORTHERA equiv)	AMSP	Generic Specialty	VASOPRESSORS
DRUG ASSAY (URINE) AND FUROSEMIDE TAB KIT	-	EXC	DIAGNOSTIC PRODUCTS
DRYSOL SOLN	-	Preferred Brands	DERMATOLOGICALS
DUAKLIR INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of ANORO ELLIPTA INHALER or STIOLTO INHALER)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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DUETACT TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands	ANTIDIABETICS
DUEXIS TAB	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
DULERA INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv) (QL= 2 caps/day)	QL	High Cost Generics	ANTIDEPRESSANTS
duloxetine EC cap 20mg (QL= 6 caps/day)	QL	Select	ANTIDEPRESSANTS
duloxetine EC cap 30mg (QL= 4 caps/day)	QL	Select	ANTIDEPRESSANTS
duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day)	QL	Select	ANTIDEPRESSANTS
DULOXICAINE PACK	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DUOBRII LOTION (Step Therapy requires trial of 2: high potency corticosteroids, tazarotene cream)	ST	Non-Preferred Brands	DERMATOLOGICALS
DUOVISC KIT	-	EXC	OPHTHALMIC AGENTS
DUPIXENT INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
DURAGESIC PATCH (QL=15 patches/30 days)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
DUREZOL OPHTH EMULSION (QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
DURLAZA CAP	-	Non-Preferred Brands	HEMATOLOGICAL AGENTS - MISC.
dutasteride cap (AVODART equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv) (Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap)	ST	High Cost Generics	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB (QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers)	QL-ST	Non-Preferred Brands	ANTIHYPERTENSIVES
DUZALLO TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands	GOUT AGENTS
DW5-NACL INJ	-	EXC	MINERALS & ELECTROLYTES
DXEVO 11-DAY PAK (Step therapy requires trial of dexamethasone tab/soln)	ST	Non-Preferred Brands	CORTICOSTEROIDS

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Drug Name	Special Code	Tier	Category
DYANAVEL XR CHEW 10MG (QL= 2 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
DYANAVEL XR CHEW 15MG (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
DYANAVEL XR CHEW 20MG (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
DYANAVEL XR CHEW 5MG (QL= 4 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
DYMISTA SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
DYRENIUM CAP (Step Therapy requires trial of amiloride or spironolactone)	ST	Non-Preferred Brands	DIURETICS
E-400 SELENIUM CAP	-	EXC	MULTIVITAMINS
EASTERN COTTONWOOD INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
EB-N3 DR CAP	-	EXC	MULTIVITAMINS
ECHINACEA-VITAMIN C CHEW TAB	OTC	EXC	ALTERNATIVE MEDICINES
econazole cream (SPECTAZOLE equiv)	-	Select	DERMATOLOGICALS
ECOZA FOAM	-	Non-Preferred Brands	DERMATOLOGICALS
EDARBI TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
EDARBYCLOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
EDLUAR SL TAB (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
EDURANT TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
EFAVIRENZ CAP	-	Select	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	Select	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	Select	ANTIVIRALS
EFFIENT TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	HEMATOLOGICAL AGENTS - MISC.
EFLORNITHINE POWDER	-	EXC	CHEMICALS
EGATEN TAB	-	Non-Preferred Brands	ANTHELMINTICS
EGRIFTA INJ	-	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELAHERE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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ELDERBERRY-VITAMIN C-ZINC CHEW TAB	-	EXC	ALTERNATIVE MEDICINES
electrolyte-148 solution (PLASMA-LYTE equiv)	-	EXC	MINERALS & ELECTROLYTES
electrolyte-a solution (PLASMA-LYTE equiv)	-	EXC	MINERALS & ELECTROLYTES
ELEPSIA XR TAB 1000MG (QL= 90 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
ELEPSIA XR TAB 1500MG (QL= 60 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
eletriptan tab (RELPAX equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	High Cost Generics	MIGRAINE PRODUCTS
ELEVIDYS KIT	-	EXC	NEUROMUSCULAR AGENTS
ELFABRIO SOLN	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELIDEL CREAM (Step Therapy requires trial of tacrolimus oint)	ST	Non-Preferred Brands	DERMATOLOGICALS
ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days)	QL	Preferred Brands	ANTICOAGULANTS
ELIQUIS TAB 2.5MG (QL= 60 tabs/30 days)	QL	Preferred Brands	ANTICOAGULANTS
ELIQUIS TAB 5MG (QL= 74 tabs/30 days)	QL	Preferred Brands	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	Preventive	CONTRACEPTIVES
ELLENCE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ELMIRON CAP	-	Preferred Brands	GENITOURINARY AGENTS - MISCELLANEOUS
ELREXFIO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
eluryng vaginal ring (NUVARING equiv)	-	Preventive	CONTRACEPTIVES
ELYXYB SOLN (QL= 43.2ml/30 days; Step Therapy requires trial of 2: celecoxib cap, diclofenac potassium 50mg tab, diclofenac sodium IR, XR, EC tab, etodolac IR/ER cap/tab, meloxicam tab, sumatriptan tab, naratriptan tab, rizatriptan tab/ODT, naproxen suspension)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
EMADINE OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
EMCYT CAP	-	Non-Preferred Brands	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND CAP 125MG (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Preferred Brands	ANTIEMETICS
EMEND CAP 40MG (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Preferred Brands	ANTIEMETICS

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EMEND CAP 80MG (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Preferred Brands	ANTIEMETICS
EMEND PAK (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron)	QL-ST	Non-Preferred Brands	ANTIEMETICS
EMEND SUSP (QL= 3 doses/fill, 2 fills/month)	QL	Non-Preferred Brands	ANTIEMETICS
EMETROL CHEW TAB	-	EXC	ANTACIDS
EMFLAZA SUSP (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	CORTICOSTEROIDS
EMFLAZA TAB	PA	Non-Preferred Specialty	CORTICOSTEROIDS
EMGALITY INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	MIGRAINE PRODUCTS
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	AMSP-PA-QL	Non-Preferred Specialty	MIGRAINE PRODUCTS
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
EMSAM PATCH	-	Non-Preferred Brands	ANTIDEPRESSANTS
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day)	QL	Select	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days)	QL	Select	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days)	QL	Preventive	ANTIVIRALS
EMTRIVA CAP (QL= 1 cap/day)	QL	Non-Preferred Brands	ANTIVIRALS
EMTRIVA SOLN (QL= 850ml/30 days)	QL	Preferred Brands	ANTIVIRALS
EMVERM TAB	-	Non-Preferred Brands	ANTHELMINTICS
ENABLEX TAB (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	Non-Preferred Brands	URINARY ANTISPASMODICS
enalapril maleate oral soln (EPANED equiv) (QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab)	QL-ST	High Cost Generics	ANTIHYPERTENSIVES
enalapril tab (VASOTEC equiv)	-	Value	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	Value	ANTIHYPERTENSIVES
ENBREL INJ (QL= 8 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY

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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
ENDARI POWDER PACK (Step Therapy requires trial of hydroxyurea cap)	LMSP-ST	Preferred Specialty	HEMATOPOIETIC AGENTS
ENDEAVORRX	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
ENDOMETRIN INSERT	PA	Preferred Brands	VAGINAL PRODUCTS
ENERGY B-12 TAB	-	EXC	HEMATOPOIETIC AGENTS
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	Preventive	VACCINES
ENGLISH PLAN INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ENGLISH WALNUT INJ	-	EXC	DIAGNOSTIC PRODUCTS
ENJAYMO SOLN	-	EXC	HEMATOLOGICAL AGENTS - MISC.
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
ENSPRYNG INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
ENSTILAR FOAM	-	Non-Preferred Brands	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	Select	ANTIPARKINSON AGENTS
ENTADFI CAP (QL= 1 tab/day; Step therapy requires trial of an alpha 1 blocker (e.g. tamsulosin), finasteride 5mg AND tadalafil)	QL-ST	Non-Preferred Brands	GENITOURINARY AGENTS - MISCELLANEOUS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	Generic Specialty	ANTIVIRALS
ENTRESTO TAB (QL= 2 tabs/day)	QL	Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
ENTYVIO INJ (QL= 1.36ml/28 days; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
ENVARSUS XR TAB	-	Non-Preferred Brands	ASSORTED CLASSES

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EPANED SOLN (QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab)	QL-ST	Non-Preferred Brands	ANTIHYPERTENSIVES
EPCLUSA PAK (QL= 1 packet/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
EPCLUSA TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
ephedrine hcl tab (PRIMATENE equiv)	OTC	EXC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	Preferred Specialty	ANTICONVULSANTS
EPIDUO FORTE GEL 0.3-2.5%	-	EXC	DERMATOLOGICALS
EPIDUO GEL 0.1-2.5%	-	EXC	DERMATOLOGICALS
EPIFOAM AEROSOL	-	Non-Preferred Brands	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	Non-Preferred Brands	OPHTHALMIC AGENTS
epinephrine hcl nasal soln (ADRENALIN equiv)	-	High Cost Generics	NASAL AGENTS - SYSTEMIC AND TOPICAL
epinephrine inj	-	High Cost Generics	VASOPRESSORS
EPINEPHRINE INJ	-	Preferred Brands	VASOPRESSORS
epinephrine inj (ADRENALIN equiv)	-	Select	VASOPRESSORS
EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
EPINEPHRINE PF INJ 1 MG/ML	-	Non-Preferred Brands	VASOPRESSORS
EPINEPHRINE SOLN	-	EXC	VASOPRESSORS
EPIPEN (JR) INJ	-	Non-Preferred Brands	VASOPRESSORS
EPIVIR HBV SOLN (QL= 720ml/30 days)	AMSP-QL	Preferred Specialty	ANTIVIRALS
EPIVIR HBV TAB (QL= 1 tab/day)	AMSP-QL	Non-Preferred Specialty	ANTIVIRALS
EPIVIR SOLN (QL= 960ml/30 days)	QL	Non-Preferred Brands	ANTIVIRALS

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EPIVIR TAB 150MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
EPIVIR TAB 300MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIVIRALS
EPKINLY INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
eplerenone tab (INSPRA equiv)	-	Select	ANTIHYPERTENSIVES
EPOGEN INJ (QL= 12 vials/30 days; ST req trial of Retacrit OR Aranesp)	AMSP-QL-ST	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
EPRONTIA SOLN (QL= 473ml/30 days; Step therapy requires trial of topiramate sprinkle caps)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
EPSOLAY CREAM	-	EXC	DERMATOLOGICALS
EPZICOM TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIVIRALS
EQL REDNESS RELIEF DROP	OTC	EXC	OPHTHALMIC AGENTS
EQUETRO CAP	-	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERGOLOID MESYLATES TAB	-	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOMAR SL TAB	-	Non-Preferred Brands	MIGRAINE PRODUCTS
ergotamine/caffeine tab (CAFERGOT equiv) (QL= 40 tabs/28 days)	QL	High Cost Generics	MIGRAINE PRODUCTS
ERGOTHIONEINE CAP	OTC	EXC	ALTERNATIVE MEDICINES
ERIVEDGE CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB 240MG (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLOTINIB HCL (BULK) POWDER	-	EXC	CHEMICALS
erlotinib tab 100mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 150mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERMEZA SOLN 150MCG/5ML (QL= 10ml/day; Step therapy requires trial of levothyroxine tab)	QL-ST	Non-Preferred Brands	THYROID AGENTS

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

Drug Name	Special Code	Tier	Category
ERTACZO CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
ERY PAD	-	Select	DERMATOLOGICALS
ERYGEL GEL	-	Non-Preferred Brands	DERMATOLOGICALS
ERYTHROCIN INJ	-	EXC	MACROLIDES
ERYTHROCIN TAB	-	Non-Preferred Brands	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	Select	MACROLIDES
ERYTHROMYCIN EC CAP	-	Preferred Brands	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	Select	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	Non-Preferred Brands	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
ESBRIET CAP (QL= 3 caps/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 267MG (QL= 9 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 801MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	RESPIRATORY AGENTS - MISC.
escitalopram soln (LEXAPRO equiv)	-	Select	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	Value	ANTIDEPRESSANTS
ESGIC TAB	-	Non-Preferred Brands	ANALGESICS - NONNARCOTIC
ESKATA SOLN	-	EXC	DERMATOLOGICALS
esomeprazole cap (NEXIUM equiv) (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
esomeprazole DR granule pack (NEXIUM equiv) (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
esomeprazole magnesium DR tab (NEXIUM equiv) (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
ESOMEPRAZOLE STRONTIUM CAP (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
ESOMEPRAZOLE-EZS KIT (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS

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Drug Name	Special Code	Tier	Category
estazolam tab (PROSOM equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	Select	ESTROGENS
ESTRACE VAGINAL CREAM	-	Non-Preferred Brands	VAGINAL PRODUCTS
estradiol cream (ESTRACE equiv)	-	Select	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days)	QL	Select	ESTROGENS
estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days)	QL	Select	ESTROGENS
estradiol tab (ESTRACE equiv)	-	Select	ESTROGENS
estradiol td gel (DIVIGEL equiv) (QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	High Cost Generics	ESTROGENS
estradiol td gel 1.25mg/1.25gm (DIVIGEL equiv) (QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	High Cost Generics	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	Select	VAGINAL PRODUCTS
estradiol valerate inj (ST req trial of 2: estradiol tab, estradiol patch, estradiol vaginal tab, Estring)	ST	High Cost Generics	ESTROGENS
estradiol/norethindrone tab (ACTIVELLA equiv)	-	Select	ESTROGENS
ESTRING (QL= 1 ring/90 days; 3 copays per Rx)	QL	Preferred Brands	VAGINAL PRODUCTS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ethacrynic tab (EDECRIN equiv)	-	High Cost Generics	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	Select	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	Select	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	Select	ANTICONVULSANTS
etodolac cap (LODINE equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	Select	ANALGESICS - ANTI-INFLAMMATORY
ETOPOSIDE CAP	-	Preferred Brands	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etoposide cap (VEPESID equiv)	-	Select	ANTINEOPLASTICS
etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day)	QL	Select	ANTIVIRALS
etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
EUCRISA OINT (Step Therapy requires trial of 2: High potency corticosteroids, tacrolimus oint, pimecrolimus cream)	ST	Non-Preferred Brands	DERMATOLOGICALS
EULEXIN CAP (QL= 6 caps/day)	QL	Non-Preferred Brands	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EURAX CREAM	OTC	EXC	DERMATOLOGICALS
EVAMIST SPRAY	-	Non-Preferred Brands	ESTROGENS

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Drug Name	Special Code	Tier	Category
EVEKEO ODT (QL= 60 tabs/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
EVEKEO TAB	-	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
EVENING PRIMROSE OIL CAP	-	EXC	NUTRIENTS
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab (ZORTRESS equiv) (QL= 2 tabs/day)	AMSP-PA-QL-SF	High Cost Generics	MISCELLANEOUS THERAPEUTIC CLASSES
everolimus tab for oral susp (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVISTA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
EVOCLIN FOAM (QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
EVOTAZ TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
EVRYSDI SOLN (QL= 240 ml/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	NEUROMUSCULAR AGENTS
EVUSHELD SOLN	-	EXC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY)	ST	Non-Preferred Brands	ANTIDOTES AND SPECIFIC ANTAGONISTS
EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY)	ST	Non-Preferred Brands	ANTIDOTES
EXALGO TAB 12MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
EXALGO TAB 16MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
EXALGO TAB 32MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
EXALGO TAB 8MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
EXELDERM CREAM, SULCONAZOLE CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
EXELDERM SOLN, SULCONAZOLE SOLN	-	Non-Preferred Brands	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
EXELON PATCH (QL= 1 patch/day)	QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
exemestane tab (AROMASIN equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXFORGE HCT TAB (QL= 1 tab/day; Step therapy requires trial of 2: valsartan/HCTZ tab and amlodipine tab)	QL-ST	Non-Preferred Brands	ANTIHYPERTENSIVES
EXKIVITY CAP (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Preferred Specialty	NEUROMUSCULAR AGENTS
EXTAVIA INJ (QL= 14 kits/28 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EXTINA FOAM	-	Non-Preferred Brands	DERMATOLOGICALS
EYLEA HD INJ	-	EXC	OPHTHALMIC AGENTS
EYLEA INJ	-	EXC	OPHTHALMIC AGENTS
EYSUVIS OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
EZALLOR SPRINKLE CAP (QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, rosuvastatin, or simvastatin)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ezetimibe tab (ZETIA equiv) (QL= 1 tab/day)	QL	Select	ANTIHYPERLIPIDEMICS
EZETIMIBE/ATORVASTATIN TAB (QL= 1 tab/day; Step therapy requires trial of atorvastatin and ezetimibe)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day)	QL	High Cost Generics	ANTIHYPERLIPIDEMICS
FABIOR AEROSOL FOAM (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
FACTIVE TAB	-	Non-Preferred Brands	FLUOROQUINOLONES
FALESSA KIT	-	Non-Preferred Brands	CONTRACEPTIVES
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
famciclovir tab 500mg (FAMVIR equiv) (QL= 21 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) (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
FANAPT TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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Drug Name	Special Code	Tier	Category
FANAPT TITRATION PACK (QL= 1 pack/plan year)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FARESTON TAB (Only available through Walgreens 888-347-3416; Step Therapy requires trial of tamoxifen)	LD-ST	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIDIABETICS
FASENRA INJ (QL= 1 syringe/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-M-PA-QL	Non-Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FASENRA PEN INJ (QL= 1 pen/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FAZACLO ODT 12.5MG, 25MG, 100MG (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
febuxostat tab (ULORIC equiv) (QL= 1 tab/day)	QL	Select	GOUT AGENTS
felbamate susp (FELBATOL equiv) (QL= 30ml/day)	QL	Select	ANTICONVULSANTS
felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day)	QL	Select	ANTICONVULSANTS
felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
FELBATOL SUSP (QL= 30ml/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
FELBATOL TAB 400MG (QL= 9 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
FELBATOL TAB 600MG (QL= 6 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	Non-Preferred Brands	VAGINAL PRODUCTS
FEMALE CONDOMS	OTC	Preventive	MEDICAL DEVICES AND SUPPLIES
FEMRING (3 copays per Rx)	-	Non-Preferred Brands	VAGINAL PRODUCTS
FENOFIBRATE CAP (QL= 3 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130))	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	Select	ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	Select	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	Preferred Brands	ANTIHYPERLIPIDEMICS
FENOFIBRATE MICRO CAP 90MG (QL= 2 caps/day; ST req trial of 2: fenofibrate tab (Tricor) or fenofibrate cap (Lofibra))	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	High Cost Generics	ANTIHYPERLIPIDEMICS

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fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	Select	ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	Select	ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB, FIBRICOR TAB	-	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
fenoprofen calcium cap (NALFON equiv) (QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	QL-ST	High Cost Generics	ANALGESICS - ANTI-INFLAMMATORY
fenoprofen calcium tab (Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	High Cost Generics	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP (Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
FENSOLVI INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
FENTANYL CIT INJ	-	EXC	ANALGESICS - OPIOID
fentanyl citrate inj	-	EXC	ANALGESICS - OPIOID
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	High Cost Generics	ANALGESICS - OPIOID
fentanyl citrate pf soln prefilled syringe (FENTANYL equiv)	-	EXC	ANALGESICS - OPIOID
FENTANYL CITRATE-NACL IV SOLN	-	EXC	ANALGESICS - OPIOID
FENTANYL CIT-ROPIV-NACL SOL PREF SYR	-	EXC	ANALGESICS - OPIOID
FENTANYL FE KIT	-	EXC	DIAGNOSTIC PRODUCTS
fentanyl patch (DURAGESIC equiv) (QL=15 patches/30 days)	QL	High Cost Generics	ANALGESICS - OPIOID
FENTANYL/BUPIVACAINE/NACL INJ	-	EXC	ANALGESICS - OPIOID
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	Non-Preferred Brands	ANALGESICS - OPIOID
fenugreek (trigonella foenum-graecum) cap	-	EXC	ALTERNATIVE MEDICINES
FERAHEME INJ	-	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
FERRIPROX TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Preferred Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
FERRIPROX TAB 500MG (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Preferred Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
FERRO-PLEX TAB	-	EXC	HEMATOPOIETIC AGENTS
FERROUS 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

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ferrous sulfate soln	OTC	EXC	HEMATOPOIETIC AGENTS
ferumoxytol inj (FERAHEME equiv)	-	EXC	HEMATOPOIETIC AGENTS
fesoterodine fumarate er tab (TOVIAZ equiv) (QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin tab/syrup/ER tab, tolterodine tab/SR cap, trospium tab/SR cap)	QL-ST	High Cost Generics	URINARY ANTISPASMODICS
FETZIMA CAP (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
FETZIMA TITRATION PACK (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
fexofenadine/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 Brands	ANTIDIABETICS
FIASP INJ (QL= 60 units/30 days)	QL	Preferred Brands	ANTIDIABETICS
FIASP PENFILL INJ (QL= 60 units/30 days)	QL	Preferred Brands	ANTIDIABETICS
FIASP PUMP CARTRIDGE (QL= 60 units/30 days)	QL	Preferred Brands	ANTIDIABETICS
FIBER LIQUID	OTC	EXC	LAXATIVES
FIBER/VITAMIN D3 CHEW TAB	-	EXC	LAXATIVES
FINACEA FOAM	-	Non-Preferred Brands	DERMATOLOGICALS
FINAPID SOLN	-	EXC	DERMATOLOGICALS
FINAPODTAR SOLN	-	EXC	DERMATOLOGICALS
finasteride tab (PROPECIA equiv)	-	EXC	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
fingolimod hcl cap (GILENYA equiv) (QL= 30 caps/30 days)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	ANTICONVULSANTS
FIORICET CAP	-	Non-Preferred Brands	ANALGESICS - NONNARCOTIC
FIORINAL CAP	-	Non-Preferred Brands	ANALGESICS - NONNARCOTIC
FIORINAL/CODEINE CAP	-	Non-Preferred Brands	ANALGESICS - OPIOID
FIRAZYR INJ (QL= 36ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
FIRDAPSE TAB (QL= 8 tabs/day; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	ANTIMYASTHENIC/CHOLINERGIC AGENTS

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FIRMAGON INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FIRST AID OINTMENT	-	EXC	ANTISEPTICS & DISINFECTANTS
FIRST METRONIDAZOLE SUSP	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	EXC	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	EXC	ULCER DRUGS
FIRST PANTOPRAZOLE SUSP	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
FIRVANQ SOLN 25MG/ML (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution)	QL-ST	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
FIRVANQ SOLN 50MG/ML (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution)	QL-ST	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP	-	Preferred Brands	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	Select	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	Select	ANTIARRHYTHMICS
FLEQSUVY SUSP (QL= 16ml/day; Step therapy requires trial of baclofen tab and tizanidine tab)	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
FLOLIPID SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
FLONASE SENSIMIST NASAL SPRAY	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
FLO-PRED SUSP	-	Non-Preferred Brands	CORTICOSTEROIDS
FLORIVA CHEW TAB	-	Non-Preferred Brands	MULTIVITAMINS
FLORIVA DROPS	-	Preferred Brands	MINERALS & ELECTROLYTES
FLORIVA PLUS DROPS	-	Non-Preferred Brands	MULTIVITAMINS
FLORTAUCIPIR F 18 IV SOLN	-	EXC	DIAGNOSTIC PRODUCTS
FLOVENT DISK AER 100MCG (QL= 2 inhalers/30 days)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT DISK AER 250MCG (QL= 2 inhalers/30 days)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT DISK AER 50MCG (QL= 2 inhalers/30 days)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT DISKUS INHALER, FLUTICASONE DISKUS INHALER (QL= 2 inhalers/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER 110MCG (QL= 1 inhaler/30 days)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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

Drug Name	Special Code	Tier	Category
FLOVENT HFA INHALER 110MCG, FLUTICASONE HFA INHALER 110MCG ((1 inhaler/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER 220MCG (QL= 2 inhalers/30 days)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER 220MCG, FLUTICASONE HFA INHALER 220MCG (QL= 2 inhalers/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER 44MCG (QL= 2 inhalers/30 days)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER 44MCG, FLUTICASONE HFA INHALER 44MCG (QL inhalers/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOXURIDINE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUAD INJ	VAC	Preventive	VACCINES
FLUAD QUAD INJ	VAC	Preventive	VACCINES
FLUBLOK INJ	VAC	Preventive	VACCINES
FLUBLOK QUAD PF INJ	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
fludrocortisone tab (FLORINEF equiv)	-	Select	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	Preventive	VACCINES
FLUMIST QUADRIVALENT NASAL SUSP	VAC	Preventive	VACCINES
flunisolide nasal soln	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
FLUOCINOLONE ACET CREAM	-	Select	DERMATOLOGICALS
fluocinolone acetonide cream	-	Select	DERMATOLOGICALS
fluocinolone acetonide oil	-	Select	DERMATOLOGICALS
fluocinolone acetonide oint	-	Select	DERMATOLOGICALS
fluocinolone acetonide soln	-	Select	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	Select	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	Select	DERMATOLOGICALS
fluocinonide cream 0.1%	-	High Cost Generics	DERMATOLOGICALS
fluocinonide emollient cream	-	Select	DERMATOLOGICALS
fluocinonide gel	-	Select	DERMATOLOGICALS
fluocinonide oint	-	Select	DERMATOLOGICALS
fluocinonide soln	-	Select	DERMATOLOGICALS
FLUORABON SOLN (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive	MINERALS & ELECTROLYTES

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fluorescein sodium iv soln (FLUORESCITE equiv)	-	EXC	OPHTHALMIC AGENTS
FLUORESCITE INJ OP	-	EXC	OPHTHALMIC AGENTS
FLUORIDEX SENSITIVITY PASTE	-	Select	MOUTH/THROAT/DENTAL AGENTS
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	Select	OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv)	-	Select	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	Non-Preferred Brands	DERMATOLOGICALS
FLUOROURACIL SOLN	-	Preferred Brands	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	Value	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine cap 90mg (QL= 4 caps/28 days)	QL	Select	ANTIDEPRESSANTS
fluoxetine soln (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
FLUOXETINE TAB	-	Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine tab 10mg, 20mg (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
fluoxetine tab 60mg	-	High Cost Generics	ANTIDEPRESSANTS
FLUOXETINE TAB 60MG (Step Therapy requires trial of fluoxetine cap, fluoxetine tab or fluoxetine weekly cap)	--ST	High Cost Generics	ANTIDEPRESSANTS
FLUOXIA CREAM	-	EXC	DERMATOLOGICALS
fluphenazine tab (PROLIXIN equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
flurandrenolide cream (CORDRAN equiv)	-	High Cost Generics	DERMATOLOGICALS
flurandrenolide lotion (CORDRAN equiv)	-	High Cost Generics	DERMATOLOGICALS
flurandrenolide oint (CORDRAN equiv)	-	High Cost Generics	DERMATOLOGICALS
FLURAZEPAM CAP (QL= 1 cap/day; Step Therapy requires trial of 2: estazolam, temazepam, and triazolam)	QL-ST	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	Preferred Brands	OPHTHALMIC AGENTS
FLURBIPROFEN TAB	-	Select	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
FLUTAMIDE CAP (QL= 6 caps/day)	QL	Non-Preferred Brands	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
flutamide cap (EULEXIN equiv)	QL--	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUTICASONE DISKUS INHALER (QL= 2 inhalers/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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VAC	Vaccine Program				

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FLUTICASONE HFA INHALER 110MCG (QL= 2 inhalers/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER 220MCG (QL= 2 inhalers/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER 44MCG (QL= 2 inhalers/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE LOTION (ST req tri of 2 lower-mid potency topical corticosteroid (eg. Betamet lot 0.05%, Fluocin crm 0.025%))	ST	High Cost Generics	DERMATOLOGICALS
fluticasone nasal spray (FLONASE equiv)	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	Select	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	High Cost Generics	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
FLUTICASONE/VILANTEROL INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv) (QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventive	ANTIHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventive	ANTIHYPERLIPIDEMICS
FLUVIRIN INJ	VAC	Preventive	VACCINES
fluvoxamine ER cap (LUVOX CR equiv) (QL= 2 caps/day)	QL	High Cost Generics	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	Select	ANTIDEPRESSANTS
FLUZONE HD PF INJ	VAC	Preventive	VACCINES
FLUZONE HIGH DOSE PF INJ	VAC	Preventive	VACCINES
FLUZONE QUAD INJ	VAC	Preventive	VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	Preventive	VACCINES
FLYPROGPIDTA SOLN	-	EXC	DERMATOLOGICALS
FML FORTE OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT	-	Non-Preferred Brands	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
FOAM ANTACID CHEW	-	EXC	ANTACIDS
FOCALIN TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
FOCALIN XR CAP (QL= 1 cap/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
FOLAFY ER TAB	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
FOLBEE PLUS CZ TAB	-	Select	MULTIVITAMINS
FOLDITAM TAB	-	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
FOLOTYN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FOLTABS 800 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 Brands	ANTIDEPRESSANTS
formoterol fumarate neb soln (PERFOROMIST equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	High Cost Generics	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORTAMET TAB	-	Non-Preferred Brands	ANTIDIABETICS
FORTEO INJ 600MCG/2.4ML (QL= 2.4 units/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA GEL 2% (QL= 2 bottles/30 days)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
FORTICAL NASAL SPRAY	-	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB (Step Therapy requires trial of alendronate and ibandronate)	ST	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day)	QL	Select	ANTIVIRALS
fosfomycin tromethamine powder pack (MONUROL equiv)	-	High Cost Generics	ANTI-INFECTIVE AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	Select	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	Select	ANTIHYPERTENSIVES

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FOSRENOL CHEW TAB	-	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK (QL= 3 packs/day)	QL	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
FOTIVDA CAP (QL= 21 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRAGMIN INJ	-	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 10000 (QL= 10ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 12500 (QL= 5ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 15000 (QL= 6ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 18000 (QL= 7.2ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 2500 (QL= 2ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 5000 (QL= 2ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 7500 (QL= 3ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FRAGMIN INJ 95000 (QL= 7.6ml/30 days)	QL	Non-Preferred Brands	ANTICOAGULANTS
FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 READER (QL= 1 receiver/1 year; Step Therapy requires trail of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands	DIAGNOSTIC PRODUCTS

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FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIPS (QL= 300 strips/30 days)	QL	Preferred Brands	DIAGNOSTIC PRODUCTS
FROVA TAB (QL= 10 tabs/30 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv) (QL= 10 tabs/30 days)	QL	High Cost Generics	MIGRAINE PRODUCTS
FRUCTOOLIGOSACCHARIDES (FOS)-INULIN POWDER	OTC	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
FULPHILA INJ (QL= 2 syringes/28 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
FUROSCIX KIT (QL= 8 kits/30 days; Step requires a trial of furosemide tabs or furosemide soln; Only available through BioMatrix Specialty Pharmacy 855-359-9679)	LD-QL-ST	Non-Preferred Specialty	DIURETICS
FUROSEMIDE SOLN	-	Value	DIURETICS
furosemide soln (LASIX equiv)	-	Value	DIURETICS
furosemide tab (LASIX equiv)	-	Value	DIURETICS
FUZEON INJ	AMSP	Preferred Specialty	ANTIVIRALS
FYARRO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FYCOMPA TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
FYCOMPA SUSP	-	Non-Preferred Brands	ANTICONVULSANTS
FYLNETRA INJ (QL= 2 syringes/28 days)	PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
G HIST FORTE TAB	-	EXC	COUGH/COLD/ALLERGY
GABA TAB 25MG	OTC	EXC	NUTRIENTS
gabapentin (once-daily) tab (GRALISE equiv) (QL= 2 tabs/day)	PA-QL	High Cost Generics	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
gabapentin cap (NEURONTIN equiv)	-	Select	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	Select	ANTICONVULSANTS
GABITRIL TAB 12MG (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
GABITRIL TAB 16MG (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
GABITRIL TAB 2mg (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS

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GABITRIL TAB 4MG (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
GADAVIST INJ	-	EXC	DIAGNOSTIC PRODUCTS
gadobutrol inj (GADAVIST equiv)	-	EXC	DIAGNOSTIC PRODUCTS
gadoterate meglumine iv soln (CLARISCAN INJ, DOTAREM INJ equiv)	-	EXC	DIAGNOSTIC PRODUCTS
gadoterate meglumine iv soln prefilled syringe (CLARISCAN INJ, DOTAREM IN equiv)	-	EXC	DIAGNOSTIC PRODUCTS
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.
GALZIN CAP	-	Non-Preferred Brands	MINERALS & ELECTROLYTES
GANIRELIX AC INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GARDASIL 9 INJ	VAC	Preventive	VACCINES
GARDASIL INJ	VAC	Preventive	VACCINES
GARLIC CAP	OTC	EXC	ALTERNATIVE MEDICINES
GARLIC TAB	-	EXC	ALTERNATIVE MEDICINES
gatifloxacin ophth soln (ZYMAXID equiv)	-	High Cost Generics	OPHTHALMIC AGENTS
GATTEX KIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
GAUZE PADS/DRESSINGS - PADS 10" X 9"	OTC	EXC	MEDICAL DEVICES AND SUPPLIES
GAVILYTE-C SOLN (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive	LAXATIVES
gavilyte-h kit	-	High Cost Generics	LAXATIVES
GAVRETO CAP (QL= 120 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEAMETDRAY GEL	-	EXC	DERMATOLOGICALS
gefitinib tab (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELATIN CAP	OTC	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
GELCLAIR GEL	-	Non-Preferred Brands	MOUTH/THROAT/DENTAL AGENTS

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AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
GELNIQUE (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	Non-Preferred Brands	URINARY ANTISPASMODICS
gemfibrozil tab (LOPID equiv)	-	Select	ANTIHYPERLIPIDEMICS
GEMTESA TAB (QL= 30 tabs/30 days; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	QL-ST	Non-Preferred Brands	URINARY ANTISPASMODICS
GEN7T PLUS PAD	-	Non-Preferred Brands	DERMATOLOGICALS
GENOTROPIN INJ 0.2MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.4MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.6MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.8MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.2MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.4MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.6MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.8MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 12MG (QL= 4 cartridges/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 12MG (QL= 7 cartridges/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 2MG (QL= 21 syringes/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days)	AMSP-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	Select	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	Select	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	Select	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
gentamicin sulfate oint	-	Select	DERMATOLOGICALS
GENTEAL TEAR GEL SEV D/N	-	EXC	OPHTHALMIC AGENTS
GENVOYA TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
GEODON CAP (QL= 2 caps/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
G-HIST PE TAB	-	EXC	COUGH/COLD/ALLERGY
GIALAX KIT	-	Non-Preferred Brands	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	Preventive	CONTRACEPTIVES
GIAPREZA INJ	-	EXC	VASOPRESSORS
GILENYA CAP (QL= 30 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GIMOTI NASAL SPRAY (QL= 1 bottle/28 days; Step therapy requires trial of metoclopramide tab)	QL-ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
GINGER-ASHWAGANDHA LOZENGE	-	EXC	ALTERNATIVE MEDICINES
GINKGO BILOB CAP	-	EXC	ALTERNATIVE MEDICINES
glatiramer inj 20mg/ml (COPAXONE equiv) (QL= 30 syringes/30 days)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
glatiramer inj 40mg/ml (COPAXONE equiv) (QL= 12 syringes/28 days)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEEVEC TAB 100 MG (QL= 3 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLEEVEC TAB 400MG (QL= 2 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLENTUSS LIQUID	-	EXC	COUGH/COLD/ALLERGY
GLEOLAN SOLN	-	EXC	DIAGNOSTIC PRODUCTS
GLEOSTINE/LOMUSTINE CAP	AMSP	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	Value	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	Value	ANTIDIABETICS
GLIPIZIDE TAB (QL= 30 tabs/30 days; Step req trial of 3 of: glipizide IR tabs (5mg, 10mg), glipizide ER, glimepiride, glyburide)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	QL-ST	Value	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	Select	ANTIDIABETICS
GLOPERBA SOLN (QL= 300ml/30 days; Step Therapy requires trial of colchicine)	QL-ST	Non-Preferred Brands	GOUT AGENTS
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferred Brands	ANTIDIABETICS

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Drug Name	Special Code	Tier	Category
GLUCAGEN INJ	-	Preferred Brands	DIAGNOSTIC PRODUCTS
GLUCAGON DIAGNOSTIC INJ	-	Preferred Brands	DIAGNOSTIC PRODUCTS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	Preferred Brands	ANTIDIABETICS
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	Non-Preferred Brands	ANTIDIABETICS
GLUCAGON KIT (QL= 2 inj/fill, 2 fills/month; ST req trial of GLUCAGEN HYPOKIT)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
GLUCORAPHANIN-MYOSINASE-ASCORBIC ACID CAP	OTC	EXC	ALTERNATIVE MEDICINES
GLUCOS/CHOND LIQ MAX-STR	OTC	EXC	ALTERNATIVE MEDICINES
GLUCOSAMINE/MSM CAP	-	EXC	ALTERNATIVE MEDICINES
GLUCOSAMINE-CHONDROITIN-MSM CAP	OTC	EXC	ALTERNATIVE MEDICINES
glucose chew tab	OTC	EXC	ANTIDIABETICS
GLUMETZA TAB 1000MG (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands	ANTIDIABETICS
GLUMETZA TAB 500MG (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands	ANTIDIABETICS
GLUTATHIONE CAP	-	EXC	NUTRIENTS
GLYBURID MCR TAB	-	Select	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	Value	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	Value	ANTIDIABETICS
GLYCATE TAB (Step Therapy requires trial of glycopyrrolate)	ST	Non-Preferred Brands	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
GLYCATE TAB, GLYCOPYRROLATE TAB (QL= 4 tabs/day; Step Therapy requires trial of glycopyrrolate tab 1mg or glycopyrrolate tab 2mg)	QL-ST	Non-Preferred Brands	ULCER DRUGS
glycopyrrolate inj 0.2mg/ml (ROBINUL equiv)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
glycopyrrolate inj pf soln prefilled syringe	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day)	QL	Select	ULCER DRUGS
glycopyrrolate tab (ROBINUL equiv)	-	Select	ULCER DRUGS
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 Brands	ANTIDIABETICS
GNP L-LYSINE TAB	-	EXC	NUTRIENTS
GOCOVRI CAP (Step Therapy requires trial of amantadine)	ST	Non-Preferred Brands	ANTIPARKINSON AGENTS

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Drug Name	Special Code	Tier	Category
GOHIBIC INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
GOLYTELY SOLN	-	Non-Preferred Brands	LAXATIVES
GONIOTAIRE OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
GONITRO POWDER	-	Non-Preferred Brands	ANTIANGINAL AGENTS
GRAFCO SILVER NITRATE APPLICATOR	-	EXC	DERMATOLOGICALS
GRALISE STARTER PACK	-	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GRALISE TAB (QL= 2 tabs/day)	PA-QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days)	QL	Select	ANTIEMETICS
GRANISOL SOLN (QL= 60ml/30 days)	QL	Non-Preferred Brands	ANTIEMETICS
GRANIX INJ (QL= 15 syringes/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
GRANIX INJ (QL= 15 vials/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
GRAPE SEED CAP	-	EXC	ALTERNATIVE MEDICINES
GRASS POLLEN INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
GRASTEK SL TAB (QL= 30 tabs/30 days; Step req trial of montelukast tab/chew tab/packet)	QL-ST	Non-Preferred Brands	BIOLOGICALS MISC
GREEN ASH POLLEN EXTRACT INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
GREEN TEA CAP	-	EXC	ALTERNATIVE MEDICINES
griseofulvin micro tab (GRIFULVIN V equiv)	-	High Cost Generics	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	Select	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	High Cost Generics	ANTIFUNGALS
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month)	OTC-QL	Preferred Brands	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month)	OTC-QL	Select	COUGH/COLD/ALLERGY
guaifenesin-DM oral liquid 10-100mg/5ml (ROBITUSSIN equiv)	-	EXC	COUGH/COLD/ALLERGY
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS

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Drug Name	Special Code	Tier	Category
guanfacine IR tab (TENEX equiv)	-	Select	ANTIHYPERTENSIVES
GUANIDINE TAB	-	Select	ANTIMYASTHENIC/CHOLINERGIC AGENTS
GUARDIAN 4 MIS SENSOR (QL= 5 sensors/30 days)	PA-QL	Non-Preferred Brands	MEDICAL DEVICES AND SUPPLIES
GUARDIAN 4 TRANSMITTER (QL= 1 transmitter/year)	PA-QL	Non-Preferred Brands	MEDICAL DEVICES AND SUPPLIES
GVOKE INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferred Brands	ANTIDIABETICS
GVOKE INJ KIT (QL= 2 vials/fill, 2 fills/30 days)	QL	Preferred Brands	ANTIDIABETICS
GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferred Brands	ANTIDIABETICS
GYNAZOLE CREAM	-	Non-Preferred Brands	VAGINAL PRODUCTS
HADLIMA INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-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.
halcinonide cream (HALOG equiv) (Step Therapy requires trial of 2 High potency corticosteroids)	ST	High Cost Generics	DERMATOLOGICALS
HALFLYTELY BOWEL PREP KIT	-	Non-Preferred Brands	LAXATIVES
HALOBETASOL AER (ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol))	ST	Non-Preferred Brands	DERMATOLOGICALS
halobetasol propionate cream (ULTRAVATE equiv)	-	Select	DERMATOLOGICALS
halobetasol propionate foam (HALOBETASOL AER equiv) (ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol))	ST	High Cost Generics	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	Select	DERMATOLOGICALS
HALOG CREAM (Step Therapy requires trial of 2 High potency corticosteroids)	ST	Non-Preferred Brands	DERMATOLOGICALS

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HALOG OINT	-	Non-Preferred Brands	DERMATOLOGICALS
HALOG SOLN	-	Non-Preferred Brands	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 Brands	DERMATOLOGICALS
HARVONI PELLET PAK (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
HARVONI TAB (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
HAVRIX INJ, VAQTA INJ	VAC	Preventive	VACCINES
HAZELNUT INJ	-	EXC	DIAGNOSTIC PRODUCTS
HC BUTYRATE CREAM	-	EXC	DERMATOLOGICALS
HC BUTYRATE CREAM	-	Select	DERMATOLOGICALS
HC BUTYRATE SOLN	-	Preferred Brands	DERMATOLOGICALS
HEALON DUET INJ	-	EXC	OPHTHALMIC AGENTS
HEALON GV INJ	-	EXC	OPHTHALMIC AGENTS
HEMANGEOL SOLN	-	Non-Preferred Brands	BETA BLOCKERS
HEMATINIC/FA TAB	OTC	EXC	HEMATOPOIETIC AGENTS
HEMAX TAB	OTC	EXC	HEMATOPOIETIC AGENTS
HEMGENIX INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
HEMLIBRA INJ	AMSP-PA	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
heparin porcine inj	-	Select	ANTICOAGULANTS
HEPLISAV-B INJ	VAC	Preventive	VACCINES
HEPSERA TAB (QL= 1 tab/day)	AMSP-QL	Non-Preferred Specialty	ANTIVIRALS
HETLIOZ CAP (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
HETLIOZ SUSP (QL= 158ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS

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HEXALEN CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	ANTINEOPLASTICS
HEXATRIONE SUSP	-	EXC	CORTICOSTEROIDS
HEXIOUNYL LOTION	-	EXC	DERMATOLOGICALS
HIXDEFRIMA SOLN	-	EXC	DERMATOLOGICALS
HIZENTRA INJ (Only available through Emerging Health 971-290-2010)	LD-PA	Preferred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HIZENTRA INJ, VIVAGLOBIN INJ (Only available through Emerging Health 971-290-2010)	LD-PA	Preferred Specialty	PASSIVE IMMUNIZING AGENTS
HOMATROPINE OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
HOODIA CAP	-	EXC	ALTERNATIVE MEDICINES
HORIZANT TAB (QL= 1 tab/30 days)	PA-QL	Non-Preferred Brands	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 or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMALOG KWIKPEN INJ (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMALOG KWIKPEN INJ (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMALOG KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMALOG MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMALOG PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMALOG TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS

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HUMATIN CAP	-	Non-Preferred Brands	AMINOGLYCOSIDES
HUMATROPE INJ	AMSP-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMATROPE INJ, ZOMACTON INJ	AMSP-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA 10MG/0.1ML (CORDAVIS) (QL= 2 syringes/28 days)	PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA 20MG/0.2ML (CORDAVIS) (QL= 2 syringes/28 days)	PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA 40MG/0.4ML (CORDAVIS) (QL= 2 syringes/28 days)	PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA 80MG/0.8ML (CORDAVIS) (QL= 2 syringes/28 days)	PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 80MG (QL = 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands	ANTIDIABETICS

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

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Drug Name	Special Code	Tier	Category
HUMULIN MIX PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMULIN N INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMULIN N PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMULIN R INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands	ANTIDIABETICS
HUMULIN R INJ U-500 (QL= 40ml/30 days)	QL	Select	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ (QL= 24ml/30 days)	QL	Select	ANTIDIABETICS
HYALURONIC CAP	-	EXC	ALTERNATIVE MEDICINES
HYCAMTIN CAP	LMSP-PA	Preferred Specialty	ANTINEOPLASTICS
HYCLODEX SOLN	-	Non-Preferred Brands	DERMATOLOGICALS
HYCODAN SYRUP	-	Non-Preferred Brands	COUGH/COLD/ALLERGY
HYCOFENIX SOLN	-	EXC	COUGH/COLD/ALLERGY
HYD POL/CPM SUSP (QL= 10ml/day)	QL	Select	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	Select	ANTIHYPERTENSIVES
HYDRO 35	-	EXC	DERMATOLOGICALS
HYDRO 40 FOAM	-	Non-Preferred Brands	DERMATOLOGICALS
hydrochlorothiazide cap (MICROZIDE equiv)	-	Value	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	Value	DIURETICS
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	High Cost Generics	ANALGESICS - OPIOID
hydrocodone/acetaminophen cap (LORCET equiv)	-	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 180ml/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	High Cost Generics	ANALGESICS - OPIOID
HYDROCODONE/ACETAMINOPHEN SOLN 10-325 MG/15ML (QL= 90ml/90 days for members age 20 or younger; QL= 210ml/90 days for members age 21 or older)	--QL	Non-Preferred Brands	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10-325mg (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID

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Drug Name	Special Code	Tier	Category
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	High Cost Generics	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5-325mg (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	High Cost Generics	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	High Cost Generics	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 12 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	Select	COUGH/COLD/ALLERGY
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv)	-	EXC	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	Select	COUGH/COLD/ALLERGY
HYDROCODONE/IBUPROFEN TAB (QL= 5 tabs/day)	QL	Select	ANALGESICS - OPIOID
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	QL--	Select	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	Select	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	Select	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	Select	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	Select	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	Select	DERMATOLOGICALS
HYDROCORTISONE CREAM 1%	-	EXC	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	Select	ANORECTAL AGENTS
hydrocortisone lotion	-	EXC	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	High Cost Generics	DERMATOLOGICALS
hydrocortisone lotion (HYTONE equiv)	-	Select	DERMATOLOGICALS
hydrocortisone oint	-	EXC	DERMATOLOGICALS
hydrocortisone oint	-	Select	DERMATOLOGICALS
HYDROCORTISONE PAK	OTC	EXC	DERMATOLOGICALS
HYDROCORTISONE STICK	OTC	EXC	DERMATOLOGICALS
hydrocortisone tab (CORTEF equiv)	-	Select	CORTICOSTEROIDS
hydrocortisone valerate cream	-	Select	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	Select	DERMATOLOGICALS
HYDROCORTISONE/PRAMOXINE SUPP	-	EXC	ANORECTAL AND RELATED PRODUCTS
hydromorphone ER tab 12mg (EXALGO equiv) (QL= 1 tab/day)	QL	High Cost Generics	ANALGESICS - OPIOID
hydromorphone ER tab 16mg (EXALGO equiv) (QL= 1 tab/day)	QL	High Cost Generics	ANALGESICS - OPIOID
hydromorphone ER tab 32mg (EXALGO equiv) (QL= 2 tabs/day)	QL	High Cost Generics	ANALGESICS - OPIOID
hydromorphone ER tab 8mg (EXALGO equiv) (QL= 1 tab/day)	QL	High Cost Generics	ANALGESICS - OPIOID
HYDROMORPHONE HCL-NACL INJ SOLN PREF SYR	-	EXC	ANALGESICS - OPIOID

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HYDROMORPHONE HCL-SODIUM CHLORIDE 0.9% INJ	-	EXC	ANALGESICS - OPIOID
HYDROMORPHONE INJ	-	EXC	ANALGESICS - OPIOID
hydromorphone liquid (DILAUDID equiv)	-	Select	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	Select	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	Select	ANALGESICS - OPIOID
HYDROQUINONE-HYDROCORTISONE-TRETINOIN EMULSION	-	EXC	DERMATOLOGICALS
HYDROQUINONE-TRETINOIN EMULSION	-	EXC	DERMATOLOGICALS
HYDROQUINONE-TRETINOIN-TRIAMCINOLONE ACE EMUL	-	EXC	DERMATOLOGICALS
HYDROXYAPATITE CMPD-CHOLECAL-MG CAP	OTC	EXC	MINERALS & ELECTROLYTES
hydroxychloroquine tab (PLAQUENIL equiv)	-	Select	ANTIMALARIALS
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
HYOPHEN TAB	-	Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
HYOSCYAMINE INJ	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
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
HYPODERMIC NEEDLES	OTC	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
HYQVIA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty	PASSIVE IMMUNIZING AGENTS
HYRIMOZ INJ 40MG/0.8ML (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

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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
HYSINGLA ER TAB (QL= 1 tab/day; Step Therapy requires trial of morphine sulfate ER)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
ibandronate tab 150mg (BONIVA equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP (QL= 21 caps/28 days; Only available through 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 Brands	GASTROINTESTINAL AGENTS - MISC.
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	Select	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab cold/sinus (QL= 240 tabs/30 days)	QL	Select	COUGH/COLD/ALLERGY
ibuprofen-acetaminophen tab (ADVIL equiv)	OTC	EXC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen-famotidine tab (DUEXIS equiv)	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days)	AMSP-PA-QL	Generic Specialty	HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (Only available through AcariaHealth 800-511-5144)	LD-PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
icosapent ethyl cap 0.5gm (VASCEPA equiv) (QL= 2 caps/day)	QL	Select	ANTIHYPERLIPIDEMICS
icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day)	QL	Select	ANTIHYPERLIPIDEMICS
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
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

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IGALMI FILM	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
IHEEZO GEL	-	EXC	OPHTHALMIC AGENTS
ILARIS INJ	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
ILUMYA INJ	-	EXC	DERMATOLOGICALS
imatinib tab 100mg (GLEEVEC equiv) (QL= 3 tabs/day)	AMSP-PA-QL	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imatinib tab 400mg (GLEEVEC equiv) (QL= 2 tabs/day)	AMSP-PA-QL	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA SUSP (QL= 2 bottles/30 days; Only available through Optum 877-445-6874)	LD-PA-QL	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL	Preferre d Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMCIVREE INJ	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
imipramine pamoate cap (TOFRANIL PM equiv)	-	High Cost Generics	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	Select	ANTIDEPRESSANTS
imiquimod cream 3.75% (IMIQUIMOD equiv) (QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution)	QL-ST	High Cost Generics	DERMATOLOGICALS
IMIQUIMOD CREAM 3.75% (QL= 7.5gm/28 days; Step Therapy requires trial o 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution)	QL-ST	Non-Pref erred Brands	DERMATOLOGICALS
imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days)	QL	Select	DERMATOLOGICALS
IMITREX INJ (QL= 1 inj/7 days)	QL	Non-Pref erred Brands	MIGRAINE PRODUCTS
IMITREX INJ (QL= 8 inj/30 days)	QL	Non-Pref erred Brands	MIGRAINE PRODUCTS
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY (QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Pref erred Brands	MIGRAINE PRODUCTS
IMITREX TAB (QL= 9 tabs/30 days)	QL	Non-Pref erred Brands	MIGRAINE PRODUCTS
IMITREX VIAL INJ (QL= 1 inj/7 days)	QL	Non-Pref erred Brands	MIGRAINE PRODUCTS
IMJUDO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMMUNOTIX CAP	OTC	EXC	ALTERNATIVE MEDICINES

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IMOVAX INJ	-	Preventive	VACCINES
IMPAVIDO CAP (QL= 3 caps/day)	AMSP-QL	Preferred Specialty	ANTI-INFECTIVE AGENTS - MISC.
IMPEKLO LOTION	-	Non-Preferred Brands	DERMATOLOGICALS
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	Preventive	CONTRACEPTIVES
IMPOYZ CREAM (Step Therapy requires trial of 2 High potency corticosteroids)	ST	Non-Preferred Brands	DERMATOLOGICALS
IMVEXXY SUPP	-	EXC	VAGINAL PRODUCTS
INBRIJA INH POWDER (QL= 4 units/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER (QL= 30 units/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	Select	DIURETICS
INDERAL XL CAP, INNOPRAN XL CAP	-	Non-Preferred Brands	BETA BLOCKERS
INDOCIN SUSP (QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp)	QL-ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
INDOCYANINE INJ	-	EXC	DIAGNOSTIC PRODUCTS
indomethacin cap (INDOCIN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN CAP, TIVORBEX CAP (Step Therapy requires trial of 2 nonsteroidal anti-inflammatory agents (NSAIDs))	ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN INJ	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN SUPP	-	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
indomethacin suppository (INDOCIN equiv) (QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxen, diclofenac, meloxicam, etc))	QL-ST	High Cost Generics	ANALGESICS - ANTI-INFLAMMATORY
indomethacin susp (INDOCIN equiv) (QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp)	QL-ST	High Cost Generics	ANALGESICS - ANTI-INFLAMMATORY
INFANRIX INJ	VAC	Preventive	TOXOIDS
INFLUENZA-SARS AT HOME TEST	-	EXC	DIAGNOSTIC PRODUCTS
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.

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INGREZZA PACK 40-80MG (QL= 1 pack/fill, 1 fill/plan year)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INJECTAFER INJ	-	EXC	HEMATOPOIETIC AGENTS
INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INNOVAMATRIX DISK	-	EXC	DERMATOLOGICALS
INPEFA TAB (QL= 30 tabs/30 days; Step therapy requires trial of Jardiance and Farxiga)	QL-ST	Non-Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
INPEN INSULIN INJECTION DEVICE	-	EXC	MEDICAL DEVICES AND SUPPLIES
INQOVI TAB (QL= 5 tabs/28 days; Only available through Optum 877-445-6874 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INREBIC CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days	QL	Select	ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
INSULIN GLARGINE INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (1 UNIT DIAL) (QL= 18ml/3 days)	QL	Preferred Brands	ANTIDIABETICS
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (2 UNIT DIAL) (QL= 18ml/3 days)	QL	Preferred Brands	ANTIDIABETICS
INSULIN GLARGINE-YFGN (SINGLE PEN) (QL= 60ml/30 days)	QL	Preferred Brands	ANTIDIABETICS
INSULIN INFUSION DISPOSABLE PUMP - ACCESSORIES	-	EXC	MEDICAL DEVICES AND SUPPLIES
INSULIN LISP INJ 100/ML (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
INTELENCE TAB (QL= 4 tabs/day)	QL	Preferred Brands	ANTIVIRALS
INTELENCE TAB 100MG (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
INTELENCE TAB 200MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
INTELENCE TAB 25MG (QL= 4 tabs/day)	QL	Preferred Brands	ANTIVIRALS
INTERMEZZO SL TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
INTRALIPID INJ	-	EXC	NUTRIENTS
INTRAROSA SUPP	-	Non-Preferred Brands	VAGINAL PRODUCTS

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Drug Name	Special Code	Tier	Category
INTRON-A INJ	AMSP	Preferred Specialty	ANTINEOPLASTICS
INTUNIV TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
INTUNIV TAB 1MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
INTUNIV TAB 2MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
INVEGA HAFYERA INJ	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA INJ	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVELTYS OPHTH SUSP (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
INVIRASE CAP (QL= 10 caps/day)	QL	Preferred Brands	ANTIVIRALS
INVIRASE TAB (QL= 4 tabs/day)	QL	Preferred Brands	ANTIVIRALS
INVOKAMET TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
INVOKAMET XR TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
INVOKANA TAB (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
INZDEAXIAVAR GEL	-	EXC	DERMATOLOGICALS
iodixanol inj (VISIPAQUE equiv)	-	EXC	DIAGNOSTIC PRODUCTS
IODOFLEX PAD	-	Non-Preferred Brands	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	Select	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	High Cost Generics	DERMATOLOGICALS
IONIL-T SHAMPOO	-	EXC	DERMATOLOGICALS
iopamidol inj (ISOVUE-M equiv)	-	EXC	DIAGNOSTIC PRODUCTS
IOPIDINE OPHTH SOLN 1% (Step Therapy requires trial of apraclonidine soln)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS

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IPOL INJ	-	Preventive	VACCINES
ipratropium nasal spray (ATROVENT equiv)	-	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	Select	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	Select	ANTIHYPERTENSIVES
IRESSA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IRON GLYCINATE CAP	OTC	EXC	HEMATOPOIETIC AGENTS
IRON TAB	-	EXC	HEMATOPOIETIC AGENTS
iron w/ vitamin tab	-	EXC	MULTIVITAMINS
ISENTRESS (HD) TAB (QL= 2 tabs/day)	QL	Preferred Brands	ANTIVIRALS
ISENTRESS CHEW TAB (QL= 6 tabs/day)	QL	Preferred Brands	ANTIVIRALS
ISENTRESS POWDER PACK (QL= 2 packets/day)	QL	Preferred Brands	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	Preventive	CONTRACEPTIVES
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	Preferred Brands	MIGRAINE PRODUCTS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	Select	MIGRAINE PRODUCTS
ISONIAZID TAB	-	Select	ANTIMYCOBACTERIAL AGENTS
isopropyl alcohol spray	-	EXC	DERMATOLOGICALS
isopropyl alcohol wipes	OTC	EXC	DERMATOLOGICALS
ISORDIL TITRADOSE TAB 40MG (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER)	ST	Non-Preferred Brands	ANTIANGINAL AGENTS
isosorbide dinitrate SL tab	-	Select	ANTIANGINAL AGENTS
isosorbide dinitrate tab 40mg (ISORDIL equiv) (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER)	ST	High Cost Generics	ANTIANGINAL AGENTS
isosorbide dinitrate tab 5mg (ISORDIL equiv)	-	Select	ANTIANGINAL AGENTS
isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day)	QL	Select	CARDIOVASCULAR AGENTS - MISC.
isosorbide mononitrate ER tab (IMDUR equiv)	-	Select	ANTIANGINAL AGENTS
ISOSORBIDE MONONITRATE TAB	-	Select	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	Select	ANTIANGINAL AGENTS
ISOVUE-M 200 INJ	-	EXC	DIAGNOSTIC PRODUCTS
ISOXSUPRINE TAB (QL= 120 tabs/30 days)	QL	Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN 0.5% (Step Therapy requires trial of timolol maleate ophth soln)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
ISTODAX OVR INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ISTURISA TAB 1MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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itraconazole cap (SPORANOX equiv)	-	Select	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	-	High Cost Generics	ANTIFUNGALS
ivermectin cream (SOOLANTRA equiv) (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	High Cost Generics	DERMATOLOGICALS
IVERMECTIN CREAM (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
IVERMECTIN LOTION	OTC	EXC	DERMATOLOGICALS
ivermectin tab (STROMECTOL equiv)	-	Select	ANTHELMINTICS
IXCHIQ INJ	-	EXC	VACCINES
IXIARO INJ	-	Preventive	VACCINES
IYUZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln)	QL-ST	Preferred Brands	OPHTHALMIC AGENTS
IZERVAY SOLN	-	EXC	OPHTHALMIC AGENTS
JADENU SPRINKLE	AMSP-PA	Non-Preferred Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
JAKAFI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JALYN CAP (Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap)	ST	Non-Preferred Brands	GENITOURINARY AGENTS - MISCELLANEOUS
JANUMET TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIDIABETICS
JATENZO CAP 158MG (QL= 4 caps/day)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
JATENZO CAP 198MG (QL= 4 caps/day)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
JATENZO CAP 237MG (QL= 2 caps/day)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
JAYPIRCA TAB 100MG (QL= 60 tabs/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
JAYPIRCA TAB 50MG (QL= 30 tabs/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JEMPERLI SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JENTADUETO TAB (QL= 2 tabs/day)	QL	Preferred Brands	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	Preferred Brands	ANTIDIABETICS
JESDUVROQ TAB	-	EXC	HEMATOPOIETIC AGENTS
JEUVEAU INJ	-	EXC	DERMATOLOGICALS
jinteli tab (FEMHRT equiv)	-	Select	ESTROGENS
JOENJA TAB (QL= 60 tabs/30 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
JUBLIA SOLN (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Non-Preferred Brands	DERMATOLOGICALS
JULUCA TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
junel FE tab (LOESTRIN FE equiv)	-	Preventive	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	Preventive	CONTRACEPTIVES
JUXTAPID CAP (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty	ANTIHYPERLIPIDEMICS
JYLAMVO SOLN, XATMEP SOLN (QL= 60ml/30 days)	QL	Non-Preferred Brands	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	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
KADIAN CAP 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KADIAN CAP 10MG (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KADIAN CAP 200MG (QL= 1 cap/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID

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Drug Name	Special Code	Tier	Category
KADIAN CAP 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KADIAN CAP 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KADIAN CAP 40mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KADIAN CAP 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KADIAN CAP 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KADIAN CAP 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
KALETRA SOLN (QL= 480ml/30 days)	QL	Non-Preferred Brands	ANTIVIRALS
KALETRA TAB 100-25MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
KALETRA TAB 100-25MG (QL= 2 tabs/day)	QL	Preferred Brands	ANTIVIRALS
KALETRA TAB 200-50MG (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
KALETRA TAB 200-50MG (QL= 4 tabs/day)	QL	Preferred Brands	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
KAPSPARGO CAP	-	Non-Preferred Brands	BETA BLOCKERS
KAPVAY TAB (QL= 4 tabs/day)	PA-QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/NOREXIANTS
KARBINAL ER SUSP (QL= 960ml/30 days)	QL	Non-Preferred Brands	ANTIHISTAMINES
KATERZIA SUSP (Step Therapy requires trial of amlodipine)	ST	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
kcl in dextrose/nacl inj (KCL/D5W/NACL equiv)	-	EXC	MINERALS & ELECTROLYTES
KCL/D5W/NACL INJ	-	EXC	MINERALS & ELECTROLYTES
KCL/NACL INJ	-	EXC	MINERALS & ELECTROLYTES

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kelnor tab (DEMULEN equiv)	-	Preventive	CONTRACEPTIVES
KEPIVANCE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KERAFOAM	-	Non-Preferred Brands	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 Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
KERYDIN SOLN (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Non-Preferred Brands	DERMATOLOGICALS
KESIMPTA INJ (QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KETAMINE HCL INJ NACL	-	EXC	GENERAL ANESTHETICS
KETAMINE HCL SOLN INJ PREF SYRINGE	-	EXC	GENERAL ANESTHETICS
KETAMINE INJ	-	EXC	GENERAL ANESTHETICS
ketoconazole cream (NIZORAL CREAM equiv)	-	Select	DERMATOLOGICALS
ketoconazole foam 2% (EXTINA equiv)	-	High Cost Generics	DERMATOLOGICALS
ketoconazole shampoo	-	Select	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	Select	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	EXC	DIAGNOSTIC PRODUCTS
KETOPROFEN CAP	-	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
ketoprofen cap (ORUDIS equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj	-	Select	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln .05% (ACULAR (LS) equiv)	-	Select	OPHTHALMIC AGENTS
ketorolac ophth soln .4% (ACULAR (LS) equiv)	-	High Cost Generics	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	EXC	DIAGNOSTIC PRODUCTS
KEVEYIS TAB (QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	DIURETICS
KEVZARA INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY

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KEYTRUDA SOLN 50MG	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
KITABIS PAK NEB SOLN (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	AMINOGLYCOSIDES
KLISYRI OINT (QL= 5 grams/5 days)	PA-QL	Non-Preferred Brands	DERMATOLOGICALS
KLOXXADO NASAL SPRAY	-	Preferred Brands	ANTIDOTES AND SPECIFIC ANTAGONISTS
KOMBIGLYZE XR TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
KONVOMEP SUSP	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
KORLYM TAB (QL= 4 tabs/day; Only available through Korlym SPARK program (855-456-7596))	LD-PA-QL	Non-Preferred Specialty	ANTIDIABETICS
KORSUVA INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
KOSELUGO CAP (QL= 120 caps/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
K-PHOS TAB	-	Non-Preferred Brands	GENITOURINARY AGENTS - MISCELLANEOUS
K-PHOS TAB (QL= 8 tabs/day)	--QL	Non-Preferred Brands	MINERALS & ELECTROLYTES
KRAZATI TAB (QL= 60 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 Brands	ANTIMALARIALS
KRISTALOSE PACK	-	Non-Preferred Brands	LAXATIVES

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

Drug Name	Special Code	Tier	Category
KRISTALOSE PACKET	-	Non-Preferred Brands	LAXATIVES
K-TAB	-	Select	MINERALS & ELECTROLYTES
KUVAN POWDER PACK (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYLEENA IUD	-	Preventive	CONTRACEPTIVES
KYNAMRO INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ANTIHYPERLIPIDEMICS
KYNMOBI FILM (QL= 150 films/30 days)	AMSP-QL	Non-Preferred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYNMOBI TITRATION KIT	AMSP-PA	Non-Preferred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYTRIL TAB (QL= 8 tabs/30 days)	QL	Non-Preferred Brands	ANTIEMETICS
KYZATREX CAP, TLANDO CAP (QL= 4 tabs/day)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
L.E.T. GEL	-	Non-Preferred Brands	DERMATOLOGICALS
LABETALOL HCL IV SOLN	-	EXC	BETA BLOCKERS
labetalol tab (NORMODYNE equiv)	-	Select	BETA BLOCKERS
lacosamide iv inj (VIMPAT equiv)	-	EXC	ANTICONVULSANTS
lacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30 days)	QL	Select	ANTICONVULSANTS
lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
LACTIC ACID E CREAM	-	EXC	DERMATOLOGICALS
LACTIC ACID LOTION	-	EXC	DERMATOLOGICALS
LACTOFERRIN CAP	-	EXC	ALTERNATIVE MEDICINES
LACTULOSE PACK (Step Therapy requires trial of lactulose)	ST	Non-Preferred Brands	LAXATIVES
lactulose soln	-	Select	GASTROINTESTINAL AGENTS - MISC.
LAGEVRIO CAP 200MG (QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older)	QL	Preferred Brands	ANTIVIRALS
LAMBS QUARTE INJ	-	EXC	DIAGNOSTIC PRODUCTS
LAMICTAL ODT 100MG (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
LAMICTAL ODT 200MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS

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

Drug Name	Special Code	Tier	Category
LAMICTAL ODT 25MG (QL= 6 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
LAMICTAL ODT 50MG (QL= 6 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	Non-Preferred Brands	ANTICONVULSANTS
LAMICTAL XR TAB 100MG (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
LAMICTAL XR TAB 200MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
LAMICTAL XR TAB 250MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
LAMICTAL XR TAB 25MG (QL= 6 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
LAMICTAL XR TAB 300MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
LAMICTAL XR TAB 50MG (QL= 6 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days)	QL	Select	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty	ANTIVIRALS
lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	Select	ANTICONVULSANTS
lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ODT 100mg (LAMICTAL equiv) (QL= 3 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ODT 200mg (LAMICTAL equiv) (QL= 2 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ODT 25mg (LAMICTAL equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ODT 50mg (LAMICTAL equiv) (QL= 6 tabs/day)	QL	Select	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	Select	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	Select	ANTICONVULSANTS
LAMPIT TAB 120MG (QL= 225 tabs/30 days)	QL	Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
LAMPIT TAB 30MG (QL= 360 tabs/30 days)	QL	Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
LAMZEDE INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
LANCET KIT	OTC	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
LANOLIN OINT	OTC	EXC	PHARMACEUTICAL ADJUVANTS
lanolin-petrolatum oint (A+D equiv)	-	EXC	DERMATOLOGICALS
LANOXIN INJ 0.1MG/ML	-	Non-Preferred Brands	CARDIOTONICS
LANOXIN TAB 62.5MCG (QL= 1 tab/day)	QL	Non-Preferred Brands	CARDIOTONICS
lansoprazole cap (PREVACID equiv) (Covered for members age 17 or younger)	OTC	EXC	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 (PREVPAC equiv)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
LANSOPRAZOLE/AMOXICILLIN/CLARITHTHROMYCIN KIT	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
lanthanum carbonate chew tab (FOSRENOL equiv) (QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab)	QL-ST	Select	GASTROINTESTINAL AGENTS - MISC.
lanthanum carbonate chew tab 500mg (FOSRENOL equiv) (QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab)	QL-ST	Select	GASTROINTESTINAL AGENTS - MISC.
LANTIDRA INJ	-	EXC	ANTIDIABETICS
LANTUS INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
LANTUS SOLOSTAR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
lapatinib ditosylate tab (TYKERB equiv)	AMSP-PA	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LASTACAFT OPHTH SOLN (QL= 3ml/30 days)	QL	Non-Preferred Brands	OPHTHALMIC AGENTS
LATANOPROST OIL	-	EXC	CHEMICALS
latanoprost ophth soln (XALATAN equiv)	-	Value	OPHTHALMIC AGENTS
LATUDA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	Preventive	CONTRACEPTIVES
LAZANDA NASAL SPRAY (QL= 15 sprays/30 days)	PA-QL	Non-Preferred Brands	ANALGESICS - OPIOID

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VAC	Vaccine Program				

Drug Name	Special Code	Tier	Category
LC 655 CAP	-	EXC	MINERALS & ELECTROLYTES
L-CARNITINE CAP	--OTC	EXC	NUTRIENTS
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
LEFLUNICLO PAK	OTC	EXC	ANALGESICS - ANTI-INFLAMMATORY
leflunomide tab (ARAVA equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Generic Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
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.
LEQVIO SOLN	-	EXC	ANTIHYPERLIPIDEMICS
LESCOL CAP (QL= 2 caps/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab.)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
LESCOL XL TAB (QL= 1 tab/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab.)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
LETAIRIS TAB (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
letrozole tab (FEMARA equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUCOVORIN INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	Select	ANTINEOPLASTICS
LEUKERAN TAB	-	Non-Preferred Brands	ANTINEOPLASTICS
LEUKINE INJ	AMSP-PA	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
LEUPROLIDE INJ (QL= 1 kit/90 days)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVEMIR FLEXTOUCH INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Preferred Brands	ANTIDIABETICS
LEVEMIR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Preferred Brands	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	Select	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	Select	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	Select	ANTICONVULSANTS
LEVOBUNOLOL OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv)	-	Select	OPHTHALMIC AGENTS

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levocarnitine cap	-	EXC	NUTRIENTS
levocarnitine inj (CARNITOR equiv)	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine soln (CARNITOR equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	OTC	EXC	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	OTC	EXC	ANTIHISTAMINES
LEVOFLOXACIN INJ 25MG/ML	-	EXC	FLUOROQUINOLONES
LEVOFLOXACIN OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
levofloxacin ophth soln (QUIXIN equiv)	-	Select	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN 0.5% (QL= 5mL/30 days; Step therapy requires trial of ciprofloxacin, moxifloxacin or ofloxacin ophth)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	Select	FLUOROQUINOLONES
LEVOFLOXACIN SOLN 25MG/ML	-	Select	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	Select	FLUOROQUINOLONES
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= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Step Therapy requires trial of 2 short acting opioids)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
LEVORPHANOL TAB (QL= 6 tabs/day; Step Therapy requires trial of 2 short acting opioids (e.g. hydrocodone, hydromorphone oxycodone))	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
LEVOTHYROXINE INJ	-	EXC	THYROID AGENTS
LEVOTHYROXINE INJ 100MCG/ML	-	EXC	THYROID AGENTS
levothyroxine sodium for iv inj (LEVOTHYROXINE equiv)	-	EXC	THYROID AGENTS
levothyroxine tab (SYNTHROID equiv)	-	Select	THYROID AGENTS
LEVULAN SOLN	-	EXC	DERMATOLOGICALS
LEXISCAN INJ	-	EXC	DIAGNOSTIC PRODUCTS
LEXIVA SUSP (QL= 1800ml/30 days)	QL	Non-Preferred Brands	ANTIVIRALS
LEXIVA TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
LIALDA TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
LICART PATCH	-	Non-Preferred Brands	DERMATOLOGICALS
LIDO/MENTHOL SPRAY	-	EXC	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
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 Brands	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	High Cost Generics	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	High Cost Generics	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	High Cost Generics	DERMATOLOGICALS
LIDOCAINE GEL	-	Select	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	Select	DERMATOLOGICALS
LIDOCAINE HC CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
LIDOCAINE HCL AEROSOL SOLN	-	EXC	DERMATOLOGICALS
LIDOCAINE INJ	-	EXC	LOCAL ANESTHETICS-PARENTERAL
lidocaine lotion	-	High Cost Generics	DERMATOLOGICALS
lidocaine oint (QL= 8gm/day)	QL	Select	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	Preferred Brands	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/prilocaine cream (EMLA equiv)	-	Select	DERMATOLOGICALS
lidocaine-benzalkonium liquid (ALOCANE equiv)	-	EXC	DERMATOLOGICALS
LIDOCAINE-BENZALKONIUM PAD	OTC	EXC	DERMATOLOGICALS
lidocaine-menthol gel (LIDOZENGEL equiv)	-	EXC	DERMATOLOGICALS
LIDOCIN GEL	-	Non-Preferred Brands	DERMATOLOGICALS
LIDOGEL GEL	-	EXC	DERMATOLOGICALS
LIDOSTREAM KIT	-	Non-Preferred Brands	DERMATOLOGICALS
LIDOTREX GEL	-	Non-Preferred Brands	DERMATOLOGICALS
LIDOZENGEL GEL/LIDO-MENTHOL GEL	-	EXC	DERMATOLOGICALS
LIDTOPIC CREAM	-	EXC	DERMATOLOGICALS

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LIFES DHA CAP	OTC	EXC	ALTERNATIVE MEDICINES
LIKMEZ SUSP (QL= 210ml/14 days)	QL	Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
linezolid susp	-	Select	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP (QL= 30 caps/30 days; Step Therapy requires trial of Trulance AND lubiprostone)	QL-ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
LIOTHYRONINE INJ	-	EXC	THYROID AGENTS
liothyronine tab (CYTOMEL equiv)	-	Select	THYROID AGENTS
LIPID PANEL+ MIS EGLU	-	EXC	DIAGNOSTIC PRODUCTS
LIPITOR TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
LIQREV SUSP (QL= 6ml/day; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
lisdexamfetamine dimesylate cap (VYVANSE equiv) (QL= 1 cap/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
lisdexamfetamine dimesylate chew tab (VYVANSE equiv) (QL= 1 tab/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	Value	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	Value	ANTIHYPERTENSIVES
LITFULO CAP	-	EXC	DERMATOLOGICALS
LITHIUM CARBONATE CAP	-	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate cap (ESKALITH ER equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITH-ORO CAP 5MG	OTC	EXC	MINERALS & ELECTROLYTES
LITHOSTAT TAB	-	Non-Preferred Brands	GENITOURINARY AGENTS - MISCELLANEOUS
LITTLE REMED SOLN SALINE	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
LIVALO TAB (QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
LIVMARLI SOLN (Only available through Eversana 636-519-2400)	LD-PA	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
LIVTENCITY TAB (QL= 112 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANTIVIRALS
LO LOESTRIN TAB	-	Preventive	CONTRACEPTIVES
LOCOID LIPOCREAM	-	Select	DERMATOLOGICALS

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LODINE TAB	-	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
LODOCO TAB (QL= 30 tabs/30 days)	PA-QL	Non-Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
LOKELMA PAK (QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone)	QL-ST	Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
LOMAIRA TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
LONHALA MAGNAIR SOLN (QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA HANDIHALER or SPIRIVA RESPIMAT)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
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	-	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
LOPERAMIDE SOLN	-	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days)	QL	Select	ANTIVIRALS
lopinavir-ritonavir tab 100-25mg (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day)	QL	Select	ANTIVIRALS
LOPROX CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
LOPROX SUSP	-	Non-Preferred Brands	DERMATOLOGICALS
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 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LOREEV XR CAP (QL= 1 cap/day; Step therapy requires trial of lorazepam tab)	QL-ST	Non-Preferred Brands	ANTIANXIETY AGENTS
LOREEV XR CAP 3MG (QL= 3 cap/day; Step therapy requires trial of lorazepam tab)	QL-ST	Non-Preferred Brands	ANTIANXIETY AGENTS
LORTAB ELIXIR	-	Non-Preferred Brands	ANALGESICS - OPIOID
LORTUSS DM LIQUID	-	EXC	COUGH/COLD/ALLERGY
LORTUSS EX LIQUID (QL= 1200ml/30 days)	QL	Select	COUGH/COLD/ALLERGY

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VAC	Vaccine Program				

Drug Name	Special Code	Tier	Category
LORTUSS LIQUID (QL= 1200ml/30 days)	QL	Preferred Brands	COUGH/COLD/ALLERGY
losartan tab (COZAAR equiv)	-	Value	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	Value	ANTIHYPERTENSIVES
LOTEMAX OPHTH GEL (QL= 5g/28 days; Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT 0.5% (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Preferred Brands	OPHTHALMIC AGENTS
LOTEMAX OPHTH SUSP (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
LOTEMAX SM GEL	-	Preferred Brands	OPHTHALMIC AGENTS
loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 5 grams/28 days; Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	High Cost Generics	OPHTHALMIC AGENTS
loteprednol etabonate ophth susp 0.2% (ALREX equiv) (QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	High Cost Generics	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX equiv)	-	Select	OPHTHALMIC AGENTS
LOTREXONE CAP, NALTREX CAP	-	EXC	ANALGESICS - NONNARCOTIC
lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
LOVAZA CAP (QL= 4 caps/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
LOVENOX INJ	-	Non-Preferred Brands	ANTICOAGULANTS
LOVENOX INJ 300MG	-	Non-Preferred Brands	ANTICOAGULANTS
loxapine cap (LOXITANE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lubiprostone cap (AMITIZA equiv) (QL= 60 caps/30 days)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
LUCEMYRA TAB (QL= 224 tabs/fill, 1 fill/month)	QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUCENTIS INJ	-	EXC	OPHTHALMIC AGENTS
LULICONAZOLE CREAM, LUZU CREAM (QL= 60gm/28 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
LUMAKRAS TAB (QL= 240 tabs/30 days; 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
LUMIGAN OPHTH SOLN (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
LUMINOPIA MIS	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES

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LUMRYZ PACK 4.5GM (QL= 1 pack/day; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUMRYZ PACK 6GM (QL= 1 pack/day; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUMRYZ PACK 7.5GM (QL= 1 pack/day; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUMRYZ PACK 9GM (QL= 1 pack/day; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUNESTA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
LUNSUMIO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPKYNIS CAP (QL= 180 caps/30 days; Only available through Biologics 800-850-4306 or PantherRx Pharmacy 855-726-8479)	LD-PA-QL-SF	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
LUPRON DEPOT INJ	AMSP-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ (1-MONTH) (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ (3-MONTH) (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LYBALVI TAB (QL= 30 tabs/30 days; Step therapy requires trial of 2: olanzapine, aripiprazole, risperidone, quetiapine, paliperidone, ziprasidone)	QL-ST	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYFGENIA SUSP	-	EXC	HEMATOPOIETIC AGENTS
LYMPHOSEEK KIT	-	EXC	DIAGNOSTIC PRODUCTS
LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP (Step Therapy required trial of gabapentin and pregabalin)	ST	Non-Preferred Brands	ANTICONVULSANTS
LYRICA CR TAB (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln)	QL-ST	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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LYRICA SOLN (QL= 30ml/day; Step Therapy required trial of gabapentin and pregabalin)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
LYSIPLEX LIQUID PLUS	-	EXC	MULTIVITAMINS
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSTEDA TAB (QL= 180 tabs/30 days)	QL	Non-Preferred Brands	HEMOSTATICS
LYTGOBI TAB (12MG DAILY DOSE) (QL= 84 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYTGOBI TAB (16MG DAILY DOSE) (QL= 112 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYTGOBI TAB (20MG DAILY DOSE) (QL= 140 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYUMJEV INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
LYUMJEV KWIKPEN (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
LYUMJEV KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
LYUMJEV TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
LYVISPAH GRANULE PACKET 10MG (QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
LYVISPAH GRANULE PACKET 20MG (QL= 4 packets/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
LYVISPAH GRANULE PACKET 5MG (QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
MAGNESIUM CAP	OTC	EXC	MINERALS & ELECTROLYTES
MAGNESIUM CARBONATE SUSP	-	EXC	ANTACIDS
MAGNESIUM CITRATE CHEW TAB	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
MAKENA INJ (QL= 4 vials/28 days)	AMSP-PA-QL	Non-Preferred Specialty	PROGESTINS
MAKENA INJ (QL= 4.4 ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty	PROGESTINS

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Drug Name	Special Code	Tier	Category
malathion lotion (OVIDE equiv)	-	Select	DERMATOLOGICALS
MAPROTILINE TAB	-	Select	ANTIDEPRESSANTS
maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 tabs/day)	QL	Select	ANTIVIRALS
MAR-COF CG LIQUID (QL= 473ml/month)	QL	Preferred Brands	COUGH/COLD/ALLERGY
MARGENZA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MARINOL CAP (QL= 2 caps/day)	QL	Non-Preferred Brands	ANTIEMETICS
MARPLAN TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred Brands	ANTIDEPRESSANTS
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	ANTINEOPLASTICS
MAVENCLAD PAK (QL= 10 tabs/fill, 2 fills/year; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVYRET PAK (QL= 5 packets/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS
MAXALT MLT TAB (QL= 12 tabs/30 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
MAXALT TAB (QL= 12 tabs/30 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
MAXFE TAB	OTC	EXC	HEMATOPOIETIC AGENTS
MAXIDEX OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
MAYZENT STARTER PACK 0.25MG (QL= 7 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK (QL= 12 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
meclizine chew tab (BONINE equiv)	OTC	Select	ANTIEMETICS
meclizine tab (ANTIVERT equiv) (Rx Only)	OTC	EXC	ANTIEMETICS
MECLOFENAMATE CAP	-	Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days)	QL	Preventive	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	Select	PROGESTINS

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mefenamic acid cap (PONSTEL equiv)	-	High Cost Generics	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	High Cost Generics	ANTIMALARIALS
MEGARED ADV CAP 4 IN 1	OTC	EXC	ALTERNATIVE MEDICINES
megestrol ES susp (MEGACE ES equiv)	-	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	-	EXC	ALTERNATIVE MEDICINES
MELATONIN TAB	-	EXC	ALTERNATIVE MEDICINES
MELATONIN TAB DISINTEGRATING	-	EXC	ALTERNATIVE MEDICINES
MELATONIN-THEANINE CHEW TAB	OTC	EXC	ALTERNATIVE MEDICINES
MELATONIN-THEANINE-5 HTP-LEMON B CHEW TAB	-	EXC	ALTERNATIVE MEDICINES
meloxicam (VIVLODEX equiv) (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	High Cost Generics	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM COMFORT KIT	-	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP	-	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP (QL= 10ml/day; Step therapy requires trial of naproxen susp AND ibuprofen susp)	--QL-ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
MELPHALAN TAB	AMSP	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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 soln (NAMENDA equiv) (QL= 300 ml/30 days)	QL	High Cost Generics	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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memantine titrapak (NAMENDA equiv) (QL= 49 tabs/28 days)	QL	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	Preventive	VACCINES
M-END DMX LIQUID (QL= 1800ml/30 days)	QL	Preferred Brands	COUGH/COLD/ALLERGY
MENEST TAB	-	Preferred Brands	ESTROGENS
MENHIBRIX INJ	VAC	Preventive	VACCINES
MENOMUNE INJ	VAC	Preventive	VACCINES
MENOSTAR PATCH	-	Non-Preferred Brands	ESTROGENS
MENQUADFI INJ	VAC	Preventive	VACCINES
MENTAX CREAM	-	Non-Preferred Brands	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
MENTHOREAL10 THERAPY PACK	-	EXC	DERMATOLOGICALS
MENTHOZEN CREAM	-	EXC	DERMATOLOGICALS
MENTICAM CREAM	-	EXC	DERMATOLOGICALS
MENVEO INJ	VAC	Preventive	VACCINES
MENVEO SOLN	VAC	Preventive	VACCINES
MEPERIDINE SOLN	-	Preferred Brands	ANALGESICS - OPIOID
meperidine tab (DEMEROL equiv) (QL= 6 tabs/day)	QL	Select	ANALGESICS - OPIOID
meprobamate tab (MILTOWN equiv)	-	High Cost Generics	ANTIANXIETY AGENTS
mercaptopurine tab (PURINETHOL equiv)	-	Select	ANTINEOPLASTICS
MEROPENEM IV SOLN	-	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)	-	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (PENTASA equiv) (QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA)	QL-ST	High Cost Generics	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv) (QL= 4 caps/day)	QL-ST	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	QL	Select	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	High Cost Generics	GASTROINTESTINAL AGENTS - MISC.

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MESALAMINE TAB DR 800MG	-	High Cost Generics	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	AMSP	Preferred Specialty	ANTINEOPLASTICS
METAFOLBIC PLUS TAB	-	Non-Preferred Brands	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METAMUCIL 4-IN-1 FIBER	-	EXC	LAXATIVES
METAMUCIL POWDER	OTC	EXC	LAXATIVES
METAPROTERENOL SYRUP	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
METAPROTERENOL TAB	-	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metaxalone tab (SKELAXIN equiv)	-	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB 400MG	-	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
METDRAY GEL	-	EXC	DERMATOLOGICALS
metformin ER osmotic tab (FORTAMET equiv)	-	High Cost Generics	ANTIDIABETICS
metformin ER osmotic tab (GLUMETZA equiv) (Step Therapy requires trial of metformin or metformin ER)	--ST	High Cost Generics	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	Value	ANTIDIABETICS
metformin soln (RIOMET equiv)	-	High Cost Generics	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 Brands	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	QL-ST	Value	ANTIDIABETICS
METHADONE INJ	-	EXC	ANALGESICS - OPIOID
METHADONE INJ	-	Non-Preferred Brands	ANALGESICS - OPIOID
methadone sol 10mg/5ml (QL= 20ml/day)	QL	Select	ANALGESICS - OPIOID
METHADONE SOLN	-	Non-Preferred Brands	ANALGESICS - OPIOID
methadone soln (QL= 4 ml/day)	--QL	Select	ANALGESICS - OPIOID
methadone soln 5mg/5ml (QL= 40ml/day)	QL	Select	ANALGESICS - OPIOID
methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day)	QL	Select	ANALGESICS - OPIOID
methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day)	QL	Select	ANALGESICS - OPIOID
METHADOSE CONC (QL= 4 ml/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID

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methadose tab (QL= 1 tab/day)	QL	Select	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv) (QL= 5 tabs/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methazolamide tab (NEPTAZANE equiv) (Step Therapy requires trial of acetazolamide)	ST	High Cost Generics	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
methenamine mandelate tab	-	Select	ANTI-INFECTIVE AGENTS - MISC.
methenamine-sodium salicylate tab	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
methimazole tab (TAPAZOLE equiv)	-	Select	THYROID AGENTS
METHITEST TAB (QL= 150 tablets/30 days)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
METHOCARBAMOL TAB 1000MG (QL= 8 tabs/day; Step therapy requires trial of methocarbamol 500/750mg AND 2: baclofen, cyclobenzaprine, orphenadrine, tizanidine)	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj	-	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	Select	ANTINEOPLASTICS
METHOXSALEN CAP	-	Non-Preferred Brands	DERMATOLOGICALS
methoxsalen cap (OXSORALEN ULTRA equiv)	-	Select	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	Select	ULCER DRUGS
methsuximide cap (CELONTIN equiv) (QL= 4 caps/day; ST requires trial of ethosuximide tab/soln)	QL-ST	High Cost Generics	ANTICONVULSANTS
METHYCLOTHIAZIDE TAB	-	Select	DIURETICS
METHYL B-12 CHW	-	EXC	HEMATOPOIETIC AGENTS
METHYL SALIC CREAM	-	EXC	DERMATOLOGICALS
METHYL SALIC OIL	-	EXC	DERMATOLOGICALS
methyl salicylate-lidocaine-menthol patch (TRICEPTIN equiv)	OTC	EXC	DERMATOLOGICALS
methylcobalamin orally disintegrating tab (B-12 equiv)	OTC	EXC	HEMATOPOIETIC AGENTS
METHYLDOPA TAB	-	Preferred Brands	ANTIHYPERTENSIVES
methyldopa tab (ALDOMET equiv)	-	Select	ANTIHYPERTENSIVES
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	Preferred Brands	ANTIHYPERTENSIVES
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	Select	ANTIHYPERTENSIVES
methylene blue inj	-	EXC	ANTIDOTES
methylergonovine tab (METHERGINE equiv)	-	Select	OXYTOCICS
methylphenidate CD cap (METADATE CD equiv) (QL= 1 cap/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate chew tab (METHYLIN equiv) (QL= 3 tabs/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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Drug Name	Special Code	Tier	Category
methylphenidate ER cap (RITALIN LA equiv) (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE ER TAB (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE ER TAB (QL= 1 tab/day)	QL-ST	Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab (QL= 1 tab/day)	QL-ST	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 10mg (QL= 3 tabs/day)	QL	Select	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 18mg (QL= 1 tab/day)	QL	High Cost Generics	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 27mg (QL= 1 tab/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 36mg (QL= 1 tabs/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE ER TAB 45MG/RELEXXII TAB 45MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 54mg (QL= 1 tab/day)	QL	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE ER TAB 63MG/RELEXXII TAB 63MG (QL= 1 tab/day)	QL	Non-Preferred Brands	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	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	Select	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	Select	CORTICOSTEROIDS
methyltestosterone cap (QL= 150 tablets/30 days)	PA-QL	High Cost Generics	ANDROGENS-ANABOLIC
METIPRANOLOL OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.

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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
METOZOLV ODT (Step Therapy requires trial of metoclopramide)	ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
metronidazole cap (FLAGYL equiv)	-	High Cost Generics	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	Select	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	Select	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	Select	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	Select	VAGINAL PRODUCTS
metyrosine cap (DEMSER equiv) (QL= 448 caps/28 days)	PA-QL	High Cost Generics	ANTIHYPERTENSIVES
mexiletine hcl cap	-	Select	ANTIARRHYTHMICS
MG217 PSORIA GEL COAL 2%	-	EXC	DERMATOLOGICALS
MIACALCIN INJ	-	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
mibelas chew tab (MINASTRIN equiv)	-	Preventive	CONTRACEPTIVES
MICARDIS HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
MICARDIS TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
MICLARA LIQUID	-	Non-Preferred Brands	ANTIHISTAMINES
MICORT-HC CREAM	-	Preferred Brands	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 (MIDAZOLAM equiv)	-	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
midazolam-sodium chloride 0.9% iv soln (MIDAZOLAM/NACL equiv)	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
midodrine tab (PROAMATINE equiv)	-	Select	VASOPRESSORS

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Drug Name	Special Code	Tier	Category
MIEBO OPHTH SOLN (QL= 3ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
MIFEPREX TAB	-	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
mifepristone tab (KORLYM equiv) (Ql= 4 tabs/day; Only available through Korlym SPARK program (855-456-7596))	LD-PA-QL	Generic Specialty	ANTIDIABETICS
mifepristone tab (MIFEPREX equiv)	LD-PA-QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIGERGOT SUPP (QL= 20 supp/28 days)	QL	Preferred Brands	MIGRAINE PRODUCTS
MIGLITOL TAB	-	High Cost Generics	ANTIDIABETICS
miglitol tab (MIGLITOL equiv)	-	High Cost Generics	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	Generic Specialty	HEMATOPOIETIC AGENTS
MIGRANAL SPRAY (QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
MILK OF MAGNESIUM SUSP	-	EXC	LAXATIVES
MILLIPRED DP PAK	-	Non-Preferred Brands	CORTICOSTEROIDS
MILLIPRED TAB	-	Non-Preferred Brands	CORTICOSTEROIDS
minocycline cap (MINOCIN equiv)	-	Select	TETRACYCLINES
MINOCYCLINE ER CAP (QL= 1 cap/day; Step Therapy requires trial of minocycline)	QL-ST	Non-Preferred Brands	TETRACYCLINES
minocycline ER tab (SOLODYN equiv) (QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab)	QL-ST	High Cost Generics	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	High Cost Generics	TETRACYCLINES
MINOLIRA TAB (QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab)	QL-ST	Non-Preferred Brands	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	Select	ANTIHYPERTENSIVES
MIOSTAT INJ	-	Non-Preferred Brands	OPHTHALMIC AGENTS
MIRALAX PACKET	-	Non-Preferred Brands	LAXATIVES

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MIRALAX POWDER	-	Non-Preferred Brands	LAXATIVES
MIRAPEX ER TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIPARKINSON AGENTS
MIRCERA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
MIRENA IUD	-	Preventive	CONTRACEPTIVES
MIRO3D WOUND PAD	-	EXC	DERMATOLOGICALS
mirtazapine ODT (REMERON equiv)	-	Select	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	Select	ANTIDEPRESSANTS
MIRVASO GEL	-	EXC	DERMATOLOGICALS
MISC NATURAL PRODUCTS CAP ER	OTC	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
misoprostol tab (CYTOTEC equiv)	-	Select	ULCER DRUGS
MITIGARE CAP (QL= 2 caps/day)	QL	Non-Preferred Brands	GOUT AGENTS
MITOCHONDRIAL RENEWAL KIT	OTC	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
M-M-R II INJ	VAC	Preventive	VACCINES
MODAFINIL POW	-	EXC	CHEMICALS
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	Value	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/NOREXIANTS
MODERIBA TAB	AMSP-PA	Non-Preferred Specialty	ANTIVIRALS
moexipril tab (UNIVASC equiv)	-	Select	ANTIHYPERTENSIVES
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	Select	ANTIHYPERTENSIVES
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	Select	ANTIHYPERTENSIVES
MOLINDONE TAB	-	Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	Preventive	ANTIVIRALS
mometasone cream (ELOCON equiv)	-	Select	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv)	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	Select	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	Select	DERMATOLOGICALS
MONODOX CAP (QL= 2 caps/day)	QL	Non-Preferred Brands	TETRACYCLINES
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

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MONUROL GRANULE PACK	-	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
MOOD POSITIV TAB 5-HTP	-	EXC	HEMATOPOIETIC AGENTS
MORGIDOX KIT (QL= 1 kit/30 days)	QL	Non-Preferred Brands	TETRACYCLINES
MORPHABOND TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
MORPHINE SUL INJ	-	EXC	ANALGESICS - OPIOID
MORPHINE SULF SOLN	-	Select	ANALGESICS - OPIOID
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Select	ANALGESICS - OPIOID
morphine sulfate ER cap 10mg (KADIAN equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
morphine sulfate ER cap 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Select	ANALGESICS - OPIOID
morphine sulfate ER cap 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
morphine sulfate ER cap 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
morphine sulfate ER cap 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day)	QL	Select	ANALGESICS - OPIOID
MORPHINE SULFATE SOLN	-	Preferred Brands	ANALGESICS - OPIOID
MORPHINE SULFATE SOLN	-	Select	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP	-	Preferred Brands	ANALGESICS - OPIOID
MORPHINE SULFATE TAB	-	Non-Preferred Brands	ANALGESICS - OPIOID
morphine sulfate tab	-	Select	ANALGESICS - OPIOID

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MOTEGRITY TAB (QL= 30 tabs/30 days; Step Therapy requires trial of Trulance AND lubiprostone)	QL-ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
MOTOFEN TAB	-	Non-Preferred Brands	ANTIDIARRHEALS
MOTPOLY XR CAP 100MG (QL= 1 cap/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
MOTPOLY XR CAP 150MG (QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
MOTPOLY XR CAP 200MG (QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
MOUNJARO INJ (QL= 2ml/28 days)	QL-RDX-ST	Non-Preferred Brands	ANTIDIABETICS
MOUNTAIN CEDAR INJ	-	EXC	DIAGNOSTIC PRODUCTS
MOUSE EPITHE INJ	-	EXC	DIAGNOSTIC PRODUCTS
MOVANTIK TAB (QL= 30 tabs/30 days)	PA-QL	Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN	-	Non-Preferred Brands	LAXATIVES
MOXATAG TAB (Step Therapy requires trial of amoxicillin)	ST	Non-Preferred Brands	PENICILLINS
MOXEZA OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	Select	OPHTHALMIC AGENTS
MOXIFLOXACIN SOLN (QL= 1 bottle/30 days; Step therapy requires trial of 2: ciprofloxacin hcl drops, levofloxacin drops, ofloxacin drops)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	Select	FLUOROQUINOLONES
MOZOBIL INJ	-	EXC	HEMATOPOIETIC AGENTS
MPM PAK	-	EXC	OXYTOCICS
MS CONTIN TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
MSM TAB	OTC	EXC	ALTERNATIVE MEDICINES
MUCINEX CAP DAY/NITE	-	EXC	COUGH/COLD/ALLERGY
MUCINEX COLD/FLU CAP	OTC	EXC	COUGH/COLD/ALLERGY
MUCINEX LIQUID	-	Non-Preferred Brands	COUGH/COLD/ALLERGY
MUCINEX TAB	-	Non-Preferred Brands	COUGH/COLD/ALLERGY
mucus D max tab	-	EXC	COUGH/COLD/ALLERGY

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
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Drug Name	Special Code	Tier	Category
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
MULTAQ TAB	-	Non-Preferred Brands	ANTIARRHYTHMICS
multigen plus tab (CHROMAGEN FORTE equiv)	-	Select	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	Select	HEMATOPOIETIC AGENTS
MULTI-MAC TAB	-	EXC	MULTIVITAMINS
MULTIPLE VITAMIN IV EMULSION	-	EXC	MULTIVITAMINS
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	Preventive	MULTIVITAMINS
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	Preventive	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	Preventive	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 AcariaHealth 800-511-5144)	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 LIQ	-	EXC	DERMATOLOGICALS
MYDAYIS CAP 12.5MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
MYDAYIS CAP 25MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
MYDAYIS CAP 37.5MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
MYDAYIS CAP 50MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
MYFEMBREE TAB (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ESTROGENS
MYLERAN TAB	AMSP	Preferred Specialty	ANTINEOPLASTICS
MYLK CAP	-	EXC	ALTERNATIVE MEDICINES
MYNATAL-Z TAB	-	Non-Preferred Brands	MULTIVITAMINS

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Drug Name	Special Code	Tier	Category
MYRBETRIQ SUSP (QL= 188ml/30 days; Step Therapy requires trial of 2: oxybutynin tab, oxybutynin syrup, oxybutynin ER tab, tolterodine tab, tolterodine SR cap, trospium tab, or trospium chloride SR cap)	QL-ST	Non-Preferred Brands	URINARY ANTISPASMODICS
MYRBETRIQ TAB (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	Non-Preferred Brands	URINARY ANTISPASMODICS
MYROSINASE-ASCORBIC ACID CAP	OTC	EXC	ALTERNATIVE MEDICINES
MYTESI TAB	-	Non-Preferred Brands	ANTIDIARRHEALS
N.O.MAX ER TAB 660-50MG	OTC	EXC	NUTRIENTS
nabumetone tab (RELAFEN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
N-ACETYL TYROSINE-PYRIDOXINE HCL CAP	OTC	EXC	NUTRIENTS
nadolol tab (CORGARD equiv)	-	Select	BETA BLOCKERS
NAFLON CAP (QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	QL-ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
naftifine cream (NAFTIN equiv) (QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products)	QL-ST	High Cost Generics	DERMATOLOGICALS
NAFTIFINE CREAM 1%	-	Preferred Brands	DERMATOLOGICALS
naftifine gel (NAFTIN equiv)	-	High Cost Generics	DERMATOLOGICALS
naftifine hcl gel 2% (QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream)	QL-ST	High Cost Generics	DERMATOLOGICALS
NAFTIN GEL	-	Non-Preferred Brands	DERMATOLOGICALS
NAFTIN GEL (QL= 1 tube/30 days; Step therapy requires trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream)	--QL-ST	Non-Preferred Brands	DERMATOLOGICALS
NAFTIN GEL 2% (QL= 60 grams/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
nalbuphine inj	-	EXC	ANALGESICS - OPIOID
naloxone hcl nasal spray (NARCAN equiv)	-	Select	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	-	Select	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE NASAL SPRAY	-	Select	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone prefilled inj	-	Select	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fills/month)	--QL	Select	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	Select	ANTIDOTES
NAMENDA TAB (Step Therapy requires trial of memantine tab)	ST	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA TITRAPAK (QL= 49 tabs/28 days)	QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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NAMENDA XR CAP (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab)	QL-ST	Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP (QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK (QL= 28 caps/28 days; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NANRAN OINT	-	EXC	DERMATOLOGICALS
NAPRELAN CR TAB (Step therapy requires trial of generic naproxen IR AND one of the following: diclofenac tab, etodolac tab, indomethacin cap)	ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
NAPROTIN KIT	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
naproxen EC tab (NAPROSYN EC equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv) (Step therapy requires trial of generic naproxen IR AND one of the following: diclofenac tab, etodolac tab, indomethacin cap)	ST	High Cost Generics	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
NARCAN HCL SPRAY (OTC)	OTC	Select	ANTIDOTES AND SPECIFIC ANTAGONISTS
NARDIL TAB 15MG (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTIDEPRESSANTS
NASCOBAL SPRAY 500MCG/0.1ML	-	Non-Preferred Brands	HEMATOPOIETIC AGENTS
NASONEX NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
NATACYN OPHTH SUSP (QL= 45ml/30 days)	QL	Preferred Brands	OPHTHALMIC AGENTS
NATAZIA TAB	-	Preventive	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	Select	ANTIDIABETICS
NATESTO GEL (QL= 3 bottles/30 days)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
NATESTO NASAL GEL (QL= 3 bottles/30 days)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
NATPARA INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
NATROBA SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Non-Preferred Brands	DERMATOLOGICALS
NATTOKINASE CAP	-	EXC	ALTERNATIVE MEDICINES

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NATURL FIBER POWDER	-	EXC	LAXATIVES
NAYZILAM SPRAY (QL= 4 units/fill, 5 fills/month; Step therapy requires trial of midazolam inj)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
nebivolol hcl tab (BYSTOLIC equiv) (QL= 1 tab/day)	QL	Select	BETA BLOCKERS
NEBUSAL NEB SOLN	-	Non-Preferred Brands	COUGH/COLD/ALLERGY
NEFAZODONE TAB	-	Select	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	Select	ANTIDEPRESSANTS
nelarabine iv soln (ARRANON equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NENDRUX GEL	-	EXC	DERMATOLOGICALS
neomycin tab	-	Select	AMINOGLYCOSIDES
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	-	Select	OTIC AGENTS
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv)	-	Select	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	Select	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	Select	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
NEONATAL 19 TAB	-	Non-Preferred Brands	MULTIVITAMINS
NEONATAL FE TAB	-	Non-Preferred Brands	MULTIVITAMINS
NEOSALUS FOAM	-	Non-Preferred Brands	DERMATOLOGICALS
NEOSTIGMINE METHYLSULFATE INJ	-	EXC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
neostigmine methylsulfate soln pref syringe	-	EXC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
NEO-SYNALAR CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
NEO-SYNALAR KIT	-	Non-Preferred Brands	DERMATOLOGICALS
NEPHRON FA TAB	-	Preferred Brands	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	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
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

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Drug Name	Special Code	Tier	Category
NEUPRO PATCH (QL= 1 patch/day)	QL	Non-Preferred Brands	ANTIPARKINSON AGENTS
NEURACIN GEL	-	EXC	DERMATOLOGICALS
NEUROLITE KIT	-	EXC	DIAGNOSTIC PRODUCTS
NEUROPHX CAP	OTC	EXC	HEMATOPOIETIC AGENTS
NEVANAC OPHTH SUSP, ILEVRO OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
NEVIRAPINE ER TAB (QL= 3 tabs/day)	QL	Preferred Brands	ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
NEVIRAPINE SUSP (QL= 1200ml/30 days)	QL	Preferred Brands	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days)	QL	Preferred Brands	COUGH/COLD/ALLERGY
NEXAVAR TAB (Only available through Walgreens 888-347-3416)	LD-PA-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXICLON XR TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANTIHYPERTENSIVES
NEXIUM 24HR TAB (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
NEXIUM CAP (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
NEXIUM GRANULE PACK (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
NEXLETOL TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
NEXLIZET TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
NEXOBRID GEL	-	EXC	DERMATOLOGICALS
NEXPLANON IMPLANT	-	Preventive	CONTRACEPTIVES
NEXTSTELLIS TAB (QL= 28 tabs/24 days)	QL	Preventive	CONTRACEPTIVES
NEXVIAZYME INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NGENLA INJ (QL= 1.2ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
niacin ER tab (NIASPAN equiv)	-	High Cost Generics	ANTIHYPERLIPIDEMICS
NIACINAMIDE/SULFACETAMIDE CREAM	-	EXC	DERMATOLOGICALS
NIACINAMIDE-TRETINOIN GEL	-	EXC	DERMATOLOGICALS

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NIACOR TAB	-	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
NIASPAN ER TAB	-	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
NICAZELDOXY KIT	-	Preferred Brands	TETRACYCLINES
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
NILANDRON TAB (QL= 150mg/day after the first 30 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days)	AMSP-PA-QL	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	High Cost Generics	CALCIUM CHANNEL BLOCKERS
NINLARO CAP	AMSP-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	High Cost Generics	CALCIUM CHANNEL BLOCKERS
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/fill, 2 fills/month)	QL	High Cost Generics	ANTI-INFECTIVE AGENTS - MISC.
nitisinone cap (ORFADIN equiv)	LMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-BID OINT	-	Preferred Brands	ANTIANGINAL AGENTS

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NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	Non-Preferred Brands	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
NITROFURANTOIN SUSP (Step therapy requires trial of Nitrofurantoin Susp 25 MG/5ML)	ST	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin susp (FURADANTIN equiv)	ST--	Select	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP	-	Select	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	High Cost Generics	ANTIANGINAL AGENTS
nitroglycerin patch (NITRO-DUR equiv)	-	Select	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	Select	ANTIANGINAL AGENTS
NITROMIST SPRAY	-	Non-Preferred Brands	ANTIANGINAL AGENTS
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
NIZATIDINE CAP	-	Preferred Brands	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
nizatidine cap (AXID equiv)	-	Select	ULCER DRUGS
NIZORAL A-D SHAMPOO	-	EXC	DERMATOLOGICALS
nizoral a-d shampoo (NIZORAL equiv)	--OTC	Select	DERMATOLOGICALS
NIZORAL SHAMPOO	-	Non-Preferred Brands	DERMATOLOGICALS
NOCDURNA SL TAB	-	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
NOCTIVA EMULSION SPRAY (QL= 3.8gm/30 days)	QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
NON-PREFERRED CGM MONITOR SUPPLIES KIT	PA	Non-Preferred Brands	MEDICAL DEVICES AND SUPPLIES
NORCO 10-325mg (QL= 12 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
NORCO 5-325mg (QL= 12 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
NORCO TAB 7.5MG-325MG (QL= 12 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID

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NORDITROPIN INJ, NUTROPIN AQ INJ	AMSP-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv)	-	Preventive	CONTRACEPTIVES
norethindrone tab (NORA-QD equiv)	-	Preventive	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	Select	PROGESTINS
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	Preventive	CONTRACEPTIVES
NORGESIC TAB FORTE	-	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
NORITATE CREAM (Step Therapy requires trial of azelaic acid gel or FINACEA PLUS KIT)	ST	Non-Preferred Brands	DERMATOLOGICALS
NORLIQVA ORAL SOLN (QL= 300ml/30 days)	QL	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
NORPACE CR CAP	-	Preferred Brands	ANTIARRHYTHMICS
NORTHERA CAP (NORTHERA equiv) (QL= 180 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416)	LD-QL-ST	Non-Preferred Specialty	VASOPRESSORS
NORTHERA CAP 100MG (QL= 90 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416)	LD-QL-ST	Non-Preferred Specialty	VASOPRESSORS
NORTHERN QUAHOG CLAM INJ	-	EXC	DIAGNOSTIC PRODUCTS
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	Preventive	CONTRACEPTIVES
nortrel tab (OVCON 35 equiv)	-	Preventive	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	Select	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	Select	ANTIDEPRESSANTS
NORVIR CAP (QL= 12 caps/day)	QL	Preferred Brands	ANTIVIRALS
NORVIR POWDER PACK (QL= 12 packets/day)	QL	Preferred Brands	ANTIVIRALS
NORVIR SOLN (QL= 480ml/30 days)	QL	Preferred Brands	ANTIVIRALS
NORVIR TAB (QL= 12 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
NOURIANZ TAB (QL= 1 tab/day; ST: Trial of 2: dopamine agonist(ropinir-, pramip-), COMT inhib(entacapone), MAOB inhib(rasag-, seleg-))	LMSP-QL-ST	Non-Preferred Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
NOVACORT GEL	-	Non-Preferred Brands	DERMATOLOGICALS
NOVAMV PED DROPS	OTC	EXC	MULTIVITAMINS
NOVOFINE PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ (QL= 60 units/30 days)	OTC-QL	Select	ANTIDIABETICS

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NOVOLIN 70/30 INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN N INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN N RELION INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN R INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN RELION INJ 70/30 (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLIN VIAL (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG FLEXPEN INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG MIX INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOLOG PENFILL INJ (QL= 60 units/30 days)	QL	Select	ANTIDIABETICS
NOVOTWIST PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	Select	MEDICAL DEVICES AND SUPPLIES
NOXAFIL INJ	-	EXC	ANTIFUNGALS
NOXAFIL PAK (QL= 31 packets/30 days; Step Therapy requires trial of 1: fluconazole tab, fluconazole susp, itraconazole cap, itraconazole soln, voriconazole susp, or voriconazole tab)	QL-ST	Non-Preferred Brands	ANTIFUNGALS
NOXAFIL SUSP (Step therapy requires trial of fluconazole, itraconazole or voriconazole)	ST	Non-Preferred Brands	ANTIFUNGALS
NOXAFIL TAB (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND)	QL-ST	Non-Preferred Brands	ANTIFUNGALS
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	EXC	THYROID AGENTS
NUBEQA TAB (QL= 4 tabs/day; Only available through 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
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
NUCYNTA TAB (QL= 6 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
NUEDEXTA CAP (QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA)	QL-ST	Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NUJO SOLN	-	EXC	DERMATOLOGICALS
NULIBRY INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NULYTELY SOLN	-	Non-Preferred Brands	LAXATIVES
NUMOISYN LOZENGE	-	Non-Preferred Brands	MOUTH/THROAT/DENTAL AGENTS

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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
NURTEC ODT (QL= 8 tabs/30 days)	PA-QL	Non-Preferred Brands	MIGRAINE PRODUCTS
NUTRITIONAL SUPPLEMENT EFFERVESCENT POWDER	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
NUVARING	-	Non-Preferred Brands	CONTRACEPTIVES
NUVESSA VAGINAL GEL, VANDAZOLE GEL (QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln)	QL-ST	Preferred Brands	VAGINAL PRODUCTS
NUVIGIL TAB 150MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
NUVIGIL TAB 200G (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
NUVIGIL TAB 250MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
NUVIGIL TAB 50MG (QL= 3 tabs/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
NUVIRA PATCH	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
NYMALIZE SOLN	-	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
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

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OAT INJ	-	EXC	DIAGNOSTIC PRODUCTS
OBREDON SOLN (QL= 1800ml/30 days)	QL	Non-Preferred Brands	COUGH/COLD/ALLERGY
OBTREX DHA PAK	OTC	EXC	MULTIVITAMINS
OCALIVA TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
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.
octreotide inj (SANDOSTATIN equiv)	AMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCTREOTIDE INJ 100MCG	AMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCUDOX KIT	-	Non-Preferred Brands	TETRACYCLINES
ODACTRA SL TAB (QL= 30 tabs/30 days; Step req trial of montelukast tab/chew tab/packet)	QL-ST	Non-Preferred Brands	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
ODOMZO CAP	AMSP-PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	Select	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	Select	OTIC AGENTS
OFLOXACIN TAB	-	Non-Preferred Brands	FLUOROQUINOLONES
ofloxacin tab (FLOXIN equiv)	-	Select	FLUOROQUINOLONES
OJJAARA TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	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
olanzapine/fluoxetine cap (SYMBYAX equiv) (QL= 1 cap/day)	QL	High Cost Generics	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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	High Cost Generics	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.
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
OMEGA-3 FATTY ACIDS CAP	OTC	EXC	NUTRIENTS
OMEGA-3 FATTY ACIDS-HEMP EXTRACT CAP DR	-	EXC	ALTERNATIVE MEDICINES
omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day)	QL	Select	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv) (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
omeprazole magnesium delayed release tab (PRILOSEC OTC equiv) (Covered for members age 17 or younger)	OTC	EXC	ULCER DRUGS
omeprazole tab (Covered for members age 17 or younger)	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	EXC	ULCER DRUGS
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	EXC	ULCER DRUGS
OMNARIS NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNIPAQUE SOLN	-	EXC	DIAGNOSTIC PRODUCTS
OMNIPOD 5 G6 KIT (QL= 1 kit/year)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G6 MIS PODS (QL= 15 pods/30 days)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G7 MIS PODS (QL= 15 pods/30 days)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 PACK PODS (QL= 15 pods/30 days)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH KIT (QL= 1 kit/year)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS (QL= 15 pods/30 days)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 10 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 15 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 20 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 25 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 30 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 35 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 40 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES

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OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ	AMSP-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMNITROPE INJ, ZOMACTON INJ	AMSP-PA	Non-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.
ONCOPLEX ES CAP	-	EXC	ALTERNATIVE MEDICINES
ondansetron ODT (ZOFRAN equiv)	-	Select	ANTIEMETICS
ondansetron soln (ZOFRAN equiv) (QL= 50ml/fill, 1 fill/15 days)	QL	Select	ANTIEMETICS
ONDANSETRON TAB	-	Select	ANTIEMETICS
ondansetron tab (ZOFRAN equiv)	-	Select	ANTIEMETICS
ONE A DAY PRENATAL ADV	OTC	EXC	MULTIVITAMINS
ONFI SUSP (QL= 480ml/30 days)	QL	Non-Preferred Brands	ANTICONVULSANTS
ONFI TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
ONGENTYS CAP (Step Therapy requires trial of 2: entacapone, pramipexole, rasagiline, ropinirole, or selegiline)	ST	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
ONGLYZA TAB (QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
ONUREG TAB (QL= 14 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONZDEAXIADEM GEL	-	EXC	DERMATOLOGICALS
ONZDEAXIAZAR GEL	-	EXC	DERMATOLOGICALS
ONZETRA XSAIL (Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	ST	Non-Preferred Brands	MIGRAINE PRODUCTS
OPDIVO INJ	-	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.
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.
OPVEE NASAL SPRAY	-	Preferred Brands	ANTIDOTES AND SPECIFIC ANTAGONISTS

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OPZELURA CREAM (QL= 120 grams/28 days)	PA-QL	Non-Preferred Brands	DERMATOLOGICALS
ORACIT SOLN	-	Preferred Brands	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB (QL= 30 tabs/30 days; Step req trial of montelukast tab/chew tab/packet)	QL-ST	Non-Preferred Brands	BIOLOGICALS MISC
ORANGE INJ	-	EXC	DIAGNOSTIC PRODUCTS
ORAVIG TAB	-	Non-Preferred Brands	MOUTH/THROAT/DENTAL AGENTS
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 CAP (Only available through Eversana 636-519-2400)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORFADIN SUSP (Only available through Eversana 636-519-2400)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORGOVYX TAB (QL= 30 tabs/30 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	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)	PA-QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORILISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	Non-Preferred Brands	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.
orphenadrine citrate ER tab (NORFLEX equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
ORPHENADRINE INJ	-	EXC	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) (QL= 4 tabs/day; Step therapy requires trial of 2: baclofen tab, tizanidine tab/cap, cyclobenzaprine tab, methocarbamol tab, carisoprodol tab, orphenadrine tab)	QL-ST	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORSERDU TAB 86MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORTIKOS ER CAP	-	Non-Preferred Brands	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
OSMOLEX ER TAB (QL= 1 tab/day; Step Therapy requires trial of amantadine)	QL-ST	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOLEX ER TAB (Step Therapy requires trial of amantadine)	QL-ST	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOPREP TAB (Step Therapy requires trial of CLENPIQ)	ST	Non-Preferred Brands	LAXATIVES
OSPHENA TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
OSSOPAN 1100 CAP	-	EXC	MINERALS & ELECTROLYTES
OTEZLA STARTER PACK (QL= 1 pack/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	Select	OTIC AGENTS
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN (QL= bottle/fill, 2 fills/month; Step Therapy requires trial of neomycin/polymixin/hydrocoritisone otic)	QL-ST	Non-Preferred Brands	OTIC AGENTS

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

Drug Name	Special Code	Tier	Category
OTREXUP INJ 10MG (QL= 1.6ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ 12.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ 15MG (QL= 1.6ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ 17.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ 22.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ, RASUVO INJ 20MG (QL= 1.6ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
OTREXUP INJ, RASUVO INJ 25MG (QL= 1.6ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
OVACE PLUS CREAM	-	EXC	DERMATOLOGICALS
OVACE PLUS GEL	-	EXC	DERMATOLOGICALS
OVACE PLUS LOTION	-	EXC	DERMATOLOGICALS
OVACE PLUS FOAM	-	EXC	DERMATOLOGICALS
OVIDREL INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
oxandrolone tab (OXANDRIN equiv)	-	EXC	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv) (Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab)	ST	High Cost Generics	ANTIANXIETY AGENTS
OXBRYTA TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
OXBRYTA TAB 300MG (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	Select	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	Select	ANTICONVULSANTS
OXERVATE OPHTH SOLN (QL= 28ml/28 days; Only available through Accredo 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)	-	High Cost Generics	DERMATOLOGICALS
OXISTAT LOTION	-	Non-Preferred Brands	DERMATOLOGICALS

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VAC	Vaccine Program				

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

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Drug Name	Special Code	Tier	Category
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	Select	ANALGESICS - OPIOID
OXYCONTIN CR TAB (QL= 2 tabs/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
OXYCONTIN CR TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
OXYCONTIN TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
OXYCONTIN TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
OXYCONTIN TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
OXYCONTIN TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
OXYCONTIN TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
OXYCONTIN TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day)	QL	Preferred Brands	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day)	QL	Preferred Brands	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day)	QL	Preferred Brands	ANALGESICS - OPIOID
oxymorphone ER tab 30mg (OPANA ER equiv) (QL= 4 tabs/day)	QL	High Cost Generics	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day)	QL	Preferred Brands	ANALGESICS - OPIOID
oxymorphone ER tab 40mg (OPANA ER equiv) (QL= 4 tabs/day)	QL	High Cost Generics	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day)	QL	Preferred Brands	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day)	QL	Preferred Brands	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day)	QL	Preferred Brands	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	Select	ANALGESICS - OPIOID
OXYTROL PATCH (OTC) (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	OTC-ST	Non-Preferred Brands	URINARY ANTISPASMODICS
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred Brands	ANTIDIABETICS

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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
OZOBAX SOLN (QL= 16ml/day; Step therapy requires trial of baclofen tab AND tizanidine tab)	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
PAFOLACIANINE SODIUM IV SOLN	-	EXC	DIAGNOSTIC PRODUCTS
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.
PANCREAZE CAP, PERTZYE CAP, ZENPEP CAP (Step Therapy requires trial of Creon)	ST	Non-Preferred Brands	DIGESTIVE AIDS
PANCRELIPASE CAP (Step Therapy requires trial of Creon)	ST	Non-Preferred Brands	DIGESTIVE AIDS
PANDEL CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
PANRETIN GEL	-	Non-Preferred Brands	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv) (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
PARAGARD IUD	-	Preventive	CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	Select	DERMATOLOGICALS
PAREGORIC TINCTURE	-	Non-Preferred Brands	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	Select	AMINOGLYCOSIDES
paroxetine cap (BRISDELLE equiv) (QL= 1 cap/day)	QL	High Cost Generics	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	High Cost Generics	ANTIDEPRESSANTS
paroxetine oral susp (PAXIL equiv) (QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	High Cost Generics	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	Select	ANTIDEPRESSANTS
PASER GRANULE	-	Non-Preferred Brands	ANTIMYCOBACTERIAL AGENTS

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

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Drug Name	Special Code	Tier	Category
PATANASE NASAL SPRAY (QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray)	QL-ST	Non-Preferred Brands	NASAL AGENTS - SYSTEMIC AND TOPICAL
PAXIL ORAL SUSP (QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
PAXLOVID TAB (QL= 30 tabs/fill)	QL	Preventive	ANTIVIRALS
PAXLOVID TAB 100-150MG (QL= 20 tabs/fill)	QL	Preventive	ANTIVIRALS
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 18 years or older)	QL	Preferred Brands	ANTIVIRALS
PAXLOVID TAB 300-100 (QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 18 years or older)	QL	Preferred Brands	ANTIVIRALS
PAZEO OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
pazopanib hcl tab (VOTRIENT equiv) (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pb-belladonna elixir (DONNATAL equiv) (QL= 1200ml/30 days)	QL	High Cost Generics	ULCER DRUGS
PCE TAB	-	Preferred Brands	MACROLIDES
PEAK FLOW METER	-	Non-Preferred Brands	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
PEDIATEX TDM SUSP	-	EXC	COUGH/COLD/ALLERGY
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)	-	High Cost Generics	LAXATIVES
peg 3350/electrolytes soln (COLYTE equiv) (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive	LAXATIVES
PEGANONE TAB	-	Non-Preferred Brands	ANTICONVULSANTS
PEGASYS INJ	AMSP-PA	Preferred Specialty	ANTIVIRALS

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Drug Name	Special Code	Tier	Category
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 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
PENBRAYA INJ (Covered for members age 10 through 25 years)	-	Preventive	VACCINES
penciclovir cream (DENAVIR equiv) (QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB)	QL-ST	High Cost Generics	DERMATOLOGICALS
penicillamine cap (CUPRIMINE equiv)	-	High Cost Generics	MISCELLANEOUS THERAPEUTIC CLASSES
penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days)	QL	Select	MISCELLANEOUS THERAPEUTIC CLASSES
penicillin vk tab (VEETIDS equiv)	-	Select	PENICILLINS
PENICILLIUM INJ	-	EXC	DIAGNOSTIC PRODUCTS
PENNSAID SOLN 2% (Step therapy requires trial of of diclofenac 1.5% soln)	ST	Non-Preferred Brands	DERMATOLOGICALS
pentamidine neb soln (NEBUPENT equiv)	-	High Cost Generics	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CAP (QL= 8 caps/day; Step Therapy requires trial of APRISO or LIALDA)	QL-ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
PENTASA CAP 500MG (Step Therapy requires trial of APRISO or LIALDA)	ST	High Cost Generics	GASTROINTESTINAL AGENTS - MISC.
PENTASA CR CAP (QL= 8 caps/day; Step Therapy requires trial of APRISO or LIALDA)	QL-ST	Non-Preferred Brands	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
PEPCID SUSP (Step Therapy requires trial of cimetidine or nizatidine)	ST	Non-Preferred Brands	ULCER DRUGS
PERCOCET TAB 10-325MG (QL= 12 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID

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Drug Name	Special Code	Tier	Category
PERCOCET TAB 2.5-325mg (QL= 12 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
PERCOCET TAB 5-325MG (QL= 12 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
PERCOCET TAB 7.5-325MG (QL= 12 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
PERFOROMIST NEB SOLN (QL= 120ml/30 days; Step Therapy requires trial o albuterol neb soln OR levalbuterol neb soln)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PERINDOPRIL TAB	-	Non-Preferred Brands	ANTIHYPERTENSIVES
perindopril tab (ACEON equiv)	-	Select	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	Select	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PERSERIS INJ	AMSP-PA	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 Brands	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)	-	Select	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)	-	High Cost Generics	ANTIHYPERTENSIVES
PHENYLEPHRINE HCL IV SOLN	-	EXC	VASOPRESSORS
PHENYLEPHRINE HCL SUPPOSITORIES	OTC	EXC	ANORECTAL AND RELATED PRODUCTS
phenylephrine ophth soln (MYDFRIN equiv)	-	Select	OPHTHALMIC AGENTS
PHENYLEPHRINE W/ DM-GG TAB	OTC	EXC	COUGH/COLD/ALLERGY
PHENYLEPHRINE-CHLORPHEN-DM TAB	OTC	EXC	COUGH/COLD/ALLERGY

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

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Drug Name	Special Code	Tier	Category
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)	-	Select	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	Select	ANTICONVULSANTS
PHENYTOIN INJ	-	EXC	ANTICONVULSANTS
phenytoin sodium inj	-	EXC	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	Select	ANTICONVULSANTS
PHEOXIA CREAM	-	EXC	DERMATOLOGICALS
PHEXXI GEL (QL= 180gm/30 days)	QL	Preventive	VAGINAL AND RELATED PRODUCTS
PHOSLYRA SOLN	-	Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
PHOSPHOLINE OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PHOTREXA VISCOUS OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
phytonadione tab (MEPHYTON equiv)	-	Select	VITAMINS
PICATO GEL (QL= 2 tubes/60 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
PICATO GEL (QL= 3 tubes/60 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
PIDPROGTAR SOLN	-	EXC	DERMATOLOGICALS
PIFELTRO TAB	-	Preferred Brands	ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	Select	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
pimecrolimus cream (ELIDEL equiv) (Step Therapy requires trial of tacrolimus oint)	ST	High Cost Generics	DERMATOLOGICALS
PIMOZIDE TAB	-	Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	Select	BETA BLOCKERS
PINEAPPLE INJ	-	EXC	DIAGNOSTIC PRODUCTS
pioglitazone tab (ACTOS equiv)	-	Select	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv) (Step Therapy requires trial of metformin or metformin ER)	ST	High Cost Generics	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	Select	ANTIDIABETICS
PIQRAY TAB	AMSP-PA-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pirfenidone cap (ESBRIET equiv) (QL= 3 caps/day)	AMSP-PA-QL-SF	Generic Specialty	RESPIRATORY AGENTS - MISC.
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	AMSP-PA-QL-SF	Generic Specialty	RESPIRATORY AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
PIRFENIDONE TAB 534MG (QL= 4 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	Generic Specialty	RESPIRATORY AGENTS - MISC.
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty	RESPIRATORY AGENTS - MISC.
piroxicam cap (FELDENE equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
pitavastatin calcium tab (LIVALO equiv) (QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs)	QL-ST	High Cost Generics	ANTIHYPERLIPIDEMICS
PLAN B TAB	OTC	Non-Preferred Brands	CONTRACEPTIVES
PLASMA-LYTE INJ -148	-	EXC	MINERALS & ELECTROLYTES
PLASMA-LYTE INJ -A	-	EXC	MINERALS & ELECTROLYTES
PLAVIX TAB 300MG (QL= 4 tabs/30 days)	QL	Non-Preferred Brands	HEMATOLOGICAL AGENTS - MISC.
PLAVIX TAB 75MG	-	Non-Preferred Brands	HEMATOLOGICAL AGENTS - MISC.
PLEGRIDY INJ (QL= 1 kit/28 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ (QL= 1 kit/28 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENITY CAP	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
PLENVU SOLN	-	Non-Preferred Brands	LAXATIVES
plerixafor subcutaneous inj (MOZOBIL equiv)	-	EXC	HEMATOPOIETIC AGENTS
PLEXION LOTION	-	EXC	DERMATOLOGICALS
PLEXION SCT CREAM	-	EXC	DERMATOLOGICALS
PLIAGLIS CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
PLUVICTO INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PNEUMOVAX INJ	VAC	Preventive	VACCINES
PODOCON SOLN	-	Preferred Brands	DERMATOLOGICALS
podofilox gel (CONDYLOX equiv) (QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream)	QL-ST	High Cost Generics	DERMATOLOGICALS
PODOFILOX SOLN (QL= 0.5ml/day)	QL	Non-Preferred Brands	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	QL--	Select	DERMATOLOGICALS
PODOXIA SOLN	-	EXC	DERMATOLOGICALS
PODTAR SOLN	-	EXC	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
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 Brands	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 Brands	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
POLY-TUSSIN DM SYRUP	-	Non-Preferred Brands	COUGH/COLD/ALLERGY
POLYTUSSIN LIQ DM	OTC	EXC	COUGH/COLD/ALLERGY
polyvinyl alcohol ophth soln (ARTIFICIAL TEARS equiv)	-	EXC	OPHTHALMIC AGENTS
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 DR tab (NOXAFIL equiv) (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND)	QL-ST	High Cost Generics	ANTIFUNGALS
posaconazole iv soln (NOXAFIL equiv)	-	EXC	ANTIFUNGALS
posaconazole susp (NOXAFIL equiv) (Step therapy requires trial of fluconazole, itraconazole or voriconazole)	ST	High Cost Generics	ANTIFUNGALS
POSLUMA SOLN	-	EXC	DIAGNOSTIC PRODUCTS
POT/CHLORIDE EFFER TAB	-	Select	MINERALS & ELECTROLYTES
POTABA POWDER PACKET	-	Preferred Brands	VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	High Cost Generics	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	Select	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	Select	MINERALS & ELECTROLYTES
potassium chloride ER tab (K-TAB equiv)	-	Select	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE IN NACL INJ	-	EXC	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE INJ	-	EXC	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	Select	MINERALS & ELECTROLYTES

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Drug Name	Special Code	Tier	Category
potassium chloride powder packet (KLOR-CON equiv)	-	High Cost Generics	MINERALS & ELECTROLYTES
potassium chloride soln	-	High Cost Generics	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE TAB ER	-	Select	MINERALS & ELECTROLYTES
potassium 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 GLUCONATE TAB	-	EXC	MINERALS & ELECTROLYTES
POTASSIUM INJ	-	EXC	MINERALS & ELECTROLYTES
potassium iodide oral soln (SSKI equiv) (QL= 90ml/30 days)	QL	Select	COUGH/COLD/ALLERGY
POTASSIUM PHOSPHATE INJ	-	EXC	MINERALS & ELECTROLYTES
potassium phosphate monobasic tab (K-PHOS equiv) (QL= 8 tabs/day)	QL	Select	MINERALS & ELECTROLYTES
PRADAXA CAP 75MG, 150MG (QL= 2 caps/day, Step therapy requires trial of Eliquis and Xarelto)	QL-ST	Non-Preferred Brands	ANTICOAGULANTS
PRADAXA PELLET PACK (QL= 2 packets/day)	QL	Non-Preferred Brands	ANTICOAGULANTS
PRAKETAMIDE CREAM	-	EXC	DERMATOLOGICALS
PRALUENT INJ (QL= 2 inj/28 days)	PA-QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
pramipexole ER tab (MIRAPEX ER equiv) (QL= 1 tab/day)	QL	High Cost Generics	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	Select	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1-1%	-	Preferred Brands	DERMATOLOGICALS
PRAMOSONE E CREAM	-	Preferred Brands	DERMATOLOGICALS
PRAMOSONE LOTION	-	Non-Preferred Brands	DERMATOLOGICALS
PRAMOXINE-CALAMINE AEROSOL	OTC	EXC	DERMATOLOGICALS
PRANDIMET TAB	-	Non-Preferred Brands	ANTIDIABETICS
PRASCION RA CREAM	-	EXC	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv) (QL= 1 tab/day)	QL	Select	HEMATOLOGICAL AGENTS - MISC.
PRAVACHOL TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
praziquantel tab (BILTRICIDE equiv)	-	Select	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	Select	ANTIHYPERTENSIVES

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Drug Name	Special Code	Tier	Category
PRECISION XTRA KETONE TEST STRIP	OTC	EXC	DIAGNOSTIC PRODUCTS
PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands	DIAGNOSTIC PRODUCTS
PRED FORTE OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PRED MILD OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	Preferred Brands	OPHTHALMIC AGENTS
PRED-G S.O.P OPHTH OINTMENT	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	Preferred Brands	DERMATOLOGICALS
PREDNICARBATE OIN	-	Preferred Brands	DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv) (Step therapy requires trial of two of the following: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	High Cost Generics	CORTICOSTEROIDS
PREDNISOLONE ODT TAB	-	Non-Preferred Brands	CORTICOSTEROIDS
PREDNISOLONE OPHTH SUSP	-	Select	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
PREDNISOLONE SOLN	-	Preferred Brands	CORTICOSTEROIDS
prednisolone soln	-	Select	CORTICOSTEROIDS
prednisolone soln (PEDIAPRED equiv)	-	Select	CORTICOSTEROIDS
prednisolone tab (MILLIPRED equiv) (Step therapy requires trial of 2: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	High Cost Generics	CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS

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PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
prednisone pack	-	Select	CORTICOSTEROIDS
PREDNISONE SOLN	-	Select	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	Select	CORTICOSTEROIDS
PREFEST TAB	-	Non-Preferred Brands	ESTROGENS
pregabalin cap (LYRICA equiv)	-	Select	ANTICONVULSANTS
pregabalin ER tab (LYRICA equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln)	QL-ST	High Cost Generics	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	Select	ANTICONVULSANTS
PREMARIN TAB	-	Preferred Brands	ESTROGENS
PREMARIN VAGINAL CREAM	-	Preferred Brands	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	Preferred Brands	ESTROGENS
PRENARA CAP	-	Non-Preferred Brands	MULTIVITAMINS
PRENATABS RX TAB	-	Preferred Brands	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	Preferred Brands	MULTIVITAMINS
PRENATAL 19 TAB	-	Preferred Brands	MULTIVITAMINS
PRENATAL CAP	OTC	EXC	MULTIVITAMINS
PRENATAL MV, MIN W/ FA-OMEGA-3 CHEW TAB	-	EXC	MULTIVITAMINS
PRENATAL VITAMINS (NON-PREFERRED)	-	Non-Preferred Brands	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	Preferred Brands	MULTIVITAMINS
PREPIDIL GEL	-	Non-Preferred Brands	OXYTOCICS
PRESTALIA TAB (Step Therapy requires trial of 2: amlodipine, angiotensin-converting enzyme (ACE) inhibitor)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
PRETOMANID TAB (QL= 1 tab/day)	AMSP-QL	Non-Preferred Specialty	ANTIMYCOBACTERIAL AGENTS
PREVACID CAP (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
PREVACID SOLUTAB (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
PREVIDENT 5000 PLUS CREAM (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive	MOUTH/THROAT/DENTAL AGENTS

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Drug Name	Special Code	Tier	Category
PREVIDENT PASTE	-	Non-Preferred Brands	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT SOLN	-	EXC	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 13 INJ	VAC	Preventive	VACCINES
PREVNAR 20 INJ	VAC	Preventive	VACCINES
PREVPAC KIT	-	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
PREVYMIS TAB	AMSP-PA	Non-Preferred Specialty	ANTIVIRALS
PREZCOBIX TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
PREZISTA SUSP (QL= 400ml/30 days)	QL	Preferred Brands	ANTIVIRALS
PREZISTA TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
PREZISTA TAB 150MG (QL= 8 tabs/day)	QL	Preferred Brands	ANTIVIRALS
PREZISTA TAB 600MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
PREZISTA TAB 600MG (QL= 2 tabs/day)	QL	Preferred Brands	ANTIVIRALS
PREZISTA TAB 75MG (QL= 16 tabs/day)	QL	Preferred Brands	ANTIVIRALS
PREZISTA TAB 800MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIVIRALS
PRIFTIN TAB	-	Non-Preferred Brands	ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
PRILOSEC 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)	-	High Cost Generics	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 10-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID

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Drug Name	Special Code	Tier	Category
PRIMLEV TAB 5-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
PRIMSOL SOLN	-	Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
PRIORIX INJ	VAC	Preventive	VACCINES
PRISTIQ TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
PROAIR HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROAIR RESPICLICK INHALER (Step Therapy requires trial of VENTOLIN HF INHALER and albuterol hfa inhaler)	ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
probenecid tab (BENEMID equiv)	-	Select	GOUT AGENTS
PROCAINAMIDE INJ	-	EXC	ANTIARRHYTHMICS
prochlorperazine supp (COMPAZINE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCRIT INJ (QL= 4 vials/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
PROCTOFOAM HC FOAM	-	Preferred Brands	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
PRODRIN TAB	-	Select	MIGRAINE PRODUCTS
progesterone cap (PROMETRIUM equiv)	-	Select	PROGESTINS
progesterone oil inj	-	Select	PROGESTINS
PROGESTERONE SUPP	-	EXC	VAGINAL PRODUCTS
PROGRAF PACKET	-	Non-Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
PROLATE TAB (QL= 13 tabs/day; Step therapy requires trial of oxycodone/acetaminophen 7.5-325mg tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
PROLENSA OPHTH SOLN 0.07% (QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
PROLIA INJ	AMSP-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
PROMACTA POWDER	AMSP-PA	Non-Preferred Specialty	HEMATOPOIETIC AGENTS

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

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PROMACTA TAB	AMSP-PA	Preferred Specialty	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	Select	COUGH/COLD/ALLERGY
promethazine inj (PHENERGAN equiv)	-	Select	ANTIHISTAMINES
promethazine supp (PHENERGAN equiv)	-	Select	ANTIHISTAMINES
promethazine syrup	-	Select	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	Select	ANTIHISTAMINES
PROMETHAZINE VC SYRUP	-	Select	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	-	Select	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	Select	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	Select	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	Select	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	Select	ANTIHISTAMINES
PRONAL GEL	-	EXC	DERMATOLOGICALS
propafenone ER cap (RYTHMOL SR equiv)	-	High Cost Generics	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	Select	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	Preferred Brands	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	Select	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	Select	BETA BLOCKERS
propranolol oral soln	-	Select	BETA BLOCKERS
PROPRANOLOL SOLN	-	Select	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	Select	BETA BLOCKERS
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	-	Preferred Brands	ANTIHYPERTENSIVES
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	Select	ANTIHYPERTENSIVES
PROPYLENE GLYCOL (OPHTH)	-	EXC	OPHTHALMIC AGENTS
propylthiouracil tab	-	Select	THYROID AGENTS
PROQUAD INJ	-	Preventive	VACCINES
PROQUIN XR TAB	-	Non-Preferred Brands	FLUOROQUINOLONES
PROSTIN E2 SUPP	-	Non-Preferred Brands	OXYTOCICS
PROTEIN CAP	OTC	EXC	NUTRIENTS
PROTHELIAL PASTE	-	Non-Preferred Brands	MOUTH/THROAT/DENTAL AGENTS
PROTONIX EC TAB (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
protriptyline tab (VIVACTIL equiv)	-	Select	ANTIDEPRESSANTS
PROVAYBLUE INJ	-	EXC	ANTIDOTES AND SPECIFIC ANTAGONISTS
PROVENTIL AERO HFA (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol HFA inhaler)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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PROVENTIL HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROVIGIL TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
PROZAC WEEKLY CAP	-	Preferred Brands	ANTIDEPRESSANTS
PROZENA PAD	-	Non-Preferred Brands	DERMATOLOGICALS
pseudoephedrine ER tab 120mg (QL= 2 tabs/day)	QL	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine hcl cap	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days)	QL	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 30mg (QL= 8 tabs/day)	QL	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 60mg (QL= 4 tabs/day)	QL	Select	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine/brompheniramine/DM syrup (DALLERGY DM equiv)	-	EXC	COUGH/COLD/ALLERGY
pseudoephedrine-dexchlorpheniramine-dm liquid (ABATUSS DMX equiv)	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 fluticasone diskus, fluticasone hfa, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMICORT INH SUSP 0.25MG/2ML, 0.5MG/2ML (QL= 120 units/30 days)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMICORT INH SUSP 1MG/2ML (QL= 60 units/30 days)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN (QL= 30 ampules/30 days)	AMSP-QL-RDX	Preferred Specialty	RESPIRATORY AGENTS - MISC.
PURE AND GENTLE DROPS	-	EXC	OPHTHALMIC AGENTS
PURIXAN SUSP	AMSP-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pyrazinamide tab	-	Select	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	Select	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	Select	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PYRIDOSTIGMINE TAB 30MG	-	Non-Preferred Brands	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridstigmine soln (MESTINON equiv)	-	High Cost Generics	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty	ANTIMALARIALS
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.

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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.
QALSODY SOLN	-	EXC	NEUROMUSCULAR AGENTS
QBRELIS SOLN	-	Non-Preferred Brands	ANTIHYPERTENSIVES
QBREXZA PAD (QL= 1 pad/day)	PA-QL	Non-Preferred Brands	DERMATOLOGICALS
QDOLO SOLN (QL= 80ml/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
QELBREE ER CAP 100MG (QL= 30 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
QELBREE ER CAP 150MG (QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
QELBREE ER CAP 200MG (QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
QINLOCK TAB (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QMIIZ ODT TAB (Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
QNASL NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
QTERN TAB	-	Non-Preferred Brands	ANTIDIABETICS
QUALAQUIN CAP	-	Non-Preferred Brands	ANTIMALARIALS
QUDEXY XR CAP 100MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
QUDEXY XR CAP 150MG (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
QUDEXY XR CAP 200MG (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
QUDEXY XR CAP 25MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
QUDEXY XR CAP 50MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
QUERCETIN CAP	-	EXC	VITAMINS
quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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Drug Name	Special Code	Tier	Category
QUETIAPINE TAB 150MG (QL= 1 tab/day; Step therapy requires trial of quetiapine 25, 50, 100, 200, 300, or 400mg IR tabs)	QL-ST	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUFLORA PEDIATRIC CHEW TAB	-	Non-Preferred Brands	MULTIVITAMINS
QUIDROXZAR GEL	-	EXC	DERMATOLOGICALS
QUILLICHEW ER TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
QUILLIVANT XR SUSP (QL= 360ml/30 days)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	Select	ANTIHYPERTENSIVES
QUINAPRIL/HCTZ TAB	-	Select	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	Select	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	High Cost Generics	ANTIARRHYTHMICS
quinidine sulfate tab (QL= 8 tabs/day)	QL	Select	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB 200MG (QL= 8 tabs/day)	QL	Preferred Brands	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB 300MG (QL= 5 tabs/day)	QL	Preferred Brands	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	Select	ANTIMALARIALS
QUITAR GEL	-	EXC	DERMATOLOGICALS
QULIPTA TAB (QL= 30 tabs/30 days)	PA-QL	Non-Preferred Brands	MIGRAINE PRODUCTS
QUVIVIQ TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate)	QL-ST	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
QVAR REDIHALER (QL= 21.2gm/30 days; Step Therapy requires trial of fluticasone diskus, fluticasone hfa, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
RA COLD GEL THERAPY	-	EXC	DERMATOLOGICALS
RABAVERT INJ	-	Preventive	VACCINES
rabeprazole EC tab (ACIPHEX equiv) (Covered for members age 17 or younger)	-	EXC	ULCER DRUGS
RADICAVA 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; Step req trial of montelukast tab/chew tab/packet)	QL-ST	Non-Preferred Brands	BIOLOGICALS MISC
raloxifene tab (EVISTA equiv) (QL= 1 tab/day)	QL	Preventive	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	High Cost Generics	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ramipril cap (ALTACE equiv)	-	Select	ANTIHYPERTENSIVES

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RANEXA TAB (QL= 120 tabs/30 days)	QL	Non-Preferred Brands	ANTIANGINAL AGENTS
ranitidine cap (ZANTAC equiv)	-	Select	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	Select	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	Select	ULCER DRUGS
ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days)	QL	Select	ANTIANGINAL AGENTS
rasagiline tab (AZILECT equiv) (QL= 1 tab/day)	QL	Select	ANTIPARKINSON AGENTS
RASPBRRY KETONES CAP	-	EXC	ALTERNATIVE MEDICINES
RASUVO INJ 10MG (QL= 0.8ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 12.5MG (QL= 1ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 15MG (QL= 1.2ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 17.5MG (QL= 1.4ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 22.5MG (QL= 1.8ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 25MG (QL= 2ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 27.5MG (QL= 2.2ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 30MG (QL= 2.4ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RASUVO INJ 7.5MG (QL= 0.6ml/28 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RAVICTI LIQUID (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP (QL= 2 caps/day)	PA-QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYASAL CREAM	-	EXC	DERMATOLOGICALS
RAYASORE KIT	-	EXC	DERMATOLOGICALS
RAYOS TAB	PA	Non-Preferred Brands	CORTICOSTEROIDS
RAZADYNE ER CAP (QL= 1 cap/day)	QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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RAZADYNE TAB (QL= 60 tabs/30 days)	QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBETOL SOLN	AMSP	Preferred Specialty	ANTIVIRALS
REBIF INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBINYN INJ (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
REBYOTA SUSP FECAL	-	EXC	GASTROINTESTINAL 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.
RECTIV OINT	-	Non-Preferred Brands	ANORECTAL AGENTS
RED ALDER INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
RED CEDAR INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
RED MAPLE INJ	-	EXC	DIAGNOSTIC PRODUCTS
RED OAK INJ	-	EXC	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
REGRANEX GEL (QL= 30gm/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
RELAFEN DS TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, buprofen, or nabumetone)	QL-ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month)	QL	Preferred Brands	ANTIVIRALS
RELEUKO INJ (QL= 15 syringes/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
RELEUKO INJ (QL= 15 vials/30 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
RELEXXII ER TAB 18MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
RELEXXII ER TAB 27MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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Drug Name	Special Code	Tier	Category
RELEXXII ER TAB 36MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
RELEXXII ER TAB 54MG (QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS
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.
RELPAX TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
RELTONE CAP (Step therapy requires trial of ursodiol tab)	ST	Select	GASTROINTESTINAL AGENTS - MISC.
RELYVRIO PAK (QL= 56 packs/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty	NEUROMUSCULAR AGENTS
REMODULIN INJ 10MG/ML (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 1MG/ML (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 2.5MG/ML (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
REMODULIN INJ 5MG/ML (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
RENAGEL TAB	-	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
RENAGEL TAB 800MG	-	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
RENOVA CREAM	-	EXC	DERMATOLOGICALS
RENVELA TAB	-	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
REPAGLINIDE TAB	-	Preferred Brands	ANTIDIABETICS
repaglinide tab (PRANDIN equiv)	-	Select	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	Preferred Brands	ANTIHYPERLIPIDEMICS

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Drug Name	Special Code	Tier	Category
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	Preferred Brands	ANTIHYPERLIPIDEMICS
REQUIP XL TAB (QL= 1 tab/day; Step Therapy requires trial of ropinirole)	QL-ST	Non-Preferred Brands	ANTIPARKINSON AGENTS
RESCRIPTOR TAB	-	Preferred Brands	ANTIVIRALS
RESTASIS MULTI-DOSE (QL= 5.5ml/30 days)	QL	Non-Preferred Brands	OPHTHALMIC AGENTS
RESTASIS OPHTH EMULSION 0.05% (QL= 60 vials/30 days)	QL	Non-Preferred Brands	OPHTHALMIC AGENTS
RETACRIT INJ (QL= 12 vials/30 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
RETACRIT INJ (QL= 4 vials/30 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS
RETEVMO CAP 40MG (QL= 180 caps/30 days; Only available through Lumicera 855-847-3553)	LMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO CAP 80MG (QL= 120 caps/30 days; Only available through Lumicera 855-847-3553)	LMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETHYMIC IMPLANT	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
RETIN-A CREAM (QL= 360g/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
RETIN-A MICRO GEL 0.04%, 0.1% (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
RETIN-A MICRO GEL 0.08%, 0.06% (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
RETROVIR CAP (QL= 6 caps/day)	QL	Non-Preferred Brands	ANTIVIRALS
RETROVIR SYRUP (QL= 1920ml/30 days)	QL	Non-Preferred Brands	ANTIVIRALS
RETROVIR TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
REVATIO SUSP (QL= 224ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
REVATIO TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands	CARDIOVASCULAR AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
REVLIMID CAP (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
REXULTI TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ CAP 150 MG (QL= 2 caps/day)	QL	Non-Preferred Brands	ANTIVIRALS
REYATAZ CAP 200MG (QL= 2 caps/day)	QL	Non-Preferred Brands	ANTIVIRALS
REYATAZ CAP 300MG (QL= 1 cap/day)	QL	Non-Preferred Brands	ANTIVIRALS
REYATAZ POWDER PACK (QL= 5 packets/day)	QL	Preferred Brands	ANTIVIRALS
REYVOW TAB 100mg (QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands	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 Brands	MIGRAINE PRODUCTS
REZIPRES INJ	-	EXC	VASOPRESSORS
REZLIDHIA CAP (QL= 60 caps/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REZUROCK TAB (QL= 30 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
REZVOGLAR INJ (QL = 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
REZYST CHEW TAB	-	Select	ANTIDIARRHEALS
REZZAYO IV SOLN	-	EXC	ANTIFUNGALS
RHEUMATREX TAB	-	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
RHINOCORT AQUA NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RHOFADE CREAM	-	EXC	DERMATOLOGICALS
RHOPRESSA OPHTH SOLN (QL= 2.5ml/30 days; Step therapy requires trial of 2 prostaglandins (latan-, bimat-, travo-, taflu-prost) AND timolol)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
RIAX FOAM	-	EXC	DERMATOLOGICALS
RIBAPAK TAB (Step Therapy requires trial of ribavirin)	AMSP-ST	Preferred Specialty	ANTIVIRALS
RIBAVIRIN CAP	AMSP	Generic Specialty	ANTIVIRALS
ribavirin cap (REBETOL equiv)	AMSP	Generic Specialty	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	EXC	ANTIVIRALS

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RIBAVIRIN TAB	AMSP	Generic Specialty	ANTIVIRALS
riboflavin tab	-	EXC	VITAMINS
RICE INJ	-	EXC	DIAGNOSTIC PRODUCTS
RIDAURA CAP (Only available through Walgreens 888-347-3416)	LD	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	Select	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	Non-Preferred Brands	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	Select	ANTIMYCOBACTERIAL AGENTS
RIFATER TAB	-	Non-Preferred Brands	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv)	AMSP	Generic Specialty	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	Select	ANTIVIRALS
RIMI SOLN	-	EXC	DERMATOLOGICALS
RINVOQ ER TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
RINVOQ ER TAB 45MG (QL= 1 tab/day, 3 fills/year)	AMSP-PA-QL	Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
RIOMET ER SUSP (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands	ANTIDIABETICS
risedronate DR tab (ATELVIA equiv) (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate)	QL-ST	High Cost Generics	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 150mg (ACTONEL equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	High Cost Generics	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 30mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 35mg (ACTONEL equiv) (QL= 4 tabs/28 days)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 5mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Select	ENDOCRINE AND METABOLIC AGENTS - MISC.
RISPERDAL INJ (QL= 2 inj/28 days)	AMSP-QL	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL M ODT	-	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL SOLN	-	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL TAB	-	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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risperidone microspheres inj (RISPERDAL equiv) (QL= 2 inj/28 days)	AMSP-QL	Generic Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERIDONE ODT	-	Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RITALIN LA CAP (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
RITALIN TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ritonavir tab (NORVIR equiv) (QL= 12 tabs/30 days)	QL	Select	ANTIVIRALS
rivastigmine cap (EXELON equiv)	-	Select	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv) (QL= 1 patch/day)	QL	High Cost Generics	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RIVER BIRCH POLLEN EXTRACT INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
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
ROCALTROL SOLN	-	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
ROCKLATAN OPHTH SOLN (Step therapy requires trial of 2 prostaglandins (latan-, bimat-, travo-, taflu-prost) AND timolol)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
ROCTAVIAN INJ	-	EXC	HEMATOLOGICAL AGENTS - MISC.
roflumilast tab (DALIRESP equiv) (QL= 1 tab/day)	PA-QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ROLVEDON INJ	-	EXC	HEMATOPOIETIC AGENTS
romidepsin for iv inj (ISTODAX equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ropinirole ER tab (REQUIP XL equiv) (QL= 1 tab/day; Step Therapy requires trial of ropinirole)	QL-ST	High Cost Generics	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	Select	ANTIPARKINSON AGENTS
ROSADAN KIT (Step Therapy requires trial of metronidazole cream)	ST	Non-Preferred Brands	DERMATOLOGICALS
ROSULA EMULSION	-	EXC	DERMATOLOGICALS
ROSULA GEL	-	EXC	DERMATOLOGICALS
ROSULA WASH	-	EXC	DERMATOLOGICALS
rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS

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ROSZET TAB (QL= 30 tabs/30 days; Step Therapy requires trial of rosuvastatin and ezetimibe)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ROTARIX SUSP	-	EXC	VACCINES
ROXYBOND TAB (Step therapy requires trial of 2: oxycodone, oxymorphone, hydromorphone tab/soln, tramadol, morphine sulf tab/soln)	ST	Non-Preferred Brands	ANALGESICS - OPIOID
ROYAL JELLY CAP	-	EXC	ALTERNATIVE MEDICINES
ROZEREM TAB (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ROZLYTREK CAP 100MG (QL= 1 cap/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROZLYTREK CAP 200MG (QL= 3 caps/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROZLYTREK PAK (QL= 360 packets/30 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUBIDIUM RB 82 CHLORIDE FOR IV SOLN	-	EXC	DIAGNOSTIC PRODUCTS
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ (QL= 16 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
rufinamide susp (BANZEL equiv) (QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	High Cost Generics	ANTICONVULSANTS
rufinamide tab (BANZEL equiv) (QL= 240 tabs/30 days; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	High Cost Generics	ANTICONVULSANTS
RUKOBIA ER TAB (QL= 60 tabs/30 days)	QL	Non-Preferred Brands	ANTIVIRALS
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; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands	ANTIDIABETICS
RYBIX ODT	-	Non-Preferred Brands	ANALGESICS - OPIOID
RYBREVANT SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYCLORA SOLN	-	EXC	ANTIHISTAMINES
RYDAPT CAP	AMSP-PA	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
RYKINDO INJ	AMSP	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RYLAZE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYPLAZIM SOLN	-	EXC	HEMATOLOGICAL AGENTS - MISC.
RYSTIGGO INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
RYTARY CAP 23.75-95MG (QL= 750 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER)	QL-ST	Non-Preferred Brands	ANTIPARKINSON AGENTS
RYTARY CAP 36.25-145MG (QL= 480 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER)	QL-ST	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
RYTARY CAP 48.75-195MG (QL= 360 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER)	QL-ST	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
RYTARY CAP 61.25-245MG (QL= 300 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER)	QL-ST	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
RYVENT TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTIHISTAMINES
S. BOULARDII CAP PROBIOTIC	-	EXC	ANTIDIARRHEAL/PROBIOTIC AGENTS
SABRIL POWDER PACK (QL= 6 packs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTICONVULSANTS
SABRIL TAB (QL= 6 tabs/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTICONVULSANTS
S-ADENOSYLMETHIONINE CAP	-	EXC	ALTERNATIVE MEDICINES
SAFETY SYRINGE	-	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
SAGEBRUSH INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	AMSP-PA	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SALEX SHAMPOO	-	Non-Preferred Brands	DERMATOLOGICALS
SALICATE LIQUID	-	EXC	DERMATOLOGICALS
salicyclic acid soln	-	EXC	DERMATOLOGICALS
salicylic acid aerosol	-	High Cost Generics	DERMATOLOGICALS
salicylic acid cream	-	EXC	DERMATOLOGICALS
SALICYLIC ACID GEL W/ EMOLLIENT CREAM KIT	-	EXC	DERMATOLOGICALS
salicylic acid kit	-	EXC	DERMATOLOGICALS
salicylic acid liquid	-	EXC	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	Select	DERMATOLOGICALS
SALICYLIC ACID/SULFACETAMIDE SUSP	-	EXC	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	EXC	DERMATOLOGICALS

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SALITECH LOTION	-	EXC	DERMATOLOGICALS
SALONPAS PAD PAIN RELIEF	OTC	EXC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	Select	ANALGESICS - NONNARCOTIC
SALVAX AEROSOL	-	Non-Preferred Brands	DERMATOLOGICALS
SALVAX DUO PLUS KIT	-	Non-Preferred Brands	DERMATOLOGICALS
SAM-E TMG PAK	OTC	EXC	ALTERNATIVE MEDICINES
SAMSCA TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
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.
SANCUSO PATCH (QL= 4 patches/28 days; Step Therapy requires trial of granisetron)	QL-ST	Non-Preferred Brands	ANTIEMETICS
SANDIMMUNE SOLN 100MG/ML	-	Non-Preferred Brands	ASSORTED CLASSES
SANDOSTATIN LAR INJ KIT	AMSP	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	Preferred Brands	DERMATOLOGICALS
SAPHNELO SOLN	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
SAPHRIS SL TAB (QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
sapropterin dihydrochloride powder packet (KUVAN equiv)	AMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv)	AMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SAVAYSA TAB (QL= 1 tab/day; Step Therapy requires trial of ELIQUIS and XARELTO)	QL-ST	Non-Preferred Brands	ANTICOAGULANTS
SAVELLA PAK (Step Therapy requires trial of duloxetine and gabapentin)	ST	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day; Step Therapy requires trial of duloxetine and gabapentin)	QL-ST	Non-Preferred Brands	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	High Cost Generics	ANTIDIABETICS
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv) (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto)	QL-ST	High Cost Generics	ANTIDIABETICS
SB FLU HBP TAB	OTC	EXC	COUGH/COLD/ALLERGY

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Drug Name	Special Code	Tier	Category
SCARCIN GEL	-	Non-Preferred Brands	DERMATOLOGICALS
SCEMBLIX TAB 20MG (QL= 60 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SCEMBLIX TAB 40MG (QL= 300 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days)	QL	Select	ANTIEMETICS
SEA SCALLOPS INJ	-	EXC	DIAGNOSTIC PRODUCTS
SEASONIQUE TAB (QL= 91 tabs/84 days)	QL	Non-Preferred Brands	CONTRACEPTIVES
SECONAL CAP	-	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SECUADO PATCH (QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEEBRI NEOHALER CAP (QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA HANDIHALER or SPIRIVA RESPIMAT)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SEGLENTIS TAB (QL= 10 tabs/day; Trial of 3: tramadol IR, celecoxib cap, oxycodone tab/cap/sol, hydromorphone tab/sol, oxymorphone tab, morphine sol)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
SEGLUROMET TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
selegiline cap (ELDEPRYL equiv)	-	Select	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv) (QL= 2 tabs/day)	QL	Select	ANTIPARKINSON AGENTS
SELENIOUS AC SOLN	-	EXC	MINERALS & ELECTROLYTES
selenium sulfide lotion	-	Select	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	Select	DERMATOLOGICALS
SELENIUM TAB	-	EXC	MINERALS & ELECTROLYTES
SELRX SHAMPOO	-	Non-Preferred Brands	DERMATOLOGICALS
SELZENTRY SOLN (QL= 31ml/day)	QL	Preferred Brands	ANTIVIRALS
SELZENTRY TAB 150MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
SELZENTRY TAB 150MG (QL= 2 tabs/day)	QL	Preferred Brands	ANTIVIRALS
SELZENTRY TAB 25MG (QL= 4 tabs/day)	QL	Preferred Brands	ANTIVIRALS
SELZENTRY TAB 300MG (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
SELZENTRY TAB 300MG (QL= 4 tabs/day)	QL	Preferred Brands	ANTIVIRALS

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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
SELZENTRY TAB 75MG (QL= 2 tabs/day)	QL	Preferred Brands	ANTIVIRALS
SEMGLEE INJ, INSULIN GLARGINE INJ (LANTUS equiv) (QL= 60ml/30 days)	QL	Preferred Brands	ANTIDIABETICS
SEMGLEE PEN, INSULIN GLARGINE PEN (LANTUS equiv) (QL= 60ml/30 day	QL	Preferred Brands	ANTIDIABETICS
SEMPREX-D CAP 8-60MG	-	EXC	COUGH/COLD/ALLERGY
SENSIPAR TAB 30MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
SENSIPAR TAB 60MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
SENSIPAR TAB 90MG (QL= 4 tabs/day)	QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
SENSORCAINE-MPF EPINEPHRINE INJ	-	EXC	LOCAL ANESTHETICS-PARENTERAL
SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY (Step Therapy requires trial of betamethasone diproprionate)	ST	Non-Preferred Brands	DERMATOLOGICALS
SEROQUEL TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEROQUEL XR TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SERTRALINE CAP (QL= 30 caps/30 days; Step therapy requires trial of sertraline tab)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
sertraline conc (ZOLOFT equiv)	-	Value	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	Value	ANTIDEPRESSANTS
SESAME SEED INJ	-	EXC	DIAGNOSTIC PRODUCTS
sevelamer powder pak (RENVELA equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
SEYSARA TAB	-	Non-Preferred Brands	TETRACYCLINES
SEZABY INJ	-	EXC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SG RAGWEED INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
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 Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIKLOS TAB (Step Therapy requires trial of DROXIA CAP)	ST	Non-Preferred Brands	HEMATOPOIETIC AGENTS

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SILALITE PAK MIS	-	Non-Preferred Brands	DERMATOLOGICALS
SILATRIX GEL	-	EXC	MOUTH/THROAT/DENTAL AGENTS
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	AMSP-PA-QL	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	Select	CARDIOVASCULAR AGENTS - MISC.
SILENOR TAB (QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SILIPAC KIT	-	Non-Preferred Brands	DERMATOLOGICALS
SILIQ INJ (QL= 4 inj/28 days)	LMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
silodosin cap (RAPAFLO equiv)	-	High Cost Generics	GENITOURINARY AGENTS - MISCELLANEOUS
SILVER NITRATE SOLN	-	Preferred Brands	DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	Select	DERMATOLOGICALS
SILVERA PAD	-	Non-Preferred Brands	DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
SIMCOR TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
simethicone cap (PHAZYME equiv)	OTC	EXC	GASTROINTESTINAL AGENTS - MISC.
SIMPONI SC INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Preferred Brands	ANTIHYPERLIPIDEMICS
simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	PA-QL	Preventive	ANTIHYPERLIPIDEMICS
SINUVA NASAL IMPLANT	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
sirolimus soln (RAPAMUNE equiv)	-	High Cost Generics	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	High Cost Generics	ASSORTED CLASSES
SIRTURO TAB (Only available through MMS Solutions 855-691-0963)	LD	Preferred Specialty	ANTIMYCOBACTERIAL AGENTS

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Drug Name	Special Code	Tier	Category
SITAVIG TAB (QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir)	QL-ST	Non-Preferred Brands	ANTIVIRALS
SIVEXTRO INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
SIVEXTRO TAB (QL= 6 tabs/fill)	QL	Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
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	Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ (QL= 1 cartridge/56 days)	AMSP-PA-QL	Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 150MG/ML (QL= 1 syringe/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
SKYRIZI PEN 150MG/ML (QL= 1 pen/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
SKYRIZI SOLN	-	EXC	GASTROINTESTINAL AGENTS - MISC.
SKYSONA INJ	-	EXC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SKYTROFA INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SLEEP+IMMUNE CHW HEALTH	-	EXC	ALTERNATIVE MEDICINES
SLOW RELEASE IRON TAB	-	EXC	HEMATOPOIETIC AGENTS
SLYND TAB	-	Preventive	CONTRACEPTIVES
SM CRANBERRY TAB	-	EXC	ALTERNATIVE MEDICINES
smz/tmp (DS) tab (BACTRIM DS equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
SOAANZ TAB (QL= 5 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab)	QL-ST	Non-Preferred Brands	DIURETICS
SOAANZ TAB 60MG (QL= 3 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab)	QL-ST	Non-Preferred Brands	DIURETICS
SOD ACETATE INJ	-	EXC	MINERALS & ELECTROLYTES
SOD CHLORIDE INJ	-	EXC	MINERALS & ELECTROLYTES
sodium acetate inj	-	EXC	MINERALS & ELECTROLYTES
sodium chloride inj	-	Select	MINERALS & ELECTROLYTES
sodium chloride neb soln (HYPER-SAL equiv)	-	Select	COUGH/COLD/ALLERGY

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Drug Name	Special Code	Tier	Category
sodium citrate/citric acid soln (BICITRA equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride paste (PREVIDENT equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MINERALS & ELECTROLYTES
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
SODIUM 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	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	AMSP-PA	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	High Cost Generics	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	High Cost Generics	ASSORTED CLASSES
SODIUM SULFACETAMIDE CLEANSER	-	EXC	DERMATOLOGICALS
sodium sulfacetamide gel (OVACE PLUS equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	Select	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	EXC	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur kit (ROSANIL KIT equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (PLEXION TS equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN WASH equiv)	-	EXC	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	EXC	DERMATOLOGICALS
sodium/potassium/magnesium soln (SUPREP equiv) (QL= 2 fills/year)	QL	Select	LAXATIVES
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty	ANTIVIRALS

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Drug Name	Special Code	Tier	Category
SOGROYA INJ (QL= 6ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOLAICE PATCH	-	Non-Preferred Brands	DERMATOLOGICALS
solifenacin tab (VESICARE equiv) (QL= 1 tab/day)	QL	Select	URINARY ANTISPASMODICS
SOLIQUA INJ (QL= 18ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
SOLODYN TAB (QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab)	QL-ST	Non-Preferred Brands	TETRACYCLINES
SOLOSEC GRANULES PACKET (QL= 2 packets/28 days; Step Therapy requires trial of clindamycin or metronidazole)	QL-ST	Non-Preferred Brands	AMEBICIDES
SOLTAMAX SOLN	-	Non-Preferred Brands	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SOLU-CORTEF INJ	-	Preferred Brands	CORTICOSTEROIDS
SOMA TAB (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
SOMATULINE INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOMNOTE CAP	-	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SONATA CAP (QL= 1 cap/day)	QL	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SONATA CAP 10MG (QL= 2 caps/day)	QL	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SOOLANTRA CREAM (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
sorafenib tosylate tab (NEXAVAR equiv)	AMSP-PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SORE THROAT LOLLIPOP	-	EXC	MOUTH/THROAT/DENTAL AGENTS
SORIATANE CAP (Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel 0.1-2.5%, tretinoin cream, tretinoin gel, or tretinoin gel; Only available through Walgreens 888-347-3416)	LD-ST	Non-Preferred Specialty	DERMATOLOGICALS
sotalol AF tab (BETAPACE AF equiv)	-	Select	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	Select	BETA BLOCKERS
SOTROVIMAB INJ	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL

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SOTYKTU TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	DERMATOLOGICALS
SOTYLIZE SOLN	-	Non-Preferred Brands	BETA BLOCKERS
SOVALDI PELLET PAK	AMSP	Non-Preferred Specialty	ANTIVIRALS
SOVALDI TAB (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
SOYBEAN INJ	-	EXC	DIAGNOSTIC PRODUCTS
SPECTRACEF TAB	-	Non-Preferred Brands	CEPHALOSPORINS
SPEVIGO INJ	-	EXC	DERMATOLOGICALS
SPIKEVAX INJ (QL= 1 dose/24 days)	QL	Preventive	VACCINES
SPIKEVAX INJ 50/0.5ML	VAC	Preventive	VACCINES
SPIKEVAX INJ 50MCG/0.5ML	VAC	Preventive	VACCINES
SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Preferred Brands	DERMATOLOGICALS
SPINRAZA INJ (Only available through Accredo 888-773-7376)	LD-M-PA	Non-Preferred Specialty	NEUROMUSCULAR AGENTS
SPIRIVA HANDIHALER (QL= 1 cap/day; For use with Handihaler device)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler)	QL-ST	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone susp (CAROSPIR equiv) (QL= 600ml/30 days; ST req trial of furosemide oral soln)	QL-ST	High Cost Generics	DIURETICS
spironolactone tab (ALDACTONE equiv)	-	Value	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	Select	DIURETICS
SPORANOX SOLN	-	Non-Preferred Brands	ANTIFUNGALS
SPRAVATO NASAL SOLN (QL= 4 kits/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIDEPRESSANTS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	Preventive	CONTRACEPTIVES
SPRITAM TAB (Step Therapy requires trial of levetiracetam or levetiracetam ER)	ST	Non-Preferred Brands	ANTICONVULSANTS

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SPRIX NASAL SPRAY (QL= 5 units/30 days)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	AMSP-PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SPS SUSP	-	Non-Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
SPYRINE CAP 250MG (ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap)	ST	Non-Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
SQUALENE LIQ	-	EXC	CHEMICALS
SSKI ORAL SOLN (QL= 90ml/30 days)	QL	Non-Preferred Brands	COUGH/COLD/ALLERGY
STAHIST AD TAB 25-60MG (QL= 4 tabs/day)	QL	Preferred Brands	COUGH/COLD/ALLERGY
STALEVO TAB 12.5-50-200MG (QL= 8 tabs/day)	QL	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
STALEVO TAB 18.75-75-200MG (QL= 8 tabs/day)	QL	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
STALEVO TAB 25-100-200MG (QL= 8 tabs/day)	QL	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
STALEVO TAB 31.25-125-200MG (QL= 8 tabs/day)	QL	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
STALEVO TAB 37.5-150-200MG (QL= 8 tabs/day)	QL	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
STALEVO TAB 50-200-200MG (QL= 6 tabs/day)	QL	Non-Preferred Brands	ANTIPARKINSON AND RELATED THERAPY AGENTS
STAMARIL INJ	-	Preventive	VACCINES
STAVUDINE CAP (QL= 2 caps/day)	QL	Non-Preferred Brands	ANTIVIRALS
stavudine cap (ZERIT equiv) (QL= 2 caps/day)	QL	Select	ANTIVIRALS
STAVZOR CAP	-	Non-Preferred Brands	ANTICONVULSANTS
STEGLATRO TAB (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA TAB, XIGDUO XR TAB, JARDIANCE TAB, SYNJARDY TAB, or SYNJARDY XR TAB)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
STEGLUJAN TAB (Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	ST	Non-Preferred Brands	ANTIDIABETICS

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Drug Name	Special Code	Tier	Category
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
STERILE DILUTION SOLN	-	EXC	PHARMACEUTICAL ADJUVANTS
STIMATE NASAL SOLN	-	Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIMUFEND INJ (QL= 1.2 units/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
STIOLTO INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRATTERA CAP 10MG (QL= 2 caps/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
STRATTERA CAP 18MG (QL= 2 caps/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
STRATTERA CAP 25MG (QL= 2 caps/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
STRATTERA CAP 40MG (QL= 2 caps/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
STRATTERA CAP 60MG (QL= 1 cap/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
STRAWBERRY INJ	-	EXC	DIAGNOSTIC PRODUCTS
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
STREPTOCOCCINUM MIS	-	EXC	ASSORTED CLASSES
STRIANT FILM (QL= 60 films/30 days)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
STRIBILD TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of SEREVENT DISKUS)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SUBOXONE SL FILM 12-3MG (QL= 2 films/day)	QL	Preferred Brands	ANALGESICS - OPIOID
SUBOXONE SL FILM 2-0.5MG (QL= 4 films/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID

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Drug Name	Special Code	Tier	Category
SUBOXONE SL FILM 4-1MG (QL= 4 films/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
SUBOXONE SL FILM 8-2MG (QL= 3 films/day)	QL	Preferred Brands	ANALGESICS - OPIOID
SUBSYS SPRAY (QL= 180 sprays/30 days)	PA-QL	Non-Preferred Brands	ANALGESICS - OPIOID
SUCLEAR KIT	-	Non-Preferred Brands	LAXATIVES
SUCRAID SOLN (Step Therapy requires trial of Creon; Only available through Optum Frontier Therapies 855-768-9727)	LD-ST	Non-Preferred Specialty	DIGESTIVE AIDS
sucralfate susp (CARAFATE equiv)	-	Select	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
sucralfate tab (CARAFATE equiv)	-	Select	ULCER DRUGS
SUDAFD SINUS TAB 30MG (QL= 8 tabs/day)	QL	Non-Preferred Brands	NASAL AGENTS - SYSTEMIC AND TOPICAL
SUDAFED 24HR TAB 240MG	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
SUDAFED CHILD LIQUID	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
SUDAFED CHILDRENS LIQUID 15MG/5ML (QL= 2400ml/30 days)	QL	Non-Preferred Brands	NASAL AGENTS - SYSTEMIC AND TOPICAL
SUFENTANIL INJ	-	EXC	ANALGESICS - OPIOID
SUFLAVE SOLN (QL= 2 fills/year)	QL	Preferred Brands	LAXATIVES
SULFACETAMIDE SODIUM OPHTH OINT	-	Preferred Brands	OPHTHALMIC AGENTS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	Select	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	Select	OPHTHALMIC AGENTS
SULFADIAZINE TAB (QL= 8 tabs/day)	QL	Preferred Brands	SULFONAMIDES
sulfadiazine tab (SULFADIAZINE equiv) (QL= 8 tabs/day)	QL	Select	SULFONAMIDES
SULFAMYLON CREAM	-	Preferred Brands	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
SUMADAN KIT, SUMAXIN KIT	-	EXC	DERMATOLOGICALS
SUMADAN XLT KIT	-	EXC	DERMATOLOGICALS
SUMANSETRON PAK (Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	ST	Non-Preferred Brands	MIGRAINE PRODUCTS
sumatriptan inj (IMITREX equiv) (QL= 8 inj/30 days)	QL	High Cost Generics	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days)	QL	Preferred Brands	MIGRAINE PRODUCTS

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Drug Name	Special Code	Tier	Category
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/30 days; Step therapy requires trial of two: naratriptan tab, rizatriptan tab, rizatriptan ODT, or sumatriptan tab)	QL-ST	Select	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	Select	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 1 inj/7 days)	QL	High Cost Generics	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREXIMET equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	High Cost Generics	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ	-	Non-Preferred Brands	MIGRAINE PRODUCTS
SUMAXIN WASH	-	EXC	DERMATOLOGICALS
sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day)	AMSP-PA-QL-SF	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUNLENCA INJ	-	EXC	ANTIVIRALS
SUNOSI TAB 150MG (QL= 1 tab/day)	PA-QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
SUNOSI TAB 75 MG (QL= 2 tabs/day)	PA-QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
SUPRAX CAP	-	Non-Preferred Brands	CEPHALOSPORINS
SUPRAX CHEW TAB	-	Non-Preferred Brands	CEPHALOSPORINS
SUPRAX SUSP	-	Non-Preferred Brands	CEPHALOSPORINS
SUPREP BOWEL PREP PACK (QL= 2 fills/year)	QL	Non-Preferred Brands	LAXATIVES
SURMONTIL CAP (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred Brands	ANTIDEPRESSANTS
SUSTIVA TAB	-	Non-Preferred Brands	ANTIVIRALS
SUSVIMO IMP	-	EXC	MEDICAL DEVICES AND SUPPLIES
SUSVIMO INJ	-	EXC	OPHTHALMIC AGENTS
SUTAB TAB	-	Non-Preferred Brands	LAXATIVES
SUTENT CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SWEET CHERRY INJ	-	EXC	DIAGNOSTIC PRODUCTS
SYFOVRE INJ	-	EXC	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
SYLATRON INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	Non-Preferred Brands	ULCER DRUGS
SYMBICORT INHALER (QL= 10.2gm/30 days; ST req trial of 3: ADVAIR HFA, DULERA, BREO ELLIPTA and trial of 1: fluticasone/salmeterol or wixela)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMBYAX CAP (QL= 1 cap/day)	QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	RESPIRATORY AGENTS - MISC.
SYMFI (LO) TAB	-	Non-Preferred Brands	ANTIVIRALS
SYMJEPI INJ (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
SYMLINPEN INJ 120 (QL= 11ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
SYMLINPEN INJ 60 (QL= 6ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
SYMPAZAN ORAL FILM	-	Non-Preferred Brands	ANTICONVULSANTS
SYMPROIC TAB (QL= 30 tabs/30 days)	PA-QL	Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	Preferred Brands	ANTIVIRALS
SYNAGIS INJ (QL= 2 inj/28 days)	LMSP-PA-QL	Preferred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
SYNALAR CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
SYNALAR OINT	-	Non-Preferred Brands	DERMATOLOGICALS
SYNALAR SOLN	-	Non-Preferred Brands	DERMATOLOGICALS
SYNAREL NASAL SOLN	-	Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN (QL= 60ml/30 days)	QL	Non-Preferred Brands	ANTIEMETICS
SYNERA PATCH	-	Non-Preferred Brands	DERMATOLOGICALS

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SYNJARDY TAB (QL= 2 tabs/day)	QL	Preferred Brands	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	Preferred Brands	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	Preferred Brands	ANTIDIABETICS
SYNOJOYNT INJ	-	EXC	MUSCULOSKELETAL THERAPY AGENTS
SYNRIBO INJ (Only available through US Bioservices 888-518-7246)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYNTHROID TAB	-	Non-Preferred Brands	THYROID AGENTS
SYNVEXIA TC CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
SYRINGE LUER-LOK	OTC	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
TABLOID TAB (QL= 4 tabs/day)	AMSP-QL	Preferred Specialty	ANTINEOPLASTICS
TABRECTA TAB (QL= 112 tabs/28 days)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tacrolimus cap (PROGRAF equiv)	-	Select	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	Select	DERMATOLOGICALS
tadalafil tab (CIALIS equiv) (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	Select	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day)	QL	Select	CARDIOVASCULAR AGENTS - MISC.
TADLIQ SUSP (QL= 10ml/day)	AMSP-PA-QL	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAFINLAR TAB (QL= 12 tabs/day)	LMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tafluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Select	OPHTHALMIC AGENTS
TAGRISSO TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ 150MG/ML (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
TALICIA CAP (QL= 168 caps/14 days)	QL	Non-Preferred Brands	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
TALTZ INJ (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
TAMIFLU CAP 30MG (QL= 40 caps/183 days)	QL	Non-Preferred Brands	ANTIVIRALS
TAMIFLU CAP 45MG (QL= 40 caps/183 days)	QL	Non-Preferred Brands	ANTIVIRALS
TAMIFLU CAP 75MG (QL= 20 caps/183 days)	QL	Non-Preferred Brands	ANTIVIRALS
TAMIFLU SUSP (QL= 360ml/183 days)	QL	Non-Preferred Brands	ANTIVIRALS
tamoxifen tab (NOLVADEX equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
TANDEM CAP	OTC	EXC	HEMATOPOIETIC AGENTS
TARCEVA TAB 100MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARCEVA TAB 150MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARCEVA TAB 25MG (QL= 2 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	AMSP-PA	Non-Preferred Specialty	DERMATOLOGICALS
TARKA TAB	-	Non-Preferred Brands	ANTIHYPERTENSIVES
TARPEYO CAP (QL= 120 caps/30 days)	PA-QL	Non-Preferred Brands	CORTICOSTEROIDS
TART CHERRY CAP	-	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.

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TASIGNA CAP	AMSP-PA-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tasimelteon capsule (HETLIOZ equiv)	AMSP-PA	Generic Specialty	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
TASMAR TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands	ANTIPARKINSON AGENTS
tavaborole soln (KERYDIN SOLN equiv) (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	High Cost Generics	DERMATOLOGICALS
TAVALISSE TAB (QL= 2 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
TAVNEOS CAP (QL= 180 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty	HEMATOLOGICAL AGENTS - MISC.
tazarotene cream 0.1% (TAZORAC equiv) (QL= 360g/30 days)	QL	Select	DERMATOLOGICALS
tazarotene gel (TAZORAC equiv) (QL= 360g/30 days)	QL	Select	DERMATOLOGICALS
tazarotene gel 0.1% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	High Cost Generics	DERMATOLOGICALS
TAZORAC CREAM (QL= 360g/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS
TAZORAC CREAM 0.05% (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
TAZORAC GEL (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	-	Non-Preferred Brands	DERMATOLOGICALS
TAZORAC GEL 0.1% (QL= 100g/30 days; Step Therapy requires trial of tazarotene cream)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
TAZORAC GEL 0.1% (QL= 30g/30 days; Step Therapy requires trial of tazarotene cream)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TB SYRINGE	-	Preferred Brands	MEDICAL DEVICES AND SUPPLIES
TECARTUS SUSP	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECFIDERA CAP (QL= 60 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK (QL= 60 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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TECHNIVIE TAB (QL= 1 pack/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIVIRALS
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.
TEKTURNA HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
TEKTURNA TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB))	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	Select	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWYNSTA equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	High Cost Generics	ANTIHYPERTENSIVES
TELMISARTAN/AMLODIPINE TAB (QL= 1 tab/day; Step therapy requires trial of amlodpine-olmesartan OR amlodipine-valsartan)	ST-QL	Non-Preferred Brands	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	High Cost Generics	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab 40-12.5MG (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	High Cost Generics	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab 80-25MG (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	High Cost Generics	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	High Cost Generics	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	High Cost Generics	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temozolomide cap (TEMODAR equiv)	AMSP	Generic Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TENCON TAB (QL= 6 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - NONNARCOTIC
tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day)	QL	Select	ANTIVIRALS
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
terazosin cap (HYTRIN equiv)	-	Select	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	Select	ANTIFUNGALS

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

Drug Name	Special Code	Tier	Category
terbutaline sulfate tab (BRETHINE equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	Select	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	Select	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	Select	VAGINAL PRODUCTS
teriflunomide tab (AUBAGIO equiv) (QL= 30 tabs/30 days)	AMSP-QL	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TERIPARATIDE INJ 620MCG/2.48ML (QL= 2.48 units/28 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
TERLIVAZ INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	Select	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 1 vial/28 days	--QL	Select	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	--QL	Select	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ (QL= 4 vials/28 days)	QL	Preferred Brands	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	Preferred Brands	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 150gm/30 days)	PA-QL	Select	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (QL= 300gm/30 days)	QL	Select	ANDROGENS-ANABOLIC
testosterone gel 1% pump (ANDROGEL equiv) (QL= 300gm/30 days)	QL	Select	ANDROGENS-ANABOLIC
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	High Cost Generics	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	High Cost Generics	ANDROGENS-ANABOLIC
testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days)	PA-QL	High Cost Generics	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	Preferred Brands	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 150gm/30 days)	QL	Select	ANDROGENS-ANABOLIC
TESTOSTERONE GEL, VOGELXO GEL (QL= 2 packets/day)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
TESTOSTERONE INJ (QL= 1 vial/28 days)	QL	Preferred Brands	ANDROGENS-ANABOLIC
TESTOSTERONE INJ (QL= 4 vials/28 days)	QL	Preferred Brands	ANDROGENS-ANABOLIC
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days)	QL	Preferred Brands	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	High Cost Generics	ANDROGENS-ANABOLIC
TETANUS/DIPHTHERIA TOXOID INJ	VAC	Preventive	TOXOIDS
TETPIDTAR SOLN	-	EXC	DERMATOLOGICALS
tetrabenazine tab (XENAZINE equiv)	AMSP-PA	Generic Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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VAC	Vaccine Program				

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TETRACAINE OINTMENT	-	EXC	DERMATOLOGICALS
tetracaine ophth soln	-	Select	OPHTHALMIC AGENTS
tetracycline cap	-	Select	TETRACYCLINES
TETRACYCLINE TAB (QL= 4 tabs/day; ST req trial of tetracycline caps followed by minocycline IR OR doxycycline monohydrate)	QL-ST	Non-Preferred Brands	TETRACYCLINES
TEZSPIRE INJ (QL= 1 pen/30 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TEZSPIRE SOLN (QL= 1 syringe/30 days)	AMSP-PA-QL	Non-Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THALITONE TAB (QL= 1 tab/day; Step therapy requires trial of chlorthalidone 25mg or chlorthalidone 50mg)	QL-ST	Non-Preferred Brands	DIURETICS
THALOMID CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty	ASSORTED CLASSES
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 Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
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
THIOLA TAB (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Non-Preferred Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine tab (MELLARIL equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYQUIDITY SOLN (Step Therapy requires trial of levothyroxine)	ST	Non-Preferred Brands	THYROID AGENTS
THYROLAR TAB	-	Non-Preferred Brands	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)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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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 (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2ml/day)	QL	High Cost Generics	OPHTHALMIC AGENTS
timolol maleate ophth gel (TIMOPTIC-XE equiv) (Step Therapy requires trial of timolol maleate ophth soln)	ST	High Cost Generics	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.25% (TIMOPTIC equiv)	-	Value	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv) (Step Therapy requires trial of timolol maleate ophth soln)	ST	High Cost Generics	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (TIMOPTIC equiv)	ST--	Value	OPHTHALMIC AGENTS
timolol maleate preservative free ophth soln (TIMOPTIC equiv) (QL= 2ml/day)	QL	High Cost Generics	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	Select	BETA BLOCKERS
TIMOPTIC OCUDOSE OPHTH SOLN (QL= 2ml/day)	QL	Non-Preferred Brands	OPHTHALMIC AGENTS
TIMOPTIC OCUDOSE OPHTH SOLN 0.5% (QL= 2ml/day)	QL	Non-Preferred Brands	OPHTHALMIC AGENTS
TIMOPTIC OPHTH SOLN 0.25%	-	Non-Preferred Brands	OPHTHALMIC AGENTS
TIMOPTIC OPHTH SOLN 0.5%	-	Non-Preferred Brands	OPHTHALMIC AGENTS
TIMOPTIC-XE OPHTH GEL (Step Therapy requires trial of timolol maleate oph soln)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
TINACTIN AERSOL	OTC	EXC	DERMATOLOGICALS
tinidazole tab (TINDAMAX equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
tiopronin tab (THIOLA equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Generic Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
tiotropium bromide cap inhaler (SPIRIVA equiv) (QL= 1 cap/day; For use with Handihaler device)	QL	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
tirofiban hcl in nacl (AGGRASTAT equiv)	-	EXC	HEMATOLOGICAL AGENTS - MISC.
TIROSINT CAP	-	Non-Preferred Brands	THYROID AGENTS
TIROSINT-SOL (Step therapy requires trial of levothyroxine)	ST	Non-Preferred Brands	THYROID AGENTS
TIVDAK INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TIVICAY PD TAB (QL= 180 tabs/30 days)	QL	Preferred Brands	ANTIVIRALS

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VAC	Vaccine Program				

Drug Name	Special Code	Tier	Category
TIVICAY TAB (QL= 180 tabs/30 days)	QL	Preferred Brands	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	High Cost Generics	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	Non-Preferred Brands	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	Select	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER	AMSP-PA	Non-Preferred Specialty	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	Preferred Brands	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	Non-Preferred Brands	OPHTHALMIC AGENTS
tobramycin neb soln (BETHKIS equiv)	AMSP-PA	Generic Specialty	AMINOGLYCOSIDES
tobramycin neb soln (TOBI equiv)	AMSP-PA	Generic Specialty	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	Select	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	Select	OPHTHALMIC AGENTS
TOBRAMYCIN/VANCOMYCIN DROPS	-	EXC	OPHTHALMIC AGENTS
TOBREX OPHTH OINT	-	Non-Preferred Brands	OPHTHALMIC AGENTS
TOCO-SORB CAP	OTC	EXC	VITAMINS
TODAY SPONGE	OTC	Preventive	VAGINAL PRODUCTS
tolazamide tab (TOLINASE equiv)	-	Select	ANTIDIABETICS
TOLBUTAMIDE TAB	-	Preferred Brands	ANTIDIABETICS
tolcapone tab (TASMAR equiv) (QL= 3 caps/day)	QL	High Cost Generics	ANTIPARKINSON AGENTS
TOLMETIN CAP	-	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
tolmetin cap (TOLECTIN DS equiv)	-	Select	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
tolnaftate aerosol	OTC	EXC	DERMATOLOGICALS
tolnaftate soln (TINACTIN equiv)	-	EXC	DERMATOLOGICALS
TOLSURA CAP (QL= 4 caps/day; Step Therapy requires trial of itraconazole)	QL-ST	Non-Preferred Brands	ANTIFUNGALS
tolterodine SR cap (DETROL LA equiv)	-	High Cost Generics	URINARY ANTISPASMODICS

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Drug Name	Special Code	Tier	Category
tolterodine tab (DETROL equiv)	-	High Cost Generics	URINARY ANTISPASMODICS
tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
TOMATO INJ	-	EXC	DIAGNOSTIC PRODUCTS
TOPICORT SPRAY 0.25%	-	Non-Preferred Brands	DERMATOLOGICALS
topiramate cap er 200mg (TROKENDI equiv) (QL= 2 caps/day; Step therapy requires trial of topiramate followed by topiramate ER sprinkle)	QL-ST	High Cost Generics	ANTICONVULSANTS
topiramate er cap (TROKENDI XR equiv) (QL= 1 cap/day; ST req trial of topirmate followed by topiramate ER sprinkle)	QL-ST	High Cost Generics	ANTICONVULSANTS
topiramate ER cap 100mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	High Cost Generics	ANTICONVULSANTS
topiramate ER cap 150mg (QUDEXY equiv) (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	High Cost Generics	ANTICONVULSANTS
topiramate ER cap 200mg (QUDEXY equiv) (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	High Cost Generics	ANTICONVULSANTS
topiramate ER cap 25mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	High Cost Generics	ANTICONVULSANTS
topiramate ER cap 50mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	High Cost Generics	ANTICONVULSANTS
topiramate sprinkle cap (TOPAMAX equiv)	-	Select	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	Select	ANTICONVULSANTS
toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen)	ST	Select	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torsemide tab (DEMADEX equiv)	-	Select	DIURETICS
TOSYMRA SOLN (QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
TOUJEO MAX SOLOSTAR INJ (QL= 18ml/30 days)	QL	Preferred Brands	ANTIDIABETICS
TOUJEO SOLOSTAR INJ (QL= 18ml/30 days)	QL	Preferred Brands	ANTIDIABETICS
TOVIAZ TAB (QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin tab/syrup/ER tab, tolterodine tab/SR cap, trospium tab/SR cap)	QL-ST	Non-Preferred Brands	URINARY ANTISPASMODICS
TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
TRACLEER TAB 62.5MG, 125MG (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIDIABETICS
TRAMADOL ER CAP (QL= 1 cap/day; Step Therapy requires trial of tramadol tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
tramadol ER tab (RYZOLT equiv)	-	High Cost Generics	ANALGESICS - OPIOID
tramadol ER tab 100mg (ULTRAM ER equiv)	-	Select	ANALGESICS - OPIOID
tramadol ER tab 200mg (ULTRAM ER equiv)	-	Select	ANALGESICS - OPIOID
tramadol ER tab 300mg (ULTRAM ER equiv)	-	Select	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB 100MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB 200MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB 300MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
TRAMADOL HCL TAB (QL= 30 tabs/30 days)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
tramadol hcl tab 100mg (QL= 4 tabs/day)	QL	Select	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	Select	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	Select	ANALGESICS - OPIOID
TRAMETINIB POWDER	-	EXC	CHEMICALS
trandolapril tab (MAVIK equiv)	-	Select	ANTIHYPERTENSIVES
trandolapril/verapamil ER tab (TARKA equiv)	-	Select	ANTIHYPERTENSIVES
TRANDOLAPRIL/VERAPAMIL ER TAB 2-180MG, 4-240MG	-	Non-Preferred Brands	ANTIHYPERTENSIVES
TRANDOLAPRIL/VERAPAMIL ER TAB 2-240MG	-	Non-Preferred Brands	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days)	QL	Select	HEMOSTATICS
tranexamic acid-sodium chloride iv soln (TRANEXAMIC equiv)	-	EXC	HEMOSTATICS
TRANEXAMIC INJ ACID	-	EXC	HEMOSTATICS
TRANSDERM-SCOP PATCH (QL= 10 patches/30 days)	QL	Non-Preferred Brands	ANTIEMETICS
tranylcypromine tab (PARNATE equiv)	-	Select	ANTIDEPRESSANTS
TRAVATAN Z DROPS (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Select	OPHTHALMIC AGENTS
trazodone tab 50mg, 100mg, 150mg (DESYREL equiv)	-	Select	ANTIDEPRESSANTS

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Drug Name	Special Code	Tier	Category
TREANDA INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRECATOR TAB	-	Non-Preferred Brands	ANTIMYCOBACTERIAL AGENTS
TREE MIX 9	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TREMFYA INJ (QL= 1 inj/56 days)	AMSP-PA-QL	Preferred Specialty	DERMATOLOGICALS
treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty	CARDIOVASCULAR AGENTS - MISC.
TRESIBA FLEXTOUCH INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Preferred Brands	ANTIDIABETICS
TRESIBA INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Preferred Brands	ANTIDIABETICS
tretinoin cap (VESANOID equiv)	AMSP	Generic Specialty	ANTINEOPLASTICS
tretinoin cream (RETIN-A CREAM equiv) (QL= 360g/30 days)	QL	Select	DERMATOLOGICALS
tretinoin gel (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	High Cost Generics	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (QL= 360g/30 days)	QL-ST	Select	DERMATOLOGICALS
TRETIN-X CREAM (QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
TRETIN-X KIT	-	EXC	DERMATOLOGICALS
TREXIMET TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP (QL= caps/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
triamcinolone acetonide oint (TRIANEX equiv)	-	High Cost Generics	DERMATOLOGICALS
triamcinolone acetonide oint 0.025% (TRIANEX equiv)	-	Select	DERMATOLOGICALS
triamcinolone acetonide oint 0.1% (TRIANEX equiv)	-	Select	DERMATOLOGICALS
triamcinolone acetonide oint 0.5% (TRIANEX equiv)	-	Select	DERMATOLOGICALS
triamcinolone cream	-	Select	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	Select	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	Select	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL

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

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triamcinolone spray (KENALOG equiv)	-	High Cost Generics	DERMATOLOGICALS
triamterene cap (DYRENIUM equiv) (Step Therapy requires trial of amiloride or spironolactone)	ST	High Cost Generics	DIURETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	Select	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	Select	DIURETICS
TRIANEX OINT	-	Non-Preferred Brands	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
TRIBENZOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
TRICEPTIN PAD	OTC	EXC	DERMATOLOGICALS
tricitrates soln (POLYCITRA-LC equiv)	-	Select	GENITOURINARY AGENTS - MISCELLANEOUS
trientine cap 250mg (SYPRINE equiv) (ST req trial of generic penicillamine tab)	ST	Select	MISCELLANEOUS THERAPEUTIC CLASSES
TRIENTINE CAP 500MG (ST req trial of generic penicillamine tab and then trial of gen trientine 250mg cap)	ST	High Cost Generics	MISCELLANEOUS THERAPEUTIC CLASSES
TRIFERIC AVNU INJ	-	EXC	HEMATOPOIETIC AGENTS
trifluoperazine tab (STELAZINE equiv)	-	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	Select	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	Non-Preferred Brands	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
TRIJARDY XR TAB 10-5-1000MG (QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
TRIJARDY XR TAB 12.5-2.5-1000MG (QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
TRIJARDY XR TAB 25-5-1000MG (QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
TRIJARDY XR TAB 5-2.5-1000MG (QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	RESPIRATORY AGENTS - MISC.
TRIKAFTA THERAPY PACK (QL= 56 packets/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	RESPIRATORY AGENTS - MISC.

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tri-legest tab (ESTROSTEP FE equiv)	-	Preventive	CONTRACEPTIVES
TRILIPIX CAP	-	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
TRI-LUMA CREAM	-	EXC	DERMATOLOGICALS
trilyte soln (NULYTELY equiv) (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	Select	ANTIEMETICS
TRIMETHOPRIM TAB	-	Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
trimethoprim tab (PROLOPRIM equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Select	ANTIDEPRESSANTS
TRINTELLIX TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
TRIONEX PACK	-	EXC	DERMATOLOGICALS
triprolidine hcl liquid (PEDIACLEAR equiv)	OTC	EXC	ANTIHISTAMINES
triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day)	QL	Select	COUGH/COLD/ALLERGY
TRIPROLIDINE-DEXTROMETHORPHAN LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
trispec pse liquid (QL= 1200ml/30 days)	OTC-QL	Select	COUGH/COLD/ALLERGY
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	Preventive	CONTRACEPTIVES
TRIUMEQ PD TAB (QL= 6 tabs/day)	QL	Preferred Brands	ANTIVIRALS
TRIUMEQ TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
TRI-VITAMIN INFANT DROPS	OTC	EXC	MULTIVITAMINS
TRIZIVIR TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
TROKENDI XR CAP (QL= 1 cap/day; ST req trial of topirmate followed by topiramate ER sprinkle)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
TROKENDI XR CAP 200MG (QL= 2 caps/day; Step therapy requires trial of topiramate followed by topiramate ER sprinkle)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv)	-	Select	OPHTHALMIC AGENTS
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
trospium chloride SR cap (SANCTURA XR equiv)	-	High Cost Generics	URINARY ANTISPASMODICS
trospium tab (SANCTURA equiv)	-	High Cost Generics	URINARY ANTISPASMODICS
TRUBREXA PAD	-	EXC	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
TRUDHESA NASAL SPRAY (QL= 8ml/28 days; Step therapy requires trial of 2: dihydroergotamine mesylate, sumatriptan tab, rizatriptan, naratriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
TRUE VIT B1 TAB	-	EXC	VITAMINS
TRUE VIT B6 TAB	-	EXC	VITAMINS
TRULANCE TAB (QL= 30 tabs/30 days)	QL	Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred Brands	ANTIDIABETICS
TRUMENBA INJ	VAC	Preventive	VACCINES
TRUSELTIQ PACK 100MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSELTIQ PACK 175MG (QL= 63 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSELTIQ PACK 50MG, 125MG (QL= 42 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUVADA TAB (QL= 30 tabs/30 days)	QL	Non-Preferred Brands	ANTIVIRALS
TUDORZA PRESSAIR INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA HANDIHALER or SPIRIVA RESPIMAT)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TUKYSA TAB (QL= 120 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TURMERIC-GINGER-BLACK PEPPER CHEW TAB	OTC	EXC	ALTERNATIVE MEDICINES
TUSNEL C SYRUP	-	EXC	COUGH/COLD/ALLERGY
TUSNEL SYRUP	-	EXC	COUGH/COLD/ALLERGY
TUSSICAPS (QL= 20 caps/fill, 2 fills/30 days)	QL	Non-Preferred Brands	COUGH/COLD/ALLERGY
tussigon tab (HYCODAN equiv)	-	Select	COUGH/COLD/ALLERGY
tussin cf liquid (QL= 1200ml/30 days)	QL	Select	COUGH/COLD/ALLERGY
TUSSIN COUGH LIQUID DM	-	EXC	COUGH/COLD/ALLERGY
TUXARIN ER TAB (QL= 20 tabs/fill, 2 fills/30 days)	QL	Non-Preferred Brands	COUGH/COLD/ALLERGY
TUZISTRA XR SUSP (QL= 120ml/fill, 2 fills/30 days)	QL	Non-Preferred Brands	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	Preventive	VACCINES
TWIRLA PATCH	-	Preventive	CONTRACEPTIVES
TWYNEO CREAM	OTC	EXC	DERMATOLOGICALS

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TWYNSTA TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands	ANTIHYPERTENSIVES
TYBLUME TAB	-	Preventive	CONTRACEPTIVES
TYBOST TAB	-	Preferred Brands	ANTIVIRALS
TYKERB TAB	AMSP-PA	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYMLOS INJ (QL= 1.56 units/30 days)	AMSP-PA-QL	Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYPHOID VI MULTI-DOSE	-	Preventive	VACCINES
TYRVAYA SOLN (QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
TYVASO DPI POWDER 16-32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO 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 100MG (QL= 16 tabs/30 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
UBRELVY TAB 50MG (QL= 8 tabs/30 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
UCERIS RECTAL FOAM (QL= 100.2g/30 days)	QL	Non-Preferred Brands	ANORECTAL AND RELATED PRODUCTS
UDENYCA INJ (QL = 2 injectors/28 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
UDENYCA INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS

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Drug Name	Special Code	Tier	Category
ULESFIA LOTION	OTC	EXC	DERMATOLOGICALS
ULORIC TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	GOUT AGENTS
UMECTA EMULSION	-	Non-Preferred Brands	DERMATOLOGICALS
umecta mouss aer (HYDRO 40 equiv)	-	High Cost Generics	DERMATOLOGICALS
UMECTA PD EMULSION	-	Non-Preferred Brands	DERMATOLOGICALS
UMECTA SUSP	-	EXC	DERMATOLOGICALS
UNDECYLENIC ACID CREAM	-	EXC	DERMATOLOGICALS
undecylenic acid soln (GORDOCHOM equiv)	-	EXC	DERMATOLOGICALS
UNISOM SIMPL CHW SLUMBERS	-	EXC	ALTERNATIVE MEDICINES
UPNEEQ SOLN (QL= 30 droppers/30 days)	PA-QL	Non-Preferred Brands	OPHTHALMIC AGENTS
UPTRAVI INJ	-	EXC	CARDIOVASCULAR AGENTS - MISC.
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN GEL	-	EXC	DERMATOLOGICALS
urea cream	-	EXC	DERMATOLOGICALS
UREA EMULSION	-	EXC	DERMATOLOGICALS
UREA FOAM	-	EXC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	EXC	DERMATOLOGICALS
UREA LOTION	OTC	EXC	DERMATOLOGICALS
urea lotion (KERALAC LOTION equiv)	OTC--	EXC	DERMATOLOGICALS
UREA NAIL KIT	-	Non-Preferred Brands	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
UROGESIC-BLUE TAB	-	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
URSODIOL CAP (Step therapy requires trial of ursodiol tab)	ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
ursodiol cap (ACTIGALL equiv)	ST--	Select	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	Select	GASTROINTESTINAL AGENTS - MISC.
ustell cap	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
UTA CAP	-	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
UTA cap	-	Select	ANTI-INFECTIVE AGENTS - MISC.
UTIBRON NEOHALER CAP (QL= 2 caps/day; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
UZEDY INJ	AMSP	Non-Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VABYSMO INJ	-	EXC	OPHTHALMIC AGENTS
VAGISIL CREAM	-	EXC	VAGINAL AND RELATED PRODUCTS
valacyclovir tab (VALTREX equiv)	-	Select	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum 877-445-6874)	LD-PA-QL	Preferred Specialty	DERMATOLOGICALS
valganciclovir soln (VALCYTE equiv)	-	Select	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	Select	ANTIVIRALS
valproic acid cap (DEPAKENE equiv)	-	Select	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	Select	ANTICONVULSANTS
VALSARTAN SOLN (QL= 2400ml/30 days)	QL	Preferred Brands	ANTIHYPERTENSIVES
valsartan tab (DIOVAN equiv)	-	Select	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	Select	ANTIHYPERTENSIVES
VALTOCO NASAL SPRAY	-	Non-Preferred Brands	ANTICONVULSANTS
VANACOF 2 SOL 12.5-1MG	-	EXC	COUGH/COLD/ALLERGY
VANACOF CP LIQ	-	EXC	COUGH/COLD/ALLERGY
VANACOF LIQUID	-	EXC	COUGH/COLD/ALLERGY
VANCOCIN CAP 125MG (QL= 56 caps/30 days)	QL	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
VANCOCIN CAP 250MG (QL= 112 caps/30 days)	QL	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days)	QL	Select	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days)	QL	Select	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl for iv soln (VANCOMYCIN equiv)	-	Select	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl for oral soln 25mg/ml (FIRVANQ equiv) (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution)	QL-ST	High Cost Generics	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl for oral soln 50mg/ml (FIRVANQ equiv) (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution)	QL-ST	High Cost Generics	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN INJ	-	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN	-	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
VANFLYTA TAB (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
VANIQA CREAM	-	EXC	DERMATOLOGICALS
VANISH LIQ	-	EXC	MOUTH/THROAT/DENTAL AGENTS
VANOS CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
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 Brands	ANTIEMETICS
VASCEPA CAP 0.5GM (QL= 2 caps/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
VASCEPA CAP 1GM (QL= 4 caps/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
VASOPRE/NACL INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
vasopressin iv soln (VASOSTRICT equiv)	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VASOPRESSIN SOLN	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VASOPRESSIN-NACL INJ SOLN PREF SYRINGE	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
VASOSTRICT INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
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
VELCADE INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VELIVET PAK	-	Preventive	CONTRACEPTIVES
velivet tab (CYCLESSA equiv)	-	Preventive	CONTRACEPTIVES
VELPHORO CHEW TAB (QL= 6 tabs/day; Step Therapy requires trial of sevelamer followed by lanthanum)	QL-ST	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.

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VELTASSA POWDER (QL= 1 packet/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma)	QL-ST	Preferred Brands	ASSORTED 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	-	High Cost Generics	ANTIDEPRESSANTS
VENLAFAXINE ER TAB	-	Preferred Brands	ANTIDEPRESSANTS
VENLAFAXINE TAB (QL= 2 tabs/day; Step therapy requires trial of venlafaxine ER HCL cap/tab)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	QL-ST	Select	ANTIDEPRESSANTS
VENNGEL ONE KIT	OTC	EXC	DERMATOLOGICALS
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 Brands	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 Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
VERAPAMIL CAP ER	-	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN equiv) (Step Therapy requires trial of verapamil ER tab (generic Calan))	ST	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	Select	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	Non-Preferred Brands	DERMATOLOGICALS
VEREGEN OINT	-	Non-Preferred Brands	DERMATOLOGICALS
VERELAN CAP	-	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS

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

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Drug Name	Special Code	Tier	Category
VERELAN PM ER CAP	-	Non-Preferred Brands	CALCIUM CHANNEL BLOCKERS
VERKAZIA EMULSION 0.1% OPHTH (QL= 4 vials/day, 6 fills/year; ST requires trial of 1: fluorometholone ophth, dexamethasone ophth, prednisolone ophth or loteprednol ophth)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
VERQUVO TAB (QL= 30 tabs/30 days)	QL	Non-Preferred Brands	CARDIOVASCULAR AGENTS - MISC.
VERSACLOZ SUSP	-	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VERSAPENN AL GEL ANHYDROU	-	EXC	PHARMACEUTICAL ADJUVANTS
VERZENIO TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE TAB (QL= 1 tab/day; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	QL-ST	Non-Preferred Brands	URINARY ANTISPASMODICS
VEVYE DROP 0.1% (QL= 6ml/30 days; ST req trial of cyclosporine ophthalmic emulsion)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
V-GO INJ KIT (QL= 1 kit/day)	QL	Non-Preferred Brands	MEDICAL DEVICES AND SUPPLIES
VIBERZI TAB	-	Non-Preferred Brands	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN CAP (QL= 2 caps/day)	QL	Non-Preferred Brands	TETRACYCLINES
VIBRAMYCIN SYRUP	-	Non-Preferred Brands	TETRACYCLINES
VIBRANT	-	EXC	LAXATIVES
vibrant starter kit	-	EXC	LAXATIVES
VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred Brands	ANTIDIABETICS
VIDEX SOLN (QL= 600ml/30 days)	QL	Preferred Brands	ANTIVIRALS
VIEKIRA PAK TAB (QL= 4 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
VIEKIRA XR TAB (QL= 3 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	Preventive	CONTRACEPTIVES
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Generic Specialty	ANTICONVULSANTS
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	Generic Specialty	ANTICONVULSANTS

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Drug Name	Special Code	Tier	Category
vigabatrin tab (SABRIL equiv) (QL= 6 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Generic Specialty	ANTICONVULSANTS
VIGAMOX OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
VIIBRYD STARTER KIT (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred Brands	ANTIDEPRESSANTS
VIIBRYD TAB (QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox)	QL-ST	Non-Preferred Brands	ANTIDEPRESSANTS
VIJOICE TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox)	QL-ST	High Cost Generics	ANTIDEPRESSANTS
VIMOVO TAB	-	EXC	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT INJ	-	EXC	ANTICONVULSANTS
VIMPAT SOLN (QL= 1200ml/30 days)	QL	Non-Preferred Brands	ANTICONVULSANTS
VIMPAT TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
vincristine sulfate iv soln (VINCRISTINE equiv)	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIOKACE TAB (Step Therapy requires trial of Creon)	ST	Non-Preferred Brands	DIGESTIVE AIDS
viorele tab, kariva tab (MIRCETTE equiv)	-	Preventive	CONTRACEPTIVES
VIRACEPT TAB	-	Preferred Brands	ANTIVIRALS
VIRAMUNE SUSP (QL= 1200ml/30 days)	QL	Non-Preferred Brands	ANTIVIRALS
VIRAMUNE TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
VIRAMUNE XR TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIVIRALS
VIRASAL LIQUID	-	EXC	DERMATOLOGICALS
VIREAD POWDER	-	Preferred Brands	ANTIVIRALS
VIREAD TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIVIRALS
VIREAD TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIVIRALS
VISINE DRY SOLN EYE RLF	-	EXC	OPHTHALMIC AGENTS

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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
VISIPAQUE INJ	-	EXC	DIAGNOSTIC PRODUCTS
VISTOGARD PAK (Only available through Biologics 800-850-4306)	LD	Preferred Specialty	ANTIDOTES
VITAFOL STRIPS	-	Non-Preferred Brands	MULTIVITAMINS
VITAMIN A GARMENT SPRAY	-	EXC	DERMATOLOGICALS
VITAMIN A OIL	-	EXC	CHEMICALS
VITAMIN B-12 TAB 1500 TR	-	EXC	HEMATOPOIETIC AGENTS
VITAMIN B-2 TAB	OTC	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 D3 TAB	-	EXC	VITAMINS
VITAMIN D-CALCIUM BETA HYDROXY BETA METHYLBUTYRATE	OTC	EXC	ALTERNATIVE MEDICINES
VITA-PAC CAP	OTC	EXC	MULTIVITAMINS
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
VIVELLE-DOT PATCH (QL= 8 patches/28 days)	QL	Non-Preferred Brands	ESTROGENS
VIVITROL INJ	AMSP	Preferred Specialty	ANTIDOTES
VIVJOA CAP (QL= 18 capsules/84 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty	ANTIFUNGALS
VIVLODEX CAP (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP	-	Preventive	VACCINES
VIZIMPRO TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOCABRIA TAB	-	EXC	ANTIVIRALS
VOGELXO PUMP (QL= 4 bottles/30 days)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC

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VAC	Vaccine Program				

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Drug Name	Special Code	Tier	Category
VONJO CAP (QL= 120 tabs/30 days; Only available through Biologics by McKesson 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOPAC 5 CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
VOQUEZNA DUAL PAK (QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Prevpac, OR lansoprazole/amoxicillin/clarithro kit)	QL-ST	Non-Preferred Brands	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
VOQUEZNA TRIP PAK (QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Prevpac, OR lansoprazole/amoxicillin/clarithro kit)	QL-ST	Non-Preferred Brands	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
VORICONAZOLE INJ	-	EXC	ANTIFUNGALS
voriconazole susp (VFEND equiv)	-	Select	ANTIFUNGALS
voriconazole tab (VFEND equiv)	-	Select	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty	ANTIVIRALS
VOTRIENT TAB (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOTRIENT TAB (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOWST CAP (QL= 12 caps/30 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
VOXZOGO INJ (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
VP-PNV-DHA CAP	-	Select	MULTIVITAMINS
VRAYLAR CAP (QL= 1 cap/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK (QL= 2 packs/plan year)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VSL #3 CAP	-	Non-Preferred Brands	ANTIDIARRHEALS
VTAMA CREAM (QL= 60 grams/30 days)	PA-QL	Non-Preferred Brands	DERMATOLOGICALS
VTOL SOLN	-	Select	ANALGESICS - NONNARCOTIC
VUEWAY INJ	-	EXC	DIAGNOSTIC PRODUCTS
VUITY OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
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.
VYJUVEK GEL	-	EXC	DERMATOLOGICALS

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

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Drug Name	Special Code	Tier	Category
VYLEESI INJ (QL= 2.4 ml/28 days)	PA-QL	Non-Preferred Brands	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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.
VYTORIN TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
VYVANSE CAP (QL= 1 cap/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
VYVANSE CHEW TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
VYVGART HYTRULO INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
VYVGART INJ	-	EXC	MISCELLANEOUS THERAPEUTIC CLASSES
VYZULTA SOLN (QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
warfarin tab (COUMADIN equiv)	-	Select	ANTICOAGULANTS
WEGOVY INJ	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
WELCHOL PACK	-	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
WELCHOL TAB	-	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
WELIREG TAB (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WESTERN JUNIPER INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
WHITE ALDER INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
WHITE ASH INJ	-	EXC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
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
WINLEVI CREAM (QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
WPR PLUS	-	Non-Preferred Brands	DERMATOLOGICALS
WYNZORA CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
XACDURO INJ	-	EXC	ANTI-INFECTIVE AGENTS - MISC.
XACIATO GEL (QL= 25 grams/30 days; Trial of 2: metronidazole gel, clindamycin vaginal cream AND trial of 1: metronid tab or clinda cap)	QL-ST	Non-Preferred Brands	VAGINAL AND RELATED PRODUCTS
XADAGO TAB (QL= 30 tabs/30 days; Step therapy requires trial of of carbidopa/levodopa)	AMSP-QL-ST	Non-Preferred Brands	ANTIPARKINSON AGENTS
XALATAN OPHTH SOLN (Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
XALIX SOL	-	EXC	DERMATOLOGICALS
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 Brands	ANTICOAGULANTS
XARELTO SUSP (QL= 10ml/day)	QL	Preferred Brands	ANTICOAGULANTS
XARELTO TAB 10MG (QL= 30 tabs/30 days)	QL	Preferred Brands	ANTICOAGULANTS
XARELTO TAB 15MG (QL= 60 tabs/30 days)	QL	Preferred Brands	ANTICOAGULANTS
XARELTO TAB 2.5MG (QL= 60 tabs/30 days)	QL	Preferred Brands	ANTICOAGULANTS
XARELTO TAB 20MG (QL= 30 tabs/30 days)	QL	Preferred Brands	ANTICOAGULANTS
XARTEMIS XR TAB (QL= 12 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
XCOPRI PAK 100-150MG (QL= 1 pack/28 days; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
XCOPRI PAK 150-200MG (QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
XCOPRI PAK 50-200MG (QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTICONVULSANTS

Drug Name	Special Code	Tier	Category
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTICONVULSANTS
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category)	QL-ST	Non-Preferred Brands	ANTICONVULSANTS
XDEMVY DROP (QL= 10ml/42 days; 1 fill/year; Diagnosis Restricted – Demodex blepharitis (H01.00X, B88.0))	QL-RDX	Non-Preferred Brands	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
XELODA TAB	AMSP	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XELPROS OPHTH EMULSION (Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	ST	Non-Preferred Brands	OPHTHALMIC AGENTS
XELSTRYM PAD (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
XEMBIFY INJ (Only available through Optum 877-445-6874)	LD-PA	Non-Preferred Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS
XENAZINE TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XENICAL CAP	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
XENLETA TAB (QL= 10 tabs/fill, 1 fill/month)	AMSP-PA-QL	Non-Preferred Specialty	ANTI-INFECTIVE AGENTS - MISC.
XENON XE 129 HYPERPOLARIZED INHALATION GAS	-	EXC	DIAGNOSTIC PRODUCTS
XENPOZYME INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XEPI CREAM (QL= 30gm/30 days)	QL	Non-Preferred Brands	DERMATOLOGICALS

Drug Name	Special Code	Tier	Category
XERESE CREAM	-	Non-Preferred Brands	DERMATOLOGICALS
XERMELO TAB (QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Biologics 800-850-4306)	LD-PA-QL-ST	Non-Preferred Specialty	GASTROINTESTINAL AGENTS - MISC.
XGEVA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XHANCE NASAL EXHALER	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
XIFAXAN TAB 200MG (QL= 9 tabs/fill, 2 fills/month)	PA-QL	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 2 tabs/day)	PA-QL	Non-Preferred Brands	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB (QL= 1 tab/day)	QL	Preferred Brands	ANTIDIABETICS
XIGDUO XR TAB 2.5-1000MG (QL= 2 tabs/day)	QL	Preferred Brands	ANTIDIABETICS
XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day)	QL	Preferred Brands	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	Preferred Brands	ANTIDIABETICS
XIIDRA OPHTH SOLN (QL= 60ml/30days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
XIPERE INJ	-	EXC	OPHTHALMIC AGENTS
XODOL TAB 10MG-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
XODOL TAB 5MG-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
XODOL TAB 7.5MG-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands	ANALGESICS - OPIOID
XOFLUZA TAB (QL= 2 tabs/120 days)	QL	Non-Preferred Brands	ANTIVIRALS
XOFLUZA TAB THERAPY PACK 40MG (QL= 2 tabs/120 days)	QL	Non-Preferred Brands	ANTIVIRALS
XOFLUZA TAB THERAPY PACK 80MG (QL= 2 tabs/120 days)	QL	Non-Preferred Brands	ANTIVIRALS
XOLAIR INJ (QL= 1 syringe/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ (QL= 1 vial/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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

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

Drug Name	Special Code	Tier	Category
XOLAIR INJ 150MG/ML (QL= 1ml/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 75MG/0.5ML (QL= 0.5ml/28 days)	AMSP-PA-QL	Preferred Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLEGEL	-	Non-Preferred Brands	DERMATOLOGICALS
XOLEGEL COREPAK KIT	-	Non-Preferred Brands	DERMATOLOGICALS
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 tablets/30 days)	PA-QL	Non-Preferred Brands	ENDOCRINE AND METABOLIC AGENTS - MISC.
XPOVIO TAB (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XRYLIX PAK	-	EXC	DERMATOLOGICALS
XTAMPZA ER CAP 13.5MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
XTAMPZA ER CAP 18MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
XTAMPZA ER CAP 27MG (QL= 4 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
XTAMPZA ER CAP 36MG (QL= 8 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
XTAMPZA ER CAP 9MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
XTANDI CAP (QL= 4 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 40MG (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 80MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULTOPHY INJ (QL= 15ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Preferred Brands	ANTIDIABETICS

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Drug Name	Special Code	Tier	Category
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
XYMODINE CAP	OTC	EXC	MINERALS & ELECTROLYTES
XYOSTED INJ (QL= 4ml/28 days)	PA-QL	Non-Preferred Brands	ANDROGENS-ANABOLIC
XYWAV SOLN (Only available through Xyrem Central Pharmacy 314-587-4050)	LD-PA	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZAL SOLN	OTC	EXC	ANTIHISTAMINES
YAZ TAB	-	Non-Preferred Brands	CONTRACEPTIVES
YF-VAX INJ	-	Preventive	VACCINES
YONSA TAB (QL= 4 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YOSPRALA TAB	--OTC	EXC	HEMATOLOGICAL AGENTS - MISC.
YUFLYMA 2SYR KIT 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
YUFLYMA KIT 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
YUFLYMA KIT 80MG/0.8ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
YUMVS BIOTIN CHW ZERO	-	EXC	VITAMINS
YUPELRI SOLN (QL= 90ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER 2.5MCG/ACT)	QL-ST	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
YUSIMRY INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty	ANALGESICS - ANTI-INFLAMMATORY
zafemy patch (XULANE equiv)	-	Preventive	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	-	Select	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
zaleplon cap 10mg (SONATA equiv) (QL= 2 caps/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZANTAC EFFER TAB	-	Non-Preferred Brands	ULCER DRUGS
ZARXIO INJ (QL= 15 syringes/30 days)	AMSP-QL	Preferred Specialty	HEMATOPOIETIC AGENTS

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Drug Name	Special Code	Tier	Category
ZAVESCA CAP (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
ZAVZPRET SPRAY (QL= 6 sprays/30 days; ST req trial of 2 oral triptan (sumatriptan, naratriptan, rizatriptan) followed by sumatriptan nasal)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
ZECUITY PAD (QL= 4 pads/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands	MIGRAINE PRODUCTS
ZEGERID CAP	-	EXC	ULCER DRUGS
ZEGERID CAP OTC	OTC	EXC	ULCER DRUGS
ZEGERID POWDER PACK	-	EXC	ULCER DRUGS
ZEJULA CAP (QL= 30 caps/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEJULA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	Non-Preferred Brands	ANTIPARKINSON AGENTS
ZELBORAF TAB (QL= 8 tabs/day)	LMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEMAIRA INJ	-	EXC	RESPIRATORY AGENTS - MISC.
ZENIFIBER AG PAD	-	EXC	DERMATOLOGICALS
zenzedi tab 10mg (DEXEDRINE equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ZENZEDI TAB 2.5MG (QL= 3 tabs/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv) (QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	High Cost Generics	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ZENZEDI TAB 7.5MG (QL= 3 tabs/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Preferred Brands	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ZEPATIER TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty	ANTIVIRALS
ZEPBOUND INJ	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ZEPHREX-D TAB	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
zephrex-d tab 30mg (QL= 240 tabs/30 days)	QL	High Cost Generics	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZEPOSIA CAP (QL=30 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
ZEPOSIA STARTER PACK (QL= 37 caps/37 days)	AMSP-PA-QL	Non-Preferred Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZERIT CAP (QL= 2 caps/day)	QL	Non-Preferred Brands	ANTIVIRALS
ZERVIATE OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
ZETIA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ZETONNA NASAL SPRAY	-	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZIAGEN SOLN (QL= 960ml/30 days)	QL	Non-Preferred Brands	ANTIVIRALS
ZIAGEN TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIVIRALS
ZIANA GEL (QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
zidovudine cap (RETROVIR equiv) (QL= 6 caps/day)	QL	Select	ANTIVIRALS
zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days)	QL	Select	ANTIVIRALS
zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day)	QL	Select	ANTIVIRALS
ZIEXTENZO INJ (QL= 1.2 units/28 days)	AMSP-PA-QL	Non-Preferred Specialty	HEMATOPOIETIC AGENTS
ZILACTIN BABY GEL	-	EXC	MOUTH/THROAT/DENTAL AGENTS
zileuton ER tab (ZYFLO CR equiv) (QL= 2 tabs/day)	QL	High Cost Generics	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZILXI FOAM (QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
ZIMHI SOLN (QL= 2 syringes/fill, 2 fills/30 days; Step therapy requires trial of 2: naloxone nasal spray, naloxone inj)	QL-ST	Non-Preferred Brands	ANTIDOTES AND SPECIFIC ANTAGONISTS
ZINC CHLORID INJ	-	EXC	MINERALS & ELECTROLYTES
zinc chloride inj	-	EXC	MINERALS & ELECTROLYTES
ZINC CITRATE CHEW TAB	-	EXC	MINERALS & ELECTROLYTES
zinc oxide oint	-	EXC	DERMATOLOGICALS
ZINC SULFATE INJ	-	EXC	MINERALS & ELECTROLYTES
ZINCTRAL PASTE	OTC	EXC	DERMATOLOGICALS
ZINGO INJ	-	EXC	LOCAL ANESTHETICS-PARENTERAL
ZIOPTAN OPHTH SOLN (QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred Brands	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv) (QL= 2 caps/day)	QL	Select	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIPSOR CAP (QL= 4 caps/day)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY

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Drug Name	Special Code	Tier	Category
ZIRGAN OPHTH GEL	-	Preferred Brands	OPHTHALMIC AGENTS
ZITHRANOL SHAMPOO	-	Non-Preferred Brands	DERMATOLOGICALS
ZITHROMAX POWDER PACK	-	Preferred Brands	MACROLIDES
ZITUVIO TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands	ANTIDIABETICS
ZMA CLEAR SUSP	-	EXC	DERMATOLOGICALS
ZOCOR TAB 5MG, 10MG, 20MG, 40MG (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ZOCOR TAB 80MG (QL= 1 tab/day)	PA-QL	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ZOFRAN SOLN (QL= 50ml/fill, 1 fill/15 days)	QL	Non-Preferred Brands	ANTIEMETICS
ZOHYDRO ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands	ANALGESICS - OPIOID
ZOKINVY CAP	AMSP-PA	Non-Preferred Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
ZOLINZA CAP	LMSP-PA-SF	Preferred Specialty	ANTINEOPLASTICS
zolmitriptan nasal spray (ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of 2: sumatriptan tab, naratriptan tab, rizatriptan tab or ODT)	QL-ST	High Cost Generics	MIGRAINE PRODUCTS
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	High Cost Generics	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	High Cost Generics	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 Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	Select	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	Select	HYPNOTICS

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Drug Name	Special Code	Tier	Category
zolpidem tartrate SL tab (INTERMEZZO equiv) (QL= 1 tab/day)	QL	High Cost Generics	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZOLPIMIST SPRAY (Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	ST	Non-Preferred Brands	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
ZOMIG TAB (QL= 9 tabs/30 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
ZOMIG ZMT (QL= 9 tabs/30 days)	QL	Non-Preferred Brands	MIGRAINE PRODUCTS
ZONISADE SUSP (QL= 900ml/30 days)	QL	Non-Preferred Brands	ANTICONVULSANTS
zonisamide cap (ZONEGRAN equiv)	-	Select	ANTICONVULSANTS
ZONTIVITY TAB (Step Therapy requires trial of clopidogrel)	ST	Non-Preferred Brands	HEMATOLOGICAL AGENTS - MISC.
ZORTRESS TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	MISCELLANEOUS THERAPEUTIC CLASSES
ZORVOLEX CAP (QL= 3 caps/day)	QL	Non-Preferred Brands	ANALGESICS - ANTI-INFLAMMATORY
ZORYVE CREAM (QL= 60 grams/30 days; Step therapy requires trial of calcipotriene cream/oint/soln AND topical tacrolimus oint)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
ZOVIRAX OINT	-	Non-Preferred Brands	DERMATOLOGICALS
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	Non-Preferred Specialty	ANTICONVULSANTS
ZUBSOLV SL TAB	-	Non-Preferred Brands	ANALGESICS - OPIOID
ZUPLENZ SL FILM (Step Therapy requires trial of ondansetron)	ST	Non-Preferred Brands	ANTIEMETICS
ZURAMPIC TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands	GOUT AGENTS
ZURZUVAE CAP 20MG (QL= 28 caps/14 days, 1 fill/365 days)	PA-QL	Non-Preferred Brands	ANTIDEPRESSANTS
ZURZUVAE CAP 25MG (QL= 28 caps/14 days, 1 fill/365 days)	PA-QL	Non-Preferred Brands	ANTIDEPRESSANTS

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ZURZUVAE CAP 30MG (QL= 14 caps/14 days, 1 fill/365 days)	PA-QL	Non-Preferred Brands	ANTIDEPRESSANTS
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZYCLARA CREAM 2.5% (QL= 7.5gm/28 days; Step Therapy requires trial of imiquimod cream)	QL-ST	Non-Preferred Brands	DERMATOLOGICALS
ZYDELIG TAB (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO CR TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYFLO TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 3 caps/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP	-	Preferred Brands	OPHTHALMIC AGENTS
ZYLOTROL-L KIT	-	EXC	DERMATOLOGICALS
ZYMAXID OPHTH SOLN	-	Non-Preferred Brands	OPHTHALMIC AGENTS
ZYNLONTA SOLN	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYNTEGLO INJ	-	EXC	HEMATOPOIETIC AGENTS
ZYNYZ INJ	-	EXC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYPITAMAG TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	Non-Preferred Brands	ANTIHYPERLIPIDEMICS
ZYPREXA RELPREVV INJ	AMSP	Preferred Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYPREXA TAB	-	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYPREXA ZYDIS TAB (QL= 1 tab/day)	QL	Non-Preferred Brands	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYRTEC CHILD CHEW ALLERGY	-	EXC	ANTIHISTAMINES
ZYRTEC CHILD CHEW TAB	-	EXC	ANTIHISTAMINES
ZYRTEC CHILD TAB	OTC	EXC	ANTIHISTAMINES
ZYRTEC-D TAB 5-120MG	-	EXC	COUGH/COLD/ALLERGY

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Drug Name	Special Code	Tier	Category
ZYTAZE CAP	-	Non-Preferred Brands	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ZYTIGA TAB 250MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYTIGA TAB 500MG (QL= 2 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

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

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
ADDERALL XR CAP 20MG (QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap)	QL-ST	Non-Preferred Brands
ADDERALL XR CAP 30MG (QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap)	QL-ST	Non-Preferred Brands
ADDERALL XR CAP 5MG (QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap)	QL-ST	Non-Preferred Brands
ADZENYS ER SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Preferred Brands
ADZENYS XR TAB (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP (QL= 240ml/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
DESOXYN TAB (QL= 5 tabs/day; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine)	QL-ST	Non-Preferred Brands
DEXEDRINE CAP 10MG (QL= 120 caps/30 days)	QL	Non-Preferred Brands
DEXEDRINE CAP 15MG (QL= 4 caps/day)	QL	Non-Preferred Brands
DEXEDRINE CAP 5MG (QL= 2 caps/day)	QL	Non-Preferred Brands
DYANAVEL XR CHEW 10MG (QL= 2 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
DYANAVEL XR CHEW 15MG (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
DYANAVEL XR CHEW 20MG (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
DYANAVEL XR CHEW 5MG (QL= 4 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
EVEKEO ODT (QL= 60 tabs/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Preferred Brands
EVEKEO TAB	-	Non-Preferred Brands
MYDAYIS CAP 12.5MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
MYDAYIS CAP 25MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Non-Preferred Brands
MYDAYIS CAP 37.5MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Non-Preferred Brands
MYDAYIS CAP 50MG (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Non-Preferred Brands
VYVANSE CAP (QL= 1 cap/day)	QL	Non-Preferred Brands
VYVANSE CHEW TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
XELSTRYM PAD (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
ZENZEDI TAB 2.5MG (QL= 3 tabs/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Preferred Brands
ZENZEDI TAB 7.5MG (QL= 3 tabs/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Non-Preferred Brands
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	Select
amphetamine/dextroamphetamine tab 10mg (ADDERALL equiv) (QL= 180 tabs/30 days)	QL	Select
amphetamine/dextroamphetamine tab 12.5mg (ADDERALL equiv) (QL= 150 tabs/30 days)	QL	Select
amphetamine/dextroamphetamine tab 15mg (ADDERALL equiv) (QL= 120 tabs/30 days)	QL	Select
amphetamine/dextroamphetamine tab 20mg (ADDERALL equiv) (QL= 90 tabs/30 days)	QL	Select
amphetamine/dextroamphetamine tab 30mg (ADDERALL equiv) (QL= 60 tabs/30 days)	QL	Select
amphetamine/dextroamphetamine tab 5mg (ADDERALL equiv) (QL= 360 tabs/30 days)	QL	Select
amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 240 tabs/30 days)	QL	Select
dextroamphetamine 5mg tab (QL= 180 tabs/30 days)	QL	Select
dextroamphetamine tab 10mg (QL= 6 tabs/day)	QL	Select
ANALEPTICS		
CAFCIT INJ	-	Non-Preferred Brands
caffeine citrate soln (CAFCIT equiv)	-	Select
ANOREXIANTS NON-AMPHETAMINE		
BENZPHETAMINE TAB	-	EXC
DIETHYLPROPION ER TAB	-	EXC
diethylpropion tab	-	EXC
LOMAIRA TAB	-	EXC
PHENDIMETRAZINE ER TAB	-	EXC
phendimetrazine tab (BONTRIL PDM equiv)	-	EXC
PLENITY CAP	-	EXC
ANTI-OBESITY AGENTS		
IMCIVREE INJ	-	EXC

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
WEGOVY INJ	-	EXC
XENICAL CAP	-	EXC
ZEPBOUND INJ	-	EXC
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
INTUNIV TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
INTUNIV TAB 1MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
INTUNIV TAB 2MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
KAPVAY TAB (QL= 4 tabs/day)	PA-QL	Non-Preferred Brands
QELBREE ER CAP 100MG (QL= 30 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine)	QL-ST	Non-Preferred Brands
QELBREE ER CAP 150MG (QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine)	QL-ST	Non-Preferred Brands
QELBREE ER CAP 200MG (QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine)	QL-ST	Non-Preferred Brands
STRATTERA CAP 10MG (QL= 2 caps/day)	QL	Non-Preferred Brands
STRATTERA CAP 18MG (QL= 2 caps/day)	QL	Non-Preferred Brands
STRATTERA CAP 25MG (QL= 2 caps/day)	QL	Non-Preferred Brands
STRATTERA CAP 40MG (QL= 2 caps/day)	QL	Non-Preferred Brands
STRATTERA CAP 60MG (QL= 1 cap/day)	QL	Non-Preferred Brands
atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select
atomoxetine cap 10mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select
atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select
atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select
atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Select
atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select
atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Select
clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day)	QL	Select
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	QL	Select
guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Select

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Select
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 150MG (QL= 1 tab/day)	PA-QL	Non-Preferred Brands
SUNOSI TAB 75 MG (QL= 2 tabs/day)	PA-QL	Non-Preferred Brands
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
STIMULANTS - MISC.		
methylphenidate CD cap (METADATE CD equiv) (QL= 1 cap/day)	QL	High Cost Generics
methylphenidate chew tab (METHYLIN equiv) (QL= 3 tabs/day)	QL	High Cost Generics
methylphenidate ER cap (RITALIN LA equiv) (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	High Cost Generics
methylphenidate ER tab 18mg (QL= 1 tab/day)	QL	High Cost Generics
methylphenidate ER tab 27mg (QL= 1 tab/day)	QL	High Cost Generics
methylphenidate ER tab 36mg (QL= 1 tabs/day)	QL	High Cost Generics
methylphenidate ER tab 54mg (QL= 1 tab/day)	QL	High Cost Generics
methylphenidate td patch (DAYTRANA equiv) (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	High Cost Generics
ADHANSIA XR CAP 25MG (QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
ADHANSIA XR CAP 35MG (QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
ADHANSIA XR, JORNAY PM (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
APTENSIO XR CAP 10MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
APTENSIO XR CAP 15MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
APTENSIO XR CAP 20MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
APTENSIO XR CAP 30MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
APTENSIO XR CAP 40MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
APTENSIO XR CAP 50MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
APTENSIO XR CAP 60MG (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
AZSTARYS CAP (QL= 30 caps/30 days)	QL	Non-Preferred Brands
CONCERTA TAB 18MG (QL= 1 tab/day)	QL	Non-Preferred Brands
CONCERTA TAB 27MG (QL= 1 tab/day)	QL	Non-Preferred Brands
CONCERTA TAB 36MG (QL= 1 tabs/day)	QL	Non-Preferred Brands
CONCERTA TAB 54MG (QL= 1 tab/day)	QL	Non-Preferred Brands
COTEMPLA XR ODT 17.3MG (QL= 1 tab/day)	QL	Non-Preferred Brands
COTEMPLA XR ODT 25.9MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
COTEMPLA XR ODT 8.6MG (QL= 1 tab/day)	QL	Non-Preferred Brands
DAYTRANA PATCH (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
FOCALIN TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
FOCALIN XR CAP (QL= 1 cap/day)	QL	Non-Preferred Brands
METHYLPHENIDATE ER TAB (QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Non-Preferred Brands
METHYLPHENIDATE ER TAB 45MG/RELEXXII TAB 45MG (QL= 1 tab/day)	QL	Non-Preferred Brands
METHYLPHENIDATE ER TAB 63MG/RELEXXII TAB 63MG (QL= 1 tab/day)	QL	Non-Preferred Brands

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VAC	Vaccine Program				

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

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ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
methylphenidate ER tab 20mg (QL= 3 tabs/day)	QL	Select
methylphenidate soln (METHYLIN equiv)	-	Select
methylphenidate tab 10mg (RITALIN equiv) (QL= 180 tabs/30 days)	QL	Select
methylphenidate tab 20mg (RITALIN equiv) (QL= 90 tabs/30 days)	QL	Select
methylphenidate tab 5mg (RITALIN equiv) (QL= 360 tabs/30 days)	QL	Select
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	Value
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
ACACIA INJ	-	EXC
ALTERNARIA ALTERNATA INJ	-	EXC
AMERICAN ELM INJ	-	EXC
AMERICAN SYCAMORE INJ	-	EXC
ASPEN POLLEN EXTRACT INJ	-	EXC
BIPOL SOROKI INJ	-	EXC
BLACK WALNUT INJ	-	EXC
BLACK WILLOW INJ	-	EXC
BLACK/SWEET BIRCH POLLEN INJ	-	EXC
BOX ELDER INJ	-	EXC
CLADO SPHAER INJ	-	EXC
COCKROACH INJ	-	EXC
EASTERN COTTONWOOD INJ	-	EXC
ENGLISH PLAN INJ	-	EXC
GRASS POLLEN INJ	-	EXC
GREEN ASH POLLEN EXTRACT INJ	-	EXC
MOUNTAIN CEDAR INJ	-	EXC
NETTLE INJ	-	EXC
OREGON ASH POLLEN EXTRACT INJ	-	EXC
PECAN POLLEN 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
SG RAGWEED INJ	-	EXC
TREE MIX 9	-	EXC
WESTERN JUNIPER INJ	-	EXC
WHITE ALDER INJ	-	EXC
WHITE ASH INJ	-	EXC
WHITE BIRCH INJ	-	EXC
ODACTRA SL TAB (QL= 30 tabs/30 days; Step req trial of montelukast tab/chew tab/packet)	QL-ST	Non-Preferred Brands
PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty

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

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DrugName	Special Code	Tier
ALLERGENIC EXTRACTS/BIOLOGICALS MISC Cont.		
PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - A'S		
ALPHA LIPOIC TAB	--OTC	EXC
ASHWAGANDHA CAP 35	OTC	EXC
ASHWAGANDHA TAB	-	EXC
ALTERNATIVE MEDICINE - B'S		
BERBERINE CAP	OTC	EXC
bilberry (vaccinium myrtillus) cap	-	EXC
BITTER MELON TAB	-	EXC
BLACK COHOSH CAP	-	EXC
BLACK COHOSH TAB	OTC	EXC
BLACK ELDERBERRY SYRUP	-	EXC
ALTERNATIVE MEDICINE - C'S		
CALCIUM D-CAP GLUCARAT	OTC	EXC
CO Q-10 CAP	-	EXC
CRANBERRY CAP	OTC	EXC
CRANBERRY TAB DISINTEGRATING	-	EXC
SM CRANBERRY TAB	-	EXC
ALTERNATIVE MEDICINE - D'S		
DANDELION (TARAXACUM OFFICINALE) CAP	-	EXC
DIHYRDROBERBERINE CAP	OTC	EXC
ALTERNATIVE MEDICINE - E'S		
ERGOTHIONEINE CAP	OTC	EXC
ALTERNATIVE MEDICINE - F'S		
fenugreek (trigonella foenum-graecum) cap	-	EXC
ALTERNATIVE MEDICINE - G'S		
COFFEE BEAN CAP	-	EXC
GARLIC CAP	OTC	EXC
GARLIC TAB	-	EXC
GINKGO BILOB CAP	-	EXC
GRAPE SEED CAP	-	EXC
GREEN TEA CAP	-	EXC
IMMUNOTIX CAP	OTC	EXC
ONCOPLEX ES CAP	-	EXC
ALTERNATIVE MEDICINE - H'S		
5-HYDROXYTRYPTOPHAN TAB	-	EXC
5-HYDROXYTRYPTOPHAN TAB DISINTEGRATING	-	EXC
HOODIA CAP	-	EXC
HORSE CHESTNUT CAP	-	EXC
ALTERNATIVE MEDICINE - L'S		
LACTOFERRIN CAP	-	EXC
ALTERNATIVE MEDICINE - M'S		

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ALTERNATIVE MEDICINES Cont.		
melatonin chew tab	-	EXC
MELATONIN TAB	-	EXC
MELATONIN TAB DISINTEGRATING	-	EXC
MSM TAB	OTC	EXC
ALTERNATIVE MEDICINE - N'S		
NATTOKINASE CAP	-	EXC
ALTERNATIVE MEDICINE - R'S		
RASPBRRY KETONES CAP	-	EXC
RED YEAST RICE CAP	OTC	EXC
ROYAL JELLY CAP	-	EXC
ALTERNATIVE MEDICINE - S'S		
S-ADENOSYLMETHIONINE CAP	-	EXC
SAW PALMETTO CAP	-	EXC
shark cartilage cap	-	EXC
ALTERNATIVE MEDICINE COMBINATIONS		
ALAMAX CR TAB	-	EXC
ALPHA LIPOIC ACID-BIOTIN-BERBERINE CAP	-	EXC
APPLE CIDER VINEGAR-GINGER CHEW TAB	OTC	EXC
BIOTIN-KERAT CAP ALPHA	-	EXC
CHOLINE-SILICON LIQUID	-	EXC
COLLAGEN-VITAMIN C TAB	OTC	EXC
COQMAX OMEGA CAP	OTC	EXC
CRANRX CHW	-	EXC
ECHINACEA-VITAMIN C CHEW TAB	OTC	EXC
ELDERBERRY-VITAMIN C-ZINC CHEW TAB	-	EXC
GINGER-ASHWAGANDHA LOZENGE	-	EXC
GLUCORAPHANIN-MYOSINASE-ASCORBIC ACID CAP	OTC	EXC
GLUCOS/CHOND LIQ MAX-STR	OTC	EXC
GLUCOSAMINE/MSM CAP	-	EXC
GLUCOSAMINE-CHONDROITIN-MSM CAP	OTC	EXC
HYALURONIC CAP	-	EXC
LIFES DHA CAP	OTC	EXC
MEGARED ADV CAP 4 IN 1	OTC	EXC
MELATONIN-THEANINE CHEW TAB	OTC	EXC
MELATONIN-THEANINE-5 HTP-LEMON B CHEW TAB	-	EXC
MYLK CAP	-	EXC
MYROSINASE-ASCORBIC ACID CAP	OTC	EXC
OMEGA-3 FATTY ACIDS-HEMP EXTRACT CAP DR	-	EXC
SAM-E TMG PAK	OTC	EXC
SLEEP+IMMUNE CHW HEALTH	-	EXC
TART CHERRY CAP	-	EXC
THEANINE-5 HTP-LEMON BALM CHEW TAB	-	EXC
TURMERIC-GINGER-BLACK PEPPER CHEW TAB	OTC	EXC
UNISOM SIMPL CHW SLUMBERS	-	EXC
VITAMIN D-CALCIUM BETA HYDROXY BETA METHYLBUTYRATE	OTC	EXC
AMEBICIDES		

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
AMEBICIDES Cont.		
AMEBICIDES		
SOLOSEC GRANULES PACKET (QL= 2 packets/28 days; Step Therapy requires trial of clindamycin or metronidazole)	QL-ST	Non-Preferred Brands
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
tobramycin neb soln (BETHKIS equiv)	AMSP-PA	Generic Specialty
tobramycin neb soln (TOBI equiv)	AMSP-PA	Generic Specialty
HUMATIN CAP	-	Non-Preferred Brands
ARIKAYCE SUSP (QL= 252ml/30days; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	Non-Preferred Specialty
KITABIS PAK NEB SOLN (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
TOBI PODHALER	AMSP-PA	Non-Preferred Specialty
neomycin tab	-	Select
paromomycin cap (HUMATIN equiv)	-	Select
ANALGESICS - ANTI-INFLAMMATORY		
ANALGESICS - ANTI-INFLAMMATORY COMBINATIONS		
LEFLUNICLO PAK	OTC	EXC
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB 4MG	-	EXC
OLUMIANT TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty
RINVOQ ER TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty
RINVOQ ER TAB 45MG (QL= 1 tab/day, 3 fills/year)	AMSP-PA-QL	Preferred Specialty
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 10MG (QL= 1.6ml/28 days)	QL	Non-Preferred Brands
OTREXUP INJ 12.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Preferred Brands

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
OTREXUP INJ 15MG (QL= 1.6ml/28 days)	QL	Non-Preferred Brands
OTREXUP INJ 17.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Preferred Brands
OTREXUP INJ 22.5MG/0.4ML (QL= 1.6ml/28 days)	QL	Non-Preferred Brands
OTREXUP INJ, RASUVO INJ 20MG (QL= 1.6ml/28 days)	QL	Non-Preferred Brands
OTREXUP INJ, RASUVO INJ 25MG (QL= 1.6ml/28 days)	QL	Non-Preferred Brands
RASUVO INJ 10MG (QL= 0.8ml/28 days)	QL	Non-Preferred Brands
RASUVO INJ 12.5MG (QL= 1ml/28 days)	QL	Non-Preferred Brands
RASUVO INJ 15MG (QL= 1.2ml/28 days)	QL	Non-Preferred Brands
RASUVO INJ 17.5MG (QL= 1.4ml/28 days)	QL	Non-Preferred Brands
RASUVO INJ 22.5MG (QL= 1.8ml/28 days)	QL	Non-Preferred Brands
RASUVO INJ 25MG (QL= 2ml/28 days)	QL	Non-Preferred Brands
RASUVO INJ 27.5MG (QL= 2.2ml/28 days)	QL	Non-Preferred Brands
RASUVO INJ 30MG (QL= 2.4ml/28 days)	QL	Non-Preferred Brands
RASUVO INJ 7.5MG (QL= 0.6ml/28 days)	QL	Non-Preferred Brands
RHEUMATREX TAB	-	Non-Preferred Brands
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ABRILADA INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ADALIMUMAB-ADAZ INJ 40MG/0.4ML, HYRIMOZ INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
AMJEVITA AUTO-INJECTOR (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
AMJEVITA INJ 10MG/0.2ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
AMJEVITA INJ 20MG/0.2ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
AMJEVITA INJ 40MG/0.4ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
AMJEVITA INJ 80MG/0.8ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
AMJEVITA SYRINGE 20MG/0.4ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
AMJEVITA SYRINGE 40MG/0.8ML (QL= 2 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
CYLTEZO AUTO-INJECTOR (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
CYLTEZO INJ 10MG/0.2ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
CYLTEZO INJ 20MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
CYLTEZO INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
CYLTEZO INJ CROHNS (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty
CYLTEZO INJ PSORIASIS (QL= 1 pack/fill, 1 fill/year)	AMSP-PA-QL	Non-Preferred Specialty
HADLIMA INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HADLIMA PUSH INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
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)	PA-QL	Non-Preferred Specialty
HUMIRA 20MG/0.2ML (CORDAVIS) (QL= 2 syringes/28 days)	PA-QL	Non-Preferred Specialty
HUMIRA 40MG/0.4ML (CORDAVIS) (QL= 2 syringes/28 days)	PA-QL	Non-Preferred Specialty
HUMIRA 80MG/0.8ML (CORDAVIS) (QL= 2 syringes/28 days)	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
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

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
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
HUMIRA INJ 10MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty
HUMIRA INJ 20MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty
HUMIRA INJ 40MG (QL= 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty
HUMIRA INJ 80MG (QL = 2 syringes/28 days)	AMSP-PA-QL	Preferred Specialty
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Preferred Specialty
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Preferred Specialty
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Preferred Specialty
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	AMSP-PA-QL	Preferred Specialty
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days)	AMSP-PA-QL	Preferred Specialty
GOLD COMPOUNDS		
RIDAURA CAP (Only available through Walgreens 888-347-3416)	LD	Non-Preferred Specialty
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ (QL= 4 vials/21 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ	-	EXC
INTERLEUKIN-6 RECEPTOR INHIBITORS		
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

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
KEVZARA INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ADVIL DUAL TAB ACTION	OTC	EXC
COMBOGESIC INJ	-	EXC
DUEXIS TAB	-	EXC
ibuprofen-acetaminophen tab (ADVIL equiv)	OTC	EXC
ibuprofen-famotidine tab (DUEXIS equiv)	-	EXC
INDOMETHACIN INJ	-	EXC
NAPROTIN KIT	-	EXC
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	EXC
VIMOVO TAB	-	EXC
diclofenac potassium cap (ZIPSOR equiv) (QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets)	QL-ST	High Cost Generics
diclofenac potassium tab 25mg (QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets)	QL-ST	High Cost Generics
fenoprofen calcium cap (NALFON equiv) (QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	QL-ST	High Cost Generics
fenoprofen calcium tab (Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	High Cost Generics
indomethacin suppository (INDOCIN equiv) (QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxen, diclofenac, meloxicam, etc))	QL-ST	High Cost Generics
indomethacin susp (INDOCIN equiv) (QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp)	QL-ST	High Cost Generics
mefenamic acid cap (PONSTEL equiv)	-	High Cost Generics
meloxicam (VIVLODEX equiv) (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	High Cost Generics
naproxen sodium CR tab (NAPRELAN CR equiv) (Step therapy requires trial of generic naproxen IR AND one of the following: diclofenac tab, etodolac tab, indomethacin cap)	ST	High Cost Generics
COXANTO CAP (QL= 180 caps/30 days; ST req trial of generic oxaprozin 600mg AND 2 addl NSAID (e.g., diclofenac, etodolac, sulindac))	QL-ST	Non-Preferred Brands
FENOPROFEN CAP (Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	Non-Preferred Brands
INDOCIN SUSP (QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp)	QL-ST	Non-Preferred Brands
INDOMETHACIN CAP, TIVORBEX CAP (Step Therapy requires trial of 2 nonsteroidal anti-inflammatory agents (NSAIDs))	ST	Non-Preferred Brands
INDOMETHACIN SUPP	-	Non-Preferred Brands
KETOPROFEN CAP	-	Non-Preferred Brands

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

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
KETOPROFEN ER CAP	-	Non-Preferred Brands
LODINE TAB	-	Non-Preferred Brands
MELOXICAM COMFORT KIT	-	Non-Preferred Brands
MELOXICAM SUSP	-	Non-Preferred Brands
MELOXICAM SUSP (QL= 10ml/day; Step therapy requires trial of naproxen susp AND ibuprofen susp)	--QL-ST	Non-Preferred Brands
NAFLON CAP (QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	QL-ST	Non-Preferred Brands
NAPRELAN CR TAB (Step therapy requires trial of generic naproxen IR AND one of the following: diclofenac tab, etodolac tab, indomethacin cap)	ST	Non-Preferred Brands
QMIIZ ODT TAB (Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	ST	Non-Preferred Brands
RELAFEN DS TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, buprofen, or nabumetone)	QL-ST	Non-Preferred Brands
SPRIX NASAL SPRAY (QL= 5 units/30 days)	QL	Non-Preferred Brands
TOLMETIN CAP	-	Non-Preferred Brands
TOLMETIN TAB	-	Non-Preferred Brands
VIVLODEX CAP (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	Non-Preferred Brands
ZIPSOR CAP (QL= 4 caps/day)	QL	Non-Preferred Brands
ZORVOLEX CAP (QL= 3 caps/day)	QL	Non-Preferred Brands
KETOROLAC INJ	-	Preferred Brands
MECLOFENAMATE CAP	-	Preferred Brands
NAPROXEN SUSP	-	Preferred Brands
celecoxib cap (CELEBREX equiv)	-	Select

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

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
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/acetaminophen cap	-	High Cost Generics
ALLZITAL TAB (QL= 12 tabs/day)	QL	Non-Preferred Brands
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	Non-Preferred Brands
ESGIC TAB	-	Non-Preferred Brands
FIORICET CAP	-	Non-Preferred Brands
FIORINAL CAP	-	Non-Preferred Brands
TENCON TAB (QL= 6 tabs/day)	QL	Non-Preferred Brands
butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day)	QL	Select
butalbital/acetaminophen/caffeine soln	-	Select
VTOL SOLN	-	Select
ANALGESICS OTHER		
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 325mg	OTC	EXC
aspirin chew tab 81mg (Covered for females only)	-	Preventive

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DrugName	Special Code	Tier
ANALGESICS - NONNARCOTIC Cont.		
aspirin ec tab 325mg (Covered for females only)	OTC	Preventive
aspirin ec tab 81mg (Covered for females only)	OTC	Preventive
aspirin tab (Covered for females only)	OTC	Preventive
diflunisal tab (DOLOBID equiv)	-	Select
salsalate tab (DISALCID equiv)	-	Select
ANALGESICS - OPIOID		
OPIOID AGONISTS		
FENTANYL CIT INJ	-	EXC
fentanyl citrate inj	-	EXC
fentanyl citrate pf soln prefilled syringe (FENTANYL equiv)	-	EXC
FENTANYL CITRATE-NACL IV SOLN	-	EXC
HYDROMORPHONE HCL-NACL INJ SOLN PREF SYR	-	EXC
HYDROMORPHONE HCL-SODIUM CHLORIDE 0.9% INJ	-	EXC
HYDROMORPHONE INJ	-	EXC
METHADONE INJ	-	EXC
MORPHINE SUL INJ	-	EXC
SUFENTANIL INJ	-	EXC
CODEINE SULFATE TAB	-	High Cost Generics
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	High Cost Generics
fentanyl patch (DURAGESIC equiv) (QL=15 patches/30 days)	QL	High Cost Generics
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	High Cost Generics
hydromorphone ER tab 12mg (EXALGO equiv) (QL= 1 tab/day)	QL	High Cost Generics
hydromorphone ER tab 16mg (EXALGO equiv) (QL= 1 tab/day)	QL	High Cost Generics
hydromorphone ER tab 32mg (EXALGO equiv) (QL= 2 tabs/day)	QL	High Cost Generics
hydromorphone ER tab 8mg (EXALGO equiv) (QL= 1 tab/day)	QL	High Cost Generics
levorphanol tab (LEVORPHANOL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Step Therapy requires trial of 2 short acting opioids)	QL-ST	High Cost Generics
MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics
morphine sulfate ER cap 10mg (KADIAN equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics
morphine sulfate ER cap 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics
morphine sulfate ER cap 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
morphine sulfate ER cap 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics
morphine sulfate ER cap 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	High Cost Generics
oxycodone conc (ROXICODONE equiv)	-	High Cost Generics
oxymorphone ER tab 30mg (OPANA ER equiv) (QL= 4 tabs/day)	QL	High Cost Generics
oxymorphone ER tab 40mg (OPANA ER equiv) (QL= 4 tabs/day)	QL	High Cost Generics
tramadol ER tab (RYZOLT equiv)	-	High Cost Generics
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	Non-Preferred Brands
ACTIQ LOZENGE (QL= 120 lozenges/30 days)	PA-QL	Non-Preferred Brands
ARYMO ER TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands
CODEINE SULFATE SOLN	-	Non-Preferred Brands
CODEINE SULFATE TAB	-	Non-Preferred Brands
DEMEROL TAB (QL= 6 tabs/day)	QL	Non-Preferred Brands
DILAUDID LIQUID	-	Non-Preferred Brands
DOLOPHINE TAB 10MG (QL= 4 tabs/day)	QL	Non-Preferred Brands
DOLOPHINE TAB 5MG (QL= 8 tabs/day)	QL	Non-Preferred Brands
DURAGESIC PATCH (QL=15 patches/30 days)	QL	Non-Preferred Brands
EXALGO TAB 12MG (QL= 1 tab/day)	QL	Non-Preferred Brands
EXALGO TAB 16MG (QL= 1 tab/day)	QL	Non-Preferred Brands
EXALGO TAB 32MG (QL= 2 tabs/day)	QL	Non-Preferred Brands

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
EXALGO TAB 8MG (QL= 1 tab/day)	QL	Non-Preferred Brands
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	Non-Preferred Brands
HYSINGLA ER TAB (QL= 1 tab/day; Step Therapy requires trial of morphine sulfate ER)	QL-ST	Non-Preferred Brands
KADIAN CAP 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
KADIAN CAP 10MG (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
KADIAN CAP 200MG (QL= 1 cap/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
KADIAN CAP 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
KADIAN CAP 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
KADIAN CAP 40mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
KADIAN CAP 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
KADIAN CAP 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
KADIAN CAP 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
LAZANDA NASAL SPRAY (QL= 15 sprays/30 days)	PA-QL	Non-Preferred Brands
LEVORPHANOL TAB (QL= 6 tabs/day; Step Therapy requires trial of 2 short acting opioids (e.g. hydrocodone, hydromorphone oxycodone))	QL-ST	Non-Preferred Brands
METHADONE INJ	-	Non-Preferred Brands
METHADONE SOLN	-	Non-Preferred Brands
METHADOSE CONC (QL= 4 ml/day)	QL	Non-Preferred Brands

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
MORPHABOND TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	Non-Preferred Brands
MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
MORPHINE SULFATE TAB	-	Non-Preferred Brands
MS CONTIN TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
NUCYNTA TAB (QL= 6 tabs/day)	QL	Non-Preferred Brands
OXYCONTIN CR TAB (QL= 2 tabs/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
OXYCONTIN CR TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
OXYCONTIN TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
OXYCONTIN TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
OXYCONTIN TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
OXYCONTIN TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
OXYCONTIN TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
OXYCONTIN TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
QDOLO SOLN (QL= 80ml/day)	QL	Non-Preferred Brands
ROXYBOND TAB (Step therapy requires trial of 2: oxycodone, oxymorphone, hydromorphone tab/soln, tramadol, morphine sulf tab/soln)	ST	Non-Preferred Brands

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
RYBIX ODT	-	Non-Preferred Brands
SUBSYS SPRAY (QL= 180 sprays/30 days)	PA-QL	Non-Preferred Brands
TRAMADOL ER CAP (QL= 1 cap/day; Step Therapy requires trial of tramadol tab)	QL-ST	Non-Preferred Brands
TRAMADOL HCL ER TAB 100MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Preferred Brands
TRAMADOL HCL ER TAB 200MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Preferred Brands
TRAMADOL HCL ER TAB 300MG (QL= 1 tab/day; Step therapy requires trial of tramadol ERT)	QL-ST	Non-Preferred Brands
TRAMADOL HCL TAB (QL= 30 tabs/30 days)	QL	Non-Preferred Brands
XTAMPZA ER CAP 13.5MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
XTAMPZA ER CAP 18MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
XTAMPZA ER CAP 27MG (QL= 4 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
XTAMPZA ER CAP 36MG (QL= 8 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
XTAMPZA ER CAP 9MG (QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
ZOHYDRO ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Non-Preferred Brands
MEPERIDINE SOLN	-	Preferred Brands
MORPHINE SULFATE SOLN	-	Preferred Brands
MORPHINE SULFATE SUPP	-	Preferred Brands
OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands

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ANALGESICS - OPIOID Cont.		
OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Preferred Brands
OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day)	QL	Preferred Brands
OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day)	QL	Preferred Brands
OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day)	QL	Preferred Brands
OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day)	QL	Preferred Brands
OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day)	QL	Preferred Brands
OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day)	QL	Preferred Brands
OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day)	QL	Preferred Brands
codeine sulfate tab	-	Select
hydromorphone liquid (DILAUDID equiv)	-	Select
HYDROMORPHONE SUPP	-	Select
hydromorphone tab (DILAUDID equiv)	-	Select
meperidine tab (DEMEROL equiv) (QL= 6 tabs/day)	QL	Select
methadone sol 10mg/5ml (QL= 20ml/day)	QL	Select
methadone soln (QL= 4 ml/day)	QL	Select
methadone soln 5mg/5ml (QL= 40ml/day)	QL	Select
methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day)	QL	Select
methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day)	QL	Select
methadose tab (QL= 1 tab/day)	QL	Select
MORPHINE SULF SOLN	-	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 SOLN	-	Select
morphine sulfate tab	-	Select
oxycodone cap (OXYIR equiv)	-	Select
oxycodone soln (ROXICODONE equiv)	-	Select
oxycodone tab (ROXICODONE equiv)	-	Select
oxymorphone tab (OPANA equiv)	-	Select
tramadol ER tab 100mg (ULTRAM ER equiv)	-	Select
tramadol ER tab 200mg (ULTRAM ER equiv)	-	Select
tramadol ER tab 300mg (ULTRAM ER equiv)	-	Select
tramadol hcl tab 100mg (QL= 4 tabs/day)	QL	Select
tramadol tab (ULTRAM equiv)	-	Select
OPIOID COMBINATIONS		

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

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

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
FENTANYL CIT-ROPIV-NACL SOL PREF SYR	-	EXC
FENTANYL/BUPIVACAINE/NACL INJ	-	EXC
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB (QL= 10 tabs/day)	QL	High Cost Generics
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	High Cost Generics
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	High Cost Generics
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	High Cost Generics
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) (QL= 13 tabs/day)	QL	High Cost Generics
APADAZ TAB (QL= 12 tabs/day)	PA-QL	Non-Preferred Brands
FIORINAL/CODEINE CAP	-	Non-Preferred Brands
HYDROCODONE/ACETAMINOPHEN SOLN 10-325 MG/15ML (QL= 90ml/90 days for members age 20 or younger; QL= 210ml/90 days for members age 21 or older)	QL	Non-Preferred Brands
LORTAB ELIXIR	-	Non-Preferred Brands
NORCO 10-325mg (QL= 12 tabs/day)	QL	Non-Preferred Brands
NORCO 5-325mg (QL= 12 tabs/day)	QL	Non-Preferred Brands
NORCO TAB 7.5MG-325MG (QL= 12 tabs/day)	QL	Non-Preferred Brands
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	Non-Preferred Brands
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG (QL=12 tabs/day)	QL	Non-Preferred Brands
PERCOCET TAB 10-325MG (QL= 12 tabs/day)	QL	Non-Preferred Brands
PERCOCET TAB 2.5-325mg (QL= 12 tabs/day)	QL	Non-Preferred Brands
PERCOCET TAB 5-325MG (QL= 12 tabs/day)	QL	Non-Preferred Brands
PERCOCET TAB 7.5-325MG (QL= 12 tabs/day)	QL	Non-Preferred Brands

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
PRIMLEV TAB 10-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands
PRIMLEV TAB 5-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands
PROLATE TAB (QL= 13 tabs/day; Step therapy requires trial of oxycodone/acetaminophen 7.5-325mg tab)	QL-ST	Non-Preferred Brands
SEGLENTIS TAB (QL= 10 tabs/day; Trial of 3: tramadol IR, celecoxib cap, oxycodone tab/cap/sol, hydromorphone tab/sol, oxymorphone tab, morphine sol)	QL-ST	Non-Preferred Brands
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP (QL= 10 caps/day)	QL	Non-Preferred Brands
XARTEMIS XR TAB (QL= 12 tabs/day)	QL	Non-Preferred Brands
XODOL TAB 10MG-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands
XODOL TAB 5MG-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands
XODOL TAB 7.5MG-300MG (QL= 13 tabs/day)	QL	Non-Preferred Brands
acetaminophen/codeine soln	-	Select
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	Select
APAP/CODEINE SOLN	-	Select
aspirin/codeine tab	-	Select
hydrocodone/acetaminophen cap (LORCET equiv)	-	Select
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 180ml/day)	QL	Select
hydrocodone/acetaminophen tab 10-325mg (QL= 12 tabs/day)	QL	Select
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 12 tabs/day)	QL	Select
hydrocodone/acetaminophen tab 5-325mg (QL= 12 tabs/day)	QL	Select
hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 12 tabs/day)	QL	Select
HYDROCODONE/IBUPROFEN TAB (QL= 5 tabs/day)	QL	Select
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	QL--	Select
oxycodone/acetaminophen cap (TYLOX equiv)	-	Select
oxycodone/acetaminophen tab 10-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select
oxycodone/acetaminophen tab 2.5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select
oxycodone/acetaminophen tab 5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select
oxycodone/acetaminophen tab 7.5-325mg (PERCOCET equiv) (QL= 12 tabs/day)	QL	Select
OXYCODONE/ASPIRIN TAB	-	Select
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	Select
pentazocine/acetaminophen tab (TALACEN equiv)	-	Select
tramadol/acetaminophen tab (ULTRACET equiv)	-	Select
OPIOID PARTIAL AGONISTS		

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
BRIXADI SOLN	-	EXC
nalbuphine inj	-	EXC
buprenorphine hcl buccal film (BELBUCA equiv) (Step therapy requires trial of buprenorphine patch)	ST	High Cost Generics
BELBUCA FILM (Step therapy requires trial of buprenorphine patch)	ST	Non-Preferred Brands
BUNAVAIL FILM	-	Non-Preferred Brands
BUTRANS PATCH	-	Non-Preferred Brands
SUBOXONE SL FILM 2-0.5MG (QL= 4 films/day)	QL	Non-Preferred Brands
SUBOXONE SL FILM 4-1MG (QL= 4 films/day)	QL	Non-Preferred Brands
ZUBSOLV SL TAB	-	Non-Preferred Brands
SUBOXONE SL FILM 12-3MG (QL= 2 films/day)	QL	Preferred Brands
SUBOXONE SL FILM 8-2MG (QL= 3 films/day)	QL	Preferred Brands
buprenorphine patch (BUTRANS equiv)	-	Select
buprenorphine SL tab (SUBUTEX equiv)	-	Select
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	Select
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	Select
butorphanol nasal spray (QL= 5ml/30 days)	QL	Select
pentazocine/naloxone tab (TALWIN NX equiv)	-	Select
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab (OXANDRIN equiv)	-	EXC
ANADROL TAB	-	Non-Preferred Brands
ANDROGENS		
methyltestosterone cap (QL= 150 tablets/30 days)	PA-QL	High Cost Generics
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	High Cost Generics
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	High Cost Generics
testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days)	PA-QL	High Cost Generics
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	High Cost Generics

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DrugName	Special Code	Tier
ANDROGENS-ANABOLIC Cont.		
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	Non-Preferred Brands
ANDROGEL 1% 25MG (QL= 150gm/30 days)	PA-QL	Non-Preferred Brands
ANDROGEL 1% 50MG/5GM (QL= 300gm/30 days)	PA-QL	Non-Preferred Brands
ANDROGEL 1.62% 1.25GM (QL= 2 packets/day)	PA-QL	Non-Preferred Brands
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	Non-Preferred Brands
ANDROGEL PUMP 1% (QL= 300gm/30 days)	PA-QL	Non-Preferred Brands
ANDROGEL PUMP 1.62% (QL= 150gm/30 days)	PA-QL	Non-Preferred Brands
DEPO-TESTOSTERONE INJ (QL= 1 vial/28 days)	QL	Non-Preferred Brands
DEPO-TESTOSTERONE INJ (QL= 4 vials/28 days)	QL	Non-Preferred Brands
FORTESTA GEL 2% (QL= 2 bottles/30 days)	PA-QL	Non-Preferred Brands
JATENZO CAP 158MG (QL= 4 caps/day)	PA-QL	Non-Preferred Brands
JATENZO CAP 198MG (QL= 4 caps/day)	PA-QL	Non-Preferred Brands
JATENZO CAP 237MG (QL= 2 caps/day)	PA-QL	Non-Preferred Brands
KYZATREX CAP, TLANDO CAP (QL= 4 tabs/day)	PA-QL	Non-Preferred Brands
METHITEST TAB (QL= 150 tablets/30 days)	PA-QL	Non-Preferred Brands
NATESTO GEL (QL= 3 bottles/30 days)	PA-QL	Non-Preferred Brands
NATESTO NASAL GEL (QL= 3 bottles/30 days)	PA-QL	Non-Preferred Brands

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DrugName	Special Code	Tier
ANDROGENS-ANABOLIC Cont.		
STRIANT FILM (QL= 60 films/30 days)	PA-QL	Non-Preferred Brands
TESTOSTERONE GEL, VOGELXO GEL (QL= 2 packets/day)	PA-QL	Non-Preferred Brands
VOGELXO PUMP (QL= 4 bottles/30 days)	PA-QL	Non-Preferred Brands
XYOSTED INJ (QL= 4ml/28 days)	PA-QL	Non-Preferred Brands
TESTOSTERONE ENANTHATE INJ (QL= 4 vials/28 days)	QL	Preferred Brands
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	Preferred Brands
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	Preferred Brands
TESTOSTERONE INJ (QL= 1 vial/28 days)	QL	Preferred Brands
TESTOSTERONE INJ (QL= 4 vials/28 days)	QL	Preferred Brands
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days)	QL	Preferred Brands
danazol cap (DANOCRINE equiv) (QL= 4 caps/day)	QL	Select
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	Select
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 1 vial/28 days)	--QL	Select
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	--QL	Select
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 150gm/30 days)	QL	Select
testosterone gel 1% 50mg (QL= 300gm/30 days)	QL	Select
testosterone gel 1% pump (ANDROGEL equiv) (QL= 300gm/30 days)	QL	Select
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 150gm/30 days)	QL	Select
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
CORTIFOAM	-	Non-Preferred Brands
hydrocortisone enema (CORTENEMA equiv)	-	Select
RECTAL COMBINATIONS		
ANALPRAM ADVANCED KIT	-	Non-Preferred Brands
ANALPRAM-E KIT	-	Non-Preferred Brands
PROCTOFOAM HC FOAM	-	Preferred Brands
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	Select
lidocaine/hydrocortisone kit (ANALPRAM equiv)	-	Select
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	Select

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DrugName	Special Code	Tier
ANORECTAL AGENTS Cont.		
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	Select
VASODILATING AGENTS		
RECTIV OINT	-	Non-Preferred Brands
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide rectal foam (UCERIS equiv) (QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema)	QL-ST	High Cost Generics
UCERIS RECTAL FOAM (QL= 100.2g/30 days)	QL	Non-Preferred Brands
RECTAL COMBINATIONS		
HYDROCORTISONE/PRAMOXINE SUPP	-	EXC
ANALPRAM-HC CREAM 1-1% (ST req trial of: LIDOCAINE-HYDROCORTISONE ACETATE perianal/RECTAL CREAM)	ST	Non-Preferred Brands
RECTAL PRODUCTS - MISC.		
BARRIGEL INJ	-	EXC
PHENYLEPHRINE HCL SUPPOSITORIES	OTC	EXC
ANTACIDS		
ANTACID COMBINATIONS		
ANTACID CHEW	-	EXC
CALCIUM/MAGNESIUM CARBONATES TAB	OTC	EXC
FOAM ANTACID CHEW	-	EXC
ANTACIDS - MAGNESIUM SALTS		
MAGNESIUM CARBONATE SUSP	-	EXC
ANTACIDS - SODIUM CITRATE		
EMETROL CHEW TAB	-	EXC
ANTHELMINTICS		
ANTHELMINTICS		
BILTRICIDE TAB	-	Non-Preferred Brands
EGATEN TAB	-	Non-Preferred Brands
EMVERM TAB	-	Non-Preferred Brands
BENZNIDAZOLE TAB	-	Preferred Brands
ivermectin tab (STROMECTOL equiv)	-	Select
praziquantel tab (BILTRICIDE equiv)	-	Select
ANTIANGINAL AGENTS		

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DrugName	Special Code	Tier
ANTIANGINAL AGENTS Cont.		
ANTIANGINALS-OTHER		
RANEXA TAB (QL= 120 tabs/30 days)	QL	Non-Preferred Brands
ASPRUZYO SPRINKLE GRANULES (QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab)	QL-ST	Preferred Brands
ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days)	QL	Select
NITRATES		
isosorbide dinitrate tab 40mg (ISORDIL equiv) (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER)	ST	High Cost Generics
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	High Cost Generics
GONITRO POWDER	-	Non-Preferred Brands
ISORDIL TITRADOSE TAB 40MG (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER)	ST	Non-Preferred Brands
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	Non-Preferred Brands
NITROMIST SPRAY	-	Non-Preferred Brands
NITRO-BID OINT	-	Preferred Brands
isosorbide dinitrate SL tab	-	Select
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 ER CAP	-	Select
nitroglycerin patch (NITRO-DUR equiv)	-	Select
nitroglycerin SL tab (NITROSTAT equiv)	-	Select
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
meprobamate tab (MILTOWN equiv)	-	High Cost Generics
buspirone tab (BUSPAR equiv)	-	Select
hydroxyzine pamoate cap (VISTARIL equiv)	-	Select
hydroxyzine syrup (ATARAX equiv)	-	Select
hydroxyzine tab (ATARAX equiv)	-	Select
BENZODIAZEPINES		
alprazolam ODT (NIRAVAM equiv)	-	High Cost Generics
oxazepam cap (SERAX equiv) (Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab)	ST	High Cost Generics

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DrugName	Special Code	Tier
ANTIANXIETY AGENTS Cont.		
ALPRAZOLAM INTENSOL CONC	-	Non-Preferred Brands
LOREEV XR CAP (QL= 1 cap/day; Step therapy requires trial of lorazepam tab)	QL-ST	Non-Preferred Brands
LOREEV XR CAP 3MG (QL= 3 cap/day; Step therapy requires trial of lorazepam tab)	QL-ST	Non-Preferred Brands
alprazolam ER tab (XANAX XR equiv)	-	Select
alprazolam tab (XANAX equiv)	-	Select
chlordiazepoxide cap (LIBRIUM equiv)	-	Select
clorazepate tab (TRANXENE-T equiv)	-	Select
diazepam conc (VALIUM equiv)	-	Select
diazepam oral soln (QL= 360ml/30 days)	QL	Select
diazepam tab (VALIUM equiv)	-	Select
lorazepam conc (ATIVAN equiv)	-	Select
lorazepam tab (ATIVAN equiv)	-	Select
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
PROCAINAMIDE INJ	-	EXC
quinidine gluconate CR tab	-	High Cost Generics
NORPACE CR CAP	-	Preferred Brands
QUINIDINE SULFATE TAB 200MG (QL= 8 tabs/day)	QL	Preferred Brands
QUINIDINE SULFATE TAB 300MG (QL= 5 tabs/day)	QL	Preferred Brands
disopyramide cap (NORPACE equiv)	-	Select
disopyramide ER cap (NORPACE CR 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)	-	High Cost Generics
flecainide tab (TAMBOCOR equiv)	-	Select
propafenone tab (RYTHMOL equiv)	-	Select
ANTIARRHYTHMICS TYPE III		
AMIODARONE INJ	-	EXC
dofetilide cap (TIKOSYN equiv)	-	High Cost Generics
MULTAQ TAB	-	Non-Preferred Brands
amiodarone tab (CORDARONE equiv)	-	Select
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
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; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-M-PA-QL	Non-Preferred Specialty
FASENRA PEN INJ (QL= 1 pen/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
TEZSPIRE INJ (QL= 1 pen/30 days)	AMSP-PA-QL	Non-Preferred Specialty
TEZSPIRE SOLN (QL= 1 syringe/30 days)	AMSP-PA-QL	Non-Preferred Specialty
NUCALA INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty
XOLAIR INJ (QL= 1 syringe/28 days)	AMSP-PA-QL	Preferred Specialty
XOLAIR INJ (QL= 1 vial/28 days)	AMSP-PA-QL	Preferred Specialty
XOLAIR INJ 150MG/ML (QL= 1ml/28 days)	AMSP-PA-QL	Preferred Specialty
XOLAIR INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Preferred Specialty
XOLAIR INJ 75MG/0.5ML (QL= 0.5ml/28 days)	AMSP-PA-QL	Preferred Specialty
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	Select
BRONCHODILATORS - ANTICHOLINERGICS		
LONHALA MAGNAIR SOLN (QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA HANDIHALER or SPIRIVA RESPIMAT)	QL-ST	Non-Preferred Brands
SEEBRI NEOHALER CAP (QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA HANDIHALER or SPIRIVA RESPIMAT)	QL-ST	Non-Preferred Brands
SPIRIVA HANDIHALER (QL= 1 cap/day; For use with Handihaler device)	QL	Non-Preferred Brands
TUDORZA PRESSAIR INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA HANDIHALER or SPIRIVA RESPIMAT)	QL-ST	Non-Preferred Brands
YUPELRI SOLN (QL= 90ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER o SPIRIVA RESPIMAT INHALER 2.5MCG/ACT)	QL-ST	Non-Preferred Brands
ATROVENT HFA INHALER (QL= 25.8gm/30 days)	QL	Preferred Brands
INCRUSE ELLIPTA INHALER (QL= 30 units/30 days)	QL	Preferred Brands

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

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler)	QL-ST	Preferred Brands
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days)	QL	Preferred Brands
ipratropium neb soln (ATROVENT equiv)	-	Select
tiotropium bromide cap inhaler (SPIRIVA equiv) (QL= 1 cap/day; For use with Handihaler device)	QL	Select
LEUKOTRIENE MODULATORS		
zileuton ER tab (ZYFLO CR equiv) (QL= 2 tabs/day)	QL	High Cost Generics
ZYFLO CR TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
ZYFLO TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands
montelukast chew tab (SINGULAIR equiv)	-	Select
montelukast granule pack (SINGULAIR equiv)	-	Select
montelukast tab (SINGULAIR equiv)	-	Select
zafirlukast tab (ACCOLATE equiv)	-	Select
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands
roflumilast tab (DALIRESP equiv) (QL= 1 tab/day)	PA-QL	Select
STEROID INHALANTS		
ALVESCO INHALER (QL= 12.2gm/30 days; Step Therapy requires trial of fluticasone diskus, fluticasone hfa, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Preferred Brands
ARMONAIR DIGITAL INHALER 113MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of fluticasone diskus, fluticasone hfa, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Preferred Brands
ARMONAIR DIGITAL INHALER 232MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of fluticasone diskus, fluticasone hfa, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Preferred Brands
ARMONAIR DIGITAL INHALER 55MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of fluticasone diskus, fluticasone hfa, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Preferred Brands
FLOVENT DISK AER 100MCG (QL= 2 inhalers/30 days)	QL	Non-Preferred Brands
FLOVENT DISK AER 250MCG (QL= 2 inhalers/30 days)	QL	Non-Preferred Brands
FLOVENT DISK AER 50MCG (QL= 2 inhalers/30 days)	QL	Non-Preferred Brands
FLOVENT HFA INHALER 110MCG (QL= 1 inhaler/30 days)	QL	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
FLOVENT HFA INHALER 220MCG (QL= 2 inhalers/30 days)	QL	Non-Preferred Brands
FLOVENT HFA INHALER 44MCG (QL= 2 inhalers/30 days)	QL	Non-Preferred Brands
PULMICORT FLEXHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of fluticasone diskus, fluticasone hfa, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Non-Preferred Brands
PULMICORT INH SUSP 0.25MG/2ML, 0.5MG/2ML (QL= 120 units/30 days)	QL	Non-Preferred Brands
PULMICORT INH SUSP 1MG/2ML (QL= 60 units/30 days)	QL	Non-Preferred Brands
QVAR REDIHALER (QL= 21.2gm/30 days; Step Therapy requires trial of fluticasone diskus, fluticasone hfa, ARNUITY ELLIPTA, and ASMANEX HFA)	QL-ST	Preferred Brands
ARNUITY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Value
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	QL	Value
ASMANEX INHALER (QL= 1 inhaler/30 days)	QL	Value
budesonide inh susp 0.25mg/2ml, 0.5mg/2ml (PULMICORT equiv) (QL= 120 units/30 days)	QL	Value
budesonide inh susp 1mg/2ml (QL= 60 units/30 days)	QL	Value
FLOVENT DISKUS INHALER, FLUTICASONE DISKUS INHALER (QL= 2 inhalers/30 days)	QL	Value
FLOVENT HFA INHALER 110MCG, FLUTICASONE HFA INHALER 110MCG (QL= 1 inhaler/30 days)	QL	Value
FLOVENT HFA INHALER 220MCG, FLUTICASONE HFA INHALER 220MCG (QL= 2 inhalers/30 days)	QL	Value
FLOVENT HFA INHALER 44MCG, FLUTICASONE HFA INHALER 44MCG (QL= 2 inhalers/30 days)	QL	Value
FLUTICASONE DISKUS INHALER (QL= 2 inhalers/30 days)	QL	Value
FLUTICASONE HFA INHALER 110MCG (QL= 2 inhalers/30 days)	QL	Value
FLUTICASONE HFA INHALER 220MCG (QL= 2 inhalers/30 days)	QL	Value
FLUTICASONE HFA INHALER 44MCG (QL= 2 inhalers/30 days)	QL	Value
SYMPATHOMIMETICS		
ephedrine hcl tab (PRIMATENE equiv)	OTC	EXC
PRIMATENE TAB	OTC	EXC
arformoterol tartrate neb soln (BROVANA equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	High Cost Generics
budesonide/formoterol inhaler (BREYNA equiv) (QL= 10.3 g/30 days; ST requires trial of 3: ADVAIR HFA, DULERA INHALER, BREO ELLIPTA INHALER and trial of 1: fluticasone/salmeterol inhaler or wixela)	QL-ST	High Cost Generics
budesonide/formoterol inhaler (SYMBICORT equiv) (QL= 10.2gm/30 days; ST req trial of 3: ADVAIR HFA, DULERA, BREO ELLIPTA and trial of 1: fluticasone/salmeterol or wixela)	QL-ST	High Cost Generics
formoterol fumarate neb soln (PERFOROMIST equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	High Cost Generics
ADVAIR DISKUS INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR HFA, DULERA, BREO ELLIPTA and fluticasone/salmeterol, wixela)	QL-ST	Non-Preferred Brands
AIRDUO POWDER INHALER W/SENSOR (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR HFA, DULERA, BREO ELLIPTA and fluticasone/salmeterol, wixela)	QL-ST	Non-Preferred Brands
AIRDUO RESPICLICK (QL= 1 inhaler/30 days, Step Therapy requires trial of ADVAIR HFA, DULERA, BREO ELLIPTA and fluticasone/salmeterol, wixela)	QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
ARCAPTA NEOHALER (Step Therapy requires trial of SEREVENT DISKUS, ANORO ELLIPTA or STIOLTO INHALER)	ST	Non-Preferred Brands
BEVESPI AEROSPHERE INHALER (QL= 10.7gm/30 days; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER)	QL-ST	Non-Preferred Brands
BROVANA NEB SOLN (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	Non-Preferred Brands
DUAKLIR INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of ANORO ELLIPTA INHALER or STIOLTO INHALE	QL-ST	Non-Preferred Brands
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Preferred Brands
METAPROTERENOL TAB	-	Non-Preferred Brands
PERFOROMIST NEB SOLN (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln	QL-ST	Non-Preferred Brands
PROAIR HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Preferred Brands
PROAIR RESPICLICK INHALER (Step Therapy requires trial of VENTOLIN HFA INHALER and albuterol hfa inhaler)	ST	Non-Preferred Brands
PROVENTIL AERO HFA (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol HFA inhaler)	QL-ST	Non-Preferred Brands
PROVENTIL HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Preferred Brands
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days; Step Therapy requires trial of SEREVENT DISKUS)	QL-ST	Non-Preferred Brands
SYMBICORT INHALER (QL= 10.2gm/30 days; ST req trial of 3: ADVAIR HFA, DULERA, BREO ELLIPTA and trial of 1: fluticasone/salmeterol or wixela)	QL-ST	Non-Preferred Brands
UTIBRON NEOHALER CAP (QL= 2 caps/day; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALE and TRELEGY ELLIPTA INHALER)	QL-ST	Non-Preferred Brands
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler)	QL-ST	Non-Preferred Brands
ADVAIR HFA INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands
ALBUTEROL TAB ER	-	Preferred Brands
ANORO ELLIPTA INHALER (QL= 60gm/30 days)	QL	Preferred Brands

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ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
BREO ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands
BREZTRI AEROSPHERE INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30 days)	QL	Preferred Brands
DULERA INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands
FLUTICASONE/VILANTEROL INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands
FLUTICASONE-SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands
SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands
STIOLTO INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands
TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Preferred Brands
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
METAPROTERENOL SYRUP	-	Select
terbutaline sulfate tab (BRETHINE equiv)	-	Select
XANTHINES		
ELIXOPHYLLIN ELIXIR	-	Preferred Brands
THEOPHYLLINE TAB ER (QL= 1 tab/day)	QL	Preferred Brands
theophylline CR tab (QUIBRON-T equiv)	-	Select
theophylline ER tab (UNIPHYL equiv)	-	Select
theophylline soln	-	Select
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	Select
DIRECT FACTOR XA INHIBITORS		
BEVYXXA CAP (QL= 43 caps/42 days)	PA-QL	Non-Preferred Brands
SAVAYSA TAB (QL= 1 tab/day; Step Therapy requires trial of ELIQUIS and XARELTO)	QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTICOAGULANTS Cont.		
ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days)	QL	Preferred Brands
ELIQUIS TAB 2.5MG (QL= 60 tabs/30 days)	QL	Preferred Brands
ELIQUIS TAB 5MG (QL= 74 tabs/30 days)	QL	Preferred Brands
XARELTO STARTER PACK 15MG/20MG (QL= 1 pack/30 days)	QL	Preferred Brands
XARELTO SUSP (QL= 10ml/day)	QL	Preferred Brands
XARELTO TAB 10MG (QL= 30 tabs/30 days)	QL	Preferred Brands
XARELTO TAB 15MG (QL= 60 tabs/30 days)	QL	Preferred Brands
XARELTO TAB 2.5MG (QL= 60 tabs/30 days)	QL	Preferred Brands
XARELTO TAB 20MG (QL= 30 tabs/30 days)	QL	Preferred Brands
HEPARINS AND HEPARINOID-LIKE AGENTS		
ENOXILUV KIT INJ	OTC	EXC
FRAGMIN INJ	-	Non-Preferred Brands
FRAGMIN INJ 10000 (QL= 10ml/30 days)	QL	Non-Preferred Brands
FRAGMIN INJ 12500 (QL= 5ml/30 days)	QL	Non-Preferred Brands
FRAGMIN INJ 15000 (QL= 6ml/30 days)	QL	Non-Preferred Brands
FRAGMIN INJ 18000 (QL= 7.2ml/30 days)	QL	Non-Preferred Brands
FRAGMIN INJ 2500 (QL= 2ml/30 days)	QL	Non-Preferred Brands
FRAGMIN INJ 5000 (QL= 2ml/30 days)	QL	Non-Preferred Brands
FRAGMIN INJ 7500 (QL= 3ml/30 days)	QL	Non-Preferred Brands
FRAGMIN INJ 95000 (QL= 7.6ml/30 days)	QL	Non-Preferred Brands
LOVENOX INJ	-	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTICOAGULANTS Cont.		
LOVENOX INJ 300MG	-	Non-Preferred Brands
ARIXTRA INJ 10MG/0.8ML	-	Non-Preferred Specialty
ARIXTRA INJ 2.5MG/0.5ML	-	Non-Preferred Specialty
ARIXTRA INJ 5MG/0.4ML	-	Non-Preferred Specialty
ARIXTRA INJ 7.5MG/0.6ML	-	Non-Preferred Specialty
enoxaparin inj (LOVENOX equiv)	-	Select
enoxaparin inj 300mg (LOVENOX equiv)	-	Select
fondaparinux inj 10mg/0.8ml (ARIXTRA equiv)	-	Select
fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv)	-	Select
fondaparinux inj 5mg/0.4ml (ARIXTRA equiv)	-	Select
fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv)	-	Select
heparin porcine inj	-	Select
IN VITRO/LOCK ANTICOAGULANTS		
DEFENCATH SOLN	-	EXC
THROMBIN INHIBITORS		
ARGATROBAN INJ	-	EXC
argatroban iv soln	-	EXC
BIVALIRUDIN INJ	-	EXC
BIVALIRUDIN SOLN RTU	-	EXC
PRADAXA CAP 75MG, 150MG (QL= 2 caps/day, Step therapy requires trial of Eliquis and Xarelto)	QL-ST	Non-Preferred Brands
PRADAXA PELLET PACK (QL= 2 packets/day)	QL	Non-Preferred Brands
dabigatran etexilate mesylate cap (PRADAXA equiv) (QL= 2 caps/day)	QL	Select
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands
FYCOMPA SUSP	-	Non-Preferred Brands
ANTICONVULSANTS - BENZODIAZEPINES		
diazepam rectal gel (QL= 1 pack/30 days)	QL	High Cost Generics

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ANTICONVULSANTS Cont.		
DIASTAT ACDL GEL (QL= 1 pack/30 days)	QL	Non-Preferred Brands
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 1 kit/30 days)	QL	Non-Preferred Brands
NAYZILAM SPRAY (QL= 4 units/fill, 5 fills/month; Step therapy requires trial of midazolam inj)	QL-ST	Non-Preferred Brands
ONFI SUSP (QL= 480ml/30 days)	QL	Non-Preferred Brands
ONFI TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
SYMPAZAN ORAL FILM	-	Non-Preferred Brands
VALTOCO NASAL SPRAY	-	Non-Preferred Brands
DIAZEPAM GEL 2.5MG (QL= 1 kit/30 days)	QL	Preferred Brands
DIAZEPAM RECTAL GEL (QL= 1 kit/30 days)	QL	Preferred Brands
clobazam susp (ONFI equiv) (QL= 480ml/30 days)	QL	Select
clobazam tab (ONFI equiv)	-	Select
clonazepam ODT (KLONOPIN equiv)	-	Select
clonazepam tab (KLONOPIN equiv)	-	Select
ANTICONVULSANTS - MISC.		
lacosamide iv inj (VIMPAT equiv)	-	EXC
VIMPAT INJ	-	EXC
rufinamide susp (BANZEL equiv) (QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	High Cost Generics
rufinamide tab (BANZEL equiv) (QL= 240 tabs/30 days; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	High Cost Generics
topiramate cap er 200mg (TROKENDI equiv) (QL= 2 caps/day; Step therapy requires trial of topiramate followed by topiramate ER sprinkle)	QL-ST	High Cost Generics
topiramate er cap (TROKENDI XR equiv) (QL= 1 cap/day; ST req trial of topirmate followed by topiramate ER sprinkle)	QL-ST	High Cost Generics
topiramate ER cap 100mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	High Cost Generics
topiramate ER cap 150mg (QUDEXY equiv) (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	High Cost Generics
topiramate ER cap 200mg (QUDEXY equiv) (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	High Cost Generics
topiramate ER cap 25mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	High Cost Generics
topiramate ER cap 50mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	High Cost Generics

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BANZEL SUSP (QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	Non-Preferred Brands
BANZEL TAB (QL= 8 tabs/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	Non-Preferred Brands
BRIVIACT SOLN 10MG/ML (QL= 600ml/30 days)	QL	Non-Preferred Brands
BRIVIACT TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
ELEPSIA XR TAB 1000MG (QL= 90 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab)	QL-ST	Non-Preferred Brands
ELEPSIA XR TAB 1500MG (QL= 60 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab)	QL-ST	Non-Preferred Brands
EPRONTIA SOLN (QL= 473ml/30 days; Step therapy requires trial of topiramate sprinkle caps)	QL-ST	Non-Preferred Brands
LAMICTAL ODT 100MG (QL= 3 tabs/day)	QL	Non-Preferred Brands
LAMICTAL ODT 200MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
LAMICTAL ODT 25MG (QL= 6 tabs/day)	QL	Non-Preferred Brands
LAMICTAL ODT 50MG (QL= 6 tabs/day)	QL	Non-Preferred Brands
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	Non-Preferred Brands
LAMICTAL XR TAB 100MG (QL= 3 tabs/day)	QL	Non-Preferred Brands
LAMICTAL XR TAB 200MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
LAMICTAL XR TAB 250MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
LAMICTAL XR TAB 25MG (QL= 6 tabs/day)	QL	Non-Preferred Brands
LAMICTAL XR TAB 300MG (QL= 2 tabs/day)	QL	Non-Preferred Brands

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

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
LAMICTAL XR TAB 50MG (QL= 6 tabs/day)	QL	Non-Preferred Brands
LYRICA CAP (Step Therapy required trial of gabapentin and pregabalin)	ST	Non-Preferred Brands
LYRICA SOLN (QL= 30ml/day; Step Therapy required trial of gabapentin and pregabalin)	QL-ST	Non-Preferred Brands
MOTPOLY XR CAP 100MG (QL= 1 cap/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap)	QL-ST	Non-Preferred Brands
MOTPOLY XR CAP 150MG (QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap)	QL-ST	Non-Preferred Brands
MOTPOLY XR CAP 200MG (QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap)	QL-ST	Non-Preferred Brands
OXTELLAR XR TAB 150MG (QL= 1 tab/day)	QL	Non-Preferred Brands
OXTELLAR XR TAB 300MG (QL= 1 tab/day)	QL	Non-Preferred Brands
OXTELLAR XR TAB 600MG (QL= 4 tabs/day)	QL	Non-Preferred Brands
QUDEXY XR CAP 100MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Preferred Brands
QUDEXY XR CAP 150MG (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Preferred Brands
QUDEXY XR CAP 200MG (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Preferred Brands
QUDEXY XR CAP 25MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Preferred Brands
QUDEXY XR CAP 50MG (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Non-Preferred Brands
SPRITAM TAB (Step Therapy requires trial of levetiracetam or levetiracetam ER)	ST	Non-Preferred Brands
TROKENDI XR CAP (QL= 1 cap/day; ST req trial of topirmate followed by topiramate ER sprinkle)	QL-ST	Non-Preferred Brands
TROKENDI XR CAP 200MG (QL= 2 caps/day; Step therapy requires trial of topiramate followed by topiramate ER sprinkle)	QL-ST	Non-Preferred Brands

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
VIMPAT SOLN (QL= 1200ml/30 days)	QL	Non-Preferred Brands
VIMPAT TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
ZONISADE SUSP (QL= 900ml/30 days)	QL	Non-Preferred Brands
DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	Non-Preferred Specialty
DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	Non-Preferred Specialty
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Preferred Specialty
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
APTIOM TAB (QL= 1 tab/day)	QL	Preferred Brands
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	Preferred Specialty
carbamazepine chew tab (TEGRETOL equiv)	-	Select
carbamazepine ER cap (CARBATROL equiv)	-	Select
carbamazepine ER tab (TEGRETOL XR equiv)	-	Select
carbamazepine susp (TEGRETOL equiv)	-	Select
carbamazepine tab (TEGRETOL equiv)	-	Select
gabapentin cap (NEURONTIN equiv)	-	Select
gabapentin tab (NEURONTIN equiv)	-	Select
lacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30 days)	QL	Select
lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day)	QL	Select
lamotrigine chew tab (LAMICTAL equiv)	-	Select
lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day)	QL	Select
lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select
lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Select
lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Select
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 ODT 100mg (LAMICTAL equiv) (QL= 3 tabs/day)	QL	Select
lamotrigine ODT 200mg (LAMICTAL equiv) (QL= 2 tabs/day)	QL	Select
lamotrigine ODT 25mg (LAMICTAL equiv) (QL= 6 tabs/day)	QL	Select
lamotrigine ODT 50mg (LAMICTAL equiv) (QL= 6 tabs/day)	QL	Select
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	Select
lamotrigine tab (LAMICTAL equiv)	-	Select
levetiracetam ER tab (KEPPRA XR equiv)	-	Select
levetiracetam soln (KEPPRA equiv)	-	Select

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VAC	Vaccine Program				

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

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	Generic Specialty
vigabatrin tab (SABRIL equiv) (QL= 6 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Generic Specialty
GABITRIL TAB 12MG (QL= 4 tabs/day)	QL	Non-Preferred Brands
GABITRIL TAB 16MG (QL= 3 tabs/day)	QL	Non-Preferred Brands
GABITRIL TAB 2mg (QL= 4 tabs/day)	QL	Non-Preferred Brands
GABITRIL TAB 4MG (QL= 4 tabs/day)	QL	Non-Preferred Brands
SABRIL POWDER PACK (QL= 6 packs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
SABRIL TAB (QL= 6 tabs/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
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
PEGANONE TAB	-	Non-Preferred Brands
DILANTIN CAP 30MG	-	Preferred Brands
phenytoin cap (DILANTIN equiv)	-	Select
phenytoin chew tab (DILANTIN equiv)	-	Select
phenytoin susp (DILANTIN equiv)	-	Select
SUCCINIMIDES		
methsuximide cap (CELONTIN equiv) (QL= 4 caps/day; ST requires trial of ethosuximide tab/soln)	QL-ST	High Cost Generics
CELONTIN CAP (QL= 4 caps/day; ST requires trial of ethosuximide tab/soln)	QL-ST	Non-Preferred Brands
ethosuximide cap (ZARONTIN equiv)	-	Select
ethosuximide soln (ZARONTIN equiv)	-	Select
VALPROIC ACID		
STAVZOR CAP	-	Non-Preferred Brands
divalproex ER tab (DEPAKOTE ER equiv)	-	Select

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
divalproex sodium DR tab (DEPAKOTE equiv)	-	Select
divalproex sprinkle cap (DEPAKOTE equiv)	-	Select
valproic acid cap (DEPAKENE equiv)	-	Select
valproic acid syrup (DEPAKENE equiv)	-	Select
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	Select
mirtazapine tab (REMERON equiv)	-	Select
ANTIDEPRESSANT COMBINATIONS		
AUVELITY TAB (QL= 60 tabs/30 days; ST req trial of 4 (citalopram, escitalopram, fluoxetine cap/tab, fluvoxamine, paroxetine IR/ER, sertraline, desvenlafaxine ER, venlafaxine IR/ER, bupropion, mirtazapine) followed by vilazodone)	QL-ST	Non-Preferred Brands
ANTIDEPRESSANTS - MISC.		
APLENZIN TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands
FORFIVO XL TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred Brands
bupropion ER tab (WELLBUTRIN equiv)	-	Select
bupropion tab (WELLBUTRIN equiv)	-	Select
bupropion XL tab (WELLBUTRIN XL equiv)	-	Select
MAPROTILINE TAB	-	Select
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAP 20MG (QL= 28 caps/14 days, 1 fill/365 days)	PA-QL	Non-Preferred Brands
ZURZUVAE CAP 25MG (QL= 28 caps/14 days, 1 fill/365 days)	PA-QL	Non-Preferred Brands
ZURZUVAE CAP 30MG (QL= 14 caps/14 days, 1 fill/365 days)	PA-QL	Non-Preferred Brands
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM PATCH	-	Non-Preferred Brands
MARPLAN TAB (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred Brands
NARDIL TAB 15MG (QL= 4 tabs/day)	QL	Non-Preferred Brands
PHENELZINE SULFATE TAB (QL= 4 tabs/day)	QL	Select
phenelzine tab (NARDIL equiv)	-	Select
tranylcypromine tab (PARNATE equiv)	-	Select
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
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)		
fluoxetine tab 60mg	-	High Cost Generics
FLUOXETINE TAB 60MG (Step Therapy requires trial of fluoxetine cap, fluoxetine tab or fluoxetine weekly cap)	--ST	High Cost Generics
fluvoxamine ER cap (LUVOX CR equiv) (QL= 2 caps/day)	QL	High Cost Generics
paroxetine ER tab (PAXIL CR equiv)	-	High Cost Generics
paroxetine oral susp (PAXIL equiv) (QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	High Cost Generics
CITALOPRAM CAP (QL= 1 cap/day; Step therapy requires trial of citalopram tab)	QL-ST	Non-Preferred Brands
PAXIL ORAL SUSP (QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands
PEXEVA TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands
SERTRALINE CAP (QL= 30 caps/30 days; Step therapy requires trial of sertraline tab)	QL-ST	Non-Preferred Brands
PROZAC WEEKLY CAP	-	Preferred Brands
citalopram soln (CELEXA equiv)	-	Select
escitalopram soln (LEXAPRO equiv)	-	Select
fluoxetine cap 90mg (QL= 4 caps/28 days)	QL	Select
fluvoxamine tab (LUVOX equiv)	-	Select
paroxetine tab (PAXIL equiv)	-	Select
citalopram tab (CELEXA equiv)	-	Value
escitalopram tab (LEXAPRO equiv)	-	Value
fluoxetine cap (PROZAC equiv)	-	Value
fluoxetine soln (PROZAC equiv)	-	Value
fluoxetine tab 10mg, 20mg (PROZAC equiv)	-	Value
sertraline conc (ZOLOFT equiv)	-	Value
sertraline tab (ZOLOFT equiv)	-	Value
SEROTONIN MODULATORS		
vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox)	QL-ST	High Cost Generics
TRINTELLIX TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands
VIIBRYD STARTER KIT (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred Brands

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ANTIDEPRESSANTS Cont.		
VIIBRYD TAB (QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox)	QL-ST	Non-Preferred Brands
NEFAZODONE TAB	-	Select
nefazodone tab 50mg, 250mg	-	Select
trazodone tab 50mg, 100mg, 150mg (DESYREL equiv)	-	Select
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
duloxetine cap 40mg (IRENKA equiv) (QL= 2 caps/day)	QL	High Cost Generics
venlafaxine ER tab	-	High Cost Generics
CYMBALTA CAP 20MG (QL= 6 caps/day)	QL	Non-Preferred Brands
CYMBALTA CAP 30MG (QL= 4 caps/day)	QL	Non-Preferred Brands
CYMBALTA CAP 60MG (QL= 2 caps/day)	QL	Non-Preferred Brands
DESVENLAFAXINE ER TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands
DRIZALMA DR CAP	-	Non-Preferred Brands
FETZIMA CAP (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands
FETZIMA TITRATION PACK (QL= 1 cap/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands
PRISTIQ TAB (QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Non-Preferred Brands
VENLAFAXINE TAB (QL= 2 tabs/day; Step therapy requires trial of venlafaxine ER HCL cap/tab)	QL-ST	Non-Preferred Brands
VENLAFAXINE ER TAB	-	Preferred Brands
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day)	QL	Select
duloxetine EC cap 20mg (QL= 6 caps/day)	QL	Select
duloxetine EC cap 30mg (QL= 4 caps/day)	QL	Select
duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day)	QL	Select
venlafaxine ER cap (EFFEXOR XR equiv)	-	Select
venlafaxine tab (EFFEXOR equiv)	-	Select
TRICYCLIC AGENTS		
imipramine pamoate cap (TOFRANIL PM equiv)	-	High Cost Generics

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
SURMONTIL CAP (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Non-Preferred Brands
amoxapine tab (QL= 4 tabs/day)	QL	Select
clomipramine cap (ANAFRANIL equiv)	-	Select
desipramine tab (NORPRAMIN equiv)	-	Select
doxepin cap (SINEQUAN equiv) (QL= 2 tabs/day)	QL	Select
doxepin conc (SINEQUAN equiv)	-	Select
imipramine tab (TOFRANIL equiv)	-	Select
nortriptyline cap (PAMELOR equiv)	-	Select
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	Select
protriptyline tab (VIVACTIL equiv)	-	Select
trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Select
amitriptyline tab (ELAVIL equiv)	-	Value
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
MIGLITOL TAB	-	High Cost Generics
miglitol tab (MIGLITOL equiv)	-	High Cost Generics
acarbose tab (PRECOSE equiv)	-	Select
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN INJ 120 (QL= 11ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart)	QL-ST	Non-Preferred Brands
SYMLINPEN INJ 60 (QL= 6ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart)	QL-ST	Non-Preferred Brands
ANTIDIABETIC - CELLULAR THERAPY		
LANTIDRA INJ	-	EXC
ANTIDIABETIC COMBINATIONS		
pioglitazone/glimepiride tab (DUETACT equiv) (Step Therapy requires trial of metformin or metformin ER)	ST	High Cost Generics
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv) (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto)	QL-ST	High Cost Generics
ACTOPLUS MET TAB	-	Non-Preferred Brands
ACTOPLUS MET XR TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands
ALOGLIPTIN/METFORMIN TAB (QL= 2 tabs/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto)	QL-ST	Non-Preferred Brands
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands

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

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
ALOGLIPTIN/PIOGLITAZONE TAB (QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands
DUETACT TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands
INVOKAMET TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred Brands
INVOKAMET XR TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred Brands
JANUMET TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands
JANUMET XR TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands
KOMBIGLYZE XR TAB (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto)	QL-ST	Non-Preferred Brands
PRANDIMET TAB	-	Non-Preferred Brands
QTERN TAB	-	Non-Preferred Brands
SEGLUROMET TAB (QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, o SYNJARDY XR)	QL-ST	Non-Preferred Brands
SOLIQUA INJ (QL= 18ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Preferred Brands
STEGLUJAN TAB (Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	ST	Non-Preferred Brands
TRIJARDY XR TAB 10-5-1000MG (QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Preferred Brands
TRIJARDY XR TAB 12.5-2.5-1000MG (QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Preferred Brands
TRIJARDY XR TAB 25-5-1000MG (QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Preferred Brands
TRIJARDY XR TAB 5-2.5-1000MG (QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Non-Preferred Brands

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
XULTOPHY INJ (QL= 15ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMPIC)	QL-ST	Non-Preferred Brands
GLYXAMBI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Preferred Brands
JENTADUETO TAB (QL= 2 tabs/day)	QL	Preferred Brands
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	Preferred Brands
REPAGLINIDE TAB	-	Preferred Brands
SYNJARDY TAB (QL= 2 tabs/day)	QL	Preferred Brands
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	Preferred Brands
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	Preferred Brands
XIGDUO XR TAB (QL= 1 tab/day)	QL	Preferred Brands
XIGDUO XR TAB 2.5-1000MG (QL= 2 tabs/day)	QL	Preferred Brands
XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day)	QL	Preferred Brands
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	Preferred Brands
glipizide/metformin tab (METAGLIP equiv)	-	Select
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	Select
glyburide/metformin tab (GLUCOVANCE equiv)	-	Value
ANTIDIABETIC-ANTIBODIES		
TZIELD INJ	-	EXC
BIGUANIDES		
metformin ER osmotic tab (FORTAMET equiv)	-	High Cost Generics
metformin ER osmotic tab (GLUMETZA equiv) (Step Therapy requires trial of metformin or metformin ER)	--ST	High Cost Generics
metformin soln (RIOMET equiv)	-	High Cost Generics
FORTAMET TAB	-	Non-Preferred Brands
GLUMETZA TAB 1000MG (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands
GLUMETZA TAB 500MG (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands
METFORMIN TAB (QL= 4 tabs/day; ST req trial of metformin IR (generic Glucophage) 500mg, 850mg, or 1000mg tab AND metformin ER)	QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
RIOMET ER SUSP (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands
metformin ER tab (GLUCOPHAGE XR equiv)	-	Value
metformin tab (GLUCOPHAGE equiv)	-	Value
DIABETIC OTHER		
glucose chew tab	OTC	EXC
mifepristone tab (KORLYM equiv) (Ql= 4 tabs/day; Only available through Korlym SPARK program (855-456-7596))	LD-PA-QL	Generic Specialty
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	Non-Preferred Brands
GLUCAGON KIT (QL= 2 inj/fill, 2 fills/month; ST req trial of GLUCAGEN HYPOKIT)	QL-ST	Non-Preferred Brands
KORLYM TAB (QL= 4 tabs/day; Only available through Korlym SPARK program (855-456-7596))	LD-PA-QL	Non-Preferred Specialty
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/month)	QL	Preferred Brands
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferred Brands
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	Preferred Brands
GVOKE INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferred Brands
GVOKE INJ KIT (QL= 2 vials/fill, 2 fills/30 days)	QL	Preferred Brands
GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month)	QL	Preferred Brands
diazoxide susp (PROGLYCEM equiv)	-	Select
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
saxagliptin hcl tab (ONGLYZA equiv) (QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	High Cost Generics
ALOGLIPTIN TAB (QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto)	QL-ST	Non-Preferred Brands
ALOGLIPTIN TAB, NESINA TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands
JANUVIA TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands
ONGLYZA TAB (QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands
ZITUVIO TAB (QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Non-Preferred Brands
TRADJENTA TAB (QL= 1 tab/day)	QL	Preferred Brands

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB (Step Therapy requires trial of metformin or metformin ER)	ST	Non-Preferred Brands
INCRETIN MIMETIC AGENTS		
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred Brands
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
ADLYXIN INJ (QL= 6ml/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands
BYDUREON INJ (QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands
BYDUREON PEN INJ (QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands
BYETTA INJ (QL= 1 pen/30 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnos Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands
MOUNJARO INJ (QL= 2ml/28 days)	QL-RDX-ST	Non-Preferred Brands
RYBELSUS TAB (QL= 1 tab/day; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnosi Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	Non-Preferred Brands
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred Brands
TRULICITY INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred Brands
VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Preferred Brands
INSULIN		
ADMELOG INJ, INSULIN LISPRO INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR	QL-ST	Non-Preferred Brands
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) (QL= 60 units/30 days; Step Therapy requires trial NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands
AFREZZA INH POWDER (QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands
AFREZZA INH POWDER (QL= 360 inhalations/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands
AFREZZA INH POWDER (QL= 630 inhalations/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
APIDRA INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands
APIDRA SOLOSTAR INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands
BASAGLAR INJ (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Non-Preferred Brands
BASAGLAR KWIKPEN (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Non-Preferred Brands
BASAGLAR TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo)	QL-ST	Non-Preferred Brands
HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands
HUMALOG KWIKPEN INJ (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands
HUMALOG KWIKPEN INJ (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands
HUMALOG KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands
HUMALOG MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands
HUMALOG PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands
HUMALOG TEMPO PEN INJ 100UNIT/ML (QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Non-Preferred Brands
HUMULIN MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands
HUMULIN MIX PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands
HUMULIN N INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands
HUMULIN N PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Non-Preferred Brands

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

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

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
INVOKANA TAB (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR)	QL-ST	Non-Preferred Brands
STEGLATRO TAB (QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA TAB, XIGDUO XR TAB, JARDIANCE TAB, SYNJARDY TAB, or SYNJARDY XR TAB)	QL-ST	Non-Preferred Brands
FARXIGA TAB (QL= 1 tab/day)	QL	Preferred Brands
JARDIANCE TAB (QL= 1 tab/day)	QL	Preferred Brands
SULFONYLUREAS		
GLIPIZIDE TAB (QL= 30 tabs/30 days; Step req trial of 3 of: glipizide IR tabs (5mg, 10mg), glipizide ER, glimepiride, glyburide)	QL-ST	Non-Preferred Brands
TOLBUTAMIDE TAB	-	Preferred Brands
GLYBURID MCR TAB	-	Select
tolazamide tab (TOLINASE equiv)	-	Select
glimepiride tab (AMARYL equiv)	-	Value
glipizide ER tab (GLUCOTROL XL equiv)	-	Value
glipizide tab (GLUCOTROL equiv)	-	Value
glyburide tab (MICRONASE equiv)	-	Value
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
BISMUTH SUBSALICYLATE CAP	-	EXC
BISMUTH SUBSALICYLATE TAB	OTC	EXC
S. BOULARDII CAP PROBIOTIC	-	EXC
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
FRUCTOOLIGOSACCHARIDES (FOS)-INULIN POWDER	OTC	EXC
ANTIPERISTALTIC AGENTS		
ANTI-DIARRHEA LIQ	-	EXC
loperamide hcl soln	-	EXC
LOPERAMIDE SOLN	-	EXC
DIPHENOXYLATE/ATROPINE LIQUID	-	Preferred Brands
ANTIDIARRHEALS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TAB	-	Non-Preferred Brands
ANTIDIARRHEAL AGENTS - MISC.		
VSL #3 CAP	-	Non-Preferred Brands
REZYST CHEW TAB	-	Select
ANTIPERISTALTIC AGENTS		
opium tincture	-	EXC

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

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DrugName	Special Code	Tier
ANTIDIARRHEALS Cont.		
MOTOFEN TAB	-	Non-Preferred Brands
PAREGORIC TINCTURE	-	Non-Preferred Brands
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		
CHEMET CAP	-	Non-Preferred Brands
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Preferred Specialty
OPIOID ANTAGONISTS		
EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY)	ST	Non-Preferred Brands
VIVITROL INJ	AMSP	Preferred Specialty
naltrexone tab (REVIA equiv)	-	Select
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox granules packet (JADENU equiv)	AMSP-PA	Generic Specialty
deferasirox tab (EXJADE equiv)	AMSP-PA	Generic Specialty
deferasirox tab 90mg, 360mg (JADENU equiv)	AMSP-PA	Generic Specialty
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Generic Specialty
deferiprone tab 1000mg (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Generic Specialty
FERRIPROX 2 DAY TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Preferred Specialty
FERRIPROX TAB 1000MG (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Preferred Specialty
FERRIPROX TAB 500MG (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	Non-Preferred Specialty

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DrugName	Special Code	Tier
ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.		
JADENU SPRINKLE	AMSP-PA	Non-Preferred Specialty
ANTIDOTES AND SPECIFIC ANTAGONISTS		
PROVAYBLUE INJ	-	EXC
CETYLEV TAB	-	Non-Preferred Brands
OPIOID ANTAGONISTS		
EVZIO INJ (Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY)	ST	Non-Preferred Brands
ZIMHI SOLN (QL= 2 syringes/fill, 2 fills/30 days; Step therapy requires trial of 2: naloxone nasal spray, naloxone inj)	QL-ST	Non-Preferred Brands
KLOXXADO NASAL SPRAY	-	Preferred Brands
OPVEE NASAL SPRAY	-	Preferred Brands
naloxone hcl nasal spray (NARCAN equiv)	-	Select
naloxone inj	-	Select
NALOXONE NASAL SPRAY	-	Select
naloxone prefilled inj	-	Select
NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fills/month)	--QL	Select
NARCAN HCL SPRAY (OTC)	OTC	Select
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
PALONOSETRON INJ	-	EXC
ANZEMET TAB (QL= 1 tab/30 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Preferred Brands
GRANISOL SOLN (QL= 60ml/30 days)	QL	Non-Preferred Brands
KYTRIL TAB (QL= 8 tabs/30 days)	QL	Non-Preferred Brands
SANCUSO PATCH (QL= 4 patches/28 days; Step Therapy requires trial of granisetron)	QL-ST	Non-Preferred Brands
ZOFRAN SOLN (QL= 50ml/fill, 1 fill/15 days)	QL	Non-Preferred Brands
ZUPLENZ SL FILM (Step Therapy requires trial of ondansetron)	ST	Non-Preferred Brands
granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days)	QL	Select
ondansetron ODT (ZOFRAN equiv)	-	Select
ondansetron soln (ZOFRAN equiv) (QL= 50ml/fill, 1 fill/15 days)	QL	Select

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DrugName	Special Code	Tier
ANTIEMETICS Cont.		
ONDANSETRON TAB	-	Select
ondansetron tab (ZOFRAN equiv)	-	Select
ANTIEMETICS - ANTICHOLINERGIC		
ANTIVERT TAB, MECLIZINE TAB	OTC	EXC
meclizine tab (ANTIVERT equiv) (Rx Only)	OTC	EXC
TRANSDERM-SCOP PATCH (QL= 10 patches/30 days)	QL	Non-Preferred Brands
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 Brands
CESAMET CAP (Step Therapy requires trial of ondansetron)	ST	Non-Preferred Brands
DICLEGIS TAB (QL= 120 tabs/30 days)	QL	Non-Preferred Brands
MARINOL CAP (QL= 2 caps/day)	QL	Non-Preferred Brands
SYNDROS SOLN (QL= 60ml/30 days)	QL	Non-Preferred Brands
doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days)	QL	Select
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	QL	Select
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
APONVIE INJ	-	EXC
EMEND CAP 125MG (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Preferred Brands
EMEND CAP 40MG (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Preferred Brands
EMEND CAP 80MG (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Non-Preferred Brands
EMEND PAK (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron)	QL-ST	Non-Preferred Brands
EMEND SUSP (QL= 3 doses/fill, 2 fills/month)	QL	Non-Preferred Brands
VARUBI TAB (QL= 2 tabs/day; Step Therapy requires trial of ondansetron)	QL-ST	Preferred Brands
aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Select
aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Select

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DrugName	Special Code	Tier
ANTIEMETICS Cont.		
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		
REZZAYO IV SOLN	-	EXC
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
BREXAFEMME TAB (QL= 4 tabs/day, 2 fills/month; Step therapy requires trial of oral fluconazole)	QL-ST	Non-Preferred Brands
ANTIFUNGALS		
AMBISOME INJ	-	EXC
amphotericin b liposome iv for susp (AMBISOME equiv)	-	EXC
griseofulvin micro tab (GRIFULVIN V equiv)	-	High Cost Generics
griseofulvin tab (GRIS-PEG equiv)	-	High Cost Generics
flucytosine cap (ANCOBON equiv)	-	Select
griseofulvin susp (GRIFULVIN equiv)	-	Select
nystatin powder	-	Select
nystatin tab	-	Select
terbinafine tab (LAMISIL equiv)	-	Select
IMIDAZOLE-RELATED ANTIFUNGALS		
NOXAFIL INJ	-	EXC
posaconazole iv soln (NOXAFIL equiv)	-	EXC
VORICONAZOLE INJ	-	EXC
itraconazole soln (SPORANOX equiv)	-	High Cost Generics
posaconazole DR tab (NOXAFIL equiv) (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND)	QL-ST	High Cost Generics
posaconazole susp (NOXAFIL equiv) (Step therapy requires trial of fluconazole, itraconazole or voriconazole)	ST	High Cost Generics
CRESEMBA CAP 186MG (QL= 72 caps/30 days; Step therapy requires trial of voriconazole and posaconazole)	QL-ST	Non-Preferred Brands
CRESEMBA CAP 74.5MG (QL= 180 caps/30 days; Step therapy requires trial of two: voriconazole and posaconazole)	QL-ST	Non-Preferred Brands
NOXAFIL PAK (QL= 31 packets/30 days; Step Therapy requires trial of 1: fluconazole tab, fluconazole susp, itraconazole cap, itraconazole soln, voriconazole susp, or voriconazole tab)	QL-ST	Non-Preferred Brands
NOXAFIL SUSP (Step therapy requires trial of fluconazole, itraconazole or voriconazole)	ST	Non-Preferred Brands
NOXAFIL TAB (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND)	QL-ST	Non-Preferred Brands
SPORANOX SOLN	-	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTIFUNGALS Cont.		
TOLSURA CAP (QL= 4 caps/day; Step Therapy requires trial of itraconazole)	QL-ST	Non-Preferred Brands
VIVJOA CAP (QL= 18 capsules/84 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
fluconazole susp (DIFLUCAN equiv)	-	Select
fluconazole tab (DIFLUCAN equiv)	-	Select
itraconazole cap (SPORANOX equiv)	-	Select
ketoconazole tab (NIZORAL equiv)	-	Select
voriconazole susp (VFEND equiv)	-	Select
voriconazole tab (VFEND equiv)	-	Select
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
PEDIACLEAR PD LIQUID	OTC	EXC
RYCLORA SOLN	-	EXC
triprolidine hcl liquid (PEDIACLEAR equiv)	OTC	EXC
MICLARA LIQUID	-	Non-Preferred Brands
ANTIHISTAMINES - ETHANOLAMINES		
clemastine fumarate syrup (CLEMASTINE equiv)	OTC	EXC
clemastine tab	-	EXC
KARBINAL ER SUSP (QL= 960ml/30 days)	QL	Non-Preferred Brands
RYVENT TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands
CARBINOXAMINE SOLN (QL= 40ml/day)	QL	Select
carbinoxamine tab (PALGIC equiv) (QL= 240 tabs/30 days)	QL	Select
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	Select
diphenhydramine inj	-	Select
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl orally disintegrating tab (ZYRTEC equiv)	OTC	EXC
CLARINEX SYRUP	-	EXC
CLARINEX TAB	-	EXC
CLARITIN CAP	OTC	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
XYZAL SOLN	OTC	EXC
ZYRTEC CHILD CHEW ALLERGY	-	EXC
ZYRTEC CHILD CHEW TAB	-	EXC

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DrugName	Special Code	Tier
ANTIHISTAMINES Cont.		
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 Brands
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day)	QL	High Cost Generics
EZETIMIBE/ATORVASTATIN TAB (QL= 1 tab/day; Step therapy requires trial of atorvastatin and ezetimibe)	QL-ST	Non-Preferred Brands
NEXLIZET TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands
ROSZET TAB (QL= 30 tabs/30 days; Step Therapy requires trial of rosuvastatin and ezetimibe)	QL-ST	Non-Preferred Brands
VYTORIN TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
ANTIHYPERLIPIDEMICS - MISC.		
LOVAZA CAP (QL= 4 caps/day)	QL	Non-Preferred Brands
VASCEPA CAP 0.5GM (QL= 2 caps/day)	QL	Non-Preferred Brands
VASCEPA CAP 1GM (QL= 4 caps/day)	QL	Non-Preferred Brands
KYNAMRO INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
icosapent ethyl cap 0.5gm (VASCEPA equiv) (QL= 2 caps/day)	QL	Select
icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day)	QL	Select
omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day)	QL	Select
BILE ACID SEQUESTRANTS		

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ANTIHYPERLIPIDEMICS Cont.		
colesevelam pack (WELCHOL equiv) (Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol)	ST	High Cost Generics
WELCHOL PACK	-	Non-Preferred Brands
WELCHOL TAB	-	Non-Preferred Brands
cholestyramine lite powder (QUESTRAN LITE equiv)	-	Select
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	Select
cholestyramine powder (QUESTRAN equiv)	-	Select
cholestyramine powder pack (QUESTRAN equiv)	-	Select
colesevelam tab (WELCHOL equiv)	-	Select
colestipol granule (COLESTID equiv)	-	Select
colestipol powder packet (COLESTID equiv)	-	Select
colestipol tab (COLESTID equiv)	-	Select
FIBRIC ACID DERIVATIVES		
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	High Cost Generics
ANTARA CAP (QL= 2 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130))	QL-ST	Non-Preferred Brands
ANTARA CAP 30MG, FENOFIBRATE MICRONIZED CAP 30MG (QL= 2 caps/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg)	QL-ST	Non-Preferred Brands
ANTARA CAP 90MG, FENOFIBRATE MICRONIZED CAP 90MG (QL= 1 cap/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg)	QL-ST	Non-Preferred Brands
FENOFIBRATE CAP (QL= 3 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130))	QL-ST	Non-Preferred Brands
FENOFIBRATE MICRO CAP 90MG (QL= 2 caps/day; ST req trial of 2: fenofibrate tab (Tricor) or fenofibrate cap (Lofibra))	QL-ST	Non-Preferred Brands
FENOFIBRIC TAB, FIBRICOR TAB	-	Non-Preferred Brands
TRIGLIDE TAB	-	Non-Preferred Brands
TRILIPIX CAP	-	Non-Preferred Brands
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	Preferred Brands
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	Select
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	Select
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	Select
fenofibric acid DR cap (TRILIPIX equiv)	-	Select
gemfibrozil tab (LOPID equiv)	-	Select

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ANTIHYPERLIPIDEMICS Cont.

HMG COA REDUCTASE INHIBITORS

DrugName	Special Code	Tier
pitavastatin calcium tab (LIVALO equiv) (QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs)	QL-ST	High Cost Generics
ADVICOR TAB 1000-20MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
ADVICOR TAB 500-20MG, 1000-40MG (QL= 1 tab/day)	QL	Non-Preferred Brands
ADVICOR TAB 750-20MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
ALTOPREV TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
ATORVALIQ SUSP (QL = 600ml/30 days; Step therapy requires trial of 2: atorvastatin tab, rosuvastatin tab or simvastatin tab)	QL-ST	Non-Preferred Brands
CRESTOR TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin tab or rosuvastatin tab)	QL-ST	Non-Preferred Brands
EZALLOR SPRINKLE CAP (QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, rosuvastatin, or simvastatin)	QL-ST	Non-Preferred Brands
FLOLIPID SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Non-Preferred Brands
LESCOL CAP (QL= 2 caps/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab.)	QL-ST	Non-Preferred Brands
LESCOL XL TAB (QL= 1 tab/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab.)	QL-ST	Non-Preferred Brands
LIPITOR TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
LIVALO TAB (QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs)	QL-ST	Non-Preferred Brands
PRAVACHOL TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
SIMCOR TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
ZOCOR TAB 5MG, 10MG, 20MG, 40MG (QL= 1 tab/day)	QL	Non-Preferred Brands
ZOCOR TAB 80MG (QL= 1 tab/day)	PA-QL	Non-Preferred Brands

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

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DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
ZYPITAMAG TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	Non-Preferred Brands
SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Preferred Brands
atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
fluvastatin cap (LESCOL equiv) (QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventive
fluvastatin ER tab (LESCOL XL equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventive
lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	PA-QL	Preventive
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ZETIA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
ezetimibe tab (ZETIA equiv) (QL= 1 tab/day)	QL	Select
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv)	-	High Cost Generics
NIACOR TAB	-	Non-Preferred Brands
NIASPAN ER TAB	-	Non-Preferred Brands
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO SOLN	-	EXC
PRALUENT INJ (QL= 2 inj/28 days)	PA-QL	Non-Preferred Brands
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	Preferred Brands
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	Preferred Brands
ANTIHYPERTENSIVES		

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ANTIHYPERTENSIVES Cont.

DrugName	Special Code	Tier
ACE INHIBITORS		
captopril tab (CAPOTEN equiv) (Step Therapy requires trial of 2 angiotensin-converting enzyme (ACE) inhibitors)	ST	High Cost Generics
enalapril maleate oral soln (EPANED equiv) (QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab)	QL-ST	High Cost Generics
EPANED SOLN (QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab)	QL-ST	Non-Preferred Brands
PERINDOPRIL TAB	-	Non-Preferred Brands
QBRELIS SOLN	-	Non-Preferred Brands
benazepril tab (LOTENSIN equiv)	-	Select
fosinopril tab (MONOPRIL equiv)	-	Select
moexipril tab (UNIVASC equiv)	-	Select
perindopril tab (ACEON equiv)	-	Select
quinapril tab (ACCUPRIL equiv)	-	Select
ramipril cap (ALTACE equiv)	-	Select
trandolapril tab (MAVIK equiv)	-	Select
enalapril tab (VASOTEC equiv)	-	Value
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	Value
AGENTS FOR PHEOCHROMOCYTOMA		
metyrosine cap (DEMSER equiv) (QL= 448 caps/28 days)	PA-QL	High Cost Generics
phenoxybenzamine cap (DIBENZYLINE equiv)	-	High Cost Generics
DEMSER CAP (QL= 448 caps/28 days)	PA-QL	Non-Preferred Brands
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands
EDARBI TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands
MICARDIS TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands
VALSARTAN SOLN (QL= 2400ml/30 days)	QL	Preferred Brands
candesartan tab (ATACAND equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Select
irbesartan tab (AVAPRO equiv)	-	Select
olmesartan tab (BENICAR equiv)	-	Select
telmisartan tab (MICARDIS equiv)	-	Select
valsartan tab (DIOVAN equiv)	-	Select

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
losartan tab (COZAAR equiv)	-	Value
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine patch (CATAPRES-TTS equiv)	-	High Cost Generics
CATAPRES-TTS PATCH	-	Non-Preferred Brands
NEXICLON XR TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands
METHYLDOPA TAB	-	Preferred Brands
clonidine tab (CATAPRES equiv)	-	Select
doxazosin tab (CARDURA equiv)	-	Select
guanfacine IR tab (TENEX equiv)	-	Select
methyldopa tab (ALDOMET equiv)	-	Select
prazosin cap (MINIPRESS equiv)	-	Select
terazosin cap (HYTRIN equiv)	-	Select
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) (QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ)	QL-ST	High Cost Generics
telmisartan/amlodipine tab (TWYNSTA equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	High Cost Generics
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	High Cost Generics
telmisartan/hydrochlorothiazide tab 40-12.5MG (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	High Cost Generics
telmisartan/hydrochlorothiazide tab 80-25MG (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	High Cost Generics
ACCURETIC TAB	-	Non-Preferred Brands
ATACAND HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands
AZOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands
BENICAR HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, olmesartan, or valsartan)	ST	Non-Preferred Brands
BYVALSON TAB	-	Non-Preferred Brands
DUTOPROL TAB (QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers)	QL-ST	Non-Preferred Brands
EDARBYCLOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands

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ANTIHYPERTENSIVES Cont.		
EXFORGE HCT TAB (QL= 1 tab/day; Step therapy requires trial of 2: valsartan/HCTZ tab and amlodipine tab)	QL-ST	Non-Preferred Brands
MICARDIS HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands
PRESTALIA TAB (Step Therapy requires trial of 2: amlodipine, angiotensin-converting enzyme (ACE) inhibitor)	ST	Non-Preferred Brands
TARKA TAB	-	Non-Preferred Brands
TEKTURNA HCT TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands
TELMISARTAN/AMLODIPINE TAB (QL= 1 tab/day; Step therapy requires trial of amlodpine-olmesartan OR amlodipine-valsartan)	QL-ST	Non-Preferred Brands
TRANDOLAPRIL/VERAPAMIL ER TAB 2-180MG, 4-240MG	-	Non-Preferred Brands
TRANDOLAPRIL/VERAPAMIL ER TAB 2-240MG	-	Non-Preferred Brands
TRIBENZOR TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands
TWYNSTA TAB (Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan)	ST	Non-Preferred Brands
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug)	ST	Preferred Brands
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	Preferred Brands
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	-	Preferred Brands
amlodipine/benazepril cap (LOTREL equiv)	-	Select
amlodipine/olmesartan tab (AZOR TAB equiv)	-	Select
amlodipine/valsartan tab (EXFORGE equiv)	-	Select
atenolol/chlorthalidone tab (TENORETIC equiv)	-	Select
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	Select
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Select
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	Select
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	Select
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	Select
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	Select
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	Select
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	Select
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	Select

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
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/HCTZ TAB	-	Select
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	Select
trandolapril/verapamil ER tab (TARKA equiv)	-	Select
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	Select
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	Value
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	Value
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	Value
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	Value
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB	AMSP-PA	Non-Preferred Specialty
DIRECT RENIN INHIBITORS		
aliskiren tab (TEKTURNA equiv) (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB))	ST	High Cost Generics
TEKTURNA TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB))	ST	Non-Preferred Brands
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv)	-	Select
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	Select
minoxidil tab (LONITEN equiv)	-	Select
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
BACITRACIN INJ	-	EXC
FIRST METRONIDAZOLE SUSP	-	EXC
metronidazole cap (FLAGYL equiv)	-	High Cost Generics
pentamidine neb soln (NEBUPENT equiv)	-	High Cost Generics
AEMCOLO TAB (QL= 12 tabs/fill, 2 fills/month)	QL	Non-Preferred Brands
XIFAXAN TAB 200MG (QL= 9 tabs/fill, 2 fills/month)	PA-QL	Non-Preferred Brands
XIFAXAN TAB 550MG (QL= 2 tabs/day)	PA-QL	Non-Preferred Brands
LIKMEZ SUSP (QL= 210ml/14 days)	QL	Preferred Brands
PRIMSOL SOLN	-	Preferred Brands

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DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
TRIMETHOPRIM TAB	-	Preferred Brands
IMPAVIDO CAP (QL= 3 caps/day)	AMSP-QL	Preferred Specialty
metronidazole tab (FLAGYL equiv)	-	Select
tinidazole tab (TINDAMAX equiv)	-	Select
trimethoprim tab (PROLOPRIM equiv)	-	Select
ANTI-INFECTIVE MISC. - COMBINATIONS		
methenamine-sodium salicylate tab	-	EXC
ustell cap	-	EXC
XACDURO INJ	-	EXC
UROGESIC-BLUE TAB	-	Non-Preferred Brands
UTA CAP	-	Non-Preferred Brands
HYOPHEN TAB	-	Preferred Brands
smz/tmp (DS) tab (BACTRIM DS equiv)	-	Select
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	Select
UTA cap	-	Select
ANTIPROTOZOAL AGENTS		
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/fill, 2 fills/month)	QL	High Cost Generics
ALINIA SUSP (QL= 60ml/fill, 2 fills/month)	QL	Non-Preferred Brands
ALINIA TAB (QL= 6 tabs/fill, 2 fills/month)	QL	Non-Preferred Brands
LAMPIT TAB 120MG (QL= 225 tabs/30 days)	QL	Preferred Brands
LAMPIT TAB 30MG (QL= 360 tabs/30 days)	QL	Preferred Brands
atovaquone susp (MEPRON equiv)	-	Select
CARBAPENEMS		
MEROPENEM IV SOLN	-	EXC
CYCLIC LIPOPEPTIDES		
DAPTOMY/NACL INJ	-	EXC
GLYCOPEPTIDES		
vancomycin hcl for oral soln 25mg/ml (FIRVANQ equiv) (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution)	QL-ST	High Cost Generics
vancomycin hcl for oral soln 50mg/ml (FIRVANQ equiv) (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution)	QL-ST	High Cost Generics
FIRVANQ SOLN 25MG/ML (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution)	QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
FIRVANQ SOLN 50MG/ML (QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution)	QL-ST	Non-Preferred Brands
VANCOCIN CAP 125MG (QL= 56 caps/30 days)	QL	Non-Preferred Brands
VANCOCIN CAP 250MG (QL= 112 caps/30 days)	QL	Non-Preferred Brands
VANCOMYCIN INJ	-	Non-Preferred Brands
VANCOMYCIN SOLN	-	Non-Preferred Brands
vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days)	QL	Select
vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days)	QL	Select
vancomycin hcl for iv soln (VANCOMYCIN equiv)	-	Select
LEPROSTATICS		
dapsone tab	-	Select
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	Select
clindamycin soln (CLEOCIN equiv)	-	Select
MONOBACTAMS		
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
OXAZOLIDINONES		
SIVEXTRO INJ	-	EXC
SIVEXTRO TAB (QL= 6 tabs/fill)	QL	Preferred Brands
linezolid susp	-	Select
linezolid tab (ZYVOX equiv)	-	Select
PLEUROMUTILINS		
XENLETA TAB (QL= 10 tabs/fill, 1 fill/month)	AMSP-PA-QL	Non-Preferred Specialty
POLYMYXINS		
colistimethate inj (COLY-MYCIN M equiv)	-	Select
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine powder pack (MONUROL equiv)	-	High Cost Generics
MONUROL GRANULE PACK	-	Non-Preferred Brands
NITROFURANTOIN SUSP (Step therapy requires trial of Nitrofurantoin Susp 25 MG/5ML)	ST	Non-Preferred Brands
methenamine hippurate tab (HIPREX equiv)	-	Select

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DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
methenamine mandelate tab	-	Select
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	Select
nitrofurantoin monohydrate cap (MACROBID equiv)	-	Select
nitrofurantoin susp (FURADANTIN equiv)	-	Select
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
COARTEM TAB	-	Non-Preferred Brands
atovaquone/proguanil tab (MALARONE equiv)	-	Select
ANTIMALARIALS		
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty
mefloquine tab (LARIAM equiv)	-	High Cost Generics
primaquine tab (PRIMAQUINE equiv)	-	High Cost Generics
ARAKODA TAB	-	Non-Preferred Brands
QUALAQUIN CAP	-	Non-Preferred Brands
DARAPRIM TAB (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
KRINTAFEL TAB (QL= 2 tabs/365 days)	QL	Preferred Brands
chloroquine tab (ARALEN equiv)	-	Select
hydroxychloroquine tab (PLAQUENIL equiv)	-	Select
quinine sulfate cap (QUALAQUIN equiv)	-	Select
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
NEOSTIGMINE METHYLSULFATE INJ	-	EXC
neostigmine methylsulfate soln pref syringe	-	EXC
pyridstigmine soln (MESTINON equiv)	-	High Cost Generics
PYRIDOSTIGMINE TAB 30MG	-	Non-Preferred Brands
FIRDAPSE TAB (QL= 8 tabs/day; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty
RUZURGI TAB (QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
GUANIDINE TAB	-	Select
pyridostigmine CR tab (MESTINON equiv)	-	Select
pyridostigmine tab (MESTINON equiv)	-	Select

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

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
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE CAP	-	Non-Preferred Brands
RIFATER TAB	-	Non-Preferred Brands
ANTIMYCOBACTERIAL AGENTS		
PASER GRANULE	-	Non-Preferred Brands
PRIFTIN TAB	-	Non-Preferred Brands
TRECATOR TAB	-	Non-Preferred Brands
PRETOMANID TAB (QL= 1 tab/day)	AMSP-QL	Non-Preferred Specialty
SIRTURO TAB (Only available through MMS Solutions 855-691-0963)	LD	Preferred Specialty
cycloserine cap (CYCLOSERINE equiv)	-	Select
ethambutol tab (MYAMBUTOL equiv)	-	Select
ISONIAZID TAB	-	Select
pyrazinamide tab	-	Select
rifabutin cap (MYCOBUTIN equiv)	-	Select
rifampin cap (RIFADIN equiv)	-	Select
ANTINEOPLASTICS		
ALKYLATING AGENTS		
LEUKERAN TAB	-	Non-Preferred Brands
HEXALEN CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
MYLERAN TAB	AMSP	Preferred Specialty
ANTIMETABOLITES		
TABLOID TAB (QL= 4 tabs/day)	AMSP-QL	Preferred Specialty
mercaptopurine tab (PURINETHOL equiv)	-	Select
methotrexate tab (TREXALL equiv)	-	Select
ANTINEOPLASTIC ENZYME INHIBITORS		
ZOLINZA CAP	LMSP-PA-SF	Preferred Specialty
ANTINEOPLASTICS MISC.		
ALFERON-N INJ	-	EXC
tretinoin cap (VESANOID equiv)	AMSP	Generic Specialty

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS Cont.		
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
INTRON-A INJ	AMSP	Preferred Specialty
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
hydroxyurea cap (HYDREA equiv)	-	Select
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
MESNEX TAB	AMSP	Preferred Specialty
leucovorin tab	-	Select
MITOTIC INHIBITORS		
etoposide cap (VEPESID equiv)	-	Select
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	LMSP-PA	Preferred Specialty
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
bendamustine hcl for iv soln (TREANDA equiv)	-	EXC
CARMUSTINE INJ	-	EXC
CISPLATIN INJ	-	EXC
CYCLOPHOSPHAMIDE INJ	-	EXC
IFOSFAMIDE INJ	-	EXC
PEPAXTO INJ	-	EXC
TREANDA INJ	-	EXC
cyclophosphamide cap	-	Generic Specialty
MELPHALAN TAB	AMSP	Generic Specialty
temozolomide cap (TEMODAR equiv)	AMSP	Generic Specialty
CYCLOPHOSPHAMIDE TAB	-	Non-Preferred Brands
ALKERAN TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
GLEOSTINE/LOMUSTINE CAP	AMSP	Non-Preferred Specialty
ANTIMETABOLITES		
ALIMTA INJ	-	EXC
ARRANON INJ	-	EXC
CYTARABINE INJ	-	EXC
FLOXURIDINE INJ	-	EXC
FLUDARABINE INJ	-	EXC
FOLOTYN INJ	-	EXC

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
nelarabine iv soln (ARRANON equiv)	-	EXC
pemetrexed disodium for iv soln (ALIMTA equiv)	-	EXC
PEMETREXED INJ	-	EXC
PEMETREXED SOLN	-	EXC
PEMFEXY SOL	-	EXC
capecitabine tab (XELODA equiv)	AMSP	Generic Specialty
JYLAMVO SOLN, XATMEP SOLN (QL= 60ml/30 days)	QL	Non-Preferred Brands
ONUREG TAB (QL= 14 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty
XELODA TAB	AMSP	Non-Preferred Specialty
PURIXAN SUSP	AMSP-PA	Preferred Specialty
METHOTREXATE INJ	-	Select
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
ALYMSYS IV SOLN	-	EXC
VEGZELMA IV SOLN	-	EXC
INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty
ANTINEOPLASTIC - ANTIBODIES		
ARZERRA CON	-	EXC
CAMPATH INJ	-	EXC
COLUMVI INJ	-	EXC
ELAHERE INJ	-	EXC
ELREXFIO INJ	-	EXC
EPKINLY INJ	-	EXC
IMJUDO INJ	-	EXC
JEMPERLI SOLN	-	EXC
KEYTRUDA SOLN 50MG	-	EXC
KIMMTRAK SOLN	-	EXC
LOQTORZI INJ	-	EXC
LUNSUMIO INJ	-	EXC
OPDIVO INJ	-	EXC
RYBREVANT SOLN	-	EXC
TALVEY INJ	-	EXC
TECVAYLI INJ	-	EXC
TIVDAK INJ	-	EXC
VECTIBIX INJ	-	EXC
ZYNLONTA SOLN	-	EXC
ZYNYZ INJ	-	EXC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		

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VAC	Vaccine Program				

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

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
DAURISMO TAB 100MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
DAURISMO TAB 25MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
ERIVEDGE CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Preferred Specialty
ODOMZO CAP	AMSP-PA-SF	Preferred Specialty
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
CAMCEVI INJ	-	EXC
FIRMAGON INJ	-	EXC
abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day)	AMSP-PA-QL-SF	Generic Specialty
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	AMSP-PA-QL-SF	Generic Specialty
nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days)	AMSP-PA-QL	Generic Specialty
EMCYT CAP	-	Non-Preferred Brands
EULEXIN CAP (QL= 6 caps/day)	QL	Non-Preferred Brands
FLUTAMIDE CAP (QL= 6 caps/day)	QL	Non-Preferred Brands
SOLTAMAX SOLN	-	Non-Preferred Brands
AKEEGA TAB (QL= 60 tablets/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
FARESTON TAB (Only available through Walgreens 888-347-3416; Step Therapy requires trial of tamoxifen)	LD-ST	Non-Preferred Specialty
NILANDRON TAB (QL= 150mg/day after the first 30 days)	AMSP-PA-QL	Non-Preferred Specialty
ORGOVYX TAB (QL= 30 tabs/30 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Preferred Specialty
ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
ORSERDU TAB 86MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
XTANDI CAP (QL= 4 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
XTANDI TAB 40MG (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
XTANDI TAB 80MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
YONSA TAB (QL= 4 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
ZYTIGA TAB 250MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
ZYTIGA TAB 500MG (QL= 2 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
ERLEADA TAB (QL= 4 tabs/day)	AMSP-PA-QL	Preferred Specialty
ERLEADA TAB 240MG (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty
HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days)	AMSP-PA-QL	Preferred Specialty
LEUPROLIDE INJ (QL= 1 kit/90 days)	AMSP-PA-QL	Preferred Specialty
LUPRON DEPOT INJ	AMSP-PA	Preferred Specialty
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
NUBEQA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
anastrozole tab (ARIMIDEX equiv)	-	Preventive
exemestane tab (AROMASIN equiv)	-	Preventive
letrozole tab (FEMARA equiv)	-	Preventive
tamoxifen tab (NOLVADEX equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	-	Preventive
bicalutamide tab (CASODEX equiv)	-	Select
flutamide cap (EULEXIN equiv)	-	Select
megestrol susp (MEGACE equiv)	-	Select
megestrol tab (MEGACE equiv)	-	Select
toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen)	ST	Select
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
ANTINEOPLASTIC - IMMUNOMODULATORS		

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
POMALYST CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	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		
XPOVIO TAB (QL= 32 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
ANTINEOPLASTIC ANTIBIOTICS		
doxorubicin hcl inj (ADRIAMYCIN equiv)	-	EXC
ELLENCE INJ	-	EXC
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO SOLN	-	EXC
OPDUALAG SOLN	-	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
FYARRO INJ	-	EXC
ISTODAX OVR INJ	-	EXC
romidepsin for iv inj (ISTODAX equiv)	-	EXC
VELCADE INJ	-	EXC
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Generic Specialty
everolimus tab for oral susp (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Generic Specialty
imatinib tab 100mg (GLEEVEC equiv) (QL= 3 tabs/day)	AMSP-PA-QL	Generic Specialty
imatinib tab 400mg (GLEEVEC equiv) (QL= 2 tabs/day)	AMSP-PA-QL	Generic Specialty
lapatinib ditosylate tab (TYKERB equiv)	AMSP-PA	Generic Specialty
pazopanib hcl tab (VOTRIENT equiv) (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Generic Specialty
sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day)	AMSP-PA-QL-SF	Generic Specialty
AFINITOR DISPERZ TAB (QL= 1 tab/day; Step therapy requires trial of everolimus tab for oral susp)	AMSP-PA-QL-SF-ST	Non-Preferred Specialty

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
AFINITOR TAB (QL= 1 tab/day; Step therapy requires trial of everolimus tab)	AMSP-PA-QL-SF-ST	Non-Preferred Specialty
ALUNBRIG PAK (QL= 1 pack/365 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
BALVERSA TAB 3MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
BALVERSA TAB 4MG (QL= 2 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
BALVERSA TAB 5MG (QL= 1 tab/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
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
COPIKTRA CAP (QL= 2 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty
FOTIVDA CAP (QL= 21 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
GAVRETO CAP (QL= 120 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty
GLEEVEC TAB 100 MG (QL= 3 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty
GLEEVEC TAB 400MG (QL= 2 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty
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
INREBIC CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL-SF	Non-Preferred Specialty
JAYPIRCA TAB 100MG (QL= 60 tabs/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Non-Preferred Specialty

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
JAYPIRCA TAB 50MG (QL= 30 tabs/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Non-Preferred Specialty
KOSELUGO CAP (QL= 120 caps/30 days; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	Non-Preferred Specialty
KRAZATI TAB (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
LORBRENA TAB 100MG (QL= 1 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
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 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
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
NEXAVAR TAB (Only available through Walgreens 888-347-3416)	LD-PA-SF	Non-Preferred Specialty
OJJAARA TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-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
PIQRAY TAB	AMSP-PA-SF	Non-Preferred Specialty

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
QINLOCK TAB (QL= 90 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
RETEVMO CAP 40MG (QL= 180 caps/30 days; Only available through Lumicera 855-847-3553)	LMSP-PA-QL-SF	Non-Preferred Specialty
RETEVMO CAP 80MG (QL= 120 caps/30 days; Only available through Lumicera 855-847-3553)	LMSP-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
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 20MG (QL= 60 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
SCEMBLIX TAB 40MG (QL= 300 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
SUTENT CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Non-Preferred Specialty
TABRECTA TAB (QL= 112 tabs/28 days)	AMSP-PA-QL-SF	Non-Preferred Specialty
TALZENNA CAP (QL= 1 cap/day; Only available through 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)	LD-PA-QL-SF	Non-Preferred Specialty
TRUSELTIQ PACK 100MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Preferred Specialty

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AMSP	Ardon Mandatory Specialty Pharmacy Program	EXC	Plan Exclusion	LD	Limited Distribution
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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
TRUSELTIQ PACK 175MG (QL= 63 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Preferred Specialty
TRUSELTIQ PACK 50MG, 125MG (QL= 42 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246)	LD-PA-QL	Non-Preferred Specialty
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
TYKERB TAB	AMSP-PA	Non-Preferred Specialty
VANFLYTA TAB (QL= 60 tabs/30 days; Only available through Biologics 800-850-4306)	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 by McKesson 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
VOTRIENT TAB (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Non-Preferred Specialty
XOSPATA TAB (QL= 3 tabs/day; Only available through 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)	LD-PA-QL-SF	Preferred Specialty
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Preferred Specialty
BOSULIF CAP (QL= 5 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	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
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	Preferred Specialty

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
ZEJULA CAP (QL= 30 caps/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty
ZEJULA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Preferred Specialty
ZELBORAF TAB (QL= 8 tabs/day)	LMSP-PA-QL-SF	Preferred Specialty
ZYDELIG TAB (Only available through Optum 877-445-6874)	LD-PA	Preferred Specialty
ZYKADIA CAP (QL= 3 caps/day)	AMSP-PA-QL-SF	Preferred Specialty
ZYKADIA TAB (QL= 3 tabs/day)	AMSP-PA-QL-SF	Preferred Specialty
ANTINEOPLASTIC ENZYMES		
RYLAZE INJ	-	EXC
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
PLUVICTO INJ	-	EXC
ANTINEOPLASTICS MISC.		
bexarotene cap (TARGRETIN equiv)	AMSP-PA-SF	Generic Specialty
BESREMI INJ (QL= 2 inj/28 days; Only available through Biologics by McKesson 800-850-4306)	LD-PA-QL-SF	Non-Preferred Specialty
SYLATRON INJ (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
SYNRIBO INJ (Only available through US Bioservices 888-518-7246)	LD-PA	Preferred Specialty
CHEMOTHERAPY ADJUNCTS		
KEPIVANCE INJ	-	EXC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
LEUCOVORIN INJ	-	EXC
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
PEDMARK INJ	-	EXC
MITOTIC INHIBITORS		
ABRAXANE INJ	-	EXC
docetaxel inj	-	EXC
vincristine sulfate iv soln (VINCRISTINE equiv)	-	EXC
ETOPOSIDE CAP	-	Preferred Brands
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	Select
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	Select
trihexyphenidyl tab (ARTANE equiv)	-	Select
ANTIPARKINSON COMT INHIBITORS		

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DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
tolcapone tab (TASMAR equiv) (QL= 3 caps/day)	QL	High Cost Generics
TASMAR TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands
entacapone tab (COMTAN equiv)	-	Select
ANTIPARKINSON DOPAMINERGICS		
pramipexole ER tab (MIRAPEX ER equiv) (QL= 1 tab/day)	QL	High Cost Generics
ropinirole ER tab (REQUIP XL equiv) (QL= 1 tab/day; Step Therapy requires trial of ropinirole)	QL-ST	High Cost Generics
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	Non-Preferred Brands
GOCOVRI CAP (Step Therapy requires trial of amantadine)	ST	Non-Preferred Brands
MIRAPEX ER TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
NEUPRO PATCH (QL= 1 patch/day)	QL	Non-Preferred Brands
REQUIP XL TAB (QL= 1 tab/day; Step Therapy requires trial of ropinirole)	QL-ST	Non-Preferred Brands
RYTARY CAP 23.75-95MG (QL= 750 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER)	QL-ST	Non-Preferred Brands
amantadine cap (SYMMETREL equiv)	-	Select
amantadine syrup (SYMMETREL equiv)	-	Select
amantadine tab	-	Select
bromocriptine cap (PARLODEL equiv)	-	Select
bromocriptine tab (PARLODEL equiv)	-	Select
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	Select
carbidopa/levodopa ODT (PARCOPA equiv)	-	Select
carbidopa/levodopa tab (SINEMET equiv)	-	Select
pramipexole tab (MIRAPEX equiv)	-	Select
ropinirole tab (REQUIP equiv)	-	Select
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
XADAGO TAB (QL= 30 tabs/30 days; Step therapy requires trial of of carbidopa/levodopa)	AMSP-QL-ST	Non-Preferred Brands
ZELAPAR ODT	-	Non-Preferred Brands
rasagiline tab (AZILECT equiv) (QL= 1 tab/day)	QL	Select

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DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
selegiline cap (ELDEPRYL equiv)	-	Select
selegiline tab (ELDEPRYL equiv) (QL= 2 tabs/day)	QL	Select
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUVANTS		
NOURIANZ TAB (QL= 1 tab/day; ST: Trial of 2: dopamine agonist(ropinir-, pramip-), COMT inhib(entacapone), MAOB inhib(rasag-, seleg-))	LMSP-QL-ST	Non-Preferred Specialty
ANTIPARKINSON ANTICHOLINERGICS		
trihexyphenidyl elixir (ARTANE equiv)	-	Select
TRIHEXYPHENIDYL SOLN (QL= 946ml/28 days)	QL	Select
ANTIPARKINSON COMT INHIBITORS		
ONGENTYS CAP (Step Therapy requires trial of 2: entacapone, pramipexole, rasagiline, ropinirole, or selegiline)	ST	Non-Preferred Brands
ANTIPARKINSON DOPAMINERGICS		
apomorphine inj (APOKYN equiv) (QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767)	LD-QL	Generic Specialty
CARBIDOPA/LEVODOPA ODT TAB	-	Non-Preferred Brands
DHIVY TAB (QL= 8 tabs/day; Step therapy requires trial of carbidopa-levodopa tab/ODT or carbidopa-levodopa ER tab)	QL-ST	Non-Preferred Brands
OSMOLEX ER TAB (QL= 1 tab/day; Step Therapy requires trial of amantadine)	QL-ST	Non-Preferred Brands
OSMOLEX ER TAB (Step Therapy requires trial of amantadine)	QL-ST	Non-Preferred Brands
RYTARY CAP 36.25-145MG (QL= 480 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER)	QL-ST	Non-Preferred Brands
RYTARY CAP 48.75-195MG (QL= 360 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER)	QL-ST	Non-Preferred Brands
RYTARY CAP 61.25-245MG (QL= 300 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER)	QL-ST	Non-Preferred Brands
STALEVO TAB 12.5-50-200MG (QL= 8 tabs/day)	QL	Non-Preferred Brands
STALEVO TAB 18.75-75-200MG (QL= 8 tabs/day)	QL	Non-Preferred Brands
STALEVO TAB 25-100-200MG (QL= 8 tabs/day)	QL	Non-Preferred Brands
STALEVO TAB 31.25-125-200MG (QL= 8 tabs/day)	QL	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTIPARKINSON AND RELATED THERAPY AGENTS Cont.		
STALEVO TAB 37.5-150-200MG (QL= 8 tabs/day)	QL	Non-Preferred Brands
STALEVO TAB 50-200-200MG (QL= 6 tabs/day)	QL	Non-Preferred Brands
APOKYN INJ (QL= 54ml/30 days; Only available through Accredo 800-803-2523)	LD-QL	Non-Preferred Specialty
INBRIJA INH POWDER (QL= 4 units/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
KYNMOBI FILM (QL= 150 films/30 days)	AMSP-QL	Non-Preferred Specialty
KYNMOBI TITRATION KIT	AMSP-PA	Non-Preferred Specialty
carbidopa-levodopa-entacapone tab 12.5-50-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select
carbidopa-levodopa-entacapone tab 18.75-75-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select
carbidopa-levodopa-entacapone tab 25-100-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select
carbidopa-levodopa-entacapone tab 31.25-125-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select
carbidopa-levodopa-entacapone tab 37.5-150-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Select
carbidopa-levodopa-entacapone tab 50-200-200mg (STALEVO equiv) (QL= 6 tabs/day)	QL	Select
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
LITHIUM CARBONATE CAP	-	Non-Preferred Brands
lithium carbonate cap (ESKALITH ER equiv)	-	Select
lithium carbonate ER tab (LITHOBID equiv)	-	Select
lithium carbonate tab	-	Select
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAP (QL= 1 cap/day; Step therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, clozapine)	QL-ST	Non-Preferred Brands
EQUETRO CAP	-	Non-Preferred Brands
GEODON CAP (QL= 2 caps/day)	QL	Non-Preferred Brands
LATUDA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
VRAYLAR CAP (QL= 1 cap/day)	QL	Non-Preferred Brands

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
VRAYLAR PACK (QL= 2 packs/plan year)	QL	Non-Preferred Brands
NUPLAZID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
NUPLAZID TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day)	QL	Select
ziprasidone cap (GEODON equiv) (QL= 2 caps/day)	QL	Select
BENZISOXAZOLES		
risperidone microspheres inj (RISPERDAL equiv) (QL= 2 inj/28 days)	AMSP-QL	Generic Specialty
FANAPT TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
FANAPT TITRATION PACK (QL= 1 pack/plan year)	QL	Non-Preferred Brands
INVEGA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
RISPERDAL M ODT	-	Non-Preferred Brands
RISPERDAL SOLN	-	Non-Preferred Brands
RISPERDAL TAB	-	Non-Preferred Brands
RISPERDAL INJ (QL= 2 inj/28 days)	AMSP-QL	Non-Preferred Specialty
RYKINDO INJ	AMSP	Non-Preferred Specialty
UZEDY INJ	AMSP	Non-Preferred Specialty
RISPERIDONE ODT	-	Preferred Brands
INVEGA HAFYERA INJ	AMSP	Preferred Specialty
INVEGA INJ	AMSP	Preferred Specialty
PERSERIS INJ	AMSP-PA	Preferred Specialty
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	Select
risperidone ODT (RISPERDAL M equiv)	-	Select

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

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

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

DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
olanzapine tab (ZYPREXA equiv)	-	Select
quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day)	QL	Select
quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day)	QL	Select
DIHYDROINDOLONES		
MOLINDONE TAB	-	Preferred Brands
PHENOTHIAZINES		
chlorpromazine hcl inj	-	EXC
CHLORPROMAZINE CONC (QL= 800ml/30 days)	QL	Non-Preferred Brands
CHLORPROMAZINE CONC 100MG/ML (QL= 2000ml/30 days)	QL	Non-Preferred Brands
CHLORPROMAZINE CONC 30MG/ML (QL= 600ml/30 days)	QL	Non-Preferred Brands
chlorpromazine tab (THORAZINE equiv)	-	Select
fluphenazine tab (PROLIXIN equiv)	-	Select
perphenazine tab (TRILAFON equiv)	-	Select
prochlorperazine supp (COMPAZINE equiv)	-	Select
prochlorperazine tab (COMPAZINE equiv)	-	Select
thioridazine tab (MELLARIL equiv)	-	Select
trifluoperazine tab (STELAZINE equiv)	-	Select
QUINOLINONE DERIVATIVES		
ABILIFY TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
REXULTI TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
ABILIFY MYCITE PACK (QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics)	QL-ST	Non-Preferred Specialty
ABILIFY MYCITE TAB (QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics)	QL-ST	Non-Preferred Specialty
ABILIFY MAINTENA INJ	AMSP	Preferred Specialty
ARISTADA 675MG/2.4ML INJ	AMSP	Preferred Specialty
ARISTADA INJ	AMSP	Preferred Specialty
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	Select
aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day)	QL	Select
aripiprazole tab (ABILIFY equiv)	-	Select
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	Select

ANTISEPTICS & DISINFECTANTS

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

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DrugName	Special Code	Tier
ANTISEPTICS & DISINFECTANTS Cont.		
IODINE ANTISEPTICS		
BETADINE SOLN	-	EXC
FIRST AID OINTMENT	-	EXC
IODOFLEX PAD	-	Non-Preferred Brands
ANTIVIRALS		
ANTIRETROVIRALS		
APRETUDE SUSP	-	EXC
SUNLENCA INJ	-	EXC
VOCABRIA TAB	-	EXC
COMBIVIR TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
DOVATO TAB	-	Non-Preferred Brands
EMTRIVA CAP (QL= 1 cap/day)	QL	Non-Preferred Brands
EPIVIR SOLN (QL= 960ml/30 days)	QL	Non-Preferred Brands
EPIVIR TAB 150MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
EPIVIR TAB 300MG (QL= 1 tab/day)	QL	Non-Preferred Brands
EPZICOM TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
INTELENCE TAB 100MG (QL= 4 tabs/day)	QL	Non-Preferred Brands
INTELENCE TAB 200MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
KALETRA SOLN (QL= 480ml/30 days)	QL	Non-Preferred Brands
KALETRA TAB 100-25MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
KALETRA TAB 200-50MG (QL= 4 tabs/day)	QL	Non-Preferred Brands
LEXIVA SUSP (QL= 1800ml/30 days)	QL	Non-Preferred Brands

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

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
LEXIVA TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands
NORVIR TAB (QL= 12 tabs/day)	QL	Non-Preferred Brands
PREZISTA TAB 600MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
PREZISTA TAB 800MG (QL= 1 tab/day)	QL	Non-Preferred Brands
RETROVIR CAP (QL= 6 caps/day)	QL	Non-Preferred Brands
RETROVIR SYRUP (QL= 1920ml/30 days)	QL	Non-Preferred Brands
RETROVIR TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
REYATAZ CAP 150 MG (QL= 2 caps/day)	QL	Non-Preferred Brands
REYATAZ CAP 200MG (QL= 2 caps/day)	QL	Non-Preferred Brands
REYATAZ CAP 300MG (QL= 1 cap/day)	QL	Non-Preferred Brands
RUKOBIA ER TAB (QL= 60 tabs/30 days)	QL	Non-Preferred Brands
SELZENTRY TAB 150MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
SELZENTRY TAB 300MG (QL= 4 tabs/day)	QL	Non-Preferred Brands
STAVUDINE CAP (QL= 2 caps/day)	QL	Non-Preferred Brands
SUSTIVA TAB	-	Non-Preferred Brands
SYMFI (LO) TAB	-	Non-Preferred Brands
TRIZIVIR TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands

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

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
TRUVADA TAB (QL= 30 tabs/30 days)	QL	Non-Preferred Brands
VIRAMUNE SUSP (QL= 1200ml/30 days)	QL	Non-Preferred Brands
VIRAMUNE TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
VIRAMUNE XR TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
VIREAD TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
ZERIT CAP (QL= 2 caps/day)	QL	Non-Preferred Brands
ZIAGEN SOLN (QL= 960ml/30 days)	QL	Non-Preferred Brands
ZIAGEN TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
APTIVUS CAP (QL= 4 caps/day)	QL	Preferred Brands
APTIVUS SOLN (QL= 380ml/30 days)	QL	Preferred Brands
ATRIPLA TAB (QL= 1 tab/day)	QL	Preferred Brands
BIKTARVY TAB (QL= 1 tab/day)	QL	Preferred Brands
CIMDUO TAB	-	Preferred Brands
COMPLERA TAB (QL= 1 tab/day)	QL	Preferred Brands
CRIXIVAN CAP	-	Preferred Brands
DELSTRIGO TAB	-	Preferred Brands
DESCOVY TAB (QL= 1 tab/day)	PA-QL	Preferred Brands
DIDANOSINE DR CAP (QL= 2 caps/day)	QL	Preferred Brands
EDURANT TAB (QL= 1 tab/day)	QL	Preferred Brands
EMTRIVA SOLN (QL= 850ml/30 days)	QL	Preferred Brands
EVOTAZ TAB (QL= 1 tab/day)	QL	Preferred Brands
GENVOYA TAB (QL= 1 tab/day)	QL	Preferred Brands

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

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
INTELENCE TAB (QL= 4 tabs/day)	QL	Preferred Brands
INTELENCE TAB 25MG (QL= 4 tabs/day)	QL	Preferred Brands
INVIRASE CAP (QL= 10 caps/day)	QL	Preferred Brands
INVIRASE TAB (QL= 4 tabs/day)	QL	Preferred Brands
ISENTRESS (HD) TAB (QL= 2 tabs/day)	QL	Preferred Brands
ISENTRESS CHEW TAB (QL= 6 tabs/day)	QL	Preferred Brands
ISENTRESS POWDER PACK (QL= 2 packets/day)	QL	Preferred Brands
JULUCA TAB (QL= 1 tab/day)	QL	Preferred Brands
KALETRA TAB 100-25MG (QL= 2 tabs/day)	QL	Preferred Brands
KALETRA TAB 200-50MG (QL= 4 tabs/day)	QL	Preferred Brands
NEVIRAPINE ER TAB (QL= 3 tabs/day)	QL	Preferred Brands
NEVIRAPINE SUSP (QL= 1200ml/30 days)	QL	Preferred Brands
NORVIR CAP (QL= 12 caps/day)	QL	Preferred Brands
NORVIR POWDER PACK (QL= 12 packets/day)	QL	Preferred Brands
NORVIR SOLN (QL= 480ml/30 days)	QL	Preferred Brands
ODEFSEY TAB (QL= 1 tab/day)	QL	Preferred Brands
PIFELTRO TAB	-	Preferred Brands
PREZCOBIX TAB (QL= 1 tab/day)	QL	Preferred Brands
PREZISTA SUSP (QL= 400ml/30 days)	QL	Preferred Brands
PREZISTA TAB (QL= 1 tab/day)	QL	Preferred Brands
PREZISTA TAB 150MG (QL= 8 tabs/day)	QL	Preferred Brands
PREZISTA TAB 600MG (QL= 2 tabs/day)	QL	Preferred Brands
PREZISTA TAB 75MG (QL= 16 tabs/day)	QL	Preferred Brands
RESCRIPTOR TAB	-	Preferred Brands
REYATAZ POWDER PACK (QL= 5 packets/day)	QL	Preferred Brands
SELZENTRY SOLN (QL= 31ml/day)	QL	Preferred Brands

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
SELZENTRY TAB 150MG (QL= 2 tabs/day)	QL	Preferred Brands
SELZENTRY TAB 25MG (QL= 4 tabs/day)	QL	Preferred Brands
SELZENTRY TAB 300MG (QL= 4 tabs/day)	QL	Preferred Brands
SELZENTRY TAB 75MG (QL= 2 tabs/day)	QL	Preferred Brands
STRIBILD TAB (QL= 1 tab/day)	QL	Preferred Brands
SYMTUZA TAB	-	Preferred Brands
TIVICAY PD TAB (QL= 180 tabs/30 days)	QL	Preferred Brands
TIVICAY TAB (QL= 180 tabs/30 days)	QL	Preferred Brands
TRIUMEQ PD TAB (QL= 6 tabs/day)	QL	Preferred Brands
TRIUMEQ TAB (QL= 1 tab/day)	QL	Preferred Brands
TYBOST TAB	-	Preferred Brands
VIDEX SOLN (QL= 600ml/30 days)	QL	Preferred Brands
VIRACEPT TAB	-	Preferred Brands
VIREAD POWDER	-	Preferred Brands
VIREAD TAB (QL= 1 tab/day)	QL	Preferred Brands
FUZEON INJ	AMSP	Preferred Specialty
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days)	QL	Preventive
abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days)	QL	Select
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	QL	Select
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day)	QL	Select
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	QL	Select
atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Select
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Select
atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day)	QL	Select
darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/day)	QL	Select
darunavir tab 800mg (PREZISTA equiv) (QL= 1 tab/day)	QL	Select
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	QL	Select
EFAVIRENZ CAP	-	Select
efavirenz tab (SUSTIVA equiv)	-	Select
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	Select
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	Select
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day)	QL	Select
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days)	QL	Select

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day)	QL	Select
etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day)	QL	Select
fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day)	QL	Select
lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days)	QL	Select
lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day)	QL	Select
lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day)	QL	Select
lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day)	QL	Select
lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days)	QL	Select
lopinavir-ritonavir tab 100-25mg (QL= 2 tabs/day)	QL	Select
lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day)	QL	Select
maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 tabs/day)	QL	Select
maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 tabs/day)	QL	Select
nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day)	QL	Select
nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day)	QL	Select
ritonavir tab (NORVIR equiv) (QL= 12 tabs/30 days)	QL	Select
stavudine cap (ZERIT equiv) (QL= 2 caps/day)	QL	Select
tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day)	QL	Select
zidovudine cap (RETROVIR equiv) (QL= 6 caps/day)	QL	Select
zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days)	QL	Select
zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day)	QL	Select
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100 (QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 18 years or older)	QL	Preferred Brands
PAXLOVID TAB 300-100 (QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 18 years or older)	QL	Preferred Brands
PAXLOVID TAB (QL= 30 tabs/fill)	QL	Preventive
PAXLOVID TAB 100-150MG (QL= 20 tabs/fill)	QL	Preventive
CMV AGENTS		
LIVTENCITY TAB (QL= 112 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
PREVYMIS TAB	AMSP-PA	Non-Preferred Specialty
valganciclovir soln (VALCYTE equiv)	-	Select
valganciclovir tab (VALCYTE equiv)	-	Select
HEPATITIS AGENTS		
adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day)	AMSP-QL	Generic Specialty
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	Generic Specialty
lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty
RIBAVIRIN CAP	AMSP	Generic Specialty
ribavirin cap (REBETOL equiv)	AMSP	Generic Specialty

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

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
EPIVIR HBV SOLN (QL= 720ml/30 days)	AMSP-QL	Preferred Specialty
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
MAVYRET PAK (QL= 5 packets/day)	AMSP-QL	Preferred Specialty
MAVYRET TAB (QL= 3 tabs/day)	AMSP-QL	Preferred Specialty
PEGASYS INJ	AMSP-PA	Preferred Specialty
PEG-INTRON INJ (Only available through Lumicera 855-847-3553)	LMSP	Preferred Specialty
REBETOL SOLN	AMSP	Preferred Specialty
RIBAPAK TAB (Step Therapy requires trial of ribavirin)	AMSP-ST	Preferred Specialty
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
TYZEKA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
VEMLIDY TAB (QL= 1 tab/day)	AMSP-QL	Preferred Specialty
VOSEVI TAB (QL= 1 tab/day)	AMSP-PA-QL	Preferred Specialty
HERPES AGENTS		
SITAVIG TAB (QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir)	QL-ST	Non-Preferred Brands
acyclovir cap (ZOVIRAX equiv)	-	Select
acyclovir susp (ZOVIRAX equiv)	-	Select
acyclovir tab (ZOVIRAX equiv)	-	Select
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Select
famciclovir tab 500mg (FAMVIR equiv) (QL= 21 tabs/fill, 2 fills/month)	QL	Select
valacyclovir tab (VALTREX equiv)	-	Select
INFLUENZA AGENTS		
TAMIFLU CAP 30MG (QL= 40 caps/183 days)	QL	Non-Preferred Brands
TAMIFLU CAP 45MG (QL= 40 caps/183 days)	QL	Non-Preferred Brands
TAMIFLU CAP 75MG (QL= 20 caps/183 days)	QL	Non-Preferred Brands
TAMIFLU SUSP (QL= 360ml/183 days)	QL	Non-Preferred Brands

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

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
XOFLUZA TAB (QL= 2 tabs/120 days)	QL	Non-Preferred Brands
XOFLUZA TAB THERAPY PACK 40MG (QL= 2 tabs/120 days)	QL	Non-Preferred Brands
XOFLUZA TAB THERAPY PACK 80MG (QL= 2 tabs/120 days)	QL	Non-Preferred Brands
RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month)	QL	Preferred Brands
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Select
oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Select
oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days)	QL	Select
oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days)	QL	Select
RIMANTADINE TAB	-	Select
MISC. ANTIVIRALS		
LAGEVRIO CAP 200MG (QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older)	QL	Preferred Brands
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	Preventive
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin inh soln (VIRAZOLE equiv)	-	EXC
ASSORTED CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB	-	Preferred Brands
HOMEOPATHIC PRODUCTS		
STREPTOCOCCINUM MIS	-	EXC
IMMUNOMODULATORS		
THALOMID CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Preferred Specialty
IMMUNOSUPPRESSIVE AGENTS		
cyclosporine cap (SANDIMMUNE equiv)	-	High Cost Generics
sirolimus tab (RAPAMUNE equiv)	-	High Cost Generics
ENVARSUS XR TAB	-	Non-Preferred Brands
SANDIMMUNE SOLN 100MG/ML	-	Non-Preferred Brands
azathioprine tab (IMURAN equiv)	-	Select
cyclosporine modified cap (NEORAL equiv)	-	Select
cyclosporine modified soln (NEORAL equiv)	-	Select
mycophenolate DR tab (MYFORTIC equiv)	-	Select
mycophenolate mofetil cap (CELLCEPT equiv)	-	Select

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DrugName	Special Code	Tier
ASSORTED CLASSES Cont.		
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	Select
mycophenolate mofetil tab (CELLCEPT equiv)	-	Select
tacrolimus cap (PROGRAF equiv)	-	Select
POTASSIUM REMOVING RESINS		
sodium polystyrene powder (KAYEXALATE equiv)	-	High Cost Generics
sodium polystyrene susp (SPS equiv)	-	High Cost Generics
VELTASSA POWDER (QL= 1 packet/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone AND Lokelma)	QL-ST	Preferred Brands
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
LABETALOL HCL IV SOLN	-	EXC
carvedilol phosphate ER cap (COREG CR equiv)	-	High Cost Generics
labetalol tab (NORMODYNE equiv)	-	Select
carvedilol tab (COREG equiv)	-	Value
BETA BLOCKERS CARDIO-SELECTIVE		
BYSTOLIC TAB (QL= 1 tab/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol)	QL-ST	Non-Preferred Brands
BYSTOLIC TAB 20MG (QL= 2 tabs/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol cap)	QL-ST	Non-Preferred Brands
KAPSPARGO CAP	-	Non-Preferred Brands
acebutolol cap (SECTRAL equiv)	-	Select
betaxolol tab (KERLONE equiv)	-	Select
bisoprolol tab (ZEBETA equiv)	-	Select
nebivolol hcl tab (BYSTOLIC equiv) (QL= 1 tab/day)	QL	Select
atenolol tab (TENORMIN equiv)	-	Value
metoprolol ER tab (TOPROL XL equiv)	-	Value
metoprolol tab (LOPRESSOR equiv)	-	Value
BETA BLOCKERS NON-SELECTIVE		
HEMANGEOL SOLN	-	Non-Preferred Brands
INDERAL XL CAP, INNOPRAN XL CAP	-	Non-Preferred Brands
SOTYLIZE SOLN	-	Non-Preferred Brands
nadolol tab (CORGARD equiv)	-	Select
pindolol tab (VISKEN equiv)	-	Select
propranolol ER cap (INDERAL LA equiv)	-	Select
propranolol oral soln	-	Select

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BETA BLOCKERS Cont.		
PROPRANOLOL SOLN	-	Select
propranolol tab (INDERAL equiv)	-	Select
sotalol AF tab (BETAPACE AF equiv)	-	Select
sotalol tab (BETAPACE equiv)	-	Select
timolol maleate tab (BLOCADREN equiv)	-	Select
BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SL TAB (QL= 30 tabs/30 days; Step req trial of montelukast tab/chew tab/packet)	QL-ST	Non-Preferred Brands
ORALAIR SL TAB (QL= 30 tabs/30 days; Step req trial of montelukast tab/chew tab/packet)	QL-ST	Non-Preferred Brands
RAGWITEK SL TAB (QL= 30 tabs/30 days; Step req trial of montelukast tab/chew tab/packet)	QL-ST	Non-Preferred Brands
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKER COMBINATIONS		
CONSENSI TAB (QL= 30 tabs/30 days; Step Therapy requires trial of amlodipine and celecoxib)	QL-ST	Non-Preferred Brands
CALCIUM CHANNEL BLOCKERS		
nimodipine cap (NIMOTOP equiv)	-	High Cost Generics
nisoldipine ER tab (SULAR equiv)	-	High Cost Generics
CONJUPRI TAB, LEVAMLODIPINE TAB (QL= 1 tab/day; Step therapy requires trial of 2: nifedipine IR/ER, felodipine ER, nicardipine, isradipine, amlodipine)	QL-ST	Non-Preferred Brands
KATERZIA SUSP (Step Therapy requires trial of amlodipine)	ST	Non-Preferred Brands
NORLIQVA ORAL SOLN (QL= 300ml/30 days)	QL	Non-Preferred Brands
NYMALIZE SOLN	-	Non-Preferred Brands
VERAPAMIL CAP ER	-	Non-Preferred Brands
verapamil SR cap (VERELAN equiv) (Step Therapy requires trial of verapamil ER tab (generic Calan))	ST	Non-Preferred Brands
VERELAN CAP	-	Non-Preferred Brands
VERELAN PM ER CAP	-	Non-Preferred Brands

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

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
ENTRESTO TAB (QL= 2 tabs/day)	QL	Preferred Brands
isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day)	QL	Select
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS		
LODOCO TAB (QL= 30 tabs/30 days)	PA-QL	Non-Preferred Brands
CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS		
INPEFA TAB (QL= 30 tabs/30 days; Step therapy requires trial of Jardiance and Farxiga)	QL-ST	Non-Preferred Brands
IMPOTENCE AGENTS		
CIALIS TAB (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	Non-Preferred Brands
tadalafil tab (CIALIS equiv) (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	Select
PERIPHERAL VASODILATORS		
ISOXSUPRINE TAB (QL= 120 tabs/30 days)	QL	Preferred Brands
PROSTAGLANDIN VASODILATORS		
treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty
treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty
treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Generic Specialty
ORENITRAM TAB MONTH PAK (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
REMODULIN INJ 10MG/ML (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty
REMODULIN INJ 1MG/ML (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty
REMODULIN INJ 2.5MG/ML (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty
REMODULIN INJ 5MG/ML (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty
ORENITRAM TAB (Only available through Accredo 888-773-7376)	LD-PA	Preferred Specialty
TYVASO DPI POWDER 16-32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day)	AMSP-PA-QL	Generic Specialty
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Generic Specialty
LETAIRIS TAB (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty
TRACLEER TAB 62.5MG, 125MG (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	AMSP-PA-QL	Generic Specialty
REVATIO TAB (QL= 3 tabs/day)	QL	Non-Preferred Brands
LIQREV SUSP (QL= 6ml/day; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty
REVATIO SUSP (QL= 224ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty
TADLIQ SUSP (QL= 10ml/day)	AMSP-PA-QL	Non-Preferred Specialty
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	Select
tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day)	QL	Select
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI INJ	-	EXC
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
SINUS NODE INHIBITORS		

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
CORLANOR SOLN	PA	Non-Preferred Brands
CORLANOR TAB	PA	Non-Preferred Brands
TRANSTHYRETIN STABILIZERS		
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
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB (QL= 30 tabs/30 days)	QL	Non-Preferred Brands
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
CEFAZOLIN INJ	-	EXC
CEFAZOLIN SODIUM IV SOLN PREF SYRINGE	-	EXC
cephalexin cap 750mg (QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexin 500mg tab/cap)	QL-ST	High Cost Generics
CEFADROXIL TAB	-	Non-Preferred Brands
cefadroxil cap (DURICEF equiv)	-	Select
cefadroxil susp (DURICEF equiv)	-	Select
cefadroxil tab (DURICEF equiv)	-	Select
cephalexin cap (KEFLEX equiv)	-	Select
cephalexin susp (KEFLEX equiv)	-	Select
CEPHALEXIN TAB	-	Select
CEPHALOSPORINS - 2ND GENERATION		
CEFOTETAN INJ	-	EXC
CEFACLOR CAP	-	Non-Preferred Brands
CEFACLOR ER TAB	-	Non-Preferred Brands
CEFACLOR SUSP	-	Non-Preferred Brands
cefprozil susp (CEFZIL equiv)	-	Select
cefprozil tab (CEFZIL equiv)	-	Select
cefuroxime tab (CEFTIN equiv)	-	Select
CEPHALOSPORINS - 3RD GENERATION		

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DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
CEFDITOREN TAB	-	Non-Preferred Brands
SPECTRACEF TAB	-	Non-Preferred Brands
SUPRAX CAP	-	Non-Preferred Brands
SUPRAX CHEW TAB	-	Non-Preferred Brands
SUPRAX SUSP	-	Non-Preferred Brands
cefdinir cap (OMNICEF equiv)	-	Select
cefdinir susp (OMNICEF equiv)	-	Select
cefixime cap (SUPRAX equiv)	-	Select
cefixime susp (SUPRAX equiv)	-	Select
cefpodoxime proxetil susp (VANTIN equiv)	-	Select
cefpodoxime proxetil tab (VANTIN equiv)	-	Select
CHEMICALS		
BULK CHEMICALS - E'S		
EFLORNITHINE POWDER	-	EXC
ERLOTINIB HCL (BULK) POWDER	-	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 - S'S		
SQUALENE LIQ	-	EXC
BULK CHEMICALS - T'S		
TRAMETINIB POWDER	-	EXC
BULK CHEMICALS - V'S		
VITAMIN A OIL	-	EXC
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
BALCOLTRA TAB	-	Non-Preferred Brands
BEYAZ TAB	-	Non-Preferred Brands

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CONTRACEPTIVES Cont.		
FALESSA KIT	-	Non-Preferred Brands
SEASONIQUE TAB (QL= 91 tabs/84 days)	QL	Non-Preferred Brands
YAZ TAB	-	Non-Preferred Brands
amethyst tab (LYBREL equiv)	-	Preventive
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	Preventive
cryselle tab	-	Preventive
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	Preventive
enpresse tab (TRI-LEVELEN equiv)	-	Preventive
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	Preventive
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	Preventive
junel FE tab (LOESTRIN FE equiv)	-	Preventive
junel tab (LOESTRIN equiv)	-	Preventive
kelnor tab (DEMULEN equiv)	-	Preventive
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	Preventive
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	Preventive
LO LOESTRIN TAB	-	Preventive
mibelas chew tab (MINASTRIN equiv)	-	Preventive
NATAZIA TAB	-	Preventive
NEXTSTELLIS TAB (QL= 28 tabs/24 days)	QL	Preventive
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv)	-	Preventive
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	Preventive
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	Preventive
nortrel tab (OVCON 35 equiv)	-	Preventive
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	Preventive

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LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit	OTC	Over-the-Counter
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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program				

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
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		
NUVARING	-	Non-Preferred Brands
ANNOVERA RING	-	Preventive
eluryng vaginal ring (NUVARING equiv)	-	Preventive
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD	-	Preventive
EMERGENCY CONTRACEPTIVES		
PLAN B TAB	OTC	Non-Preferred Brands
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 INJ (QL= 1 inj/84 days)	QL	Non-Preferred Brands
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days)	QL	Preventive

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days)	QL	Preventive
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD	-	Preventive
MIRENA IUD	-	Preventive
SKYLA IUD	-	Preventive
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	Preventive
SLYND TAB	-	Preventive
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
HEXATRIONE SUSP	-	EXC
budesonide ER tab (UCERIS equiv)	-	High Cost Generics
prednisolone ODT (ORAPRED equiv) (Step therapy requires trial of two of the following: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	High Cost Generics
prednisolone tab (MILLIPRED equiv) (Step therapy requires trial of 2: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	High Cost Generics
ALKINDI SPRINKLE CAP	PA	Non-Preferred Brands
DXEVO 11-DAY PAK (Step therapy requires trial of dexamethasone tab/soln)	ST	Non-Preferred Brands
FLO-PRED SUSP	-	Non-Preferred Brands
MILLIPRED DP PAK	-	Non-Preferred Brands
MILLIPRED TAB	-	Non-Preferred Brands
ORTIKOS ER CAP	-	Non-Preferred Brands
PREDNISOLONE ODT TAB	-	Non-Preferred Brands
RAYOS TAB	PA	Non-Preferred Brands
TARPEYO CAP (QL= 120 caps/30 days)	PA-QL	Non-Preferred Brands

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DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
AGAMREE SUSP (QL= 225ml/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	Non-Preferred Specialty
EMFLAZA SUSP (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
EMFLAZA TAB	PA	Non-Preferred Specialty
CORTISONE ACETATE TAB	-	Preferred Brands
DEXAMETHASONE CONC	-	Preferred Brands
DEXAMETHASONE SOLN	-	Preferred Brands
DEXAMETHASONE TAB 20MG (QL= 8 tabs/30 days)	QL	Preferred Brands
DEXPAK TAB (Step Therapy requires trial of dexamethasone)	ST	Preferred Brands
PREDNISOLONE SOLN	-	Preferred Brands
SOLU-CORTEF INJ	-	Preferred Brands
deflazacort tab (EMFLAZA equiv)	AMSP-PA	Preferred Specialty
budesonide SR cap (ENTOCORT EC equiv)	-	Select
dexamethasone elixir	-	Select
dexamethasone pak (DEXPAK equiv)	-	Select
dexamethasone tab (DEXAMETHASONE equiv)	-	Select
hydrocortisone tab (CORTEF equiv)	-	Select
methylprednisolone dose pack (MEDROL equiv)	-	Select
methylprednisolone tab (MEDROL equiv)	-	Select
PREDNISOLONE SOLN	-	Select
prednisolone soln (PEDIAPRED equiv)	-	Select
prednisone pack	-	Select
PREDNISONE SOLN	-	Select
prednisone tab (DELTASONE equiv)	-	Select
MINERALOCORTICOIDS		
fludrocortisone tab (FLORINEF equiv)	-	Select
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
HYCODAN SYRUP	-	Non-Preferred Brands
benzonatate cap (TESSALON equiv)	-	Select
hydrocodone/homatropine syrup (HYCODAN equiv)	-	Select
tussigon tab (HYCODAN equiv)	-	Select
COUGH/COLD/ALLERGY COMBINATIONS		
ACETAMINOPHEN W/ DM LIQUID	OTC	EXC

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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
ADVIL COLD/SINUS CAP	-	EXC
ALAHIST DM LIQ	OTC	EXC
ALAHIST DM LIQUID	OTC	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
cetirizine/pseudoepherine tab 5-120mg	-	EXC
CLARINEX-D TAB	-	EXC
CLARINEX-D TAB 12 HOUR	-	EXC
CLARITIN-D TAB 10-240MG	-	EXC
CLARITIN-D TAB 5-120MG	-	EXC
CPB WC LIQUID	-	EXC
DECON-A LIQUID	OTC	EXC
dextromethorphan-guaifenesin liquid 20-200mg/20ml (ROBITUSSIN equiv)	-	EXC
DIMETAPP LIQUID	-	EXC
diphenhydramine-phenylephrine tab	-	EXC
diphenhydramine-phenylephrine-apap liquid (DIMETAPP equiv)	-	EXC
doxylamine-dm liquid (ROBITUSSIN equiv)	-	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 COLD/FLU CAP	OTC	EXC
mucus D max tab	-	EXC
PEDIACARE MS LIQ COLD	-	EXC
PEDIATEX TDM SUSP	-	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-ibuprofen cap	-	EXC

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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
ROBITUSSIN COUGH DM LIQUID	-	EXC
ROBITUSSIN COUGH DM LIQUID 20-200MG/20ML	-	EXC
ROBITUSSIN LIQ DM	-	EXC
SB FLU HBP TAB	OTC	EXC
SEMPREX-D CAP 8-60MG	-	EXC
TRIPROLIDINE-DEXTROMETHORPHAN 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
ZYRTEC-D TAB 5-120MG	-	EXC
ACTINEL PEDIATRIC LIQUID (QL= 2400ml/30 days)	QL	Non-Preferred Brands
MUCINEX LIQUID	-	Non-Preferred Brands
OBREDON SOLN (QL= 1800ml/30 days)	QL	Non-Preferred Brands
POLY-TUSSIN DM SYRUP	-	Non-Preferred Brands
TUSSICAPS (QL= 20 caps/fill, 2 fills/30 days)	QL	Non-Preferred Brands
TUXARIN ER TAB (QL= 20 tabs/fill, 2 fills/30 days)	QL	Non-Preferred Brands
TUZISTRA XR SUSP (QL= 120ml/fill, 2 fills/30 days)	QL	Non-Preferred Brands
ACTINEL LIQUID (QL= 1200ml/30 days)	QL	Preferred Brands
CAPMIST DM TAB (QL= 4 tabs/day)	QL	Preferred Brands
CODITUSSIN LIQUID DAC (QL= 1200ml/30 days)	QL	Preferred Brands
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month)	OTC-QL	Preferred Brands
LORTUSS LIQUID (QL= 1200ml/30 days)	QL	Preferred Brands
MAR-COF CG LIQUID (QL= 473ml/month)	QL	Preferred Brands
M-END DMX LIQUID (QL= 1800ml/30 days)	QL	Preferred Brands
NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days)	QL	Preferred Brands

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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
STAHIST AD TAB 25-60MG (QL= 4 tabs/day)	QL	Preferred Brands
ADVIL COLD/ TAB SINUS (QL= 240 tabs/30 days)	QL	Select
cold/allergy elx children (QL= 2400ml/30 days)	QL	Select
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month)	OTC-QL	Select
HYD POL/CPM SUSP (QL= 10ml/day)	QL	Select
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	Select
ibuprofen tab cold/sinus (QL= 240 tabs/30 days)	QL	Select
LORTUSS EX LIQUID (QL= 1200ml/30 days)	QL	Select
promethazine DM syrup	-	Select
PROMETHAZINE VC SYRUP	-	Select
promethazine VC syrup (PHENERGAN VC equiv)	-	Select
PROMETHAZINE VC/CODEINE SYRUP	-	Select
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	Select
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	Select
triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day)	QL	Select
trispec pse liquid (QL= 1200ml/30 days)	OTC-QL	Select
tussin cf liquid (QL= 1200ml/30 days)	QL	Select
EXPECTORANTS		
MUCINEX TAB	-	Non-Preferred Brands
SSKI ORAL SOLN (QL= 90ml/30 days)	QL	Non-Preferred Brands
potassium iodide oral soln (SSKI equiv) (QL= 90ml/30 days)	QL	Select
MISC. RESPIRATORY INHALANTS		
NEBUSAL NEB SOLN	-	Non-Preferred Brands
sodium chloride neb soln (HYPER-SAL equiv)	-	Select
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	Select
DERMATOLOGICALS		
ACNE PRODUCTS		
adapalene gel (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
AVAR AEROSOL FOAM	-	EXC
AVAR GEL	-	EXC
AVAR PAD	-	EXC
BENZAC WASH	-	EXC
BENZACLIN GEL	-	EXC
BENZAMYCIN GEL	-	EXC
BENZAMYCIN GEL PACK	-	EXC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
BENZEPRO LIQUID CREAMY	OTC	EXC
BENZIQ LS GEL	-	EXC
benzoyl peroxide cloth	-	EXC
benzoyl peroxide foam (DAYLOGIC equiv)	OTC	EXC
benzoyl peroxide gel	-	EXC
benzoyl peroxide liquid	-	EXC
benzoyl peroxide wash kit	-	EXC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	EXC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	EXC
CABTREO GEL	-	EXC
CLARIFOAM EF FOAM	-	EXC
CLENIA PLUS SUSP	-	EXC
CLINDACIN KIT	-	EXC
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	EXC
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	--OTC	EXC
CLINDAVIX KIT	-	EXC
DEOXIATAR SOLN	-	EXC
DIADIMAXIA, DIASDIMAXIA CREAM	-	EXC
DIAOXIA, DIASOXIA CREAM	-	EXC
DIASAXIATAR CREAM	-	EXC
DIASAXIATAR GEL	-	EXC
DIFFERIN GEL 0.1%	OTC	EXC
EPIDUO FORTE GEL 0.3-2.5%	-	EXC
EPIDUO GEL 0.1-2.5%	-	EXC
EPSOLAY CREAM	-	EXC
erythromycin/benzoyl peroxide gel	-	EXC
FLUOXIA CREAM	-	EXC
INZDEAXIAVAR GEL	-	EXC
NIACINAMIDE/SULFACETAMIDE CREAM	-	EXC
NIACINAMIDE-TRETINOIN GEL	-	EXC
NUCARARXPAK KIT	-	EXC
ONZDEAXIADEM GEL	-	EXC
ONZDEAXIAZAR GEL	-	EXC
OXIAICE LOTION	-	EXC
PLEXION LOTION	-	EXC
PLEXION SCT CREAM	-	EXC
PRASCION RA CREAM	-	EXC
RIAX FOAM	-	EXC
ROSULA EMULSION	-	EXC
ROSULA GEL	-	EXC
ROSULA WASH	-	EXC
SALICYLIC ACID/SULFACETAMIDE SUSP	-	EXC
sodium sulfacetamide/sulfur cream (PLEXION SCT equiv)	-	EXC
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	EXC
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	EXC
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	EXC
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	EXC

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DERMATOLOGICALS Cont.		
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	EXC
sodium sulfacetamide/sulfur kit (ROSANIL KIT equiv)	-	EXC
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	EXC
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	EXC
sodium sulfacetamide/sulfur susp (PLEXION TS equiv)	-	EXC
sodium sulfacetamide/sulfur wash (SUMAXIN WASH equiv)	-	EXC
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	EXC
SUMADAN KIT, SUMAXIN KIT	-	EXC
SUMADAN XLT KIT	-	EXC
SUMAXIN WASH	-	EXC
TRETIN-X KIT	-	EXC
TWYNEO CREAM	OTC	EXC
ZMA CLEAR SUSP	-	EXC
clindamycin foam (EVOCLIN equiv) (QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	High Cost Generics
clindamycin/tretinoin gel (ZIANA equiv) (QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin)	QL-ST	High Cost Generics
dapsone gel (ACZONE equiv) (QL= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	High Cost Generics
tretinoin gel (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	High Cost Generics
ABSORICA CAP (Step Therapy requires trial of amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, or zenatane cap)	ST	Non-Preferred Brands
ABSORICA LD CAP (QL= 2 caps/day)	QL	Non-Preferred Brands
ACZONE GEL 5% (QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide)	QL-ST	Non-Preferred Brands
ACZONE GEL 7.5% (QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide)	QL-ST	Non-Preferred Brands
ADAPALENE SOLN (QL= 360mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream)	QL-ST	Non-Preferred Brands
AKLIEF CREAM (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands
ALTRENO LOTION (QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream)	QL-ST	Non-Preferred Brands
AMZEEQ FOAM (QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Non-Preferred Brands
ARAZLO LOTION (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands

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DERMATOLOGICALS Cont.		
ATRALIN GEL, RETIN-A GEL (QL= 360g/30 days)	QL	Non-Preferred Brands
AZELEX CREAM (QL= 300g/30 days; ST req trial of 2: adapalene, tretinoin, clindamycin, erythromycin, azelaic acid 15% gel)	QL-ST	Non-Preferred Brands
CLEOCIN-T GEL (QL= 360g/30 days)	QL	Non-Preferred Brands
DIFFERIN CREAM (QL= 360g/30 days)	QL	Non-Preferred Brands
DIFFERIN GEL (QL= 360g/30 days)	QL	Non-Preferred Brands
DIFFERIN LOTION (QL= 472mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream)	QL-ST	Non-Preferred Brands
ERYGEL GEL	-	Non-Preferred Brands
EVOCLIN FOAM (QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Non-Preferred Brands
FABIOR AEROSOL FOAM (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands
RETIN-A CREAM (QL= 360g/30 days)	QL	Non-Preferred Brands
RETIN-A MICRO GEL 0.04%, 0.1% (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands
RETIN-A MICRO GEL 0.08%, 0.06% (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands
TRETIN-X CREAM (QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream)	QL-ST	Non-Preferred Brands
WINLEVI CREAM (QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin)	QL-ST	Non-Preferred Brands
ZIANA GEL (QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin)	QL-ST	Non-Preferred Brands
adapalene cream (DIFFERIN equiv) (QL= 360g/30 days)	QL	Select
adapalene gel 0.3% (DIFFERIN equiv) (QL= 360g/30 days)	QL	Select
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	Select
clindamycin gel (CLEOCIN GEL equiv)	-	Select
clindamycin lotion (CLEOCIN- T equiv)	-	Select
clindamycin pad (CLEOCIN-T equiv)	-	Select

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

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clindamycin topical soln (CLEOCIN-T equiv)	-	Select
ERY PAD	-	Select
erythromycin gel	-	Select
erythromycin pad	-	Select
erythromycin soln	-	Select
sodium sulfacetamide lotion (KLARON equiv)	-	Select
tretinoin cream (RETIN-A CREAM equiv) (QL= 360g/30 days)	QL	Select
tretinoin gel (RETIN-A GEL equiv) (QL= 360g/30 days)	QL	Select
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT	-	Non-Preferred Brands
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
RENOVA CREAM	-	EXC
ANALGESICS - TOPICAL		
menthol gel (RA COLD GEL THERAPY equiv)	-	EXC
MENTHOL GEL 5.5%	-	EXC
PRAKETAMIDE CREAM	-	EXC
RA COLD GEL THERAPY	-	EXC
ANTIBIOTICS - TOPICAL		
IDARAN OINT	-	EXC
NANRAN OINT	-	EXC
ALTABAX OINT	-	Non-Preferred Brands
BACTROBAN CREAM	-	Non-Preferred Brands
CENTANY OINT	-	Non-Preferred Brands
CORTISPORIN CREAM	-	Non-Preferred Brands
CORTISPORIN OINT	-	Non-Preferred Brands
NEO-SYNALAR CREAM	-	Non-Preferred Brands
NEO-SYNALAR KIT	-	Non-Preferred Brands
XEPI CREAM (QL= 30gm/30 days)	QL	Non-Preferred Brands
gentamicin sulfate cream	-	Select
gentamicin sulfate oint	-	Select
mupirocin cream (BACTROBAN CREAM equiv)	-	Select

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DERMATOLOGICALS Cont.		
mupirocin oint (BACTROBAN OINT equiv)	-	Select
ANTIFUNGALS - TOPICAL		
ATHLETE FOOT SPRAY	OTC	EXC
DERMETAZOLE PAK	-	EXC
HEXIOUNYL LOTION	-	EXC
HIXDEFRIMA SOLN	-	EXC
MYCOZYL HC LIQ	-	EXC
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
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	High Cost Generics
ketoconazole foam 2% (EXTINA equiv)	-	High Cost Generics
naftifine cream (NAFTIN equiv) (QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products)	QL-ST	High Cost Generics
naftifine gel (NAFTIN equiv)	-	High Cost Generics
naftifine hcl gel 2% (QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream)	QL-ST	High Cost Generics
oxiconazole nitrate cream (OXISTAT equiv)	-	High Cost Generics
tavaborole soln (KERYDIN SOLN equiv) (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	High Cost Generics
ALOQUIN GEL	-	Non-Preferred Brands
ECOZA FOAM	-	Non-Preferred Brands
ERTACZO CREAM	-	Non-Preferred Brands
EXELDERM CREAM, SULCONAZOLE CREAM	-	Non-Preferred Brands
EXELDERM SOLN, SULCONAZOLE SOLN	-	Non-Preferred Brands
EXTINA FOAM	-	Non-Preferred Brands

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
JUBLIA SOLN (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Non-Preferred Brands
KERYDIN SOLN (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Non-Preferred Brands
LOPROX CREAM	-	Non-Preferred Brands
LOPROX SUSP	-	Non-Preferred Brands
LULICONAZOLE CREAM, LUZU CREAM (QL= 60gm/28 days)	QL	Non-Preferred Brands
MENTAX CREAM	-	Non-Preferred Brands
NAFTIN GEL	-	Non-Preferred Brands
NAFTIN GEL (QL= 1 tube/30 days; Step therapy requires trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream)	--QL-ST	Non-Preferred Brands
NAFTIN GEL 2% (QL= 60 grams/30 days)	QL	Non-Preferred Brands
NIZORAL SHAMPOO	-	Non-Preferred Brands
OXISTAT LOTION	-	Non-Preferred Brands
XOLEGEL	-	Non-Preferred Brands
XOLEGEL COREPAK KIT	-	Non-Preferred Brands
NAFTIFINE CREAM 1%	-	Preferred Brands
ciclopirox cream (LOPROX CREAM equiv)	-	Select
ciclopirox gel (LOPROX GEL equiv)	-	Select
ciclopirox nail soln (PENLAC SOLN equiv)	-	Select
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	Select
ciclopirox topical susp (LOPROX SUSP equiv)	-	Select
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	Select
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	Select
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	Select
econazole cream (SPECTAZOLE equiv)	-	Select
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	Select

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DERMATOLOGICALS Cont.		
ketoconazole cream (NIZORAL CREAM equiv)	-	Select
ketoconazole shampoo	-	Select
nizoral a-d shampoo (NIZORAL equiv)	OTC	Select
nystatin cream (MYCOSTATIN CREAM equiv)	-	Select
nystatin oint	-	Select
nystatin topical powder	-	Select
nystatin/triamcinolone cream	-	Select
nystatin/triamcinolone oint	-	Select
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC SOD SOLN 2%, CAPSAICIN CREAM 0.025% THER PACK	-	EXC
diclofenac sodium gel kit (VENNGEL equiv)	-	EXC
diclofenac sodium soln (XRYLIX equiv)	-	EXC
DICLOFENAC SODIUM-MENTHOL-LIDOCAINE PATCH	-	EXC
DICLONA GEL	-	EXC
DICLONA+ PAD	-	EXC
VENNGEL ONE KIT	OTC	EXC
XRYLIX PAK	-	EXC
diclofenac sodium soln 2% (Step therapy requires trial of of diclofenac 1.5% soln)	ST	High Cost Generics
DICLOFENAC PATCH, FLECTOR PATCH (QL= 60 patches/30 days)	QL	Non-Preferred Brands
LICART PATCH	-	Non-Preferred Brands
PENNSAID SOLN 2% (Step therapy requires trial of of diclofenac 1.5% soln)	ST	Non-Preferred Brands
VOPAC 5 CREAM	-	Non-Preferred Brands
diclofenac gel 1% (VOLTAREN equiv)	-	Select
diclofenac soln 1.5% (PENNSAID equiv)	-	Select
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
LEVULAN SOLN	-	EXC
QUIDROXZAR GEL	-	EXC
QUITAR GEL	-	EXC
ROAOXIA GEL	-	EXC
bexarotene gel (TARGRETIN equiv) (QL= 60g/30 days)	AMSP-PA-QL	Generic Specialty
CARAC CREAM	-	Non-Preferred Brands
FLUOROPLEX CREAM	-	Non-Preferred Brands
FLUOROURACIL CREAM 0.5%	-	Non-Preferred Brands

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
KLISYRI OINT (QL= 5 grams/5 days)	PA-QL	Non-Preferred Brands
PANRETIN GEL	-	Non-Preferred Brands
PICATO GEL (QL= 2 tubes/60 days)	QL	Non-Preferred Brands
PICATO GEL (QL= 3 tubes/60 days)	QL	Non-Preferred Brands
TARGRETIN GEL	AMSP-PA	Non-Preferred Specialty
FLUOROURACIL SOLN	-	Preferred Brands
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum 877-445-6874)	LD-PA-QL	Preferred Specialty
diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month)	QL	Select
fluorouracil cream (EFUDEX CREAM equiv)	-	Select
ANTIPRURITICS - TOPICAL		
doxepin hcl cream (ST req trial of a topical corticosteroid AND topical tacrolimus)	ST	High Cost Generics
DOXEPIN HCL CREAM (ST req trial of a topical corticosteroid AND topical tacrolimus)	ST	Non-Preferred Brands
ANTIPSORIATICS		
calcipotriene cream (TRIONEX equiv)	-	EXC
CALSODORE PAK	-	EXC
COSENTYX INJ	-	EXC
DIOOXIA CREAM	-	EXC
ILUMYA INJ	-	EXC
SPEVIGO INJ	-	EXC
TRIONEX PACK	-	EXC
acitretin cap (SORIATANE equiv) (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	High Cost Generics
tazarotene gel 0.1% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	High Cost Generics
CALCIPOTRIENE FOAM (QL= 60gm/30 days; Step therapy requires trial of calcipotriene soln)	QL-ST	Non-Preferred Brands
CALCIPOTRIENE FOAM, SORILUX FOAM (QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln)	QL-ST	Non-Preferred Brands
CALCITRIOL OINT	-	Non-Preferred Brands

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
METHOXSALEN CAP	-	Non-Preferred Brands
TAZORAC CREAM (QL= 360g/30 days)	QL	Non-Preferred Brands
TAZORAC CREAM 0.05% (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Non-Preferred Brands
TAZORAC GEL (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	-	Non-Preferred Brands
TAZORAC GEL 0.1% (QL= 100g/30 days; Step Therapy requires trial of tazarotene cream)	QL-ST	Non-Preferred Brands
TAZORAC GEL 0.1% (QL= 30g/30 days; Step Therapy requires trial of tazarotene cream)	QL-ST	Non-Preferred Brands
VTAMA CREAM (QL= 60 grams/30 days)	PA-QL	Non-Preferred Brands
ZITHRANOL SHAMPOO	-	Non-Preferred Brands
ZORYVE CREAM (QL= 60 grams/30 days; Step therapy requires trial of calcipotriene cream/oint/soln AND topical tacrolimus oint)	QL-ST	Non-Preferred Brands
BIMZELX INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
SILIQ INJ (QL= 4 inj/28 days)	LMSP-PA-QL	Non-Preferred Specialty
SORIATANE CAP (Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel 0.1-2.5%, tretinoin cream, tretinoin gel, or tretinoin gel; Only available through Walgreens 888-347-3416)	LD-ST	Non-Preferred Specialty
SOTYKTU TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty
TALTZ INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty
COSENTYX INJ (2-PACK) (QL= 2 inj/56 days)	AMSP-PA-QL	Preferred Specialty
COSENTYX INJ 300MG/2ML (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty
SKYRIZI INJ 150MG/ML (QL= 1 syringe/84 days)	AMSP-PA-QL	Preferred Specialty
SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days)	AMSP-PA-QL	Preferred Specialty

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
SKYRIZI PEN 150MG/ML (QL= 1 pen/84 days)	AMSP-PA-QL	Preferred Specialty
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Preferred Specialty
TREMFYA INJ (QL= 1 inj/56 days)	AMSP-PA-QL	Preferred Specialty
calcipotriene cream (DOVONEX CREAM equiv)	-	Select
calcipotriene oint	-	Select
calcipotriene soln (DOVONEX SOLN equiv)	-	Select
methoxsalen cap (OXSORALEN ULTRA equiv)	-	Select
tazarotene cream 0.1% (TAZORAC equiv) (QL= 360g/30 days)	QL	Select
tazarotene gel (TAZORAC equiv) (QL= 360g/30 days)	QL	Select
ANTISEBORRHEIC PRODUCTS		
DERMAZINC BAR SOAP	-	EXC
ESKATA SOLN	-	EXC
MICURADERM EMU	-	EXC
OVACE PLUS CREAM	-	EXC
OVACE PLUS GEL	-	EXC
OVACE PLUS LOTION	-	EXC
OVACE PLUS FOAM	-	EXC
SODIUM SULFACETAMIDE CLEANSER	-	EXC
sodium sulfacetamide gel (OVACE PLUS equiv)	-	EXC
sodium sulfacetamide shampoo (OVACE equiv)	-	EXC
sodium sulfacetamide wash (OVACE WASH equiv)	-	EXC
SELRX SHAMPOO	-	Non-Preferred Brands
selenium sulfide lotion	-	Select
selenium sulfide shampoo (SELSEB equiv)	-	Select
ANTIVIRALS - TOPICAL		
acyclovir cream (ZOVIRAX equiv)	-	High Cost Generics
acyclovir oint (ZOVIRAX OINT equiv)	-	High Cost Generics
penciclovir cream (DENAVIR equiv) (QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB)	QL-ST	High Cost Generics
DENAVIR CREAM (QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB)	QL-ST	Non-Preferred Brands
XERESE CREAM	-	Non-Preferred Brands
ZOVIRAX OINT	-	Non-Preferred Brands
BURN PRODUCTS		
RAYASORE KIT	-	EXC

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DERMATOLOGICALS Cont.		
SULFAMYLON CREAM	-	Preferred Brands
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	Select
CAUTERIZING AGENTS		
GRAFCO SILVER NITRATE APPLICATOR	-	EXC
SILVER NITRATE SOLN	-	Preferred Brands
CORTICOSTEROIDS - TOPICAL		
ACIOXIA GEL	-	EXC
ALA-SCALP LOTION	-	EXC
HC BUTYRATE CREAM	-	EXC
HYDROCORTISONE CREAM 1%	-	EXC
hydrocortisone lotion	-	EXC
hydrocortisone oint	-	EXC
HYDROCORTISONE PAK	OTC	EXC
HYDROCORTISONE STICK	OTC	EXC
HYDROXYM GEL	-	EXC
amcinonide oint (Step therapy requires trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol))	ST	High Cost Generics
betamethasone valerate foam (LUXIQ FOAM equiv)	-	High Cost Generics
calcipotriene/betamethasone oint (TACLONEX equiv)	-	High Cost Generics
calcipotriene-betamethasone dipropionate susp (CALCIPOTRIENE/ BETAMETHASONE SUSP equiv) (QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene)	QL-ST	High Cost Generics
clobetasol E foam (OLUX E equiv)	-	High Cost Generics
clocortolone pivalate cream (CLOCORTOLONE equiv) (QL= 1 tube/30 days; Step therapy requires trial of one preferred topical steroid)	QL-ST	High Cost Generics
desonate gel	-	High Cost Generics
desoximetasone spray 0.25% (TOPICORT equiv)	-	High Cost Generics
diflorasone oint	-	High Cost Generics
fluocinonide cream 0.1%	-	High Cost Generics
flurandrenolide cream (CORDRAN equiv)	-	High Cost Generics
flurandrenolide lotion (CORDRAN equiv)	-	High Cost Generics
flurandrenolide oint (CORDRAN equiv)	-	High Cost Generics
FLUTICASONE LOTION (ST req tri of 2 lower-mid potency topical corticosteroid (eg. Betamet lot 0.05%, Fluocin crm 0.025%))	ST	High Cost Generics
fluticasone propionate lotion (CUTIVATE equiv)	-	High Cost Generics
halcinonide cream (HALOG equiv) (Step Therapy requires trial of 2 High potency corticosteroids)	ST	High Cost Generics

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DERMATOLOGICALS Cont.		
halobetasol propionate foam (HALOBETASOL AER equiv) (ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol))	ST	High Cost Generics
hydrocortisone lotion (LOCOID equiv)	-	High Cost Generics
triamcinolone acetonide oint (TRIANEX equiv)	-	High Cost Generics
triamcinolone spray (KENALOG equiv)	-	High Cost Generics
AMCINONIDE OINTMENT (ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol))	ST	Non-Preferred Brands
APEXICON E CREAM (PSORCON E equiv)	-	Non-Preferred Brands
BRYHALI LOTION, ULTRAVATE LOTION (Step Therapy requires trial of 1 topical corticosteroid lotion)	ST	Non-Preferred Brands
CALCIPOTRIENE/ BETAMETHASONE SUSP (QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene)	QL-ST	Non-Preferred Brands
CAPEX SHAMPOO	-	Non-Preferred Brands
CLOCORTOLONE CREAM	-	Non-Preferred Brands
CLODERM CREAM	-	Non-Preferred Brands
CORDRAN CREAM 0.025%	-	Non-Preferred Brands
CORDRAN OINTMENT	-	Non-Preferred Brands
CORDRAN TAPE	-	Non-Preferred Brands
DERMACINRX KIT (QL= 1 kit/30 days)	QL	Non-Preferred Brands
DESONATE GEL	-	Non-Preferred Brands
DESOWEN CREAM	-	Non-Preferred Brands
DESOWEN CREAM KIT	-	Non-Preferred Brands

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

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
DESOWEN LOTION	-	Non-Preferred Brands
DESOWEN LOTION KIT	-	Non-Preferred Brands
DESOWEN OINT KIT	-	Non-Preferred Brands
DIFLORASONE CREAM, PSORCON CREAM (Step Therapy requires trial of 2 high potency creams: betameth diprop/val, fluocinonide, mometasone, triamcin, amcinonide)	ST	Non-Preferred Brands
DUOBRII LOTION (Step Therapy requires trial of 2: high potency corticosteroids, tazarotene cream)	ST	Non-Preferred Brands
ENSTILAR FOAM	-	Non-Preferred Brands
EPIFOAM AEROSOL	-	Non-Preferred Brands
HALOBETASOL AER (ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol))	ST	Non-Preferred Brands
HALOG CREAM (Step Therapy requires trial of 2 High potency corticosteroids)	ST	Non-Preferred Brands
HALOG OINT	-	Non-Preferred Brands
HALOG SOLN	-	Non-Preferred Brands
IMPEKLO LOTION	-	Non-Preferred Brands
IMPOYZ CREAM (Step Therapy requires trial of 2 High potency corticosteroids)	ST	Non-Preferred Brands
NOVACORT GEL	-	Non-Preferred Brands
PANDEL CREAM	-	Non-Preferred Brands
PRAMOSONE LOTION	-	Non-Preferred Brands
SERNIVO SPRAY (Step Therapy requires trial of betamethasone diproprionate)	ST	Non-Preferred Brands

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
SILALITE PAK MIS	-	Non-Preferred Brands
SYNALAR CREAM	-	Non-Preferred Brands
SYNALAR OINT	-	Non-Preferred Brands
SYNALAR SOLN	-	Non-Preferred Brands
TOPICORT SPRAY 0.25%	-	Non-Preferred Brands
TRIANEX OINT	-	Non-Preferred Brands
VANOS CREAM	-	Non-Preferred Brands
VERDESO FOAM	-	Non-Preferred Brands
WYNZORA CREAM	-	Non-Preferred Brands
AMCINONIDE LOTION	-	Preferred Brands
HC BUTYRATE SOLN	-	Preferred Brands
MICORT-HC CREAM	-	Preferred Brands
PRAMOSONE CREAM 1-1%	-	Preferred Brands
PRAMOSONE E CREAM	-	Preferred Brands
PREDNICARBATE CREAM	-	Preferred Brands
PREDNICARBATE OIN	-	Preferred Brands
alclometasone cream (ACLOVATE equiv)	-	Select
alclometasone oint (ACLOVATE OINT equiv)	-	Select
AMCINONIDE CREAM 0.1%	-	Select
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	Select
BETAMETHASONE AUGMENTED GEL	-	Select
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	Select
betamethasone augmented oint (DIPROLENE OINT equiv)	-	Select
betamethasone diproprionate cream (DIPROSONE CREAM equiv)	-	Select
betamethasone diproprionate lotion	-	Select
betamethasone diproprionate oint (DIPROSONE OINT equiv)	-	Select

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
betamethasone valerate cream	-	Select
betamethasone valerate lotion	-	Select
betamethasone valerate oint	-	Select
clobetasol foam (OLUX equiv)	-	Select
clobetasol lotion (CLOBEX equiv)	-	Select
clobetasol propionate cream (TEMOVATE equiv)	-	Select
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	Select
clobetasol propionate gel (TEMOVATE GEL equiv)	-	Select
clobetasol propionate oint (TEMOVATE equiv)	-	Select
clobetasol propionate soln (TEMOVATE equiv)	-	Select
clobetasol shampoo (CLOBEX equiv)	-	Select
clobetasol spray (CLOBEX equiv)	-	Select
dermawerx pak (DERMACINRX KIT equiv) (QL= 1 kit/30 days)	QL	Select
desonide cream	-	Select
desonide lotion	-	Select
desonide oint	-	Select
desoximetasone cream (TOPICORT CREAM equiv)	-	Select
desoximetasone gel (TOPICORT equiv)	-	Select
desoximetasone oint (TOPICORT equiv)	-	Select
FLUOCINOLONE ACET CREAM	-	Select
fluocinolone acetonide cream	-	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
halobetasol propionate cream (ULTRAVATE equiv)	-	Select
halobetasol propionate oint (ULTRAVATE equiv)	-	Select
halonate pac kit (ULTRAVATE KIT equiv)	-	Select
HC BUTYRATE CREAM	-	Select
hydrocortisone butyrate cream (LOCOID equiv)	-	Select
hydrocortisone butyrate lipocream (LOCOID equiv)	-	Select
hydrocortisone butyrate oint (LOCOID equiv)	-	Select
hydrocortisone butyrate soln (LOCOID equiv)	-	Select
hydrocortisone cream (PROCTOCORT equiv)	-	Select
hydrocortisone lotion (HYTONE equiv)	-	Select
hydrocortisone oint	-	Select
hydrocortisone valerate cream	-	Select
hydrocortisone valerate oint (WESTCORT equiv)	-	Select
LOCOID LIPOCREAM	-	Select
mometasone cream (ELOCON equiv)	-	Select
mometasone oint (ELOCON equiv)	-	Select

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
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 Brands
ADBRY INJ (QL= 4 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
CIBINQO TAB (QL= 1 tab/day)	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	-	EXC
PRONAL GEL	-	EXC
UMECTA SUSP	-	EXC
URAMAXIN GEL	-	EXC
UREA CREAM	-	EXC
UREA EMULSION	-	EXC
UREA FOAM	-	EXC
urea gel (URAMAXIN equiv)	-	EXC
UREA LOTION	OTC	EXC
urea lotion (KERALAC LOTION equiv)	OTC--	EXC
urea soln	-	EXC
UREA SUSP	-	EXC
urea susp 40% (UMECTA equiv)	-	EXC
UREA-LACTIC ACID CREAM	OTC	EXC
umecta mouss aer (HYDRO 40 equiv)	-	High Cost Generics
HYDRO 40 FOAM	-	Non-Preferred Brands
KERAFOAM	-	Non-Preferred Brands

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
UMECTA EMULSION	-	Non-Preferred Brands
UMECTA PD EMULSION	-	Non-Preferred Brands
UREA NAIL KIT	-	Non-Preferred Brands
EMOLLIENTS		
LACTIC ACID E CREAM	-	EXC
LACTIC ACID LOTION	-	EXC
VITAMIN A GARMENT SPRAY	-	EXC
ammonium lactate cream (LAC-HYDRIN equiv)	-	Select
ammonium lactate lotion (LAC-HYDRIN equiv)	-	Select
ENZYMES - TOPICAL		
NEXOBRID GEL	-	EXC
SANTYL OINT (QL= 90gm/30 days)	QL	Preferred Brands
GLABELLAR LINES (FROWN LINES) AGENTS		
DAXXIFY INJ	-	EXC
JEUVEAU INJ	-	EXC
HAIR GROWTH AGENTS		
FINAPID SOLN	-	EXC
FINAPODTAR SOLN	-	EXC
finasteride tab (PROPECIA equiv)	-	EXC
FLYPROGPIDTA SOLN	-	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
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 3.75% (IMIQUIMOD equiv) (QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution)	QL-ST	High Cost Generics
ALDARA CREAM 5% (QL= 24gm/30 days)	QL	Non-Preferred Brands
IMIQUIMOD CREAM 3.75% (QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution)	QL-ST	Non-Preferred Brands
ZYCLARA CREAM 2.5% (QL= 7.5gm/28 days; Step Therapy requires trial of imiquimod cream)	QL-ST	Non-Preferred Brands
imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days)	QL	Select

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
NUJO SOLN	-	EXC
OXIANUJI OINT	-	EXC
OXIANUJO CREAM	-	EXC
pimecrolimus cream (ELIDEL equiv) (Step Therapy requires trial of tacrolimus oint)	ST	High Cost Generics
ELIDEL CREAM (Step Therapy requires trial of tacrolimus oint)	ST	Non-Preferred Brands
HYFTOR GEL (QL= 20 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
tacrolimus oint (PROTOPIC OINT equiv)	-	Select
KERATOLYTIC/ANTIMITOTIC AGENTS		
ATRIX SYSTEM KIT	-	EXC
COMPOUND W AER NITROFRE	-	EXC
GEAMETDRAY GEL	-	EXC
KERALYT GEL	-	EXC
METDRAY GEL	-	EXC
RAYASAL CREAM	-	EXC
SALICATE LIQUID	-	EXC
salicyclic acid soln	-	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
SALITECH LOTION	-	EXC
UREA/SALICYLIC CREAM	-	EXC
VIRASAL LIQUID	-	EXC
XALIX SOL	-	EXC
podofilox gel (CONDYLOX equiv) (QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream)	QL-ST	High Cost Generics
salicylic acid aerosol	-	High Cost Generics
CONDYLOX GEL (QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream)	QL-ST	Non-Preferred Brands
PODOFILOX SOLN (QL= 0.5ml/day)	QL	Non-Preferred Brands
SALEX SHAMPOO	-	Non-Preferred Brands
SALVAX AEROSOL	-	Non-Preferred Brands

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DERMATOLOGICALS Cont.		
SALVAX DUO PLUS KIT	-	Non-Preferred Brands
PODOCON SOLN	-	Preferred Brands
podofilox soln (CONDYLOX equiv)	-	Select
salicylic acid shampoo (SALEX equiv)	-	Select
LINIMENTS		
BABY CHEST CREAM RUB	-	EXC
camphor-menthol-methyl salicylate gel (NEURACIN equiv)	-	EXC
CAMPHOR-MENTHOL-METHYL SALICYLATE PATCH	-	EXC
menthol-methyl salicylate patch (SALONPAS equiv)	OTC	EXC
MENTHOZEN CREAM	-	EXC
MENTICAM CREAM	-	EXC
METHYL SALIC CREAM	-	EXC
METHYL SALIC OIL	-	EXC
NEURACIN GEL	-	EXC
NUVIRA PATCH	OTC	EXC
SALONPAS PAD PAIN RELIEF	OTC	EXC
LOCAL ANESTHETICS - TOPICAL		
ALOCANE SPRAY	-	EXC
BAND-AID SPRAY ANTISEPTIC	-	EXC
BENZOCAINE-ISOPROPYL ALCOHOL PADS	-	EXC
BENZOCAINE-LIDOCAINE-TETRACAINE CREAM	OTC	EXC
BURN RELIEF GEL	-	EXC
capsaicin cream	-	EXC
CIRCATA CREAM	-	EXC
LIDO/MENTHOL SPRAY	-	EXC
LIDO/RAC/TET GEL	OTC	EXC
lidocaine cream	OTC	EXC
LIDOCAINE HCL AEROSOL SOLN	-	EXC
lidocaine patch	-	EXC
lidocaine-benzalkonium liquid (ALOCANE equiv)	-	EXC
LIDOCAINE-BENZALKONIUM PAD	OTC	EXC
lidocaine-menthol gel (LIDOZENGEL equiv)	-	EXC
LIDOGEL GEL	-	EXC
LIDOZENGEL GEL/LIDO-MENTHOL GEL	-	EXC
LIDTOPIC CREAM	-	EXC
MENTHOREAL10 THERAPY PACK	-	EXC
methyl salicylate-lidocaine-menthol patch (TRICEPTIN equiv)	OTC	EXC
NENDRUX GEL	-	EXC
PRAMOXINE-CALAMINE AEROSOL	OTC	EXC
TETRACAINE OINTMENT	-	EXC
TRICEPTIN PAD	OTC	EXC
TRUBREXA PAD	-	EXC
ZYLOTROL-L KIT	-	EXC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
capsaicin/menthol topical patch (SINELEE equiv)	-	High Cost Generics
lidocaine cream 3% (LIDAMANTLE equiv)	-	High Cost Generics
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	High Cost Generics
lidocaine gel (XYLOCAINE equiv)	-	High Cost Generics
lidocaine lotion	-	High Cost Generics
ADAZIN CREAM	-	Non-Preferred Brands
ANACAINE OINT	-	Non-Preferred Brands
ANASTIA LOTION	-	Non-Preferred Brands
APRIZIO PAK KIT	-	Non-Preferred Brands
GEN7T PLUS PAD	-	Non-Preferred Brands
L.E.T. GEL	-	Non-Preferred Brands
LIDOCAINE CREAM	-	Non-Preferred Brands
LIDOCAINE HC CREAM	-	Non-Preferred Brands
LIDOCIN GEL	-	Non-Preferred Brands
LIDOSTREAM KIT	-	Non-Preferred Brands
LIDOTREX GEL	-	Non-Preferred Brands
PLIAGLIS CREAM	-	Non-Preferred Brands
PROZENA PAD	-	Non-Preferred Brands
SILVERA PAD	-	Non-Preferred Brands

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
SOLAICE PATCH	-	Non-Preferred Brands
SYNERA PATCH	-	Non-Preferred Brands
SYNVEXIA TC CREAM	-	Non-Preferred Brands
WPR PLUS	-	Non-Preferred Brands
LIDOCAINE GEL	-	Select
lidocaine gel (GLYDO equiv)	-	Select
lidocaine oint (QL= 8gm/day)	QL	Select
lidocaine soln (XYLOCAINE equiv)	-	Select
lidocaine/prilocaine cream (EMLA equiv)	-	Select
MISC. DERMATOLOGICAL PRODUCTS		
HALUCORT GEL	-	Non-Preferred Brands
NEOSALUS FOAM	-	Non-Preferred Brands
MISC. TOPICAL		
ADULT BARRIER OINT	-	EXC
DERMAFIX SPRAY	-	EXC
dimethicone cream (DERMACINRX equiv)	-	EXC
isopropyl alcohol spray	-	EXC
isopropyl alcohol wipes	OTC	EXC
lanolin-petrolatum oint (A+D equiv)	-	EXC
zinc oxide oint	-	EXC
ZINCTRAL PASTE	OTC	EXC
HYCLODEX SOLN	-	Non-Preferred Brands
QBREXZA PAD (QL= 1 pad/day)	PA-QL	Non-Preferred Brands
DRYSOL SOLN	-	Preferred Brands
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT (Step Therapy requires trial of 2: High potency corticosteroids, tacrolimus oint, pimecrolimus cream)	ST	Non-Preferred Brands
PIGMENTING-DEPIGMENTING AGENTS		
HYDROQUINONE-HYDROCORTISONE-TRETINOIN EMULSION	-	EXC
HYDROQUINONE-TRETINOIN EMULSION	-	EXC
HYDROQUINONE-TRETINOIN-TRIAMCINOLONE ACE EMUL	-	EXC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
TRI-LUMA CREAM	-	EXC
ROSACEA AGENTS		
AVEIDA GEL	-	EXC
brimonidine tartrate gel (MIRVASO equiv)	-	EXC
DAZAVEIDAOXI GEL	-	EXC
DAZOMON GEL	-	EXC
IDAOXIA GEL	-	EXC
MIRVASO GEL	-	EXC
RHOFADE CREAM	-	EXC
ivermectin cream (SOOLANTRA equiv) (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	High Cost Generics
DOXYCYCLINE CAP, ORACEA CAP (QL= 1 cap/day; Step Therapy requires trial of doxycycline hyclate, doxycycline hyclate DR, or doxycycline monohydrate)	QL-ST	Non-Preferred Brands
FINACEA FOAM	-	Non-Preferred Brands
IVERMECTIN CREAM (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Non-Preferred Brands
NORITATE CREAM (Step Therapy requires trial of azelaic acid gel or FINACEA PLUS KIT)	ST	Non-Preferred Brands
ROSADAN KIT (Step Therapy requires trial of metronidazole cream)	ST	Non-Preferred Brands
SOOLANTRA CREAM (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Non-Preferred Brands
ZILXI FOAM (QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Non-Preferred Brands
azelaic acid gel (FINACEA equiv)	-	Select
metronidazole cream (METROCREAM equiv)	-	Select
metronidazole gel (METROGEL equiv)	-	Select
metronidazole lotion (METROLOTION equiv)	-	Select
SCABICIDES & PEDICULICIDES		
EURAX CREAM	OTC	EXC
IVERMECTIN LOTION	OTC	EXC
SKLICE LOTION	OTC	EXC
ULESFIA LOTION	OTC	EXC
CROTAN LOTION (Step therapy requires trial of permethrin cream and lindane)	ST	Non-Preferred Brands
NATROBA SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Non-Preferred Brands
SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Preferred Brands

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

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
malathion lotion (OVIDE equiv)	-	Select
permethrin cream (ELIMITE CREAM equiv)	-	Select
SCAR TREATMENT PRODUCTS		
SCARCIN GEL	-	Non-Preferred Brands
SILIPAC KIT	-	Non-Preferred Brands
SUNSCREENS		
age shield lotion (CERAVE equiv)	-	EXC
TAR PRODUCTS		
coal tar shampoo (IONIL-T equiv)	-	EXC
IONIL-T SHAMPOO	-	EXC
MG217 PSORIA GEL COAL 2%	-	EXC
WOUND CARE PRODUCTS		
AMNIOTIC MEMBRANE ALLOGRAFT (HUMAN) SHEET	-	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
MIRO3D WOUND PAD	-	EXC
VYJUVEK GEL	-	EXC
ZENIFIBER AG PAD	-	EXC
cicatrace kit (REXASIL equiv)	-	High Cost Generics
ALEVICYN SOLN DERMAL	-	Non-Preferred Brands
BIAFINE EMULSION	-	Non-Preferred Brands
REGRANEX GEL (QL= 30gm/30 days)	QL	Non-Preferred Brands
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC BIOLOGICALS		
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

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

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DrugName	Special Code	Tier
DIAGNOSTIC PRODUCTS Cont.		
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
INDOCYANINE INJ	-	EXC
KINEVAC INJ	-	EXC
LEXISCAN INJ	-	EXC
PAFOLACIANINE SODIUM IV SOLN	-	EXC
regadenoson iv inj (LEXISCAN equiv)	-	EXC
GLUCAGEN INJ	-	Preferred Brands
GLUCAGON DIAGNOSTIC INJ	-	Preferred Brands
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands
DIAGNOSTIC RADIOPHARMACEUTICALS		
FLORTAUCIPIR F 18 IV SOLN	-	EXC
LYMPHOSEEK KIT	-	EXC
NEUROLITE KIT	-	EXC
POSLUMA SOLN	-	EXC
RUBIDIUM RB 82 CHLORIDE FOR IV SOLN	-	EXC
DIAGNOSTIC TESTS		
CLINISTIX TES KIDNEY	-	EXC
CLINISTIX TEST STRIP	OTC	EXC
COVID-19 TEST	OTC	EXC
CUE COVID-19 INJ TEST CARTRIDGE	OTC	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
PTS PANELS TEST CHOL+GLU	-	EXC
CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days)	QL	Preferred Brands
CONTOUR TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands

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DIAGNOSTIC PRODUCTS Cont.		
FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands
FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands
FREESTYLE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands
FREESTYLE TEST STRIPS (QL= 300 strips/30 days)	QL	Preferred Brands
PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Preferred Brands
CUE HEALTH MIS MONITOR (QL= 1 kit/year)	QL	Preventive
MISCELLANEOUS CONTRAST MEDIA		
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
VUEWAY INJ	-	EXC
XENON XE 129 HYPERPOLARIZED INHALATION GAS	-	EXC
RADIOGRAPHIC CONTRAST MEDIA		
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
FOLAFY ER TAB	OTC	EXC
levomefolate glucosamine cap	OTC	EXC
METAFOLBIC PLUS TAB	-	Non-Preferred Brands
ZYTAZE CAP	-	Non-Preferred Brands
NUTRITIONAL SUPPLEMENTS		
NUTRITIONAL SUPPLEMENT EFFERVESCENT POWDER	OTC	EXC
OSAPLEX CAP	OTC	EXC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
DIGESTIVE ENZYME CAP DELAYED RELEASE	OTC	EXC
PANCREAZE CAP, PERTZYE CAP, ZENPEP CAP (Step Therapy requires trial of Creon)	ST	Non-Preferred Brands

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DIGESTIVE AIDS Cont.		
PANCRELIPASE CAP (Step Therapy requires trial of Creon)	ST	Non-Preferred Brands
VIOKACE TAB (Step Therapy requires trial of Creon)	ST	Non-Preferred Brands
SUCRAID SOLN (Step Therapy requires trial of Creon; Only available through Optum Frontier Therapies 855-768-9727)	LD-ST	Non-Preferred Specialty
CREON CAP	-	Preferred Brands
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
dichlorphenamide tab (KEVEYIS equiv) (QL= 4 tabs/day)	AMSP-PA-QL	Generic Specialty
methazolamide tab (NEPTAZANE equiv) (Step Therapy requires trial of acetazolamide)	ST	High Cost Generics
KEVEYIS TAB (QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	Select
acetazolamide tab	-	Select
DIURETIC COMBINATIONS		
AMILORIDE/HCTZ TAB	-	Select
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	Select
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	Select
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	Select
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	Select
DIURETICS - MISCELLANEOUS		
DIUREX ULTRA TAB	OTC	EXC
LOOP DIURETICS		
ethacrynic tab (EDECRIN equiv)	-	High Cost Generics
BUMEX TAB	-	Non-Preferred Brands
SOAANZ TAB (QL= 5 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab)	QL-ST	Non-Preferred Brands
SOAANZ TAB 60MG (QL= 3 tabs/day; Step therapy requires trial of 2: bumetanide tab, furosemide tab, furosemide soln, torsemide tab)	QL-ST	Non-Preferred Brands
FUROSCIX KIT (QL= 8 kits/30 days; Step requires a trial of furosemide tabs or furosemide soln; Only available through BioMatrix Specialty Pharmacy 855-359-9679)	LD-QL-ST	Non-Preferred Specialty
bumetanide tab (BUMEX equiv)	-	Select
torsemide tab (DEMADEX equiv)	-	Select
FUROSEMIDE SOLN	-	Value
furosemide soln (LASIX equiv)	-	Value

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DIURETICS Cont.		
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	High Cost Generics
triamterene cap (DYRENIUM equiv) (Step Therapy requires trial of amiloride or spironolactone)	ST	High Cost Generics
CAROSPIR SUSP (QL= 600ml/30 days; ST req trial of furosemide oral soln)	QL-ST	Non-Preferred Brands
DYRENIUM CAP (Step Therapy requires trial of amiloride or spironolactone)	ST	Non-Preferred Brands
amiloride tab (MIDAMOR equiv)	-	Select
spironolactone tab (ALDACTONE equiv)	-	Value
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
THALITONE TAB (QL= 1 tab/day; Step therapy requires trial of chlorthalidone 25mg or chlorthalidone 50mg)	QL-ST	Non-Preferred Brands
DIURIL SUSP	-	Preferred Brands
CHLOROTHIAZIDE TAB	-	Select
chlorothiazide tab (DIURIL equiv)	-	Select
indapamide tab (LOZOL equiv)	-	Select
METHYCLOTHIAZIDE TAB	-	Select
metolazone tab (ZAROXOLYN equiv)	-	Select
chlorthalidone tab	-	Value
hydrochlorothiazide cap (MICROZIDE equiv)	-	Value
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	Value
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA TAB 1MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Non-Preferred Specialty
RECORLEV TAB (QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
BONE DENSITY REGULATORS		
XGEVA INJ	-	EXC
calcitonin inj (MIACALCIN equiv)	-	High Cost Generics
risedronate DR tab (ATELVIA equiv) (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate)	QL-ST	High Cost Generics
risedronate tab 150mg (ACTONEL equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	High Cost Generics
ACTONEL TAB 150MG (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
ACTONEL TAB 30MG (QL= 1 tab/day)	QL	Non-Preferred Brands
ACTONEL TAB 35MG (QL= 4 tabs/28 days)	QL	Non-Preferred Brands
ACTONEL TAB 5MG (QL= 1 tab/day)	QL	Non-Preferred Brands
ATELVIA TAB (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate)	QL-ST	Non-Preferred Brands
BINOSTO TAB (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate and ibandronate)	QL-ST	Non-Preferred Brands
FORTICAL NASAL SPRAY	-	Non-Preferred Brands
FOSAMAX+D TAB (Step Therapy requires trial of alendronate and ibandronate)	ST	Non-Preferred Brands
MIACALCIN INJ	-	Non-Preferred Brands
FORTEO INJ 600MCG/2.4ML (QL= 2.4 units/28 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
PROLIA INJ	AMSP-PA	Preferred Specialty
TERIPARATIDE INJ 620MCG/2.48ML (QL= 2.48 units/28 days)	AMSP-PA-QL	Preferred Specialty
TYMLOS INJ (QL= 1.56 units/30 days)	AMSP-PA-QL	Preferred Specialty
alendronate sodium oral soln (FOSAMAX equiv) (QL= 300ml/28 days)	QL	Select
calcitonin nasal spray (MIACALCIN equiv)	-	Select
ibandronate tab 150mg (BONIVA equiv)	-	Select
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		
CORTROPHIN GEL 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
ACTHAR HP GEL INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
ACTHAR INJ 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty
FERTILITY REGULATORS		
CLOMID TAB	-	EXC
OVIDREL INJ	-	EXC
GNRH/LHRH ANTAGONISTS		
cetrorelix acetate kit (CETROTIDE equiv)	-	EXC
CETROTIDE KIT	-	EXC
ORILISSA TAB 150MG (QL= 1 tab/day)	PA-QL	Non-Preferred Brands
ORILISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	Non-Preferred Brands
GANIRELIX AC INJ (Only available through Walgreens 888-347-3416)	LD-PA	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 INJ	-	Non-Preferred Brands
GROWTH HORMONES		
HUMATROPE INJ	AMSP-PA	Non-Preferred Specialty
HUMATROPE INJ, ZOMACTON INJ	AMSP-PA	Non-Preferred Specialty
NGENLA INJ (QL= 1.2ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty
NORDITROPIN INJ, NUTROPIN AQ INJ	AMSP-PA	Non-Preferred Specialty
OMNITROPE INJ	AMSP-PA	Non-Preferred Specialty
OMNITROPE INJ, ZOMACTON INJ	AMSP-PA	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
GENOTROPIN INJ 0.2MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
GENOTROPIN INJ 0.4MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 0.6MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 0.8MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 1.2MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 1.4MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 1.6MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 1.8MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 12MG (QL= 4 cartridges/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 12MG (QL= 7 cartridges/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 1MG (QL= 35 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 2MG (QL= 21 syringes/28 days)	AMSP-QL	Preferred Specialty
GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days)	AMSP-QL	Preferred Specialty
SKYTROFA INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Preferred Specialty
HORMONE RECEPTOR MODULATORS		
EVISTA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
OSPHENA TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands
raloxifene tab (EVISTA equiv) (QL= 1 tab/day)	QL	Preventive
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD	Preferred Specialty
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI INJ	-	EXC
SYNAREL NASAL SOLN	-	Preferred Brands
LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days)	AMSP-PA-QL	Preferred Specialty
LUPRON DEPOT-PED INJ (1-MONTH) (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Preferred Specialty
LUPRON DEPOT-PED INJ (3-MONTH) (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Preferred Specialty
MENOPAUSAL SYMPTOMS SUPPRESSANTS		

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

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
VEOZAH TAB (QL= 30 tabs/30 days; ST requires trial of 2: parox, escital, venlafax, desven AND trial of 1: gabapen, pregab, clonidine)	QL-ST	Non-Preferred Brands
METABOLIC MODIFIERS		
CARNITOR INJ	-	EXC
CITRULLINE EASY TAB	-	EXC
ELFABRIO SOLN	-	EXC
LAMZEDE INJ	-	EXC
levocarnitine inj (CARNITOR equiv)	-	EXC
NEXVIAZYME INJ	-	EXC
NULIBRY INJ	-	EXC
POMBILITI SOLN	-	EXC
XENPOZYME INJ	-	EXC
betaine powder for oral solution (CYSTADANE equiv) (QL= 540 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty
carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376)	LD-PA	Generic Specialty
nitisinone cap (ORFADIN equiv)	LMSP-PA	Generic Specialty
sapropterin dihydrochloride powder packet (KUVAN equiv)	AMSP-PA	Generic Specialty
sapropterin dihydrochloride soluble tab (KUVAN equiv)	AMSP-PA	Generic Specialty
sodium phenylbutyrate powder (BUPHENYL equiv)	AMSP-PA	Generic Specialty
sodium phenylbutyrate tab (BUPHENYL equiv)	AMSP-PA	Generic Specialty
doxercalciferol cap (HECTOROL equiv)	-	High Cost Generics
RAYALDEE CAP (QL= 2 caps/day)	PA-QL	Non-Preferred Brands
ROCALTROL SOLN	-	Non-Preferred Brands
SENSIPAR TAB 30MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
SENSIPAR TAB 60MG (QL= 2 tabs/day)	QL	Non-Preferred Brands
SENSIPAR TAB 90MG (QL= 4 tabs/day)	QL	Non-Preferred Brands
XPHOZAH TAB (QL= 60 tablets/30 days)	PA-QL	Non-Preferred Brands
BUPHENYL POWDER (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
BUPHENYL TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
CARBAGLU TAB (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
CYSTADANE POWDER (QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through Walgreens 888-347-3416)	LD-QL-ST	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
KUVAN POWDER PACK (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
KUVAN TAB (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
MYALEPT INJ (QL= 1 inj/30 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
NITYR TAB (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
OLPRUVA PACK (QL= 3 packets/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty
OPFOLDA CAP (QL= 3 caps/14 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
ORFADIN CAP (Only available through Eversana 636-519-2400)	LD-PA	Non-Preferred Specialty
ORFADIN SUSP (Only available through Eversana 636-519-2400)	LD-PA	Non-Preferred Specialty
PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty
RAVICTI LIQUID (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
XURIDEN POWDER (Only available through Biomatrix 855-359-9679)	LD-PA	Non-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
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Preferred Specialty

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
calcitriol cap (ROCALTROL equiv)	-	Select
calcitriol soln (CALCITRIOL equiv)	-	Select
cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Select
cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Select
cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day)	QL	Select
levocarnitine soln (CARNITOR equiv)	-	Select
levocarnitine tab (CARNITOR equiv)	-	Select
paricalcitol cap (ZEMPLAR equiv)	-	Select
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB (QL= 30 tabs/30 days; Step req trial of 1 ACE/ARB (ex lisinopril, losartan, valsartan) AND 1 SGLT2 (ex Farxiga, Jardiance))	QL-ST	Non-Preferred Brands
NATRIURETIC PEPTIDES		
VOXZOGO INJ (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj (DDAVP equiv)	-	EXC
TERLIVAZ INJ	-	EXC
VASOPRE/NACL INJ	-	EXC
vasopressin iv soln (VASOSTRICT equiv)	-	EXC
VASOPRESSIN SOLN	-	EXC
VASOPRESSIN-NACL INJ SOLN PREF SYRINGE	-	EXC
VASOSTRICT INJ	-	EXC
DDAVP NASAL SOLN	-	Non-Preferred Brands
NOCDURNA SL TAB	-	Non-Preferred Brands
NOCTIVA EMULSION SPRAY (QL= 3.8gm/30 days)	QL	Non-Preferred Brands
STIMATE NASAL SOLN	-	Preferred Brands
desmopressin acetate nasal spray (DDAVP equiv)	-	Select
desmopressin acetate tab (DDAVP equiv)	-	Select
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX TAB	-	Non-Preferred Brands
mifepristone tab (MIFEPREX equiv)	-	Select
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	Select
SOMATOSTATIC AGENTS		
SOMATULINE INJ	-	EXC
octreotide inj (SANDOSTATIN equiv)	AMSP-PA	Generic Specialty

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
OCTREOTIDE INJ 100MCG	AMSP-PA	Generic Specialty
MYCAPSSA CAP (Only available through AcariaHealth 800-511-5144)	LD-PA	Non-Preferred Specialty
SANDOSTATIN LAR INJ KIT	AMSP	Preferred Specialty
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Preferred Specialty
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty
tolvaptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Generic Specialty
SAMSCA TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
SAMSCA TAB, TOLVAPTAN TAB (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
ESTROGENS		
ESTROGEN COMBINATIONS		
ANGELIQ TAB	-	Non-Preferred Brands
BIJUVA CAP	-	Non-Preferred Brands
CLIMARA PRO PATCH	-	Non-Preferred Brands
COMBIPATCH	-	Non-Preferred Brands
PREFEST TAB	-	Non-Preferred Brands
MYFEMBREE TAB (QL= 28 tabs/28 days)	AMSP-PA-QL	Non-Preferred Specialty
ORIAHNN CAP (QL= 2 caps/day)	AMSP-PA-QL	Non-Preferred Specialty
PREMPHASE TAB, PREMPRO TAB	-	Preferred Brands

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DrugName	Special Code	Tier
ESTROGENS Cont.		
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	Select
estradiol/norethindrone tab (ACTIVELLA equiv)	-	Select
jinteli tab (FEMHRT equiv)	-	Select
ESTROGENS		
estradiol td gel (DIVIGEL equiv) (QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	High Cost Generics
estradiol td gel 1.25mg/1.25gm (DIVIGEL equiv) (QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	High Cost Generics
estradiol valerate inj (ST req trial of 2: estradiol tab, estradiol patch, estradiol vaginal tab, Estring)	ST	High Cost Generics
ALORA PATCH (QL= 8 patches/28 days)	QL	Non-Preferred Brands
CLIMARA PATCH (QL= 4 patches/28 days)	QL	Non-Preferred Brands
DELESTROGEN INJ	-	Non-Preferred Brands
DEPO-ESTRADIOL INJ	-	Non-Preferred Brands
DIVIGEL GEL (QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Non-Preferred Brands
DIVIGEL GEL 1.25MG/1.25GM (QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Non-Preferred Brands
DIVIGEL GEL, ELESTRIN GEL	-	Non-Preferred Brands
EVAMIST SPRAY	-	Non-Preferred Brands
MENOSTAR PATCH	-	Non-Preferred Brands
VIVELLE-DOT PATCH (QL= 8 patches/28 days)	QL	Non-Preferred Brands
MENEST TAB	-	Preferred Brands
PREMARIN TAB	-	Preferred Brands
estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days)	QL	Select
estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days)	QL	Select
estradiol tab (ESTRACE equiv)	-	Select
FLUOROQUINOLONES		
FLUOROQUINOLONES		
LEVOFLOXACIN INJ 25MG/ML	-	EXC

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DrugName	Special Code	Tier
FLUOROQUINOLONES Cont.		
BAXDELA TAB (QL= 2 tabs/day)	PA-QL	Non-Preferred Brands
CIPROFLOXACIN 100MG TAB	-	Non-Preferred Brands
FACTIVE TAB	-	Non-Preferred Brands
OFLOXACIN TAB	-	Non-Preferred Brands
PROQUIN XR TAB	-	Non-Preferred Brands
CIPRO SUSP	-	Select
ciprofloxacin susp (CIPRO equiv)	-	Select
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	Select
levofloxacin soln (LEVAQUIN equiv)	-	Select
LEVOFLOXACIN SOLN 25MG/ML	-	Select
levofloxacin tab (LEVAQUIN equiv)	-	Select
moxifloxacin tab (AVELOX equiv)	-	Select
ofloxacin tab (FLOXIN equiv)	-	Select
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
MOTEGRITY TAB (QL= 30 tabs/30 days; Step Therapy requires trial of Trulance AND lubiprostone)	QL-ST	Non-Preferred Brands
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB (QL= 30 tabs/30 days)	QL	Preferred Brands
ANTIFLATULENTS		
BEANO TAB	-	EXC
PHAZYME CAP	OTC	EXC
simethicone cap (PHAZYME equiv)	OTC	EXC
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	Non-Preferred Specialty
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
GALLSTONE SOLUBILIZING AGENTS		
URSODIOL CAP (Step therapy requires trial of ursodiol tab)	ST	Non-Preferred Brands

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
CHENODAL TAB (ST req trial of 1: ursodiol caps or tabs)	ST	Non-Preferred Specialty
RELTONE CAP (Step therapy requires trial of ursodiol tab)	ST	Select
ursodiol cap (ACTIGALL equiv)	-	Select
ursodiol tab (URSO (FORTE) equiv)	-	Select
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	Select
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP (QL= 60 caps/30 days; Step Therapy requires trial of TRULANCE or both MOVANTIK and SYMPROIC)	QL-ST	Non-Preferred Brands
lubiprostone cap (AMITIZA equiv) (QL= 60 caps/30 days)	QL	Select
GASTROINTESTINAL STIMULANTS		
GIMOTI NASAL SPRAY (QL= 1 bottle/28 days; Step therapy requires trial of metoclopramide tab)	QL-ST	Non-Preferred Brands
METOZOLV ODT (Step Therapy requires trial of metoclopramide)	ST	Non-Preferred Brands
metoclopramide soln (REGLAN equiv)	-	Select
metoclopramide tab (REGLAN equiv)	-	Select
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
INFLAMMATORY BOWEL AGENTS		
CIMZIA INJ	-	EXC
OMVOH INJ	-	EXC
SKYRIZI SOLN	-	EXC
mesalamine ER cap (PENTASA equiv) (QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA)	QL-ST	High Cost Generics
mesalamine tab (ASACOL equiv)	-	High Cost Generics
MESALAMINE TAB DR 800MG	-	High Cost Generics
PENTASA CAP 500MG (Step Therapy requires trial of APRISO or LIALDA)	ST	High Cost Generics
APRISO CAP (QL= 4 caps/day)	QL	Non-Preferred Brands
ASACOL HD TAB (Step Therapy requires trial of APRISO or LIALDA)	ST	Non-Preferred Brands

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GASTROINTESTINAL AGENTS - MISC. Cont.		
ASACOL HD TAB, MESALAMINE TAB (Step Therapy requires trial of APRISO or LIALDA)	ST	Non-Preferred Brands
CANASA SUPP (QL= 1 tab/day)	QL	Non-Preferred Brands
DELZICOL CAP (QL= 6 caps/day)	QL	Non-Preferred Brands
DIPENTUM CAP	-	Non-Preferred Brands
LIALDA TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands
PENTASA CAP (QL= 8 caps/day; Step Therapy requires trial of APRISO or LIALDA)	QL-ST	Non-Preferred Brands
PENTASA CR CAP (QL= 8 caps/day; Step Therapy requires trial of APRISO or LIALDA)	QL-ST	Non-Preferred Brands
CIMZIA INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	AMSP-PA-QL	Non-Preferred Specialty
ENTYVIO INJ (QL= 1.36ml/28 days; Only available through Optum 877-445-6874)	LD-PA-QL	Non-Preferred Specialty
OMVOH INJ (QL= 2ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty
SKYRIZI 180MG/1.2ML CARTRIDGE (QL= 1 cartridge/56 days)	AMSP-PA-QL	Preferred Specialty
SKYRIZI INJ (QL= 1 cartridge/56 days)	AMSP-PA-QL	Preferred Specialty
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)	-	Select
mesalamine ER cap (APRISO equiv) (QL= 4 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		

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
IBSRELA TAB (QL= 60 tabs/30 days)	PA-QL	Non-Preferred Brands
LINZESS CAP (QL= 30 caps/30 days; Step Therapy requires trial of Trulance AND lubiprostone)	QL-ST	Non-Preferred Brands
VIBERZI TAB	-	Non-Preferred Brands
alosetron tab (LOTRONEX equiv)	-	Select
LIVE FECAL MICROBIOTA		
REBYOTA SUSP FECAL	-	EXC
VOWST CAP (QL= 12 caps/30 days; Only available through Orsini Pharmacy 800-410-8575)	LD-PA-QL	Non-Preferred Specialty
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
RELISTOR INJ (QL= 0.4ml/day)	AMSP-PA-QL	Non-Preferred Specialty
RELISTOR INJ (QL= 0.6ml/day)	AMSP-PA-QL	Non-Preferred Specialty
RELISTOR INJ KIT (QL= 0.6ml/day)	AMSP-PA-QL	Non-Preferred Specialty
RELISTOR TAB (QL= 3 tabs/day)	AMSP-PA-QL	Non-Preferred Specialty
MOVANTIK TAB (QL= 30 tabs/30 days)	PA-QL	Preferred Brands
SYMPROIC TAB (QL= 30 tabs/30 days)	PA-QL	Preferred Brands
PHOSPHATE BINDER AGENTS		
AURYXIA TAB (QL= 12 tabs/day; Step Therapy requires trial of sevelamer followed by lanthanum for anemia: oral iron (OTC))	QL-ST	Non-Preferred Brands
FOSRENOL CHEW TAB	-	Non-Preferred Brands
FOSRENOL POWDER PACK (QL= 3 packs/day)	QL	Non-Preferred Brands
RENAGEL TAB	-	Non-Preferred Brands
RENAGEL TAB 800MG	-	Non-Preferred Brands
RENVELA TAB	-	Non-Preferred Brands

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

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GASTROINTESTINAL AGENTS - MISC. Cont.		
VELPHORO CHEW TAB (QL= 6 tabs/day; Step Therapy requires trial of sevelamer followed by lanthanum)	QL-ST	Non-Preferred Brands
PHOSLYRA SOLN	-	Preferred Brands
calcium acetate cap (PHOSLO equiv)	-	Select
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 powder pak (RENVELA equiv)	-	Select
sevelamer tab (RENVELA TAB equiv)	-	Select
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB (QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Biologics 800-850-4306)	LD-PA-QL-ST	Non-Preferred Specialty
GENERAL ANESTHETICS		
ANESTHETICS - MISC.		
KETAMINE HCL INJ NACL	-	EXC
KETAMINE HCL SOLN INJ PREF SYRINGE	-	EXC
KETAMINE INJ	-	EXC
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB	-	Non-Preferred Brands
ALKALINIZERS		
ORACIT SOLN	-	Preferred Brands
CYTRA K CRYSTALS	-	Select
CYTRA-3 SYRUP	-	Select
potassium citrate CR tab (UROCIT-K TAB equiv)	-	Select
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	Select
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	Select
sodium citrate/citric acid soln (BICITRA equiv)	-	Select
tricitrates soln (POLYCITRA-LC 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

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DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
CYSTAGON CAP 150MG (Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-RDX	Preferred Specialty
CYSTAGON CAP 50MG (QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-QL-RDX	Preferred Specialty
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	Preferred Brands
PROSTATIC HYPERTROPHY AGENTS		
dutasteride/tamsulosin cap (JALYN equiv) (Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap)	ST	High Cost Generics
silodosin cap (RAPAFLO equiv)	-	High Cost Generics
CARDURA XL TAB	-	Non-Preferred Brands
ENTADFI CAP (QL= 1 tab/day; Step therapy requires trial of an alpha 1 blocker (e.g. tamsulosin), finasteride 5mg AND tadalafil)	QL-ST	Non-Preferred Brands
JALYN CAP (Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap)	ST	Non-Preferred Brands
alfuzosin SR tab (UROXATRAL equiv)	-	Select
dutasteride cap (AVODART equiv)	-	Select
finasteride tab (PROSCAR equiv)	-	Select
tamsulosin cap (FLOMAX equiv)	-	Select
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIUM equiv)	-	Select
URINARY STONE AGENTS		
tiopronin tab (THIOLA equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Generic Specialty
LITHOSTAT TAB	-	Non-Preferred Brands
THIOLA EC TAB (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Non-Preferred Specialty
THIOLA TAB (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Non-Preferred Specialty
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
DUZALLO TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands
colchicine/probenecid tab (COL-BENEMID equiv)	-	Select
GOUT AGENTS		
colchicine cap (MITIGARE equiv) (QL= 4 caps/day)	QL	High Cost Generics

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GOUT AGENTS Cont.		
ALLOPURINOL TAB (QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs)	QL-ST	Non-Preferred Brands
COLCRYS TAB (QL= 4 tabs/day)	QL	Non-Preferred Brands
GLOPERBA SOLN (QL= 300ml/30 days; Step Therapy requires trial of colchicine)	QL-ST	Non-Preferred Brands
MITIGARE CAP (QL= 2 caps/day)	QL	Non-Preferred Brands
ULORIC TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
ZURAMPIC TAB (QL= 1 tab/day)	PA-QL	Non-Preferred Brands
allopurinol tab (ZYLOPRIM equiv)	-	Select
colchicine tab (COLCRYS equiv) (QL= 4 tabs/day)	QL	Select
febuxostat tab (ULORIC equiv) (QL= 1 tab/day)	QL	Select
URICOSURICS		
probenecid tab (BENEMID equiv)	-	Select
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
BALFAXAR INJ	-	EXC
HEMGENIX INJ	-	EXC
ROCTAVIAN INJ	-	EXC
ALTUVIIIO INJ	AMSP-PA	Non-Preferred Specialty
NUWIQ INJ	AMSP-PA	Non-Preferred Specialty
NUWIQ KIT	AMSP-PA	Non-Preferred Specialty
AFSTYLA KIT (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
HEMLIBRA INJ	AMSP-PA	Preferred Specialty
REBINYN INJ (Only available through Walgreens 888-347-3416)	LD	Preferred Specialty
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days)	AMSP-PA-QL	Generic Specialty
FIRAZYR INJ (QL= 36ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty

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HEMATOLOGICAL AGENTS - MISC. Cont.

DrugName	Special Code	Tier
COMPLEMENT INHIBITORS		
ENJAYMO SOLN	-	EXC
GOHIBIC 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
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479)	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
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
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 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	--OTC	EXC

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HEMATOLOGICAL AGENTS - MISC. Cont.		
aspirin/dipyridamole cap (AGGRENOX equiv)	-	High Cost Generics
BRILINTA TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
DURLAZA CAP	-	Non-Preferred Brands
EFFIENT TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
PLAVIX TAB 300MG (QL= 4 tabs/30 days)	QL	Non-Preferred Brands
PLAVIX TAB 75MG	-	Non-Preferred Brands
ZONTIVITY TAB (Step Therapy requires trial of clopidogrel)	ST	Non-Preferred Brands
CABLIVI INJ KIT (QL= 1 vial/day; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
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
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
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	Generic Specialty
ZAVESCA CAP (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty
CERDELGA CAP (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Preferred Specialty
AGENTS FOR SICKLE CELL ANEMIA		
SIKLOS TAB (Step Therapy requires trial of DROXIA CAP)	ST	Non-Preferred Brands

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
OXBRYTA TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	Non-Preferred Specialty
DROXIA CAP	-	Preferred Brands
ENDARI POWDER PACK (Step Therapy requires trial of hydroxyurea cap)	LMSP-ST	Preferred Specialty
AGENTS FOR SICKLE CELL DISEASE		
CASGEVY INJ	-	EXC
LYFGENIA SUSP	-	EXC
OXBRYTA TAB 300MG (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	Non-Preferred Specialty
COBALAMINS		
B-12 TAB ODT	OTC	EXC
CVS B12 CHEW	-	EXC
ENERGY B-12 TAB	-	EXC
METHYL B-12 CHW	-	EXC
methylcobalamin orally disintegrating tab (B-12 equiv)	OTC	EXC
VITAMIN B-12 TAB 1500 TR	-	EXC
cyanocobalamin nasal spray 500mcg/0.1ml (NASCOBAL equiv) (ST req trial of cyanocobalamin injection)	ST	High Cost Generics
CALOMIST NASAL SPRAY	-	Non-Preferred Brands
NASCOBAL SPRAY 500MCG/0.1ML	-	Non-Preferred Brands
cyanocobalamin inj	-	Select
FOLIC ACID/FOLATES		
folic acid 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
ALVAIZ TAB	PA	Non-Preferred Specialty
EPOGEN INJ (QL= 12 vials/30 days; ST req trial of Retacrit OR Aranesp)	AMSP-QL-ST	Non-Preferred Specialty

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
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
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
PROCRIT INJ (QL= 4 vials/30 days)	AMSP-PA-QL	Non-Preferred Specialty
PROMACTA POWDER	AMSP-PA	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

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HEMATOPOIETIC AGENTS Cont.		
ARANESP INJ (QL= 4 syringes/30 days)	AMSP-QL	Preferred Specialty
ARANESP INJ (QL= 4 vials/30 days)	AMSP-QL	Preferred Specialty
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
FULPHILA INJ (QL= 2 syringes/28 days)	AMSP-QL	Preferred Specialty
NYVEPRIA INJ (QL= 2 inj/28 days)	AMSP-QL	Preferred Specialty
PROMACTA TAB	AMSP-PA	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
HEMATOPOIETIC MIXTURES		
BENTIVITE TAB	-	EXC
CORVITE TAB	-	EXC
FERRO-PLEX TAB	-	EXC
FOLDITAM TAB	-	EXC
FOLIC ACID-CHOLECALCIFEROL CAP	-	EXC
FOLTABS 800 TAB	-	EXC
HEMATINIC/FA TAB	OTC	EXC
HEMAX TAB	OTC	EXC
MAXFE TAB	OTC	EXC
MOOD POSITIV TAB 5-HTP	-	EXC
NEUROPHX CAP	OTC	EXC
TANDEM CAP	OTC	EXC
BIFERARX TAB	-	Non-Preferred Brands
NEPHRON FA TAB	-	Preferred Brands
multigen plus tab (CHROMAGEN FORTE equiv)	-	Select
multigen tab (CHROMAGEN equiv)	-	Select
IRON		
ACCRUFER CAP	-	EXC
FERAHEME INJ	-	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
INJECTAFER INJ	-	EXC
IRON GLYCINATE CAP	OTC	EXC

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HEMATOPOIETIC AGENTS Cont.		
IRON TAB	-	EXC
SLOW RELEASE IRON TAB	-	EXC
TRIFERIC AVNU INJ	-	EXC
STEM CELL MOBILIZERS		
APHEXDA INJ	-	EXC
MOZOBIL INJ	-	EXC
plerixafor subcutaneous inj (MOZOBIL equiv)	-	EXC
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid-sodium chloride iv soln (TRANEXAMIC equiv)	-	EXC
TRANEXAMIC INJ ACID	-	EXC
aminocaproic acid soln (AMICAR equiv)	AMSP	Generic Specialty
aminocaproic acid tab (AMICAR equiv)	-	High Cost Generics
LYSTEDA TAB (QL= 180 tabs/30 days)	QL	Non-Preferred Brands
tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days)	QL	Select
HYPNOTICS		
NON-BARBITURATE HYPNOTICS		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	Select
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate)	QL-ST	Non-Preferred Brands
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	Select
BARBITURATE HYPNOTICS		
SEZABY INJ	-	EXC
BUTISOL TAB	-	Non-Preferred Brands
SECONAL CAP	-	Non-Preferred Brands
phenobarbital elixir	-	Select
phenobarbital tab	-	Select
HYPNOTICS - TRICYCLIC AGENTS		
doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	High Cost Generics
SILENOR TAB (QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	Non-Preferred Brands
NON-BARBITURATE HYPNOTICS		
DEXMEDETOMIDINE HCL-NACL SOLN PREF SYR	-	EXC

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

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DrugName	Special Code	Tier
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
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
temazepam cap 22.5mg (RESTORIL equiv)	-	High Cost Generics
temazepam cap 7.5mg (RESTORIL equiv)	-	High Cost Generics
zolpidem tartrate SL tab (INTERMEZZO equiv) (QL= 1 tab/day)	QL	High Cost Generics
AMBIEN CR TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
AMBIEN TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
DORAL TAB	-	Non-Preferred Brands
EDLUAR SL TAB (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	Non-Preferred Brands
FLURAZEPAM CAP (QL= 1 cap/day; Step Therapy requires trial of 2: estazolam, temazepam, and triazolam)	QL-ST	Non-Preferred Brands
INTERMEZZO SL TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
LUNESTA TAB (QL= 1 tab/day)	QL	Non-Preferred Brands
SOMNOTE CAP	-	Non-Preferred Brands
SONATA CAP (QL= 1 cap/day)	QL	Non-Preferred Brands
SONATA CAP 10MG (QL= 2 caps/day)	QL	Non-Preferred Brands
ZOLPIDEM CAP (QL= 1 cap/day; ST requires trial of zolpidem tab AND Trial of 1: eszopiclone, zaleplon, zolpidem ER or zolpidem SL)	QL-ST	Non-Preferred Brands
ZOLPIMIST SPRAY (Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	ST	Non-Preferred Brands
estazolam tab (PROSOM equiv)	-	Select
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	Select
midazolam hcl syrup	-	Select

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HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
midazolam inj (MIDAZOLAM equiv)	-	Select
temazepam cap 15mg (RESTORIL equiv)	-	Select
temazepam cap 30mg (RESTORIL equiv)	-	Select
triazolam tab (HALCION equiv)	-	Select
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	Select
zaleplon cap 10mg (SONATA equiv) (QL= 2 caps/day)	QL	Select
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	Select
OREXIN RECEPTOR ANTAGONISTS		
DAYVIGO TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate)	QL-ST	Non-Preferred Brands
QUVIVIQ TAB (QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate)	QL-ST	Non-Preferred Brands
SELECTIVE MELATONIN RECEPTOR AGONISTS		
tasimelteon capsule (HETLIOZ equiv)	AMSP-PA	Generic Specialty
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	High Cost Generics
ROZEREM TAB (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	Non-Preferred Brands
HETLIOZ CAP (Only available through Accredo 888-773-7376)	LD-PA	Non-Preferred Specialty
HETLIOZ SUSP (QL= 158ml/30 days)	AMSP-PA-QL	Non-Preferred Specialty
LAXATIVES		
BULK LAXATIVES		
FIBER LIQUID	OTC	EXC
METAMUCIL 4-IN-1 FIBER	-	EXC
METAMUCIL POWDER	OTC	EXC
NATURL FIBER POWDER	-	EXC
psyllium powder (SM FIBER equiv)	OTC	EXC
LAXATIVE COMBINATIONS		
FIBER/VITAMIN D3 CHEW TAB	-	EXC
gavilyte-h kit	-	High Cost Generics
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv)	-	High Cost Generics
CLENPIQ SOLN	-	Non-Preferred Brands
GOLYTELY SOLN	-	Non-Preferred Brands

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DrugName	Special Code	Tier
LAXATIVES Cont.		
HALFLYTELY BOWEL PREP KIT	-	Non-Preferred Brands
MOVIPREP SOLN	-	Non-Preferred Brands
NULYTELY SOLN	-	Non-Preferred Brands
PLENVU SOLN	-	Non-Preferred Brands
SUCLEAR KIT	-	Non-Preferred Brands
SUPREP BOWEL PREP PACK (QL= 2 fills/year)	QL	Non-Preferred Brands
SUTAB TAB	-	Non-Preferred Brands
SUFLAVE SOLN (QL= 2 fills/year)	QL	Preferred Brands
GAVILYTE-C SOLN (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive
peg 3350/electrolytes soln (COLYTE equiv) (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive
trilyte soln (NULYTELY equiv) (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive
sodium/potassium/magnesium soln (SUPREP equiv) (QL= 2 fills/year)	QL	Select
LAXATIVES - MISCELLANEOUS		
VIBRANT	-	EXC
vibrant starter kit	-	EXC
GIALAX KIT	-	Non-Preferred Brands
KRISTALOSE PACK	-	Non-Preferred Brands
KRISTALOSE PACKET	-	Non-Preferred Brands
LACTULOSE PACK (Step Therapy requires trial of lactulose)	ST	Non-Preferred Brands
MIRALAX PACKET	-	Non-Preferred Brands
MIRALAX POWDER	-	Non-Preferred Brands

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DrugName	Special Code	Tier
LAXATIVES Cont.		
lactulose soln	-	Select
SALINE LAXATIVES		
MAGNESIUM HYDROXIDE CHEW TAB	OTC	EXC
MILK OF MAGNESIUM SUSP	-	EXC
OSMOPREP TAB (Step Therapy requires trial of CLENPIQ)	ST	Non-Preferred Brands
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 INJ	-	EXC
POLOCAINE INJ -MPF	-	EXC
ZINGO INJ	-	EXC
MACROLIDES		
AZITHROMYCIN		
ZITHROMAX POWDER PACK	-	Preferred Brands
azithromycin susp (ZITHROMAX equiv)	-	Select
azithromycin tab (ZITHROMAX equiv)	-	Select
CLARITHROMYCIN		
CLARITHROMYC SUSP	-	Preferred Brands
clarithromycin ER tab (BIAXIN XL equiv)	-	Select
clarithromycin tab (BIAXIN equiv)	-	Select
ERYTHROMYCINS		
ERYTHROCIN INJ	-	EXC
erythromycin lactobionate for inj (ERYTHROCIN equiv)	-	EXC
ERYTHROCIN TAB	-	Non-Preferred Brands
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	Non-Preferred Brands
ERYTHROMYCIN EC CAP	-	Preferred Brands
PCE TAB	-	Preferred Brands
erythromycin DR cap (ERYC equiv)	-	Select
erythromycin ethylsuccinate susp (ERYPED equiv)	-	Select
erythromycin tab (ERY-TAB equiv)	-	Select
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	Select

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DrugName	Special Code	Tier
MACROLIDES Cont.		
FIDAXOMICIN		
DIFICID SUSP (QL= 136 mL/30 days)	QL	Preferred Brands
DIFICID TAB (QL= 20 tabs/30 days)	QL	Preferred Brands
MEDICAL DEVICES		
PARENTERAL THERAPY SUPPLIES		
HYPODERMIC NEEDLES	OTC	Preferred Brands
MEDICAL DEVICES AND SUPPLIES		
AUDITORY SUPPLIES		
CLEVER CHOIC MIS HEAR AID	-	EXC
BANDAGES-DRESSINGS-TAPE		
GAUZE PADS/DRESSINGS - PADS 10" X 9"	OTC	EXC
CONTRACEPTIVES		
CERVICAL CAP	-	Preventive
DIAPHRAGM	-	Preventive
FEMALE CONDOMS	OTC	Preventive
DIABETIC SUPPLIES		
CARDIOCHEK MIS PLUS	-	EXC
INSULIN INFUSION DISPOSABLE PUMP - ACCESSORIES	-	EXC
GUARDIAN 4 MIS SENSOR (QL= 5 sensors/30 days)	PA-QL	Non-Preferred Brands
GUARDIAN 4 TRANSMITTER (QL= 1 transmitter/year)	PA-QL	Non-Preferred Brands
NON-PREFERRED CGM MONITOR SUPPLIES KIT	PA	Non-Preferred Brands
V-GO INJ KIT (QL= 1 kit/day)	QL	Non-Preferred Brands
CALIBRATION LIQUID	OTC	Preferred Brands
DEXCOM G6 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands
FREESTYLE LIBRE 3 READER (QL= 1 receiver/1 year; Step Therapy requires trail of one insulin product)	QL-ST	Preferred Brands
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Step therapy requires trial of one insulin product)	QL-ST	Preferred Brands
LANCET KIT	OTC	Preferred Brands
LANCETS	OTC	Preferred Brands
OMNIPOD 5 G6 KIT (QL= 1 kit/year)	QL	Preferred Brands
OMNIPOD 5 G6 MIS PODS (QL= 15 pods/30 days)	QL	Preferred Brands
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	Preferred Brands
OMNIPOD 5 G7 MIS PODS (QL= 15 pods/30 days)	QL	Preferred Brands
OMNIPOD 5 PACK PODS (QL= 15 pods/30 days)	QL	Preferred Brands
OMNIPOD DASH KIT (QL= 1 kit/year)	QL	Preferred Brands
OMNIPOD DASH PODS (QL= 15 pods/30 days)	QL	Preferred Brands
OMNIPOD GO KIT 10 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred Brands
OMNIPOD GO KIT 15 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred Brands
OMNIPOD GO KIT 20 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred Brands
OMNIPOD GO KIT 25 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred Brands
OMNIPOD GO KIT 30 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred Brands
OMNIPOD GO KIT 35 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred Brands
OMNIPOD GO KIT 40 UNITS/DAY (QL= 10 pods/30 days)	QL	Preferred Brands
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	Preferred Brands
MISC. DEVICES		
ALCOHOL SWABS	OTC	EXC
OPTICAL AND OPHTHALMIC SUPPLIES		
SUSVIMO IMP	-	EXC
PARENTERAL THERAPY SUPPLIES		

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
INPEN INSULIN INJECTION DEVICE	-	EXC
ALLERGY TRAY	-	Non-Preferred Brands
CEQUR SIMPLICITY 2U (QL= 10 patches/30 days)	QL	Non-Preferred Brands
CEQUR SIMPLICITY INSERTER (QL= 1 inserter/lifetime)	QL	Non-Preferred Brands
HYPODERMIC NEEDLES	OTC	Preferred Brands
SAFETY SYRINGE	-	Preferred Brands
SYRINGE LUER-LOK	OTC	Preferred Brands
TB SYRINGE	-	Preferred Brands
B-D INSULIN SYRINGE	--OTC	Select
BD NEEDLES	OTC	Select
B-D PEN NEEDLE	OTC	Select
NOVOFINE PEN NEEDLE	OTC	Select
NOVOTWIST PEN NEEDLE	OTC	Select
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	Select
RESPIRATORY THERAPY SUPPLIES		
PEAK FLOW METER	-	Non-Preferred Brands
AEROCHAMBER (QL= 1 device/365 days)	QL	Preferred Brands
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
QULIPTA TAB (QL= 30 tabs/30 days)	PA-QL	Non-Preferred Brands
UBRELVY TAB 100MG (QL= 16 tabs/30 days)	QL	Non-Preferred Brands
UBRELVY TAB 50MG (QL= 8 tabs/30 days)	QL	Non-Preferred Brands
ZAVZPRET SPRAY (QL= 6 sprays/30 days; ST req trial of 2 oral triptan (sumatriptan, naratriptan, rizatriptan) followed by sumatriptan nasal)	QL-ST	Non-Preferred Brands
MIGRAINE COMBINATIONS		
ergotamine/caffeine tab (CAFERGOT equiv) (QL= 40 tabs/28 days)	QL	High Cost Generics
sumatriptan/naproxen tab (TREXIMET equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	High Cost Generics

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DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
CAFERGOT TAB (QL= 40 tabs/28 days)	QL	Non-Preferred Brands
SUMANSETRON PAK (Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	ST	Non-Preferred Brands
TREXIMET TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	Preferred Brands
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	Preferred Brands
MIGERGOT SUPP (QL= 20 supp/28 days)	QL	Preferred Brands
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	Select
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	Select
PRODRIN TAB	-	Select
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 24ml/28 days)	QL	High Cost Generics
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan)	QL-ST	High Cost Generics
D.H.E. INJ (QL= 24ml/28 days)	QL	Non-Preferred Brands
ERGOMAR SL TAB	-	Non-Preferred Brands
MIGRANAL SPRAY (QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan)	QL-ST	Non-Preferred Brands
TRUDHESA NASAL SPRAY (QL= 8ml/28 days; Step therapy requires trial of 2: dihydroergotamine mesylate, sumatriptan tab, rizatriptan, naratriptan)	QL-ST	Non-Preferred Brands
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
NURTEC ODT (QL= 8 tabs/30 days)	PA-QL	Non-Preferred Brands
AIMOVIG INJ (QL= 1 pack/28 days)	AMSP-PA-QL	Non-Preferred Specialty
EMGALITY INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	AMSP-PA-QL	Non-Preferred Specialty
AJOVY INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Preferred Specialty
MIGRAINE PRODUCTS - NSAIDS		

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MIGRAINE PRODUCTS Cont.		
diclofenac potassium (migraine) packet (CAMBIA equiv) (QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan))	QL-ST	High Cost Generics
CAMBIA POWDER (QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan))	QL-ST	Non-Preferred Brands
ELYXYB SOLN (QL= 43.2ml/30 days; Step Therapy requires trial of 2: celecoxib cap, diclofenac potassium 50mg tab, diclofenac sodium IR, XR, EC tab, etodolac IR/ER cap/tab, meloxicam tab, sumatriptan tab, naratriptan tab, rizatriptan tab/ODT, naproxen suspension)	QL-ST	Non-Preferred Brands
SEROTONIN AGONISTS		
almotriptan tab (AXERT equiv) (QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	High Cost Generics
almotriptan tab (AXERT equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	High Cost Generics
eletriptan tab (RELPAX equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	High Cost Generics
frovatriptan tab (FROVA equiv) (QL= 10 tabs/30 days)	QL	High Cost Generics
sumatriptan inj (IMITREX equiv) (QL= 8 inj/30 days)	QL	High Cost Generics
sumatriptan vial inj (IMITREX equiv) (QL= 1 inj/7 days)	QL	High Cost Generics
zolmitriptan nasal spray (ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of 2: sumatriptan tab, naratriptan tab, rizatriptan tab or ODT)	QL-ST	High Cost Generics
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	High Cost Generics
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	High Cost Generics
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ (QL= 8 inj/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands
AMERGE TAB (QL= 9 tabs/30 days)	QL	Non-Preferred Brands
AXERT TAB (QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands
AXERT TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands
FROVA TAB (QL= 10 tabs/30 days)	QL	Non-Preferred Brands
IMITREX INJ (QL= 1 inj/7 days)	QL	Non-Preferred Brands
IMITREX INJ (QL= 8 inj/30 days)	QL	Non-Preferred Brands
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY (QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
IMITREX TAB (QL= 9 tabs/30 days)	QL	Non-Preferred Brands
IMITREX VIAL INJ (QL= 1 inj/7 days)	QL	Non-Preferred Brands
MAXALT MLT TAB (QL= 12 tabs/30 days)	QL	Non-Preferred Brands
MAXALT TAB (QL= 12 tabs/30 days)	QL	Non-Preferred Brands
ONZETRA XSAIL (Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	ST	Non-Preferred Brands
RELPAX TAB (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands
REYVOW TAB 100mg (QL= 8 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands
REYVOW TAB 50mg (QL= 4 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands
SUMAVEL DOSEPRO INJ	-	Non-Preferred Brands
TOSYMRA SOLN (QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands
ZECUITY PAD (QL= 4 pads/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Non-Preferred Brands
ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	Non-Preferred Brands
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	Non-Preferred Brands
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	Non-Preferred Brands
ZOMIG TAB (QL= 9 tabs/30 days)	QL	Non-Preferred Brands
ZOMIG ZMT (QL= 9 tabs/30 days)	QL	Non-Preferred Brands
SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days)	QL	Preferred Brands
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)	QL	Select
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Select

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MIGRAINE PRODUCTS Cont.		
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Select
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/30 days; Step therapy requires trial of two: naratriptan tab, rizatriptan tab, rizatriptan ODT, or sumatriptan tab)	QL-ST	Select
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	Select
MINERALS & ELECTROLYTES		
BICARBONATES		
SOD ACETATE INJ	-	EXC
sodium acetate inj	-	EXC
CALCIUM		
CALC CIT+D3 TAB	OTC	EXC
CALCIUM 1200 CHEW	-	EXC
CALCIUM 600 TAB +D	-	EXC
CALCIUM CHEW	-	EXC
CALCIUM GLU/NACL INJ	-	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
CALIUM GLUCONATE/NACL INJ	-	EXC
CAL-MAG TAB	OTC	EXC
HYDROXYAPATITE CMPD-CHOLECAL-MG CAP	OTC	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-148 solution (PLASMA-LYTE equiv)	-	EXC
electrolyte-a solution (PLASMA-LYTE equiv)	-	EXC
kcl in dextrose/nacl inj (KCL/D5W/NACL equiv)	-	EXC
KCL/D5W/NACL INJ	-	EXC
KCL/NACL INJ	-	EXC
PLASMA-LYTE INJ -148	-	EXC
PLASMA-LYTE INJ -A	-	EXC
potassium chloride in nacl inj	-	EXC
FLUORIDE		
FLORIVA DROPS	-	Preferred Brands
FLUORABON SOLN (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive
sodium fluoride chew tab (LURIDE equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
sodium fluoride soln (LURIDE equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive

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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
MAGNESIUM CAP	OTC	EXC
MAGNESIUM CITRATE CHEW TAB	OTC	EXC
MAGNESIUM SU INJ	-	EXC
MAGNESIUM W/ POTASSIUM CAP	OTC	EXC
PHOSPHATE		
POTASSIUM PHOSPHATE INJ	-	EXC
K-PHOS TAB (QL= 8 tabs/day)	QL	Non-Preferred Brands
potassium phosphate monobasic tab (K-PHOS equiv) (QL= 8 tabs/day)	QL	Select
POTASSIUM		
POTASSIUM CHLORIDE INJ	-	EXC
POTASSIUM GLUCONATE TAB	-	EXC
POTASSIUM INJ	-	EXC
potassium bicarbonate effer tab (K-LYTE equiv)	-	High Cost Generics
potassium chloride powder packet (KLOR-CON equiv)	-	High Cost Generics
potassium chloride soln	-	High Cost Generics
POKONZA 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 Brands
K-TAB	-	Select
POT/CHLORIDE EFFER TAB	-	Select
potassium chloride effer tab (K-LYTE/CL equiv)	-	Select
potassium chloride ER cap (MICRO-K equiv)	-	Select
potassium chloride ER tab (K-TAB equiv)	-	Select
potassium chloride micro tab (K-DUR equiv)	-	Select
POTASSIUM CHLORIDE TAB ER	-	Select
SODIUM		
SOD CHLORIDE INJ	-	EXC
sodium chloride inj	-	Select
TRACE MINERALS		
SELENIOUS AC SOLN	-	EXC
SELENIUM TAB	-	EXC
ZINC		
ZINC CHLORID INJ	-	EXC

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MINERALS & ELECTROLYTES Cont.		
zinc chloride inj	-	EXC
ZINC CITRATE CHEW TAB	-	EXC
zinc sulfate inj	-	EXC
GALZIN CAP	-	Non-Preferred Brands
MISCELLANEOUS THERAPEUTIC CLASSES		
ALLOGENEIC TISSUE		
RETHYMIC IMPLANT	-	EXC
CHELATING AGENTS		
penicillamine cap (CUPRIMINE equiv)	-	High Cost Generics
TRIENTINE CAP 500MG (ST req trial of generic penicillamine tab and then trial of gen trientine 250mg cap)	ST	High Cost Generics
CUPRIMINE CAP	-	Non-Preferred Brands
CUVRIOR TAB (QL= 10 tabs/day; ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap)	QL-ST	Non-Preferred Brands
DEPEN TITRATAB (QL= 16 tabs/day)	QL	Non-Preferred Brands
SPYRINE CAP 250MG (ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap)	ST	Non-Preferred Brands
penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days)	QL	Select
trientine cap 250mg (SYPRINE equiv) (ST req trial of generic penicillamine tab)	ST	Select
DIGITAL THERAPY		
ENDEAVORRX	-	EXC
LUMINOPIA MIS	-	EXC
IMMUNOMODULATORS		
RYSTIGGO INJ	-	EXC
VYVGART HYTRULO INJ	-	EXC
VYVGART INJ	-	EXC
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Generic Specialty
JOENJA TAB (QL= 60 tabs/30 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
REVLIMID CAP (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Non-Preferred Specialty
REZUROCK TAB (QL= 30 tabs/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab 100mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg)	QL-ST	High Cost Generics

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DrugName	Special Code	Tier
MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
azathioprine tab 75mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg)	QL-ST	High Cost Generics
everolimus tab (ZORTRESS equiv) (QL= 2 tabs/day)	QL	High Cost Generics
sirolimus soln (RAPAMUNE equiv)	-	High Cost Generics
ASTAGRAF XL CAP	-	Non-Preferred Brands
PROGRAF PACKET	-	Non-Preferred Brands
ZORTRESS TAB (QL= 2 tabs/day)	QL	Non-Preferred Brands
ENSPRYNG INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Non-Preferred Specialty
LUPKYNIS CAP (QL= 180 caps/30 days; Only available through Biologics 800-850-4306 or PantherRx Pharmacy 855-726-8479)	LD-PA-QL-SF	Non-Preferred Specialty
MISC NATURAL PRODUCTS		
CLARITY GEL SUPPORT	-	EXC
MISC NATURAL PRODUCTS CAP ER	OTC	EXC
MITOCHONDRIAL RENEWAL KIT	OTC	EXC
MISCELLANEOUS THERAPEUTIC CLASSES		
AMMONIA AROM INH	OTC	EXC
GELATIN CAP	OTC	EXC
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty
POTASSIUM REMOVING AGENTS		
SPS SUSP	-	Non-Preferred Brands
LOKELMA PAK (QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone)	QL-ST	Preferred Brands
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

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MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
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
FIRST MOUTHWASH BLM	-	EXC
ZILACTIN BABY GEL	-	EXC
LIDOCAINE ORAL SOLN 4%	-	Preferred Brands
lidocaine viscous soln 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv)	-	Select
ANTI-INFECTIVES - THROAT		
GLY-OXIDE SOLN	-	EXC
ORAVIG TAB	-	Non-Preferred Brands
clotrimazole troches (MYCELEX TROCHES equiv)	-	Select
nystatin susp	-	Select
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	Select
DENTAL PRODUCTS		
PREVIDENT SOLN	-	EXC
VANISH LIQ	-	EXC
PREVIDENT PASTE	-	Non-Preferred Brands
PREVIDENT 5000 PLUS CREAM (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive
sodium fluoride cream (PREVIDENT equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
FLUORIDEX SENSITIVITY PASTE	-	Select
sodium fluoride gel (PREVIDENT equiv)	-	Select
sodium fluoride paste (PREVIDENT equiv)	-	Select
sodium fluoride rinse (PREVIDENT equiv)	-	Select
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	Select
LOZENGES		
pectin lozenge on a handle	-	EXC
SORE THROAT LOLLIPOP	-	EXC
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	Select
STEROIDS - MOUTH/THROAT/DENTAL		

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DrugName	Special Code	Tier
MOUTH/THROAT/DENTAL AGENTS Cont.		
ACYCLONINE MUM AERO POWDER	-	EXC
THROAT PRODUCTS - MISC.		
SILATRIX GEL	-	EXC
XYLITOL GEL	OTC	EXC
GELCLAIR GEL	-	Non-Preferred Brands
NUMOISYN LOZENGE	-	Non-Preferred Brands
PROTHELIAL PASTE	-	Non-Preferred Brands
cevimeline cap (EVOXAC equiv)	-	Select
pilocarpine tab (SALAGEN equiv)	-	Select
MULTIVITAMINS		
B-COMPLEX VITAMINS		
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
DIALYVITE TAB	-	Select
DIALYVITE/ZINC TAB	-	Select
FOLBEE PLUS CZ TAB	-	Select
IRON W/ VITAMINS		
iron w/ vitamin tab	-	EXC
MULTIPLE VITAMINS W/ MINERALS		
LYSIPLEX LIQUID PLUS	-	EXC
MULTIVITAMINS		
MULTIPLE VITAMIN IV EMULSION	-	EXC
PED MV W/ FLUORIDE		
FLORIVA PLUS DROPS	-	Non-Preferred Brands
QUFLORA PEDIATRIC CHEW TAB	-	Non-Preferred Brands
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	Preventive
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	Preventive
MULTIVITAMIN/FLUORIDE CHEW TAB	-	Preventive
pediatric multiple vitamins/fluoride soln	-	Preventive
PEDIATRIC MULTIPLE VITAMINS		
NOVAMV PED DROPS	OTC	EXC

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DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
PEDIATRIC MULTIPLE VITAMINS IV EMULSION	-	EXC
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW TAB	-	Non-Preferred Brands
PEDIATRIC VITAMINS		
TRI-VITAMIN INFANT DROPS	OTC	EXC
PRENATAL VITAMINS		
ALIVE PREMIU CHW PRENATAL	-	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
VITA-PAC CAP	OTC	EXC
AZESCHEW TAB 13-1MG	-	Non-Preferred Brands
AZESCO TAB	-	Non-Preferred Brands
MYNATAL-Z TAB	-	Non-Preferred Brands
NEONATAL 19 TAB	-	Non-Preferred Brands
NEONATAL FE TAB	-	Non-Preferred Brands
PRENARA CAP	-	Non-Preferred Brands
PRENATAL VITAMINS (NON-PREFERRED)	-	Non-Preferred Brands
VITAFOL STRIPS	-	Non-Preferred Brands
CONCEPT DHA CAP	-	Preferred Brands
PRENATABS RX TAB	-	Preferred Brands
PRENATAL 19 CHEW TAB	-	Preferred Brands
PRENATAL 19 TAB	-	Preferred Brands
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	Preferred Brands
VP-PNV-DHA CAP	-	Select

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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
MULTIVITAMINS Cont.		
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
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen intrathecal inj	-	EXC
ORPHENADRINE INJ	-	EXC
baclofen susp (BACLOFEN equiv) (QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	High Cost Generics
chlorzoxazone tab (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost Generics
chlorzoxazone tab 375mg (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost Generics
cyclobenzaprine ER cap (AMRIX equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost Generics
cyclobenzaprine tab 7.5mg (Trial of 2: cyclobenzaprine 5mg, cyclobenzaprine 10mg, tizanidine, methocarbamol, baclofen, chlorzoxazone, orphenadrine)	ST	High Cost Generics
metaxalone tab (SKELAXIN equiv)	-	High Cost Generics
tizanidine cap (ZANAFLEX equiv)	-	High Cost Generics
AMRIX CAP (QL= 30 caps/30 days; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Non-Preferred Brands
BACLOFEN SOLN (QL= 480ml/30 days; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	Non-Preferred Brands
BACLOFEN SUSP (QL=16ml/day; Step therapy requires trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	Non-Preferred Brands
FLEQSUVY SUSP (QL= 16ml/day; Step therapy requires trial of baclofen tab and tizanidine tab)	QL-ST	Non-Preferred Brands
LYVISPAH GRANULE PACKET 10MG (QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred Brands
LYVISPAH GRANULE PACKET 20MG (QL= 4 packets/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred Brands
LYVISPAH GRANULE PACKET 5MG (QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap)	QL-ST	Non-Preferred Brands
METAXALONE TAB 400MG	-	Non-Preferred Brands

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DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS Cont.		
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 Brands
OZOBAX SOLN (QL= 16ml/day; Step therapy requires trial of baclofen tab AND tizanidine tab)	QL-ST	Non-Preferred Brands
SOMA TAB (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Non-Preferred Brands
BACLOFEN TAB 5MG	-	Preferred Brands
baclofen tab (BACLOFEN equiv)	-	Select
carisoprodol tab (SOMA equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Select
chlorzoxazone tab (QL= 4 tabs/day)	QL	Select
chlorzoxazone tab 500mg	-	Select
cyclobenzaprine tab (FLEXERIL equiv)	-	Select
methocarbamol tab (ROBAXIN equiv)	-	Select
orphenadrine citrate ER tab (NORFLEX equiv)	-	Select
tizanidine tab (ZANAFLEX equiv)	-	Select
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	High Cost Generics
DANTRIUM CAP (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Non-Preferred Brands
MUSCLE RELAXANT COMBINATIONS		
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) (QL= 4 tabs/day; Step therapy requires trial of 2: baclofen tab, tizanidine tab/cap, cyclobenzaprine tab, methocarbamol tab, carisoprodol tab, orphenadrine tab)	QL-ST	High Cost Generics
NORGESIC TAB FORTE	-	Non-Preferred Brands
TIZANIDINE COMFORT KIT	-	Non-Preferred Brands
CARISOPRODOL/ASPIRIN TAB	-	Select
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	Select
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	Select
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	Select
VISCOSUPPLEMENTS		
SYNOJOYNT INJ	-	EXC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
MONOCLONAL ANTIBODIES		
SOTROVIMAB INJ	-	EXC
NASAL AGENT COMBINATIONS		
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	EXC
AZENASE PAK	-	EXC
DYMISTA SPRAY	-	EXC

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NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
RYALTRIS SPRAY	-	EXC
NASAL AGENTS - MISC.		
ALCOHOL SWABS	OTC	EXC
LITTLE REMED SOLN SALINE	-	EXC
TICANASE PAK	-	EXC
ALZAIR NASAL SPRAY	-	Non-Preferred Brands
NASAL ANESTHETICS		
COCAINE HCL SOLN	-	EXC
NASAL ANTIALLERGY		
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY	-	EXC
azelastine nasal spray (ASTELIN equiv)	-	EXC
olopatadine nasal spray (PATANASE equiv) (QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray)	QL-ST	High Cost Generics
PATANASE NASAL SPRAY (QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray)	QL-ST	Non-Preferred Brands
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	Select
NASAL ANTI-INFECTIVES		
BACTROBAN NASAL OINT	-	Non-Preferred Brands
NASAL STEROIDS		
BECONASE AQ NASAL SPRAY	-	EXC
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	EXC
FLONASE SENSIMIST NASAL SPRAY	OTC	EXC
flunisolide nasal soln	-	EXC
fluticasone nasal spray (FLONASE equiv)	-	EXC
mometasone nasal spray (NASONEX equiv)	-	EXC
NASONEX NASAL SPRAY	-	EXC
OMNARIS NASAL SPRAY	-	EXC
QNASL NASAL SPRAY	-	EXC
RHINOCORT AQUA NASAL SPRAY	-	EXC
SINUVA NASAL IMPLANT	-	EXC
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	EXC
XHANCE NASAL EXHALER	-	EXC
ZETONNA NASAL SPRAY	-	EXC
SYMPATHOMIMETIC DECONGESTANTS		
AFRIN CHILD NASAL SOLN	OTC	EXC
pseudoephedrine hcl cap	-	EXC
SUDAFED 24HR TAB 240MG	-	EXC
SUDAFED CHILD LIQUID	-	EXC
ZEPHREX-D TAB	OTC	EXC
epinephrine hcl nasal soln (ADRENALIN equiv)	-	High Cost Generics

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NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
zephrex-d tab 30mg (QL= 240 tabs/30 days)	QL	High Cost Generics
ADRENALIN NASAL SOLN	-	Non-Preferred Brands
SUDAFD SINUS TAB 30MG (QL= 8 tabs/day)	QL	Non-Preferred Brands
SUDAFED CHILDRENS LIQUID 15MG/5ML (QL= 2400ml/30 days)	QL	Non-Preferred Brands
pseudoephedrine ER tab 120mg (QL= 2 tabs/day)	QL	Select
pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days)	QL	Select
pseudoephedrine tab 30mg (QL= 8 tabs/day)	QL	Select
pseudoephedrine tab 60mg (QL= 4 tabs/day)	QL	Select
NEUROMUSCULAR AGENTS		
ALS AGENTS		
QALSODY SOLN	-	EXC
riluzole tab (RILUTEK equiv)	AMSP	Generic Specialty
RELYVRIO PAK (QL= 56 packs/28 days; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Preferred Specialty
RADICAVA ORS SUSP (QL= 70ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Preferred Specialty
TIGLUTIK SUSP (Only available through AnovoRx 844-288-5007)	LD-PA	Preferred Specialty
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP 50MG (QL= 90 caps/30 days; Only available through Biologics 800-850-4306)	LD-PA-QL	Non-Preferred Specialty
MUSCULAR DYSTROPHY AGENTS		
AMONDYS INJ	-	EXC
ELEVIDYS KIT	-	EXC
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)		
EVRYSDI SOLN (QL= 240 ml/30 days; 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		

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NUTRIENTS Cont.		
LIPIDS		
INTRALIPID INJ	-	EXC
DOJOLVI ORAL LIQUID (Only available through Accredo 800-803-2523)	LD-PA	Non-Preferred Specialty
LIPOTROPICS		
POLYENYLPHOSPHATIDYLCHOLINE CAP	OTC	EXC
POLYENYLPHOSPHATIDYLCHOLINE CONC	OTC	EXC
MISC. NUTRITIONAL SUBSTANCES		
ALASKA WILD CAP FISH OIL	-	EXC
CREATINE MONOHYDRATE LIQUID	-	EXC
EVENING PRIMROSE OIL CAP	-	EXC
OMEGA-3 FATTY ACIDS CAP	OTC	EXC
PROTEINS		
AMINO ACIDS/ SOLN DEXTROSE	-	EXC
CARNITEX CAP	OTC	EXC
GABA TAB 25MG	OTC	EXC
GLUTATHIONE CAP	-	EXC
GNP L-LYSINE TAB	-	EXC
L-CARNITINE CAP	--OTC	EXC
levocarnitine cap	-	EXC
N.O.MAX ER TAB 660-50MG	OTC	EXC
N-ACETYL TYROSINE-PYRIDOXINE HCL CAP	OTC	EXC
PROTEIN CAP	OTC	EXC
theanine cap	-	EXC
THEANINE CHEW TAB	-	EXC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
ARTIFICIAL TEARS DROP	-	EXC
CLEAR EYES DROPS	-	EXC
GENTEAL TEAR GEL SEV D/N	-	EXC
GONIOTAIRE OPHTH SOLN	-	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
PURE AND GENTLE DROPS	-	EXC
VENTIVA DROP 0.7%	-	EXC
VENTIVA PLUS DROP	-	EXC
VISINE DRY SOLN EYE RLF	-	EXC
BETA-BLOCKERS - OPHTHALMIC		
brimonidine tartrate-timolol maleate ophth soln (COMBIGAN equiv) (QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate)	QL-ST	High Cost Generics
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2ml/day)	QL	High Cost Generics

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OPHTHALMIC AGENTS Cont.		
timolol maleate ophth gel (TIMOPTIC-XE equiv) (Step Therapy requires trial of timolol maleate ophth soln)	ST	High Cost Generics
timolol maleate ophth soln 0.5% (ISTALOL equiv) (Step Therapy requires trial of timolol maleate ophth soln)	ST	High Cost Generics
timolol maleate preservative free ophth soln (TIMOPTIC equiv) (QL= 2ml/day)	QL	High Cost Generics
BETAXOLOL OPHTH SOLN (QL= 5mL/30 days; Step therapy requires trial of carteolol, levobunolol, dorzolamide-timolol, timolol)	QL-ST	Non-Preferred Brands
BETIMOL OPHTH SOLN	-	Non-Preferred Brands
BETOPTIC-S OPHTH SOLN (Step Therapy requires trial of 2: carteolol, levobunolol, dorzolamide/timolol, timolol maleate)	ST	Non-Preferred Brands
COMBIGAN OPHTH SOLN (QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate)	QL-ST	Non-Preferred Brands
COSOPT (PF) OPHTH SOLN (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Non-Preferred Brands
COSOPT OPHTH SOLN	-	Non-Preferred Brands
ISTALOL OPHTH SOLN 0.5% (Step Therapy requires trial of timolol maleate ophth soln)	ST	Non-Preferred Brands
TIMOPTIC OCUDOSE OPHTH SOLN (QL= 2ml/day)	QL	Non-Preferred Brands
TIMOPTIC OCUDOSE OPHTH SOLN 0.5% (QL= 2ml/day)	QL	Non-Preferred Brands
TIMOPTIC OPHTH SOLN 0.25%	-	Non-Preferred Brands
TIMOPTIC OPHTH SOLN 0.5%	-	Non-Preferred Brands
TIMOPTIC-XE OPHTH GEL (Step Therapy requires trial of timolol maleate ophth soln)	ST	Non-Preferred Brands
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	Preferred Brands
METIPRANOLOL OPHTH SOLN	-	Preferred Brands
betaxolol ophth soln (BETOPTIC-S equiv)	-	Select
CARTEOLOL OPHTH SOLN	-	Select
carteolol ophth soln (OCUPRESS equiv)	-	Select
dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Select
dorzolamide/timolol ophth soln (COSOPT equiv)	-	Select

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OPHTHALMIC AGENTS Cont.		
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	Non-Preferred Brands
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL OPHTH OINT	-	Non-Preferred Brands
ATROPINE SUL SOLN 1% OPHTH	QL	Non-Preferred Brands
CYCLOGYL OPHTH SOLN	-	Non-Preferred Brands
CYCLOMYDRIL OPHTH SOLN	-	Non-Preferred Brands
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	Non-Preferred Brands
HOMATROPINE OPHTH SOLN	-	Preferred Brands
atropine ophth oint	-	Select
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days)	QL	Select
cyclopentolate ophth soln (CYCLOGYL equiv)	-	Select
phenylephrine ophth soln (MYDFRIN equiv)	-	Select
tropicamide ophth soln (MYDRIACYL equiv)	-	Select
MIOTICS		
VUITY OPHTH SOLN	-	EXC
MIOSTAT INJ	-	Non-Preferred Brands
PHOSPHOLINE OPHTH SOLN	-	Non-Preferred Brands
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	Select
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU INJ	-	EXC
BEVACIZUMAB INJ	-	EXC
BYOOVIZ INJ	-	EXC
CIMERLI INJ	-	EXC
EYLEA HD INJ	-	EXC
EYLEA INJ	-	EXC
LUCENTIS INJ	-	EXC
SUSVIMO INJ	-	EXC

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

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
MOXIFLOXACIN SOLN (QL= 1 bottle/30 days; Step therapy requires trial of 2: ciprofloxacin hcl drops, levofloxacin drops, ofloxacin drops)	QL-ST	Non-Preferred Brands
TOBREX OPHTH OINT	-	Non-Preferred Brands
VIGAMOX OPHTH SOLN	-	Non-Preferred Brands
XDEMVY DROP (QL= 10ml/42 days; 1 fill/year; Diagnosis Restricted – Demodex blepharitis (H01.00X, B88.0))	QL-RDX	Non-Preferred Brands
ZYMAXID OPHTH SOLN	-	Non-Preferred Brands
BACITRACIN OPHTH OINT	-	Preferred Brands
NATACYN OPHTH SUSP (QL= 45ml/30 days)	QL	Preferred Brands
SULFACETAMIDE SODIUM OPHTH OINT	-	Preferred Brands
ZIRGAN OPHTH GEL	-	Preferred Brands
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	Select
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	Select
ciprofloxacin ophth soln (CILOXAN equiv)	-	Select
erythromycin ophth oint	-	Select
GENTAK OPHTH OINT	-	Select
gentamicin ophth soln (GARAMYCIN equiv)	-	Select
levofloxacin ophth soln (QUIXIN equiv)	-	Select
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	Select
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	Select
ofloxacin ophth soln (OCUFLOX equiv)	-	Select
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	Select
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	Select
tobramycin ophth soln (TOBREX equiv)	-	Select
TRIFLURIDINE OPHTH SOLN	-	Select
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY SOLN	-	EXC
SYFOVRE INJ	-	EXC
OPHTHALMIC DECONGESTANTS		
CLEAR EYES SOLN	-	EXC
EQL REDNESS RELIEF DROP	OTC	EXC
OPHTHALMIC IMMUNOMODULATORS		
CYCLOSPORINE EMULSION 0.1% OPHTH	-	EXC
CEQUA (PF) OPHTH SOLN (Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	ST	Non-Preferred Brands

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

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
RESTASIS MULTI-DOSE (QL= 5.5ml/30 days)	QL	Non-Preferred Brands
RESTASIS OPHTH EMULSION 0.05% (QL= 60 vials/30 days)	QL	Non-Preferred Brands
VERKAZIA EMULSION 0.1% OPHTH (QL= 4 vials/day, 6 fills/year; ST requires trial of 1: fluorometholone ophth, dexamethasone ophth, prednisolone ophth or loteprednol ophth)	QL-ST	Non-Preferred Brands
VEVYE DROP 0.1% (QL= 6ml/30 days; ST req trial of cyclosporine ophthalmic emulsion)	QL-ST	Non-Preferred Brands
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days)	QL	Select
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPHTH SOLN (QL= 60ml/30days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis))	QL-ST	Non-Preferred Brands
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA OPHTH SOLN (QL= 2.5ml/30 days; Step therapy requires trial of 2 prostaglandins (latan-, bimat-, travo-, taflu-prost) AND timolol)	QL-ST	Non-Preferred Brands
ROCKLATAN OPHTH SOLN (Step therapy requires trial of 2 prostaglandins (latan-, bimat-, travo-, taflu-prost) AND timolol)	ST	Non-Preferred Brands
OPHTHALMIC LOCAL ANESTHETICS		
IHEEZO GEL	-	EXC
AKTEN OPHTH GEL	-	Non-Preferred Brands
proparacaine ophth soln (ALCAINE equiv)	-	Select
tetracaine ophth soln	-	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 VISCOUS OPHTH SOLN	-	Non-Preferred Brands
OPHTHALMIC STEROIDS		
XIPERE INJ	-	EXC
difluprednate ophth emulsion (DUREZOL equiv) (QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp)	QL-ST	High Cost Generics
loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 5 grams/28 days; Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	High Cost Generics
loteprednol etabonate ophth susp 0.2% (ALREX equiv) (QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	High Cost Generics

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
ALREX OPHTH SUSP 0.2% (QL= 5ml/30 days)	QL	Non-Preferred Brands
BLEPHAMIDE S.O.P. OPHTH OINT	-	Non-Preferred Brands
DUREZOL OPHTH EMULSION (QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp)	QL-ST	Non-Preferred Brands
EYSUVIS OPHTH SUSP	-	Non-Preferred Brands
FML FORTE OPHTH SUSP	-	Non-Preferred Brands
FML S.O.P. OPHTH OINT	-	Non-Preferred Brands
INVELTYS OPHTH SUSP (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Non-Preferred Brands
LOTEMAX OPHTH GEL (QL= 5g/28 days; Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	Non-Preferred Brands
LOTEMAX OPHTH SUSP (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Non-Preferred Brands
PRED FORTE OPHTH SUSP	-	Non-Preferred Brands
PRED-G S.O.P OPHTH OINTMENT	-	Non-Preferred Brands
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	Non-Preferred Brands
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	Non-Preferred Brands
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	Non-Preferred Brands
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	Non-Preferred Brands
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	Non-Preferred Brands
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	Non-Preferred Brands

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	Non-Preferred Brands
TOBRADEX ST OPHTH SUSP	-	Non-Preferred Brands
BLEPHAMIDE OPHTH SOLN	-	Preferred Brands
FLAREX OPHTH SUSP	-	Preferred Brands
LOTEMAX OPHTH OINT 0.5% (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Preferred Brands
LOTEMAX SM GEL	-	Preferred Brands
MAXIDEX OPHTH SOLN	-	Preferred Brands
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	Preferred Brands
PRED MILD OPHTH SOLN	-	Preferred Brands
PRED-G OPHTH SOLN	-	Preferred Brands
TOBRADEX OPHTH OINT	-	Preferred Brands
ZYLET OPHTH SUSP	-	Preferred Brands
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	Select
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	Select
loteprednol ophth susp (LOTEMAX equiv)	-	Select
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	Select
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	Select
PREDNISOLONE OPHTH SUSP	-	Select
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	Select
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	Select
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	Select
OPHTHALMIC SURGICAL AIDS		
DUOVISC KIT	-	EXC
HEALON DUET INJ	-	EXC
HEALON GV INJ	-	EXC
OPHTHALMICS - MISC.		
bepotastine besilate ophth soln (BEPREVE equiv)	-	EXC
BEPREVE DROPS	-	EXC
fluorescein sodium iv soln (FLUORESCITE equiv)	-	EXC
FLUORESCITE INJ OP	-	EXC
olopatadine ophth soln 0.1% (PATANOL equiv)	-	EXC
PAZEO OPHTH SOLN	-	EXC
ZERVIATE OPHTH SOLN	-	EXC
brinzolamide ophth susp (AZOPT equiv) (Step Therapy requires trial of dorzolamide 2% ophth soln)	ST	High Cost Generics

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
bromfenac ophth soln (BROMDAY equiv) (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	High Cost Generics
bromfenac sodium ophth soln 0.07% (PROLENSA equiv) (QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	QL-ST	High Cost Generics
ketorolac ophth soln .4% (ACULAR (LS) equiv)	-	High Cost Generics
ALOMIDE OPHTH SOLN	-	Non-Preferred Brands
AZOPT OPHTH SUSP	-	Non-Preferred Brands
AZOPT OPHTH SUSP (Step Therapy requires trial of dorzolamide 2% ophth soln)	--ST	Non-Preferred Brands
BROMSITE DROP	-	Non-Preferred Brands
EMADINE OPHTH SOLN	-	Non-Preferred Brands
epinastine ophth soln (ELESTAT equiv)	-	Non-Preferred Brands
LASTACAFT OPHTH SOLN (QL= 3ml/30 days)	QL	Non-Preferred Brands
MIEBO OPHTH SOLN (QL= 3ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion)	QL-ST	Non-Preferred Brands
NEVANAC OPHTH SUSP, ILEVRO OPHTH SUSP	-	Non-Preferred Brands
PROLENSA OPHTH SOLN 0.07% (QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	QL-ST	Non-Preferred Brands
UPNEEQ SOLN (QL= 30 droppers/30 days)	PA-QL	Non-Preferred Brands
CYSTADROPS SOLN (QL= 4 bottles (20mL)/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-QL-RDX	Non-Preferred Specialty
ACULAR (LS) OPHTH SOLN	-	Preferred Brands
ACUVAIL OPHTH SOLN	-	Preferred Brands
ALOCRIL OPHTH SOLN	-	Preferred Brands
FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	Preferred Brands
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416)	LD-QL-RDX	Preferred Specialty

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
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 Brands
TRAVATAN Z DROPS (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred Brands
VYZULTA SOLN (QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred Brands
XALATAN OPHTH SOLN (Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	ST	Non-Preferred Brands
XELPROS OPHTH EMULSION (Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	ST	Non-Preferred Brands
ZIOPTAN OPHTH SOLN (QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost)	QL-ST	Non-Preferred Brands
IYUZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln)	QL-ST	Preferred Brands
bimatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Select
tafluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Select
travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Select
latanoprost ophth soln (XALATAN equiv)	-	Value
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	Select
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	Select
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN OTIC SOLN	-	Preferred Brands
ofloxacin otic soln (FLOXIN equiv)	-	Select
OTIC COMBINATIONS		
CORTIC-ND DROPS	-	EXC
CIPRO HC OTIC SUSP	-	Non-Preferred Brands

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DrugName	Special Code	Tier
OTIC AGENTS Cont.		
CIPRODEX	-	Non-Preferred Brands
COLY-MYCIN S OTIC SUSP	-	Non-Preferred Brands
COLY-MYCIN-S SUSP OTIC	-	Non-Preferred Brands
CORTANE-B OTIC SOLN	-	Non-Preferred Brands
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN (QL= 1 bottle/fill, 2 fills/month; Step Therapy requir trial of neomycin/polymixin/hydrocoritisone otic)	QL-ST	Non-Preferred Brands
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	Select
ciporofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	Select
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	-	Select
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv)	-	Select
otomax-HC otic soln (CORTANE-B equiv)	-	Select
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	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 Brands
PREPIDIL GEL	-	Non-Preferred Brands
PROSTIN E2 SUPP	-	Non-Preferred Brands
OXYTOCICS		
methylergonovine tab (METHERGINE equiv)	-	Select
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ, VIVAGLOBIN INJ (Only available through Emerging Health 971-290-2010)	LD-PA	Preferred Specialty
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ (Only available through Walgreens 888-347-3416)	LD-PA	Preferred Specialty
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
BOTULISM IMMUNE GLOBULIN (HUMAN) IV FOR SOLN	-	EXC

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DrugName	Special Code	Tier
PASSIVE IMMUNIZING AND TREATMENT AGENTS Cont.		
CNJ-016 INJ	-	EXC
CUTAQUIG INJ (QL= 576ml/28 days; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	Non-Preferred Specialty
XEMBIFY INJ (Only available through Optum 877-445-6874)	LD-PA	Non-Preferred Specialty
CUVITRU INJ (Only available through AllianceRx Walgreens Prime 855-244-2555)	LD-PA	Preferred Specialty
HIZENTRA INJ (Only available through Emerging Health 971-290-2010)	LD-PA	Preferred Specialty
MONOCLONAL ANTIBODIES		
BEBTELOVIMAB IV SOLN	-	EXC
BEYFORTUS INJ	-	EXC
EVUSHELD SOLN	-	EXC
REGEN-COVID INJ	-	EXC
SYNAGIS INJ (QL= 2 inj/28 days)	LMSP-PA-QL	Preferred Specialty
PENICILLINS		
AMINOPENICILLINS		
AMPICILLIN INJ	-	EXC
MOXATAG TAB (Step Therapy requires trial of amoxicillin)	ST	Non-Preferred Brands
amoxicillin cap (TRIMOX equiv)	-	Select
amoxicillin chew tab (AMOXIL equiv)	-	Select
AMOXICILLIN CHEW TAB 250MG	-	Select
amoxicillin susp (TRIMOX equiv)	-	Select
amoxicillin tab (AMOXIL equiv)	-	Select
ampicillin cap (AMPICILLIN equiv)	-	Select
NATURAL PENICILLINS		
penicillin vk tab (VEETIDS equiv)	-	Select
PENICILLIN COMBINATIONS		
AMOXICILLIN/CLAVULANATE ER TAB	-	Non-Preferred Brands
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		
PH 12 STERILE SOLN FLOLAN	-	EXC
STERILE DILUTION SOLN	-	EXC
SEMI SOLID VEHICLES		
BASE D PEG GRANULES	-	EXC
LANOLIN OINT	OTC	EXC

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PHARMACEUTICAL ADJUVANTS Cont.		
VERSAPENN AL GEL ANHYDROU	-	EXC
POLYETHYLENE GLYCOL 8000 GRANULES	-	Preferred Brands
PROGESTINS		
PROGESTINS		
MAKENA INJ (QL= 4 vials/28 days)	AMSP-PA-QL	Non-Preferred Specialty
MAKENA INJ (QL= 4.4 ml/28 days)	AMSP-PA-QL	Non-Preferred Specialty
hydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days)	AMSP-PA-QL	Preferred Specialty
medroxyprogesterone tab (PROVERA equiv)	-	Select
megestrol ES susp (MEGACE ES equiv)	-	Select
norethindrone tab (AYGESTIN equiv)	-	Select
progesterone cap (PROMETRIUM equiv)	-	Select
progesterone oil inj	-	Select
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
LUCEMYRA TAB (QL= 224 tabs/fill, 1 fill/month)	QL	Non-Preferred Brands
acamprosate calcium DR tab (CAMPRAL equiv)	-	Select
disulfiram tab (ANTABUSE equiv)	-	Select
ANTI-CATAPLECTIC AGENTS		
LUMRYZ PACK 4.5GM (QL= 1 pack/day; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
LUMRYZ PACK 6GM (QL= 1 pack/day; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
LUMRYZ PACK 7.5GM (QL= 1 pack/day; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
LUMRYZ PACK 9GM (QL= 1 pack/day; Only available through Accredo 888-773-7376)	LD-PA-QL	Non-Preferred Specialty
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
LEQEMBI SOLN	-	EXC
memantine soln (NAMENDA equiv) (QL= 300 ml/30 days)	QL	High Cost Generics

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

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
rivastigmine patch (EXELON equiv) (QL= 1 patch/day)	QL	High Cost Generics
ADLARITY PATCH (QL= 1 patch/7 days; Step therapy requires trial of donepezil tab OR donepezil ODT)	QL-ST	Non-Preferred Brands
ARICEPT TAB 10MG (QL= 1 tab/day)	QL	Non-Preferred Brands
ARICEPT TAB 23MG (QL= 1 tab/day)	QL	Non-Preferred Brands
ARICEPT TAB 5MG (QL= 1 tab/day)	QL	Non-Preferred Brands
EXELON PATCH (QL= 1 patch/day)	QL	Non-Preferred Brands
NAMENDA TAB (Step Therapy requires trial of memantine tab)	ST	Non-Preferred Brands
NAMENDA TITRAPAK (QL= 49 tabs/28 days)	QL	Non-Preferred Brands
NAMENDA XR CAP (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Non-Preferred Brands
NAMZARIC STARTER PACK (QL= 28 caps/28 days; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Non-Preferred Brands
RAZADYNE ER CAP (QL= 1 cap/day)	QL	Non-Preferred Brands
RAZADYNE TAB (QL= 60 tabs/30 days)	QL	Non-Preferred Brands
NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab)	QL-ST	Preferred Brands
NAMZARIC CAP (QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Preferred Brands
donepezil ODT (ARICEPT equiv)	-	Select
donepezil tab 10mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Select
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Select
donepezil tab 5mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Select
galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day)	QL	Select
GALANTAMINE SOLN	-	Select
galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days)	QL	Select
memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Select
memantine tab (NAMENDA equiv)	-	Select
memantine titrapak (NAMENDA equiv) (QL= 49 tabs/28 days)	QL	Select
rivastigmine cap (EXELON equiv)	-	Select

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
CEREBRAL ADRENOLEUKODYSTROPHY (CALD) AGENTS		
SKYSONA INJ	-	EXC
COMBINATION PSYCHOTHERAPEUTICS		
DULOXICAINE PACK	-	EXC
olanzapine/fluoxetine cap (SYMBYAX equiv) (QL= 1 cap/day)	QL	High Cost Generics
LYBALVI TAB (QL= 30 tabs/30 days; Step therapy requires trial of 2: olanzapine, aripiprazole, risperidone, quetiapine, paliperidone, ziprasidone)	QL-ST	Non-Preferred Brands
SYMBYAX CAP (QL= 1 cap/day)	QL	Non-Preferred Brands
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	Preferred Brands
PERPHENAZINE/ AMITRIPTYLINE TAB	-	Select
FIBROMYALGIA AGENTS		
SAVELLA PAK (Step Therapy requires trial of duloxetine and gabapentin)	ST	Non-Preferred Brands
SAVELLA TAB (QL= 2 tabs/day; Step Therapy requires trial of duloxetine and gabapentin)	QL-ST	Non-Preferred Brands
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB	-	EXC
VYLEESI INJ (QL= 2.4 ml/28 days)	PA-QL	Non-Preferred Brands
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv)	AMSP-PA	Generic Specialty
AUSTEDO TAB 12MG (QL= 120 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
AUSTEDO TAB 6MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
AUSTEDO TAB 9MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
AUSTEDO XR TAB 12MG (QL= 90 tabs/30 days)	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= 210 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	Non-Preferred Specialty
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Non-Preferred Specialty
INGREZZA PACK 40-80MG (QL= 1 pack/fill, 1 fill/plan year)	LD-PA-QL	Non-Preferred Specialty
XENAZINE TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
MULTIPLE SCLEROSIS AGENTS		
BRIUMVI INJ	-	EXC
dalfampridine ER tab (AMPYRA equiv)	AMSP-PA	Generic Specialty
dimethyl fumarate DR cap (TECFIDERA equiv) (QL= 60 caps/30 days)	AMSP-QL	Generic Specialty
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= 60 caps/30 days)	AMSP-QL	Generic Specialty
fingolimod hcl cap (GILENYA equiv) (QL= 30 caps/30 days)	AMSP-QL	Generic Specialty
glatiramer inj 20mg/ml (COPAXONE equiv) (QL= 30 syringes/30 days)	AMSP-QL	Generic Specialty
glatiramer inj 40mg/ml (COPAXONE equiv) (QL= 12 syringes/28 days)	AMSP-QL	Generic Specialty
teriflunomide tab (AUBAGIO equiv) (QL= 30 tabs/30 days)	AMSP-QL	Generic Specialty
AMPYRA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Non-Preferred Specialty
AUBAGIO TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
BAFIERTAM CAP (QL= 120 caps/30 days; Only Available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
BETASERON INJ (QL= 14 kits/28 days)	AMSP-PA-QL	Non-Preferred Specialty
COPAXONE INJ 20MG/ML (QL= 30 syringes/30 days)	AMSP-PA-QL	Non-Preferred Specialty
COPAXONE INJ 40MG/ML (QL= 12 syringes/28 days)	AMSP-PA-QL	Non-Preferred Specialty
EXTAVIA INJ (QL= 14 kits/28 days)	AMSP-PA-QL	Non-Preferred Specialty

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DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
GILENYA CAP (QL= 30 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty
MAVENCLAD PAK (QL= 10 tabs/fill, 2 fills/year; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
MAYZENT STARTER PACK 0.25MG (QL= 7 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty
MAYZENT TAB (QL= 1 tab/day)	AMSP-PA-QL	Non-Preferred Specialty
MAYZENT TAB STARTER PACK (QL= 12 tabs/fill, 2 fills/year)	AMSP-PA-QL	Non-Preferred Specialty
OCREVUS INJ (QL= 60ml/365 days; Only available through Emerging Health 971-290-2010)	LD-M-PA-QL	Non-Preferred Specialty
PLEGRIDY INJ (QL= 1 kit/28 days)	AMSP-PA-QL	Non-Preferred Specialty
PLEGRIDY PEN INJ (QL= 1 kit/28 days)	AMSP-PA-QL	Non-Preferred Specialty
PONVORY TAB (QL= 30 tabs/30 days)	AMSP-PA-QL	Non-Preferred Specialty
PONVORY TAB STARTER PACK (QL= 14 tabs/14 days)	AMSP-PA-QL	Non-Preferred Specialty
TASCENSO ODT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Non-Preferred Specialty
TECFIDERA CAP (QL= 60 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty
TECFIDERA STARTER PACK (QL= 60 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty
ZEPOSIA CAP (QL=30 caps/30 days)	AMSP-PA-QL	Non-Preferred Specialty
ZEPOSIA STARTER PACK (QL= 37 caps/37 days)	AMSP-PA-QL	Non-Preferred Specialty
AVONEX INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Preferred Specialty
KESIMPTA INJ (QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Preferred Specialty
REBIF INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Preferred Specialty

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
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	High Cost Generics
pregabalin ER tab (LYRICA equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln)	QL-ST	High Cost Generics
GRALISE STARTER PACK	-	Non-Preferred Brands
GRALISE TAB (QL= 2 tabs/day)	PA-QL	Non-Preferred Brands
LYRICA CR TAB (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln)	QL-ST	Non-Preferred Brands
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE TAB	-	Preferred Brands
FLUOXETINE CAP (PMDD)	-	Value
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP (QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA)	QL-ST	Preferred Brands
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES TAB	-	Non-Preferred Brands
PIMOZIDE TAB	-	Preferred Brands
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB (QL= 1 tab/30 days)	PA-QL	Non-Preferred Brands
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	Preventive
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	Preventive
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	Preventive
varenicline tartrate tab (CHANTIX equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive
varenicline tartrate tab start pack (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive
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
VASOMOTOR SYMPTOM AGENTS		
paroxetine cap (BRISDELLE equiv) (QL= 1 cap/day)	QL	High Cost Generics
BRISDELLE CAP (QL= 1 cap/day)	QL	Non-Preferred Brands
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
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
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
TRIKAFTA THERAPY PACK (QL= 56 packets/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-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

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RESPIRATORY AGENTS - MISC. Cont.		
PULMONARY FIBROSIS AGENTS		
pirfenidone cap (ESBRIET equiv) (QL= 3 caps/day)	AMSP-PA-QL-SF	Generic Specialty
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	AMSP-PA-QL-SF	Generic Specialty
PIRFENIDONE TAB 534MG (QL= 4 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	Generic Specialty
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Generic Specialty
ESBRIET CAP (QL= 3 caps/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
ESBRIET TAB 267MG (QL= 9 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
ESBRIET TAB 801MG (QL= 3 tabs/day)	AMSP-PA-QL-SF	Non-Preferred Specialty
OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF	Preferred Specialty
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB (QL= 8 tabs/day)	QL	Preferred Brands
sulfadiazine tab (SULFADIAZINE equiv) (QL= 8 tabs/day)	QL	Select
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB (QL= 30 tabs/fill, 1 fill/month; Only available through Walgreens 888-347-3416)	LD-PA-QL	Non-Preferred Specialty
TETRACYCLINE COMBINATIONS		
NICAZELDOXY KIT	-	Preferred Brands
TETRACYCLINES		
doxycycline hyclate DR tab (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics
doxycycline hyclate DR tab 200mg (DORYX equiv) (QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics
doxycycline hyclate DR tab 50mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics
doxycycline hyclate DR tab 75mg (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	High Cost Generics
doxycycline hyclate tab 150mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	High Cost Generics
doxycycline hyclate tab 50mg (TARGADOX equiv) (Step Therapy requires trial of doxycycline monohydrate)	ST	High Cost Generics
doxycycline hyclate tab 75mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	High Cost Generics

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TETRACYCLINES Cont.		
doxycycline monohydrate cap (MONODOX equiv) (QL= 2 caps/day)	QL	High Cost Generics
doxycycline monohydrate tab 150mg (ADOXA PAK equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	High Cost Generics
minocycline ER tab (SOLODYN equiv) (QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab)	QL-ST	High Cost Generics
minocycline tab (DYNACIN equiv)	-	High Cost Generics
ACTICLATE TAB (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Non-Preferred Brands
DORYX MPC TAB (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate followed by generic doxycycline hyclate DR)	QL-ST	Non-Preferred Brands
DORYX TAB 50MG (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Non-Preferred Brands
MINOCYCLINE ER CAP (QL= 1 cap/day; Step Therapy requires trial of minocycline)	QL-ST	Non-Preferred Brands
MINOLIRA TAB (QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab)	QL-ST	Non-Preferred Brands
MONODOX CAP (QL= 2 caps/day)	QL	Non-Preferred Brands
MORGIDOX KIT (QL= 1 kit/30 days)	QL	Non-Preferred Brands
OCUDOX KIT	-	Non-Preferred Brands
SEYSARA TAB	-	Non-Preferred Brands
SOLODYN TAB (QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab)	QL-ST	Non-Preferred Brands
TETRACYCLINE TAB (QL= 4 tabs/day; ST req trial of tetracycline caps followed by minocycline IR OR doxycycline monohydrate)	QL-ST	Non-Preferred Brands
VIBRAMYCIN CAP (QL= 2 caps/day)	QL	Non-Preferred Brands
VIBRAMYCIN SYRUP	-	Non-Preferred Brands
demeclocycline tab (DECLOMYCIN equiv)	-	Select
doxycycline hyclate cap (QL= 2 caps/day)	QL	Select
doxycycline hyclate cap 50mg (VIBRAMYCIN equiv) (QL= 2 caps/day)	QL	Select

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

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

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DrugName	Special Code	Tier
TOXOIDS Cont.		
TETANUS/DIPHTHERIA TOXOID INJ	VAC	Preventive
VAXELIS INJ	VAC	Preventive
ULCER DRUGS		
ANTISPASMODICS		
ATROPINE SUL INJ	-	EXC
glycopyrrolate inj 0.2mg/ml (ROBINUL equiv)	-	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
b-donna tab (DONNATAL equiv) (QL= 8 tabs/day)	QL	High Cost Generics
pb-belladonna elixir (DONNATAL equiv) (QL= 1200ml/30 days)	QL	High Cost Generics
CUVPOSA SOLN (QL= 9ml/day)	QL	Non-Preferred Brands
DONNATAL ELIXIR (QL= 1200ml/30 days)	QL	Non-Preferred Brands
DONNATAL TAB (QL= 8 tabs/day)	QL	Non-Preferred Brands
GLYCATE TAB, GLYCOPYRROLATE TAB (QL= 4 tabs/day; Step Therapy requires trial of glycopyrrolate tab 1mg or glycopyrrolate tab 2mg)	QL-ST	Non-Preferred Brands
SYMAX DUOTAB	-	Non-Preferred Brands
BELLADONNA ALKALOID/OPIUM SUPP	-	Preferred Brands
PROPANTHELINE TAB	-	Preferred Brands
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	Select
dicyclomine cap (BENTYL equiv)	-	Select
dicyclomine soln (BENTYL equiv)	-	Select
dicyclomine tab (BENTYL equiv)	-	Select
glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day)	QL	Select
glycopyrrolate tab (ROBINUL equiv)	-	Select
methscopolamine tab (PAMINE equiv)	-	Select
H-2 ANTAGONISTS		
famotidine susp (PEPCID equiv) (Covered for members age 17 or younger)	-	EXC
famotidine tab (PEPCID equiv) (Covered for members age 17 or younger)	-	EXC

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DrugName	Special Code	Tier
ULCER DRUGS Cont.		
PEPCID SUSP (Step Therapy requires trial of cimetidine or nizatidine)	ST	Non-Preferred Brands
ZANTAC EFFER TAB	-	Non-Preferred Brands
cimetidine soln (CIMETIDINE equiv)	-	Select
cimetidine tab (TAGAMET equiv)	-	Select
nizatidine cap (AXID equiv)	-	Select
ranitidine cap (ZANTAC equiv)	-	Select
ranitidine syrup (ZANTAC equiv)	-	Select
ranitidine tab (Rx Only) (ZANTAC equiv)	-	Select
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	Select
PROTON PUMP INHIBITORS		
ACIPHEX SPRINKLE CAP (Covered for members age 17 or younger)	-	EXC
ACIPHEX TAB (Covered for members age 17 or younger)	-	EXC
esomeprazole cap (NEXIUM equiv) (Covered for members age 17 or younger)	-	EXC
ESOMEPRAZOLE STRONTIUM CAP (Covered for members age 17 or younger)	-	EXC
ESOMEPRAZOLE-EZS KIT (Covered for members age 17 or younger)	-	EXC
FIRST OMEPRAZOLE SUSP	-	EXC
lansoprazole cap (PREVACID equiv) (Covered for members age 17 or younger)	OTC	EXC
LANSOPRAZOLE SUSP	-	EXC
NEXIUM CAP (Covered for members age 17 or younger)	-	EXC
NEXIUM GRANULE PACK (Covered for members age 17 or younger)	-	EXC
omeprazole DR cap (PRILOSEC equiv) (Covered for members age 17 or younger)	-	EXC
omeprazole magnesium delayed release tab (PRILOSEC OTC equiv) (Covered for members age 17 or younger)	OTC	EXC
pantoprazole EC tab (PROTONIX equiv) (Covered for members age 17 or younger)	-	EXC
PREVACID CAP (Covered for members age 17 or younger)	-	EXC
PRILOSEC CAP (Covered for members age 17 or younger)	-	EXC
PRILOSEC POWDER PACKET (Covered for members age 17 or younger)	-	EXC
PROTONIX EC TAB (Covered for members age 17 or younger)	-	EXC
rabeprazole EC tab (ACIPHEX equiv) (Covered for members age 17 or younger)	-	EXC
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	Select
ULCER THERAPY COMBINATIONS		
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	EXC
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	EXC
ZEGERID CAP	-	EXC
ZEGERID CAP OTC	OTC	EXC
ZEGERID POWDER PACK	-	EXC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
ATROPINE SUL INJ	-	EXC
ATROPINE SULFATE INJ	-	EXC
atropine sulfate iv soln	-	EXC

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DrugName	Special Code	Tier
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.		
glycopyrrolate inj 0.2mg/ml (ROBINUL equiv)	-	EXC
glycopyrrolate inj pf soln prefilled syringe	-	EXC
GLYRX-PF INJ 0.2MG/ML	-	EXC
HYOSCYAMINE INJ	-	EXC
DARTISLA ODT TAB (QL= 4 tabs/day, Step therapy requires trial of glycopyrrolate tab or glycopyrrolate solution)	QL-ST	Non-Preferred Brands
GLYCATE TAB (Step Therapy requires trial of glycopyrrolate)	ST	Non-Preferred Brands
H-2 ANTAGONISTS		
CIMETIDINE SOLN (Covered for members age 17 or younger)	-	EXC
NIZATIDINE CAP	-	Preferred Brands
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	Select
PROTON PUMP INHIBITORS		
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG (Covered for members age 17 or younger)	-	EXC
esomeprazole DR granule pack (NEXIUM equiv) (Covered for members age 17 or younger)	-	EXC
esomeprazole magnesium DR tab (NEXIUM equiv) (Covered for members age 17 or younger)	-	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 GRANULE PACK (Covered for members age 17 or younger)	-	EXC
omeprazole tab (Covered for members age 17 or younger)	OTC	EXC
PREVACID SOLUTAB (Covered for members age 17 or younger)	-	EXC
PRILOSEC OTC DR TAB	-	EXC
dexlansoprazole DR cap (DEXILANT equiv) (Covered for members age 17 or younger; QL=1 cap/day; Step therapy requires trial of all: omeprazole, esomeprazole, lansoprazole cap, rabeprazole, and pantoprazole tab)	QL-ST	High Cost Generics
DEXILANT DR CAP (Covered for members age 17 or younger; QL= 1 cap/day)	QL	Non-Preferred Brands
ULCER THERAPY COMBINATIONS		
KONVOMEP SUSP	OTC	EXC
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	EXC
LANSOPRAZOLE/AMOXICILLIN/CLARITHTHROMYCIN KIT	-	EXC
PREVPAC KIT	-	EXC
bismuth/metro/tetra cap (PYLERA equiv) (Step therapy requires trial of oral metronidazole and tetracycline)	ST	High Cost Generics
TALICIA CAP (QL= 168 caps/14 days)	QL	Non-Preferred Brands
VOQUEZNA DUAL PAK (QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Prevpac, OR lansoprazole/amoxicillin/clarithro kit)	QL-ST	Non-Preferred Brands
VOQUEZNA TRIP PAK (QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Prevpac, OR lansoprazole/amoxicillin/clarithro kit)	QL-ST	Non-Preferred Brands

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DrugName	Special Code	Tier
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
trospium chloride SR cap (SANCTURA XR equiv)	-	High Cost Generics
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin SR tab (ENABLEX equiv) (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	High Cost Generics
fesoterodine fumarate er tab (TOVIAZ equiv) (QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin tab/syrup/ER tab, tolterodine tab/SR cap, trospium tab/SR cap)	QL-ST	High Cost Generics
tolterodine SR cap (DETROL LA equiv)	-	High Cost Generics
tolterodine tab (DETROL equiv)	-	High Cost Generics
trospium tab (SANCTURA equiv)	-	High Cost Generics
ENABLEX TAB (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	Non-Preferred Brands
GELNIQUE (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	Non-Preferred Brands
OXYBUTYNIN TAB 2.5MG (QL= 1 tab/day; Step therapy requires trial of: oxybutynin syrup or solifenacin)	QL-ST	Non-Preferred Brands
OXYTROL PATCH (OTC) (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	OTC-ST	Non-Preferred Brands
TOVIAZ TAB (QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin tab/syrup/ER tab, tolterodine tab/SR cap, trospium tab/SR cap)	QL-ST	Non-Preferred Brands
VESICARE TAB (QL= 1 tab/day; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	QL-ST	Non-Preferred Brands
oxybutynin ER tab (DITROPAN XL equiv)	-	Select
oxybutynin syrup	-	Select
oxybutynin tab (DITROPAN equiv)	-	Select
solifenacin tab (VESICARE equiv) (QL= 1 tab/day)	QL	Select
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TAB (QL= 30 tabs/30 days; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	QL-ST	Non-Preferred Brands
MYRBETRIQ SUSP (QL= 188ml/30 days; Step Therapy requires trial of 2: oxybutynin tab, oxybutynin syrup, oxybutynin ER tab, tolterodine tab, tolterodine SR cap, trospium tab, or trospium chloride SR cap)	QL-ST	Non-Preferred Brands
MYRBETRIQ TAB (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	Non-Preferred Brands
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	Select
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		

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DrugName	Special Code	Tier
URINARY ANTISPASMODICS Cont.		
flavoxate tab (URISPAS equiv)	-	Select
VACCINES		
BACTERIAL VACCINES		
BEXSERO INJ	VAC	Preventive
BIOTHRAX INJ	-	Preventive
MENACTRA INJ	VAC	Preventive
MENHIBRIX INJ	VAC	Preventive
MENOMUNE INJ	VAC	Preventive
MENQUADFI INJ	VAC	Preventive
MENVEO INJ	VAC	Preventive
MENVEO SOLN	VAC	Preventive
PENBRAYA INJ (Covered for members age 10 through 25 years)	-	Preventive
PNEUMOVAX INJ	VAC	Preventive
PREVNAR 13 INJ	VAC	Preventive
PREVNAR 20 INJ	VAC	Preventive
TRUMENBA INJ	VAC	Preventive
TYPHOID VI MULTI-DOSE	-	Preventive
VAXCHORA SUSP	VAC	Preventive
VAXNEUVANCE INJ	VAC	Preventive
VIVOTIF CAP	-	Preventive
VIRAL VACCINES		
COVID-19 VACCINE INJ (PFIZER)	-	EXC
COVID-19 VACCINE INJ 5-11Y (PFIZER)	-	EXC
COVID-19 VACCINE INJ 6-11Y (MODERNA)	-	EXC
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	-	EXC
COVID-19 VACCINE INJ 6M-5Y (MODERNA)	-	EXC
DENGVAXIA SUSP	-	EXC
IXCHIQ INJ	-	EXC
ROTARIX SUSP	-	EXC
TICOVAC INJ	-	EXC
ABRYSVO INJ (QL= 1 inj/fill, 1 fill/lifetime)	QL-VAC	Preventive

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DrugName	Special Code	Tier
VACCINES Cont.		
ACAM2000 INJ	-	Preventive
AFLURIA INJ	VAC	Preventive
AFLURIA INJ, FLUZONE INJ	VAC	Preventive
AREXVY INJ (QL= 1 inj/day, 1 fill/lifetime; Covered for members 60 years of age and older)	QL-VAC	Preventive
CERVARIX INJ	VAC	Preventive
COMIRNATY INJ	VAC	Preventive
COMIRNATY INJ 30MCG/0.3ML	VAC	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL=1 inj/fill)	QL	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL	Preventive
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL	Preventive
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL	Preventive
COVID-19 VACCINE INJ 5-11Y (PFIZER)	VAC	Preventive
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	VAC	Preventive
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	VAC	Preventive
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	Preventive
FLUAD INJ	VAC	Preventive
FLUAD QUAD INJ	VAC	Preventive
FLUBLOK INJ	VAC	Preventive
FLUBLOK QUAD PF INJ	VAC	Preventive
FLUCELVAX QUAD INJ	VAC	Preventive
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	Preventive
FLUMIST QUADRIVALENT NASAL SUSP	VAC	Preventive
FLUVIRIN INJ	VAC	Preventive

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VACCINES Cont.		
FLUZONE HD PF INJ	VAC	Preventive
FLUZONE HIGH DOSE PF INJ	VAC	Preventive
FLUZONE QUAD INJ	VAC	Preventive
FLUZONE/FLUARIX QUAD INJ	VAC	Preventive
GARDASIL 9 INJ	VAC	Preventive
GARDASIL INJ	VAC	Preventive
HAVRIX INJ, VAQTA INJ	VAC	Preventive
HEPLISAV-B INJ	VAC	Preventive
IMOVAX INJ	-	Preventive
IPOL INJ	-	Preventive
IXIARO INJ	-	Preventive
JYNNEOS INJ	-	Preventive
M-M-R II INJ	VAC	Preventive
PRIORIX INJ	VAC	Preventive
PROQUAD INJ	-	Preventive
RABAVERT INJ	-	Preventive
SHINGRIX INJ (Covered for members age 18 or older)	VAC	Preventive
SPIKEVAX INJ (QL= 1 dose/24 days)	QL	Preventive
SPIKEVAX INJ 50/0.5ML	VAC	Preventive
SPIKEVAX INJ 50MCG/0.5ML	VAC	Preventive
STAMARIL INJ	-	Preventive
TWINRIX INJ	VAC	Preventive
VARIVAX INJ	VAC	Preventive
YF-VAX INJ	-	Preventive
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
VAGISIL CREAM	-	EXC

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DrugName	Special Code	Tier
VAGINAL AND RELATED PRODUCTS Cont.		
VITAMIN C VAGINAL TAB	-	EXC
VAGINAL ANTI-INFECTIVES		
XACIATO GEL (QL= 25 grams/30 days; Trial of 2: metronidazole gel, clindamycin vaginal cream AND trial of 1: metronid tab or clinda cap)	QL-ST	Non-Preferred Brands
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL (QL= 180gm/30 days)	QL	Preventive
VAGINAL PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
FEM PH GEL	-	Non-Preferred Brands
INTRAROSA SUPP	-	Non-Preferred Brands
SPERMICIDES		
CONTRACEPTIVE FILM	OTC	Preventive
CONTRACEPTIVE FOAM	OTC	Preventive
CONTRACEPTIVE GEL	OTC	Preventive
CONTRACEPTIVE SUPP	OTC	Preventive
TODAY SPONGE	OTC	Preventive
VAGINAL ANTI-INFECTIVES		
CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill)	QL	Non-Preferred Brands
CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill)	QL	Non-Preferred Brands
GYNAZOLE CREAM	-	Non-Preferred Brands
AVC VAGINAL CREAM	-	Preferred Brands
NUVESSA VAGINAL GEL, VANDAZOLE GEL (QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln)	QL-ST	Preferred Brands
clindamycin vaginal cream (CLEOCIN equiv) (QL= 1 tube/fill)	QL	Select
metronidazole vaginal gel (METROGEL equiv)	-	Select
terconazole cream (TERAZOL equiv)	-	Select
TERCONAZOLE CREAM 0.8%	-	Select
terconazole supp (TERAZOL equiv)	-	Select
VAGINAL ESTROGENS		
IMVEXXY SUPP	-	EXC

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

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

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DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
ESTRACE VAGINAL CREAM	-	Non-Preferred Brands
FEMRING (3 copays per Rx)	-	Non-Preferred Brands
ESTRING (QL= 1 ring/90 days; 3 copays per Rx)	QL	Preferred Brands
PREMARIN VAGINAL CREAM	-	Preferred Brands
estradiol cream (ESTRACE equiv)	-	Select
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	Select
VAGINAL PROGESTINS		
PROGESTERONE SUPP	-	EXC
CRINONE GEL	-	Non-Preferred Brands
ENDOMETRIN INSERT	PA	Preferred Brands
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
ADRENACLICK INJ, EPINEPHRINE INJ	-	Non-Preferred Brands
ADRENALIN INJ	-	Non-Preferred Brands
AUVI-Q INJ	-	Non-Preferred Brands
EPIPEN (JR) INJ	-	Non-Preferred Brands
epinephrine inj (ADRENALIN equiv)	-	Select
EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill)	QL	Value
EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill)	QL	Value
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	Value
SYMJEPI INJ (QL= 2 inj/fill)	QL	Value
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap (NORTHERA equiv)	AMSP	Generic Specialty
NORTHERA CAP (NORTHERA equiv) (QL= 180 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416)	LD-QL-ST	Non-Preferred Specialty
NORTHERA CAP 100MG (QL= 90 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416)	LD-QL-ST	Non-Preferred Specialty
VASOPRESSORS		
EPINEPHRINE SOLN	-	EXC

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
VASOPRESSORS Cont.		
GIAPREZA INJ	-	EXC
PHENYLEPHRINE HCL IV SOLN	-	EXC
REZIPRES INJ	-	EXC
epinephrine inj	-	High Cost Generics
EPINEPHRINE PF INJ 1 MG/ML	-	Non-Preferred Brands
EPINEPHRINE INJ	-	Preferred Brands
midodrine tab (PROAMATINE equiv)	-	Select
VITAMINS		
MISC. NUTRITIONAL FACTORS		
QUERCETIN CAP	-	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
TOCO-SORB CAP	OTC	EXC
VITAMIN D3 CAP	-	EXC
VITAMIN D3 DROPS	-	EXC
VITAMIN D3 TAB	-	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
BUFFERED C POWDER	OTC	EXC
riboflavin tab	-	EXC
thiamine mononitrate tab (B1 equiv)	-	EXC
TRUE VIT B1 TAB	-	EXC
TRUE VIT B6 TAB	-	EXC
VITAMIN B-2 TAB	OTC	EXC
VITAMIN B-6 TAB	-	EXC
VITAMIN C TR TAB	OTC	EXC
YUMVS BIOTIN CHW ZERO	-	EXC
POTABA POWDER PACKET	-	Preferred Brands

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Moda Large Group Commercial Formulary
Prior Authorization Drug List
Last Updated* 3/1/2024

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
abiraterone acetate tab 500mg	Generic Specialty
abiraterone tab 250mg	Generic Specialty
ABRILADA INJ	Non-Preferred Specialty
ABSTRAL SL TAB	Non-Preferred Brands
ACTEMRA ACTPEN INJ	Non-Preferred Specialty
ACTEMRA SC INJ	Non-Preferred Specialty
ACTHAR HP GEL INJ	Preferred Specialty
ACTHAR INJ 80UNIT	Preferred Specialty
ACTIMMUNE INJ	Non-Preferred Specialty
ACTIQ LOZENGE	Non-Preferred Brands
ADALIMUMAB-ADAZ INJ 40MG/0.4ML, HYRIMOZ INJ 40MG/0.4ML	Non-Preferred Specialty
ADBRY INJ	Non-Preferred Specialty
ADEMPAS TAB	Non-Preferred Specialty
AFINITOR DISPERZ TAB	Non-Preferred Specialty
AFINITOR TAB	Non-Preferred Specialty
AFSTYLA KIT	Preferred Specialty
AGAMREE SUSP	Non-Preferred Specialty
AIMOVIG INJ	Non-Preferred Specialty
AJOVY INJ	Preferred Specialty
AKEEGA TAB	Non-Preferred Specialty
ALECENSA CAP	Preferred Specialty
ALKERAN TAB	Non-Preferred Specialty
ALKINDI SPRINKLE CAP	Non-Preferred Brands
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
ambrisentan tab	Generic Specialty
AMJEVITA AUTO-INJECTOR	Non-Preferred Specialty
AMJEVITA INJ 10MG/0.2ML	Non-Preferred Specialty
AMJEVITA INJ 20MG/0.2ML	Non-Preferred Specialty
AMJEVITA INJ 40MG/0.4ML	Non-Preferred Specialty
AMJEVITA INJ 80MG/0.8ML	Non-Preferred Specialty
AMJEVITA SYRINGE 20MG/0.4ML	Non-Preferred Specialty
AMJEVITA SYRINGE 40MG/0.8ML	Non-Preferred Specialty
AMPYRA TAB	Non-Preferred Specialty
ANDRODERM PATCH	Non-Preferred Brands
ANDROGEL 1% 25MG	Non-Preferred Brands
ANDROGEL 1% 50MG/5GM	Non-Preferred Brands
ANDROGEL 1.62% 1.25GM	Non-Preferred Brands
ANDROGEL 1.62% 2.5GM	Non-Preferred Brands

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ANDROGEL PUMP 1%	Non-Preferred Brands
ANDROGEL PUMP 1.62%	Non-Preferred Brands
APADAZ TAB	Non-Preferred Brands
ARCALYST INJ	Non-Preferred Specialty
ARIKAYCE SUSP	Non-Preferred Specialty
AUBAGIO TAB	Non-Preferred Specialty
AUSTEDO TAB 12MG	Non-Preferred Specialty
AUSTEDO TAB 6MG	Non-Preferred Specialty
AUSTEDO TAB 9MG	Non-Preferred Specialty
AUSTEDO XR TAB 12MG	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
AYVAKIT TAB	Non-Preferred Specialty
BAFIERTAM CAP	Non-Preferred Specialty
BALVERSA TAB 3MG	Non-Preferred Specialty
BALVERSA TAB 4MG	Non-Preferred Specialty
BALVERSA TAB 5MG	Non-Preferred Specialty
BARACLUDE SOLN	Preferred Specialty
BAXDELA TAB	Non-Preferred Brands
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	Generic Specialty
BETASERON INJ	Non-Preferred Specialty
BEVYXXA CAP	Non-Preferred Brands
bexarotene cap	Generic Specialty
bexarotene gel	Generic Specialty
BIMZELX INJ	Non-Preferred Specialty
bosentan tab	Generic Specialty
BOSULIF CAP	Preferred Specialty
BOSULIF TAB	Preferred Specialty
BRAFTOVI CAP 75MG	Non-Preferred Specialty
BRUKINSA CAP	Non-Preferred Specialty
BUPHENYL POWDER	Non-Preferred Specialty
BUPHENYL TAB	Non-Preferred Specialty
BYLVAY CAP	Non-Preferred Specialty
CABLIVI INJ KIT	Non-Preferred Specialty
CABOMETYX TAB	Preferred Specialty
CALQUENCE CAP	Preferred Specialty
CALQUENCE TAB	Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
CAMZYOS CAP	Non-Preferred Specialty
CAPRELSA TAB	Preferred Specialty
CARBAGLU TAB	Non-Preferred Specialty
carglumic acid tab	Generic Specialty
CERDELGA CAP	Preferred Specialty
CHOLBAM CAP	Non-Preferred Specialty
CIALIS TAB	Non-Preferred Brands
CIBINQO TAB	Non-Preferred Specialty
CIMZIA INJ	Non-Preferred Specialty
CIMZIA STARTER INJ KIT	Non-Preferred Specialty
CINQAIR INJ	Non-Preferred Specialty
CINRYZE INJ	Non-Preferred Specialty
COMETRIQ KIT	Preferred Specialty
COPAXONE INJ 20MG/ML	Non-Preferred Specialty
COPAXONE INJ 40MG/ML	Non-Preferred Specialty
COPIKTRA CAP	Non-Preferred Specialty
CORLANOR SOLN	Non-Preferred Brands
CORLANOR TAB	Non-Preferred Brands
CORTROPHIN GEL 80UNIT	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
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
DAKLINZA TAB	Non-Preferred Specialty
dalfampridine ER tab	Generic Specialty
DALIRESP TAB	Non-Preferred Brands
DARAPRIM TAB	Non-Preferred Specialty
DAURISMO TAB 100MG	Non-Preferred Specialty
DAURISMO TAB 25MG	Non-Preferred Specialty
DAYBUE SOLN	Non-Preferred Specialty
deferasirox granules packet	Generic Specialty
deferasirox tab	Generic Specialty
deferasirox tab 90mg, 360mg	Generic Specialty
deferiprone tab	Generic Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
deferiprone tab 1000mg	Generic Specialty
deflazacort tab	Preferred Specialty
DEMSER CAP	Non-Preferred Brands
DESCOVY TAB	Preferred Brands
DIACOMIT CAP	Non-Preferred Specialty
DIACOMIT POWDER PACK	Non-Preferred Specialty
dichlorphenamide tab	Generic Specialty
DOJOLVI ORAL LIQUID	Non-Preferred Specialty
DOPTELET TAB	Preferred Specialty
DUPIXENT INJ	Preferred Specialty
DUPIXENT PEN INJ	Preferred Specialty
DUZALLO TAB	Non-Preferred Brands
EMFLAZA SUSP	Non-Preferred Specialty
EMFLAZA TAB	Non-Preferred Specialty
EMGALITY INJ	Non-Preferred Specialty
EMGALITY INJ 100MG/ML	Non-Preferred Specialty
EMPAVELI INJ	Non-Preferred Specialty
ENBREL INJ	Preferred Specialty
ENBREL INJ 25MG	Preferred Specialty
ENBREL INJ 50MG	Preferred Specialty
ENBREL MINI INJ	Preferred Specialty
ENBREL SURECLICK INJ 50MG	Preferred Specialty
ENDOMETRIN INSERT	Preferred Brands
ENSPRYNG INJ	Non-Preferred Specialty
ENTYVIO INJ	Non-Preferred Specialty
EPCLUSA PAK	Non-Preferred Specialty
EPCLUSA TAB	Non-Preferred Specialty
EPIDIOLEX SOLN	Preferred Specialty
ERIVEDGE CAP	Preferred Specialty
ERLEADA TAB	Preferred Specialty
ERLEADA TAB 240MG	Preferred Specialty
erlotinib tab 100mg	Generic Specialty
erlotinib tab 150mg	Generic Specialty
erlotinib tab 25mg	Generic Specialty
ESBRIET CAP	Non-Preferred Specialty
ESBRIET TAB 267MG	Non-Preferred Specialty
ESBRIET TAB 801MG	Non-Preferred Specialty
everolimus tab	Generic Specialty
everolimus tab for oral susp	Generic Specialty
EVRYSDI SOLN	Non-Preferred Specialty
EXKIVITY CAP	Non-Preferred Specialty
EXSERVAN FILM	Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
EXTAVIA INJ	Non-Preferred Specialty
FASENRA INJ	Non-Preferred Specialty
FASENRA PEN INJ	Non-Preferred Specialty
fentanyl citrate lollipop	High Cost Generics
FENTORA TAB, FENTANYL BUCCAL TAB	Non-Preferred Brands
FERRIPROX 2 DAY TAB 1000MG	Non-Preferred Specialty
FERRIPROX SOLN	Non-Preferred Specialty
FERRIPROX TAB 1000MG	Non-Preferred Specialty
FERRIPROX TAB 500MG	Non-Preferred Specialty
FINTEPLA SOLN	Non-Preferred Specialty
FIRAZYR INJ	Non-Preferred Specialty
FIRDAPSE TAB	Non-Preferred Specialty
FORTEO INJ 600MCG/2.4ML	Non-Preferred Specialty
FORTESTA GEL 2%	Non-Preferred Brands
FOTIVDA CAP	Non-Preferred Specialty
FYLNETRA INJ	Non-Preferred Specialty
gabapentin (once-daily) tab	High Cost Generics
GALAFOLD CAP	Non-Preferred Specialty
GANIRELIX AC INJ	Preferred Specialty
GATTEX KIT	Non-Preferred Specialty
GAVRETO CAP	Non-Preferred Specialty
gefitinib tab	Generic Specialty
GILENYA CAP	Non-Preferred Specialty
GILOTRIF TAB	Preferred Specialty
GLEEVEC TAB 100 MG	Non-Preferred Specialty
GLEEVEC TAB 400MG	Non-Preferred Specialty
GRALISE TAB	Non-Preferred Brands
GRANIX INJ	Non-Preferred Specialty
GUARDIAN 4 MIS SENSOR	Non-Preferred Brands
GUARDIAN 4 TRANSMITTER	Non-Preferred Brands
HADLIMA INJ 40MG/0.4ML	Non-Preferred Specialty
HADLIMA INJ 40MG/0.8ML	Non-Preferred Specialty
HADLIMA PUSH INJ 40MG/0.4ML	Non-Preferred Specialty
HADLIMA PUSH INJ 40MG/0.8ML	Non-Preferred Specialty
HAEGARDA INJ 2000U	Preferred Specialty
HAEGARDA INJ 3000U	Preferred Specialty
HARVONI PELLET PAK	Non-Preferred Specialty
HARVONI TAB	Non-Preferred Specialty
HEMLIBRA INJ	Preferred Specialty
HETLIOZ CAP	Non-Preferred Specialty
HETLIOZ SUSP	Non-Preferred Specialty
HIZENTRA INJ	Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
HIZENTRA INJ, VIVAGLOBIN INJ	Preferred Specialty
HORIZANT TAB	Non-Preferred Brands
HULIO INJ 40MG/0.8ML	Non-Preferred Specialty
HULIO KIT 20MG/0.4ML	Non-Preferred Specialty
HUMATROPE INJ	Non-Preferred Specialty
HUMATROPE INJ, ZOMACTON 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	Preferred Specialty
HUMIRA INJ 20MG	Preferred Specialty
HUMIRA INJ 40MG	Preferred Specialty
HUMIRA INJ 80MG	Preferred Specialty
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	Preferred Specialty
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	Preferred Specialty
HUMIRA INJ PEDIATRIC UC STARTER PACK	Preferred Specialty
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	Preferred Specialty
HUMIRA PEN INJ 40MG	Preferred Specialty
HYCAMTIN CAP	Preferred Specialty
HYDROXYPROGESTERONE CAPROATE INJ	Preferred Specialty
HYFTOR GEL	Non-Preferred Specialty
HYQVIA INJ	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 Brands
icatibant inj	Generic Specialty
ICLUSIG TAB	Preferred Specialty
IDACIO INJ 40MG/0.8ML	Non-Preferred Specialty
IDHIFA TAB	Non-Preferred Specialty
imatinib tab 100mg	Generic Specialty
imatinib tab 400mg	Generic Specialty
IMBRUVICA CAP 140MG	Preferred Specialty
IMBRUVICA CAP 70MG	Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
IMBRUVICA SUSP	Preferred Specialty
IMBRUVICA TAB	Preferred Specialty
INBRIJA INH POWDER	Non-Preferred Specialty
INGREZZA CAP	Non-Preferred Specialty
INGREZZA PACK 40-80MG	Non-Preferred Specialty
INLYTA TAB	Preferred Specialty
INQOVI TAB	Non-Preferred Specialty
INREBIC CAP	Non-Preferred Specialty
IRESSA TAB	Non-Preferred Specialty
ISTURISA TAB 1MG	Non-Preferred Specialty
JADENU SPRINKLE	Non-Preferred Specialty
JAKAFI TAB	Preferred Specialty
JATENZO CAP 158MG	Non-Preferred Brands
JATENZO CAP 198MG	Non-Preferred Brands
JATENZO CAP 237MG	Non-Preferred Brands
JAYPIRCA TAB 100MG	Non-Preferred Specialty
JAYPIRCA TAB 50MG	Non-Preferred Specialty
JOENJA TAB	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
KAPVAY TAB	Non-Preferred Brands
KEVEYIS TAB	Non-Preferred Specialty
KEVZARA INJ	Non-Preferred Specialty
KINERET INJ	Non-Preferred Specialty
KISQALI PAK	Preferred Specialty
KISQALI TAB	Preferred Specialty
KITABIS PAK NEB SOLN	Non-Preferred Specialty
KLISYRI OINT	Non-Preferred Brands
KORLYM TAB	Non-Preferred Specialty
KOSELUGO CAP	Non-Preferred Specialty
KOSELUGO CAP 10MG	Non-Preferred Specialty
KRAZATI TAB	Non-Preferred Specialty
KUVAN POWDER PACK	Non-Preferred Specialty
KUVAN TAB	Non-Preferred Specialty
KYNAMRO INJ	Non-Preferred Specialty
KYNMOBI TITRATION KIT	Non-Preferred Specialty
KYZATREX CAP, TLANDO CAP	Non-Preferred Brands
lamivudine tab 100mg	Generic Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
lapatinib ditosylate tab	Generic Specialty
LAZANDA NASAL SPRAY	Non-Preferred Brands
lenalidomide cap	Generic Specialty
LENVIMA CAP	Preferred Specialty
LETAIRIS TAB	Non-Preferred Specialty
LEUKINE INJ	Non-Preferred Specialty
LEUPROLIDE INJ	Preferred Specialty
LIQREV SUSP	Non-Preferred Specialty
LIVMARLI SOLN	Non-Preferred Specialty
LIVTENCITY TAB	Non-Preferred Specialty
LODOCO TAB	Non-Preferred Brands
LONSURF TAB	Preferred Specialty
LORBRENA TAB 100MG	Non-Preferred Specialty
LORBRENA TAB 25MG	Non-Preferred Specialty
LUMAKRAS TAB	Non-Preferred Specialty
LUMAKRAS TAB 320MG	Non-Preferred Specialty
LUMRYZ PACK 4.5GM	Non-Preferred Specialty
LUMRYZ PACK 6GM	Non-Preferred Specialty
LUMRYZ PACK 7.5GM	Non-Preferred Specialty
LUMRYZ PACK 9GM	Non-Preferred Specialty
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
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 0.25MG	Non-Preferred Specialty
MAYZENT TAB	Non-Preferred Specialty
MAYZENT TAB STARTER PACK	Non-Preferred Specialty
MEKINIST SOLN	Preferred Specialty
MEKINIST TAB 0.5MG	Preferred Specialty
MEKINIST TAB 2MG	Preferred Specialty
MEKTOVI TAB	Non-Preferred Specialty
METHITEST TAB	Non-Preferred Brands
methyltestosterone cap	High Cost Generics
metyrosine cap	High Cost Generics

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
mifepristone tab	Generic Specialty
miglustat cap	Generic Specialty
MIRCERA INJ	Non-Preferred Specialty
MODERIBA TAB	Non-Preferred Specialty
MOVANTIK TAB	Preferred Brands
MULPLETA TAB	Non-Preferred Specialty
MYALEPT INJ	Non-Preferred Specialty
MYCAPSSA CAP	Non-Preferred Specialty
MYFEMBREE TAB	Non-Preferred Specialty
NATESTO GEL	Non-Preferred Brands
NATESTO NASAL GEL	Non-Preferred Brands
NATPARA INJ	Non-Preferred Specialty
NERLYNX TAB	Non-Preferred Specialty
NEULASTA INJ	Non-Preferred Specialty
NEUPOGEN INJ	Non-Preferred Specialty
NEXAVAR TAB	Non-Preferred Specialty
NEXLETOL TAB	Non-Preferred Brands
NEXLIZET TAB	Non-Preferred Brands
NGENLA INJ	Non-Preferred Specialty
NILANDRON TAB	Non-Preferred Specialty
nilutamide tab	Generic Specialty
NINLARO CAP	Preferred Specialty
nitisinone cap	Generic Specialty
NITYR TAB	Non-Preferred Specialty
NIVESTYM INJ	Non-Preferred Specialty
NON-PREFERRED CGM MONITOR SUPPLIES KIT	Non-Preferred Brands
NORDITROPIN INJ, NUTROPIN AQ INJ	Non-Preferred Specialty
NUBEQA TAB	Preferred Specialty
NUCALA INJ	Preferred Specialty
NUPLAZID CAP	Non-Preferred Specialty
NUPLAZID TAB	Non-Preferred Specialty
NURTEC ODT	Non-Preferred Brands
NUWIQ INJ	Non-Preferred Specialty
NUWIQ KIT	Non-Preferred Specialty
NUZYRA TAB	Non-Preferred Specialty
OCALIVA TAB	Non-Preferred Specialty
OCREVUS INJ	Non-Preferred Specialty
octreotide inj	Generic Specialty
OCTREOTIDE INJ 100MCG	Generic Specialty
ODOMZO CAP	Preferred Specialty
OFEV CAP	Preferred Specialty
OJJAARA TAB	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
OLPRUVA PACK	Non-Preferred Specialty
OLUMIANT TAB	Non-Preferred Specialty
OLYSIO CAP	Non-Preferred Specialty
OMNITROPE INJ	Non-Preferred Specialty
OMNITROPE INJ, ZOMACTON INJ	Non-Preferred Specialty
OMVOH INJ	Non-Preferred Specialty
ONUREG TAB	Non-Preferred Specialty
OPFOLDA CAP	Non-Preferred Specialty
OPSUMIT TAB	Preferred Specialty
OPZELURA CREAM	Non-Preferred Brands
ORENCIA CLICK INJ	Non-Preferred Specialty
ORENCIA SC INJ 125MG/ML	Non-Preferred Specialty
ORENCIA SC INJ 50MG/0.4ML	Non-Preferred Specialty
ORENCIA SC INJ 87.5MG/0.7ML	Non-Preferred Specialty
ORENITRAM TAB	Preferred Specialty
ORENITRAM TAB MONTH PAK	Non-Preferred Specialty
ORFADIN CAP	Non-Preferred Specialty
ORFADIN SUSP	Non-Preferred Specialty
ORGOVYX TAB	Non-Preferred Specialty
ORIAHNN CAP	Non-Preferred Specialty
ORILISSA TAB 150MG	Non-Preferred Brands
ORILISSA TAB 200MG	Non-Preferred Brands
ORKAMBI GRANULES PACKET	Preferred Specialty
ORKAMBI TAB	Preferred Specialty
ORLADEYO CAP	Non-Preferred Specialty
ORSERDU TAB 345MG	Non-Preferred Specialty
ORSERDU TAB 86MG	Non-Preferred Specialty
OSPHENA TAB	Non-Preferred Brands
OTEZLA STARTER PACK	Non-Preferred Specialty
OTEZLA TAB	Non-Preferred Specialty
OXBRYTA TAB	Non-Preferred Specialty
OXBRYTA TAB 300MG	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	Generic Specialty
PEGASYS INJ	Preferred Specialty
PEMAZYRE TAB	Non-Preferred Specialty
PERSERIS INJ	Preferred Specialty
PHEBURANE ORAL PELLETS	Non-Preferred Specialty
PIQRAY TAB	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
pirfenidone cap	Generic Specialty
pirfenidone tab 267mg	Generic Specialty
PIRFENIDONE TAB 534MG	Generic Specialty
pirfenidone tab 801mg	Generic 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 Brands
PREVYMIS TAB	Non-Preferred Specialty
PROCRIT INJ	Non-Preferred Specialty
PROCYSBI CAP	Non-Preferred Specialty
PROCYSBI GRANULES PACKET	Non-Preferred Specialty
PROLIA INJ	Preferred Specialty
PROMACTA POWDER	Non-Preferred Specialty
PROMACTA TAB	Preferred Specialty
PURIXAN SUSP	Preferred Specialty
pyrimethamine tab	Generic Specialty
PYRUKYND TAB	Non-Preferred Specialty
PYRUKYND THERAPY PACK	Non-Preferred Specialty
QBREXZA PAD	Non-Preferred Brands
QINLOCK TAB	Non-Preferred Specialty
QULIPTA TAB	Non-Preferred Brands
RADICAVA ORS SUSP	Preferred Specialty
RAVICTI LIQUID	Non-Preferred Specialty
RAYALDEE CAP	Non-Preferred Brands
RAYOS TAB	Non-Preferred Brands
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 INJ 10MG/ML	Non-Preferred Specialty
REMODULIN INJ 1MG/ML	Non-Preferred Specialty
REMODULIN INJ 2.5MG/ML	Non-Preferred Specialty
REMODULIN INJ 5MG/ML	Non-Preferred Specialty
REPATHA INJ	Preferred Brands
REPATHA PUSHTRONEX INJ	Preferred Brands
RETEVMO CAP 40MG	Non-Preferred Specialty
RETEVMO CAP 80MG	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
REVATIO SUSP	Non-Preferred Specialty
REVLIMID CAP	Non-Preferred Specialty
REZLIDHIA CAP	Non-Preferred Specialty
REZUROCK TAB	Non-Preferred Specialty
RINVOQ ER TAB	Preferred Specialty
RINVOQ ER TAB 45MG	Preferred Specialty
roflumilast tab	Select
ROZLYTREK CAP 100MG	Non-Preferred Specialty
ROZLYTREK CAP 200MG	Non-Preferred Specialty
ROZLYTREK PAK	Non-Preferred Specialty
RUBRACA TAB	Preferred Specialty
RUCONEST INJ	Non-Preferred Specialty
RUZURGI TAB	Non-Preferred Specialty
RYDAPT CAP	Non-Preferred Specialty
SABRIL POWDER PACK	Non-Preferred Specialty
SABRIL TAB	Non-Preferred Specialty
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	Non-Preferred Specialty
SAMSCA TAB 30MG	Non-Preferred Specialty
SAMSCA TAB, TOLVAPTAN TAB	Non-Preferred Specialty
sapropterin dihydrochloride powder packet	Generic Specialty
sapropterin dihydrochloride soluble tab	Generic Specialty
SCEMBLIX TAB 20MG	Non-Preferred Specialty
SCEMBLIX TAB 40MG	Non-Preferred Specialty
SIGNIFOR INJ	Preferred Specialty
sildenafil susp	Generic Specialty
SILIQ INJ	Non-Preferred Specialty
SIMPONI SC INJ	Non-Preferred Specialty
simvastatin tab 80mg	Preventive
SKYCLARYS CAP 50MG	Non-Preferred Specialty
SKYRIZI 180MG/1.2ML CARTRIDGE	Preferred Specialty
SKYRIZI INJ	Preferred Specialty
SKYRIZI INJ 150MG/ML	Preferred Specialty
SKYRIZI INJ 75MG/0.83ML	Preferred Specialty
SKYRIZI PEN 150MG/ML	Preferred Specialty
SKYTROFA INJ	Preferred Specialty
SODIUM OXYBATE SOLN, XYREM SOLN	Non-Preferred Specialty
sodium phenylbutyrate powder	Generic Specialty
sodium phenylbutyrate tab	Generic Specialty
SOGROYA INJ	Non-Preferred Specialty
SOMAVERT INJ	Preferred Specialty
sorafenib tosylate tab	Preferred Specialty
SOTYKTU TAB	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
SOVALDI TAB	Non-Preferred Specialty
SPINRAZA INJ	Non-Preferred Specialty
SPRAVATO NASAL SOLN	Non-Preferred Specialty
SPRYCEL TAB	Preferred Specialty
STELARA INJ	Preferred Specialty
STIMUFEND INJ	Non-Preferred Specialty
STIVARGA TAB	Preferred Specialty
STRENSIQ INJ	Preferred Specialty
STRIANT FILM	Non-Preferred Brands
SUBSYS SPRAY	Non-Preferred Brands
sunitinib malate cap	Generic Specialty
SUNOSI TAB 150MG	Non-Preferred Brands
SUNOSI TAB 75 MG	Non-Preferred Brands
SUTENT CAP	Non-Preferred Specialty
SYLATRON INJ	Non-Preferred Specialty
SYMDEKO TAB	Preferred Specialty
SYMPROIC TAB	Preferred Brands
SYNAGIS INJ	Preferred Specialty
SYNRIBO INJ	Preferred Specialty
TABRECTA TAB	Non-Preferred Specialty
tadalafil tab	Select
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
TALZENNA CAP	Non-Preferred Specialty
TARCEVA TAB 100MG	Non-Preferred Specialty
TARCEVA TAB 150MG	Non-Preferred Specialty
TARCEVA TAB 25MG	Non-Preferred Specialty
TARGRETIN GEL	Non-Preferred Specialty
TARPEYO CAP	Non-Preferred Brands
TASCENSO ODT TAB	Non-Preferred Specialty
TASIGNA CAP	Preferred Specialty
tasimelteon capsule	Generic Specialty
TAVALISSE TAB	Non-Preferred Specialty
TAVNEOS CAP	Non-Preferred Specialty
TAZVERIK TAB	Non-Preferred Specialty
TECFIDERA CAP	Non-Preferred Specialty
TECFIDERA STARTER PACK	Non-Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
TECHNIVIE TAB	Non-Preferred Specialty
TEGSEDI INJ	Non-Preferred Specialty
TEPMETKO TAB	Non-Preferred Specialty
TERIPARATIDE INJ 620MCG/2.48ML	Preferred Specialty
TESTOSTERONE GEL 1% 25MG	Preferred Brands
testosterone gel 1.62% 1.25gm	High Cost Generics
testosterone gel 1.62% 2.5gm	High Cost Generics
testosterone gel 2%	High Cost Generics
TESTOSTERONE GEL PUMP	Preferred Brands
TESTOSTERONE GEL, VOGELXO GEL	Non-Preferred Brands
testosterone soln	High Cost Generics
tetrabenazine tab	Generic Specialty
TEZSPIRE INJ	Non-Preferred Specialty
TEZSPIRE SOLN	Non-Preferred Specialty
THALOMID CAP	Preferred Specialty
THIOLA EC TAB	Non-Preferred Specialty
THIOLA TAB	Non-Preferred Specialty
TIBSOVO TAB	Non-Preferred Specialty
TIGLUTIK SUSP	Preferred Specialty
tiopronin tab	Generic Specialty
TOBI PODHALER	Non-Preferred Specialty
tobramycin neb soln	Generic Specialty
tolvaptan tab	Generic Specialty
tolvaptan tab 15mg	Generic Specialty
TRACLEER TAB 32MG	Preferred Specialty
TRACLEER TAB 62.5MG, 125MG	Non-Preferred Specialty
TREMFYA INJ	Preferred Specialty
treprostinil inj 10mg/ml	Generic Specialty
treprostinil inj 1mg/ml	Generic Specialty
treprostinil inj 2.5mg/ml	Generic Specialty
treprostinil inj 5mg/ml	Generic Specialty
TRIKAFTA TAB	Non-Preferred Specialty
TRIKAFTA THERAPY PACK	Non-Preferred Specialty
TRUSELTIQ PACK 100MG	Non-Preferred Specialty
TRUSELTIQ PACK 175MG	Non-Preferred Specialty
TRUSELTIQ PACK 50MG, 125MG	Non-Preferred Specialty
TUKYSA TAB	Non-Preferred Specialty
TURALIO CAP	Non-Preferred Specialty
TYKERB TAB	Non-Preferred Specialty
TYMLOS INJ	Preferred Specialty
TYVASO DPI POWDER 16-32-48MCG	Preferred Specialty
TYVASO DPI POWDER 16-32MCG	Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
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 Brands
UPTRAVI TAB	Preferred Specialty
VALCHLOR GEL	Preferred Specialty
VANFLYTA TAB	Non-Preferred Specialty
VECAMYL TAB	Non-Preferred Specialty
VENCLEXTA STARTER PACK	Preferred Specialty
VENCLEXTA TAB	Preferred Specialty
VENTAVIS INH SOLN	Preferred Specialty
VERZENIO TAB	Preferred Specialty
VIEKIRA PAK TAB	Non-Preferred Specialty
VIEKIRA XR TAB	Non-Preferred Specialty
vigabatrin powder pack	Generic Specialty
vigabatrin tab	Generic Specialty
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
VOGELXO PUMP	Non-Preferred Brands
VONJO CAP	Non-Preferred Specialty
VOSEVI TAB	Preferred Specialty
VOTRIENT TAB	Preferred Specialty
VOWST CAP	Non-Preferred Specialty
VOXZOGO INJ	Non-Preferred Specialty
VTAMA CREAM	Non-Preferred Brands
VYLEESI INJ	Non-Preferred Brands
VYNDAMAX CAP	Non-Preferred Specialty
VYNDAQEL CAP	Non-Preferred Specialty
WAKIX TAB	Non-Preferred Specialty
WELIREG TAB	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

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
XENAZINE TAB	Non-Preferred Specialty
XENLETA TAB	Non-Preferred Specialty
XERMELO TAB	Non-Preferred Specialty
XIFAXAN TAB 200MG	Non-Preferred Brands
XIFAXAN TAB 550MG	Non-Preferred Brands
XOLAIR INJ	Preferred Specialty
XOLAIR INJ 150MG/ML	Preferred Specialty
XOLAIR INJ 300MG/2ML	Preferred Specialty
XOLAIR INJ 75MG/0.5ML	Preferred Specialty
XOSPATA TAB	Non-Preferred Specialty
XPHOZAH TAB	Non-Preferred Brands
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
XYOSTED INJ	Non-Preferred Brands
XYWAV SOLN	Non-Preferred Specialty
YONSA TAB	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
ZAVESCA CAP	Non-Preferred Specialty
ZEJULA CAP	Preferred Specialty
ZEJULA TAB	Preferred Specialty
ZELBORAF TAB	Preferred Specialty
ZEPATIER TAB	Non-Preferred Specialty
ZEPOSIA CAP	Non-Preferred Specialty
ZEPOSIA STARTER PACK	Non-Preferred Specialty
ZIEXTENZO INJ	Non-Preferred Specialty
ZOCOR TAB 80MG	Non-Preferred Brands
ZOKINVY CAP	Non-Preferred Specialty
ZOLINZA CAP	Preferred Specialty
ZTALMY SUSP	Non-Preferred Specialty
ZURAMPIC TAB	Non-Preferred Brands
ZURZUVAE CAP 20MG	Non-Preferred Brands
ZURZUVAE CAP 25MG	Non-Preferred Brands
ZURZUVAE CAP 30MG	Non-Preferred Brands
ZYDELIG TAB	Preferred Specialty
ZYKADIA CAP	Preferred Specialty
ZYKADIA TAB	Preferred Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ZYTIGA TAB 250MG	Non-Preferred Specialty
ZYTIGA TAB 500MG	Non-Preferred Specialty

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

Over-the-Counter (OTC) Medications

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

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

Mandatory Specialty Pharmacy (MSP) Medications

ABILIFY MAINTENA INJ	abiraterone acetate tab 500mg	abiraterone tab 250mg	ABRILADA INJ
ACTEMRA ACTPEN INJ	ACTEMRA SC INJ	ACTHAR HP GEL INJ	ACTHAR INJ 80UNIT
ACTIMMUNE INJ	ADALIMUMAB-ADAZ INJ 40MG/0.4ML, HYRIMOZ INJ 40MG/0.4ML	ADBRY INJ	adefovir dipivoxil tab
ADEMPAS TAB	AFINITOR DISPERZ TAB	AFINITOR TAB	AFSTYLA KIT
AGAMREE SUSP	AIMOVIG INJ	AJOVY INJ	AKEEGA TAB
ALECENSA CAP	ALKERAN TAB	ALTUVIIIO INJ	ALUNBRIG PAK
ALUNBRIG TAB 30MG	ALUNBRIG TAB 90MG, 180MG	ambrisentan tab	aminocaproic acid soln
AMJEVITA AUTO-INJECTOF	AMJEVITA INJ 10MG/0.2ML	AMJEVITA INJ 20MG/0.2ML	AMJEVITA INJ 40MG/0.4ML
AMJEVITA INJ 80MG/0.8ML	AMJEVITA SYRINGE 20MG/0.4ML	AMJEVITA SYRINGE 40MG/0.8ML	AMPYRA TAB
APOKYN INJ	apomorphine inj	ARANESP INJ	ARCALYST INJ
ARIKAYCE SUSP	ARISTADA 675MG/2.4ML IN	ARISTADA INJ	AUBAGIO TAB
AUSTEDO TAB 12MG	AUSTEDO TAB 6MG	AUSTEDO TAB 9MG	AUSTEDO XR TAB 12MG
AUSTEDO XR TAB 24MG	AUSTEDO XR TAB 6MG	AUSTEDO XR TAB TITRATION KIT	AVONEX INJ
AYVAKIT TAB	BAFIERTAM CAP	BALVERSA TAB 3MG	BALVERSA TAB 4MG
BALVERSA TAB 5MG	BARACLUDE SOLN	BENLYSTA AUTO-INJECTOI	BENLYSTA INJ
BERINERT INJ	BESREMI INJ	betaine powder for oral solution	BETASERON INJ
bexarotene cap	bexarotene gel	BIMZELX INJ	bosentan tab
BOSULIF CAP	BOSULIF TAB	BRAFTOVI CAP 75MG	BRONCHITOL CAP
BRUKINSA CAP	BUPHENYL POWDER	BUPHENYL TAB	BYLVAY CAP
CABLIVI INJ KIT	CABOMETYX TAB	CALQUENCE CAP	CALQUENCE TAB
CAMZYOS CAP	capecitabine tab	CAPRELSA TAB	CARBAGLU TAB
carglumic acid tab	CAYSTON INH SOLN	CERDELGA CAP	CHOLBAM CAP
CIBINQO TAB	CIMZIA INJ	CIMZIA STARTER INJ KIT	CINQAIR INJ
CINRYZE INJ	COMETRIQ KIT	COPAXONE INJ 20MG/ML	COPAXONE INJ 40MG/ML
COPIKTRA CAP	CORTROPHIN GEL 80UNIT	COSENTYX INJ (1-PACK)	COSENTYX INJ (2-PACK)
COSENTYX INJ 300MG/2ML	COTELLIC TAB	CUTAQUIG INJ	CUVITRU INJ
CYLTEZO AUTO-INJECTOR	CYLTEZO INJ 10MG/0.2ML	CYLTEZO INJ 20MG/0.4ML	CYLTEZO INJ 40MG/0.8ML
CYLTEZO INJ CROHNS	CYLTEZO INJ PSORIASIS	CYSTADANE POWDER	CYSTADROPS SOLN
CYSTAGON CAP 150MG	CYSTAGON CAP 50MG	CYSTARAN OPHTH SOLN	DAKLINZA TAB
dalfampridine ER tab	DARAPRIM TAB	DAURISMO TAB 100MG	DAURISMO TAB 25MG
DAYBUE SOLN	deferasirox granules packet	deferasirox tab	deferasirox tab 90mg, 360mg

deferiprone tab	deferiprone tab 1000mg	deflazacort tab	DIACOMIT CAP
DIACOMIT POWDER PACK	dichlorphenamide tab	dimethyl fumarate DR cap	dimethyl fumarate DR starter pack
DOJOLVI ORAL LIQUID	DOPTELET TAB	droxidopa cap	DUPIXENT INJ
DUPIXENT PEN INJ	EMFLAZA SUSP	EMGALITY INJ	EMGALITY INJ 100MG/ML
EMPAVELI INJ	ENBREL INJ	ENBREL INJ 25MG	ENBREL INJ 50MG
ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG	ENDARI POWDER PACK	ENSPRYNG INJ
ENTYVIO INJ	EPCLUSA PAK	EPCLUSA TAB	EPIDIOLEX SOLN
EPIVIR HBV SOLN	EPIVIR HBV TAB	EPOGEN INJ	ERIVEDGE CAP
ERLEADA TAB	ERLEADA TAB 240MG	erlotinib tab 100mg	erlotinib tab 150mg
erlotinib tab 25mg	ESBRIET CAP	ESBRIET TAB 267MG	ESBRIET TAB 801MG
everolimus tab	everolimus tab for oral susp	EVRYSDI SOLN	EXKIVITY CAP
EXSERVAN FILM	EXTAVIA INJ	FARESTON TAB	FASENRA INJ
FASENRA PEN INJ	FERRIPROX 2 DAY TAB 1000MG	FERRIPROX SOLN	FERRIPROX TAB 1000MG
FERRIPROX TAB 500MG	fingolimod hcl cap	FINTEPLA SOLN	FIRAZYR INJ
FIRDAPSE TAB	FORTEO INJ 600MCG/2.4M	FOTIVDA CAP	FULPHILA INJ
FUROSCIX KIT	FUZEON INJ	GALAFOLD CAP	GANIRELIX AC INJ
GATTEX KIT	GAVRETO CAP	gefitinib tab	GENOTROPIN INJ 0.2MG
GENOTROPIN INJ 0.4MG	GENOTROPIN INJ 0.6MG	GENOTROPIN INJ 0.8MG	GENOTROPIN INJ 1.2MG
GENOTROPIN INJ 1.4MG	GENOTROPIN INJ 1.6MG	GENOTROPIN INJ 1.8MG	GENOTROPIN INJ 12MG
GENOTROPIN INJ 1MG	GENOTROPIN INJ 2MG	GENOTROPIN INJ 5MG	GILENYA CAP
GILOTRIF TAB	glatiramer inj 20mg/ml	glatiramer inj 40mg/ml	GLEEVEC TAB 100 MG
GLEEVEC TAB 400MG	GLEOSTINE/LOMUSTINE CAP	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	HEPSERA TAB	HETLIOZ CAP	HETLIOZ SUSP
HEXALEN CAP	HIZENTRA INJ	HIZENTRA INJ, VIVAGLOBI INJ	HULIO INJ 40MG/0.8ML
HULIO KIT 20MG/0.4ML	HUMATROPE INJ	HUMATROPE INJ, ZOMACTON INJ	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	HYQVIA INJ
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	IDHIFA TAB	imatinib tab 100mg	imatinib tab 400mg
IMBRUVICA CAP 140MG	IMBRUVICA CAP 70MG	IMBRUVICA SUSP	IMBRUVICA TAB
IMPAVIDO CAP	INBRIJA INH POWDER	INCRELEX INJ	INGREZZA CAP
INGREZZA PACK 40-80MG	INLYTA TAB	INQOVI TAB	INREBIC CAP

INTRON-A INJ	INVEGA HAFYERA INJ	INVEGA INJ	IRESSA TAB
ISTURISA TAB 1MG	JADENU SPRINKLE	JAKAFI TAB	JAYPIRCA TAB 100MG
JAYPIRCA TAB 50MG	JOENJA TAB	JUXTAPID CAP	JYNARQUE PAK
JYNARQUE TAB 15MG	JYNARQUE TAB 30MG	KALYDECO PAK	KALYDECO TAB
KESIMPTA INJ	KEVEYIS TAB	KEVZARA INJ	KINERET INJ
KISQALI PAK	KISQALI TAB	KITABIS PAK NEB SOLN	KORLYM TAB
KOSELUGO CAP	KOSELUGO CAP 10MG	KRAZATI TAB	KUVAN POWDER PACK
KUVAN TAB	KYNAMRO INJ	KYNMOBI FILM	KYNMOBI TITRATION KIT
lamivudine tab 100mg	lapatinib ditosylate tab	LEDIPASVIR/SOFOSBUVIR TAB	lenalidomide cap
LENVIMA CAP	LETAIRIS TAB	LEUKINE INJ	LEUPROLIDE INJ
LIQREV SUSP	LIVMARLI SOLN	LIVTENCITY TAB	LONSURF TAB
LORBRENA TAB 100MG	LORBRENA TAB 25MG	LUMAKRAS TAB	LUMAKRAS TAB 320MG
LUMRYZ PACK 4.5GM	LUMRYZ PACK 6GM	LUMRYZ PACK 7.5GM	LUMRYZ PACK 9GM
LUPKYNIS CAP	LUPRON DEPOT INJ	LUPRON DEPOT INJ PED	LUPRON DEPOT-PED INJ (1-MONTH)
LUPRON DEPOT-PED INJ (3-MONTH)	LYNPARZA CAP	LYNPARZA TAB	LYSODREN TAB
LYTGOBI TAB (12MG DAILY DOSE)	LYTGOBI TAB (16MG DAILY DOSE)	LYTGOBI TAB (20MG DAILY DOSE)	MAKENA INJ
MATULANE CAP	MAVENCLAD PAK	MAVYRET PAK	MAVYRET TAB
MAYZENT STARTER PACK 0.25MG	MAYZENT TAB	MAYZENT TAB STARTER PACK	MEKINIST SOLN
MEKINIST TAB 0.5MG	MEKINIST TAB 2MG	MEKTOVI TAB	MELPHALAN TAB
MESNEX TAB	mifepristone tab	miglustat cap	MIRCERA INJ
MODERIBA TAB	MULPLETA TAB	MYALEPT INJ	MYCAPSSA CAP
MYFEMBREE TAB	MYLERAN TAB	NATPARA INJ	NERLYNX TAB
NEULASTA INJ	NEUPOGEN INJ	NEXAVAR TAB	NGENLA INJ
NILANDRON TAB	nilutamide tab	NINLARO CAP	nitisinone cap
NITYR TAB	NIVESTYM INJ	NORDITROPIN INJ, NUTROPIN AQ INJ	NORTHERA CAP
NORTHERA CAP 100MG	NOURIANZ TAB	NUBEQA TAB	NUCALA INJ
NUPLAZID CAP	NUPLAZID TAB	NUWIQ INJ	NUWIQ KIT
NUZYRA TAB	NYVEPRIA INJ	OCALIVA TAB	OCREVUS INJ
octreotide inj	OCTREOTIDE INJ 100MCG	ODOMZO CAP	OFEV CAP
OJJAARA TAB	OLPRUVA PACK	OLUMIANT TAB	OLYSIO CAP
OMNITROPE INJ	OMNITROPE INJ, ZOMACTON INJ	OMVOH INJ	ONUREG TAB
OPFOLDA CAP	OPSUMIT TAB	ORENCIA CLICK INJ	ORENCIA SC INJ 125MG/MI
ORENCIA SC INJ 50MG/0.4ML	ORENCIA SC INJ 87.5MG/0.7ML	ORENITRAM TAB	ORENITRAM TAB MONTH PAK
ORFADIN CAP	ORFADIN SUSP	ORGOVYX TAB	ORIAHNN CAP
ORKAMBI GRANULES PACKET	ORKAMBI TAB	ORLADEYO CAP	ORSERDU TAB 345MG
ORSERDU TAB 86MG	OTEZLA STARTER PACK	OTEZLA TAB	OXBRYTA TAB
OXBRYTA TAB 300MG	OXERVATE OPHTH SOLN	PALFORZIA POWDER PACK	PALFORZIA SPRINKLE CAP
PALYNZIQ INJ	pazopanib hcl tab	PEGASYS INJ	PEG-INTRON INJ
PEMAZYRE TAB	PERSERIS INJ	PHEBURANE ORAL PELLETS	PIQRAY TAB
pirfenidone cap	pirfenidone tab 267mg	PIRFENIDONE TAB 534MG	pirfenidone tab 801mg

PLEGRIDY INJ
PLEGRIDY PEN INJ
POMALYST CAP
PONVORY TAB
PONVORY TAB STARTER PACK
PRETOMANID TAB
PREVYMIS TAB
PROCRIT INJ
PROCYSBI CAP
PROCYSBI GRANULES PACKET
PROLIA INJ
PROMACTA POWDER
PROMACTA TAB
PULMOZYME INH SOLN
PURIXAN SUSP
pyrimethamine tab
PYRUKYND TAB
PYRUKYND THERAPY PACK
QINLOCK TAB
RADICAVA ORS SUSP
RAVICTI LIQUID
REBETOL SOLN
REBIF INJ
REBINYN INJ
RECORLEV TAB
RELEUKO INJ
RELISTOR INJ
RELISTOR INJ KIT
RELISTOR TAB
RELYVRIO PAK
REMODULIN INJ 10MG/ML
REMODULIN INJ 1MG/ML
REMODULIN INJ 2.5MG/ML
REMODULIN INJ 5MG/ML
RETACRIT INJ
RETEVMO CAP 40MG
RETEVMO CAP 80MG
REVATIO SUSP
REVLIMID CAP
REZLIDHIA CAP
REZUROCK TAB
RIBAPAK TAB
RIBAVIRIN CAP
RIBAVIRIN TAB
RIDAURA CAP
riluzole tab
RINVOQ ER TAB
RINVOQ ER TAB 45MG
RISPERDAL INJ
risperidone microspheres inj
ROZLYTREK CAP 100MG
ROZLYTREK CAP 200MG
ROZLYTREK PAK
RUBRACA TAB
RUCONEST INJ
RUZURGI TAB
RYDAPT CAP
RYKINDO INJ
SABRIL POWDER PACK
SABRIL TAB
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ
SAMSCA TAB 30MG
SAMSCA TAB, TOLVAPTAN TAB
SANDOSTATIN LAR INJ KIT
sapropterin dihydrochloride powder packet
sapropterin dihydrochloride soluble tab
SCEMBLIX TAB 20MG
SCEMBLIX TAB 40MG
SIGNIFOR INJ
sildenafil susp
SILIQ INJ
SIMPONI SC INJ
SIRTURO TAB
SKYCLARYS CAP 50MG
SKYRIZI 180MG/1.2ML CARTRIDGE
SKYRIZI INJ
SKYRIZI INJ 150MG/ML
SKYRIZI INJ 75MG/0.83ML
SKYRIZI PEN 150MG/ML
SKYTROFA INJ
SODIUM OXYBATE SOLN, XYREM SOLN
sodium phenylbutyrate powder
sodium phenylbutyrate tab
SOFOSBUVIR/VELPATASVIR TAB
SOGROYA INJ
SOMAVERT INJ
sorafenib tosylate tab
SORIATANE CAP
SOTYKTU TAB
SOVALDI PELLET PAK
SOVALDI TAB
SPINRAZA INJ
SPRAVATO NASAL SOLN
SPRYCEL TAB
STELARA INJ
STIMUFEND INJ
STIVARGA TAB
STRENSIQ INJ
SUCRAID SOLN
sunitinib malate cap
SUTENT CAP
SYLATRON INJ
SYMDEKO TAB
SYNAGIS INJ
SYNRIBO INJ
TABLOID TAB
TABRECTA TAB
TADLIQ SUSP
TAFINLAR CAP
TAFINLAR TAB
TAGRISSO TAB
TAKHZYRO INJ
TAKHZYRO INJ 150MG/ML
TALTZ INJ
TALZENNA CAP
TARCEVA TAB 100MG
TARCEVA TAB 150MG
TARCEVA TAB 25MG
TARGRETIN GEL
TASCENSO ODT TAB
TASIGNA CAP
tasimelteon capsule
TAVALISSE TAB
TAVNEOS CAP
TAZVERIK TAB
TECFIDERA CAP
TECFIDERA STARTER PACK
TECHNIVIE TAB
TEGSEDI INJ
temozolomide cap
TEPMETKO TAB
teriflunomide tab
TERIPARATIDE INJ 620MCG/2.48ML
tetrabenazine tab
TEZSPIRE INJ
TEZSPIRE SOLN
THALOMID CAP
THIOLA EC TAB
THIOLA TAB
TIBSOVO TAB
TIGLUTIK SUSP
tiopronin tab
TOBI PODHALER
tobramycin neb soln
tolvaptan tab
tolvaptan tab 15mg
TRACLEER TAB 32MG
TRACLEER TAB 62.5MG, 125MG
TREMFYA INJ
treprostinil inj 10mg/ml
treprostinil inj 1mg/ml
treprostinil inj 2.5mg/ml
treprostinil inj 5mg/ml
tretinoin cap
TRIKAFTA TAB
TRIKAFTA THERAPY PACK
TRUSELTIQ PACK 100MG
TRUSELTIQ PACK 175MG
TRUSELTIQ PACK 50MG, 125MG
TUKYSA TAB

TURALIO CAP
TYKERB TAB
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
UZEDY INJ
VALCHLOR GEL
VANFLYTA TAB
VECAMYL TAB
VEMLIDY TAB
VENCLEXTA STARTER PACK
VENCLEXTA TAB
VENTAVIS INH SOLN
VERZENIO TAB
VIEKIRA PAK TAB
VIEKIRA XR TAB
vigabatrin powder pack
vigabatrin tab
VIJOICE TAB
VISTOGARD PAK
VITRAKVI CAP 100MG
VITRAKVI CAP 25MG
VITRAKVI SOLN
VIVITROL INJ
VIVJOA CAP
VIZIMPRO TAB
VONJO CAP
VOSEVI TAB
VOTRIENT TAB
VOWST CAP
VOXZOGO INJ
VUMERITY CAP
VYNDAMAX CAP
VYNDAQEL CAP
WAKIX TAB
WELIREG TAB
XADAGO TAB
XALKORI CAP
XALKORI SPRINKLE CAP
XELJANZ SOLN
XELJANZ TAB
XELJANZ XR TAB
XELODA TAB
XEMBIFY INJ
XENAZINE TAB
XENLETA TAB
XERMELO TAB
XOLAIR INJ
XOLAIR INJ 150MG/ML
XOLAIR INJ 300MG/2ML
XOLAIR INJ 75MG/0.5ML
XOSPATA TAB
XPOVIO TAB
XTANDI CAP
XTANDI TAB 40MG
XTANDI TAB 80MG
XURIDEN POWDER
XYWAV SOLN
YONSA TAB
YUFLYMA 2SYR KIT 40MG/0.4ML
YUFLYMA KIT 40MG/0.4ML
YUFLYMA KIT 80MG/0.8ML
YUSIMRY INJ 40MG/0.8ML
ZARXIO INJ
ZAVESCA CAP
ZEJULA CAP
ZEJULA TAB
ZELBORAF TAB
ZEPATIER TAB
ZEPOSIA CAP
ZEPOSIA STARTER PACK
ZIEXTENZO INJ
ZOKINVY CAP
ZOLINZA CAP
ZTALMY SUSP
ZYDELIG TAB
ZYKADIA CAP
ZYKADIA TAB
ZYPREXA RELPREVV INJ
ZYTIGA TAB 250MG
ZYTIGA TAB 500MG

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ABILIFY MYCITE PACK	QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics
ABILIFY MYCITE TAB	QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics
ABSORICA CAP	Step Therapy requires trial of amnesteem cap, claravis cap, isotretinoin cap, myorisa cap, or zenatane cap
acitretin cap	Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin
ACTICLATE TAB	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
ACTONEL TAB 150MG	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
ACTOPLUS MET XR TAB	Step Therapy requires trial of metformin or metformin ER
ACZONE GEL 5%	QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide
ACZONE GEL 7.5%	QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide
ADAPALENE SOLN	QL= 360mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream
ADDERALL XR CAP 10MG	QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap
ADDERALL XR CAP 15MG	QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap
ADDERALL XR CAP 20MG	QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap
ADDERALL XR CAP 30MG	QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap
ADDERALL XR CAP 5MG	QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamine ER cap
ADHANSIA XR CAP 25MG	QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
ADHANSIA XR CAP 35MG	QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
ADHANSIA XR, JORNAY PM	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
ADLARITY PATCH	QL= 1 patch/7 days; Step therapy requires trial of donepezil tab OR donepezil ODT
ADLYXIN INJ	QL= 6ml/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnosis Restricted – Type 2 Diabetes (E11)
ADMELOG INJ, INSULIN LISPRO INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR
ADVAIR DISKUS INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR HFA, DULERA, BREO ELLIPTA and fluticasone/salmeterol, wixela
ADZENYS ER SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ADZENYS XR TAB	QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
AFINITOR DISPERZ TAB	QL= 1 tab/day; Step therapy requires trial of everolimus tab for oral susp
AFINITOR TAB	QL= 1 tab/day; Step therapy requires trial of everolimus tab
AFREZZA INH POWDER	QL= 630 inhalations/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
AIRDUO POWDER INHALER W/SENSOR	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR HFA, DULERA, BREO ELLIPTA and fluticasone/salmeterol, wixela
AIRDUO RESPICLICK	QL= 1 inhaler/30 days, Step Therapy requires trial of ADVAIR HFA, DULERA, BREO ELLIPTA and fluticasone/salmeterol, wixela
AKLIEF CREAM	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
AKYNZEO CAP	QL= 1 cap/28 days; Step Therapy requires trial of aprepitant, granisetron, or ondansetron
aliskiren tab	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB)
ALLOPURINOL TAB	QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs
almotriptan tab	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
ALOGLIPTIN TAB	QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto
ALOGLIPTIN TAB, NESINA TAB	QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue
ALOGLIPTIN/METFORMIN TAB	QL= 2 tabs/day; Step therapy requires trial of metformin AND Tradjenta OR jentadue
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
ALOGLIPTIN/PIOGLITAZONE TAB	QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjenta OR Jentadueto
ALPHAGAN P OPHTH SOLN 0.15%	Step Therapy requires trial of brimonidine ophth soln 0.2%
ALPHAGAN P SOLN 0.1%	Step Therapy requires trial of brimonidine ophth soln 0.2%
ALSUMA INJ, ZEMBRACE SYMTOUCH IN	QL= 8 inj/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
ALTRENO LOTION	QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream
ALVESCO INHALER	QL= 12.2gm/30 days; Step Therapy requires trial of fluticasone diskus, fluticasone hfa, ARNUITY ELLIPTA, and ASMANEX HFA
amcinonide oint	Step therapy requires trial of 2 high potency steroids (eg. betamethasone, clobetasol halobetasol)
AMCINONIDE OINTMENT	ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol)
AMITIZA CAP	QL= 60 caps/30 days; Step Therapy requires trial of TRULANCE or both MOVANTIK and SYMPROIC

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
amlodipine/atorvastatin tab	QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg atorvastatin, simvastatin)
amlodipine/valsartan/hydrochlorothiazide ta	QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP	QL= 240ml/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
amphetamine tab	QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
AMRIX CAP	QL= 30 caps/30 days; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER
AMZEEQ FOAM	QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
ANALPRAM-HC CREAM 1-1%	ST req trial of: LIDOCAINE-HYDROCORTISONE ACETATE perianal/RECTAL CRE
ANTARA CAP	QL= 2 caps/day; ST req trial of 2: generic Tricor (48/54/145/160), gen. LoFibra (67/134/200), gen. Antara (43/130)
ANTARA CAP 30MG, FENOFIBRATE MICRONIZED CAP 30MG	QL= 2 caps/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg, 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg
ANTARA CAP 90MG, FENOFIBRATE MICRONIZED CAP 90MG	QL= 1 cap/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54m 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBRA) 67mg, 134mg, 200mg
ANZEMET TAB	QL= 1 tab/30 days; Step Therapy requires trial of ondansetron
APIDRA INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR
APIDRA SOLOSTAR INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR
APLENZIN TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
APRACLONIDIN OPHTH SOLN	QL= 5mL/30 days; Step therapy requires trial of 2: latanoprost, travoprost, brimonidine, carteolol, levobunolol, timolol
aprepitant cap 125mg	QL= 1 cap/21 days; Step Therapy requires trial of ondansetron
aprepitant cap 40mg	QL= 1 cap/28 days; Step Therapy requires trial of ondansetron
aprepitant cap 80mg	QL= 2 caps/21 days; Step Therapy requires trial of ondansetron
aprepitant pak	QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron
APTENSIO XR CAP 10MG	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
APTENSIO XR CAP 15MG	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 20MG	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 30MG	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 40MG	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 50MG	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 60MG	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
ARAZLO LOTION	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
ARCAPTA NEOHALER	Step Therapy requires trial of SEREVENT DISKUS, ANORO ELLIPTA or STIOLTO INHALER
arformoterol tartrate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbutero neb soln
ARMONAIR DIGITAL INHALER 113MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of fluticasone diskus, fluticasone hfa, ARNUITY ELLIPTA, and ASMANEX HFA
ARMONAIR DIGITAL INHALER 232MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of fluticasone diskus, fluticasone hfa, ARNUITY ELLIPTA, and ASMANEX HFA
ARMONAIR DIGITAL INHALER 55MCG/AC	QL= 1 inhaler/30 days; Step Therapy requires trial of fluticasone diskus, fluticasone hfa, ARNUITY ELLIPTA, and ASMANEX HFA
ASACOL HD TAB	Step Therapy requires trial of APRISO or LIALDA
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
ATACAND HCT TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
ATACAND TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
ATELVIA TAB	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate
ATORVALIQ SUSP	QL = 600ml/30 days; Step therapy requires trial of 2: atorvastatin tab, rosuvastatin ta or simvastatin tab
AURYXIA TAB	QL= 12 tabs/day; Step Therapy requires trial of sevelamer followed by lanthanum fo anemia: oral iron (OTC)
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

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
AXERT TAB	QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
azathioprine tab 100mg	QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg
azathioprine tab 75mg	QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg
AZELEX CREAM	QL= 300g/30 days; ST req trial of 2: adapalene, tretinoin, clindamycin, erythromycin, azelaic acid 15% gel
AZOPT OPHTH SUSP	Step Therapy requires trial of dorzolamide 2% ophth soln
AZOR TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
BACLOFEN 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)
BANZEL SUSP	QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
BANZEL TAB	QL= 8 tabs/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate pregabalin, levetiracetam
BASAGLAR INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
BASAGLAR KWIKPEN	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
BASAGLAR TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
BELBUCA FILM	Step therapy requires trial of buprenorphine patch
BELSOMRA TAB	QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate
BENICAR HCT TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, olmesartan, or valsartan
BESIVANCE OPHTH SUSP	Step Therapy requires trial of 2: ciprofloxacin ophth soln, levofloxacin ophth soln, ofloxacin ophth soln, or VIGAMOX OPHTH SOLN
BETAXOLOL OPHTH SOLN	QL= 5mL/30 days; Step therapy requires trial of carteolol, levobunolol, dorzolamide-timolol, timolol
BETOPTIC-S OPHTH SOLN	Step Therapy requires trial of 2: carteolol, levobunolol, dorzolamide/timolol, timolol maleate
BEVESPI AEROSPHERE INHALER	QL= 10.7gm/30 days; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER
BEXAGLIFLOZN TAB	QL= 30 tabs/30 days; ST req trial of 2: farxiga tab, xigduo xr tab, Jardiance tab, synjardy tab, or synjardy xr tab
bimatoprost ophth soln	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln
BINOSTO TAB	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate and ibandronate
bismuth/metro/tetra cap	Step therapy requires trial of oral metronidazole and tetracycline

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
BREXAFEMME TAB	QL= 4 tabs/day, 2 fills/month; Step therapy requires trial of oral fluconazole
brimonidine ophth soln 0.15%	Step Therapy requires trial of brimonidine ophth soln 0.2%
brimonidine tartrate ophth soln 0.1%	Step Therapy requires trial of brimonidine ophth soln 0.2%
brimonidine tartrate-timolol maleate ophth soln	QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate
brinzolamide ophth susp	Step Therapy requires trial of dorzolamide 2% ophth soln
bromfenac ophth soln	Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
bromfenac sodium ophth soln 0.07%	QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
BRONCHITOL CAP	QL= 560 caps/28 days; ST req trial of hypertonic saline; Diagnosis Restricted – Cystic Fibrosis (E84)
BROVANA NEB SOLN	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbutero neb soln
BRYHALI LOTION, ULTRAVATE LOTION	Step Therapy requires trial of 1 topical corticosteroid lotion
budesonide rectal foam	QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema
budesonide/formoterol inhaler	QL= 10.3 g/30 days; ST requires trial of 3: ADVAIR HFA, DULERA INHALER, BREO ELLIPTA INHALER and trial of 1: fluticasone/salmeterol inhaler or wixela
buprenorphine hcl buccal film	Step therapy requires trial of buprenorphine patch
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ	QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ	QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnosis Restricted – Type 2 Diabetes (E11)
BYETTA INJ	QL= 1 pen/30 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, ar OZEMPIC INJ; Diagnosis Restricted – Type 2 Diabetes (E11)
BYSTOLIC TAB	QL= 1 tab/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol
BYSTOLIC TAB 20MG	QL= 2 tabs/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol cap
CADUET TAB	QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg atorvastatin, simvastatin)
CALCIPOTRIENE FOAM	QL= 60gm/30 days; Step therapy requires trial of calcipotriene soln
CALCIPOTRIENE FOAM, SORILUX FOAM	QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln
CALCIPOTRIENE/ BETAMETHASONE SUSP	QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene
calcipotriene-betamethasone dipropionate susp	QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene
CAMBIA POWDER	QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
candesartan tab	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
candesartan/hydrochlorothiazide tab	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
CAPLYTA CAP	QL= 1 cap/day; Step therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, clozapine
captopril tab	Step Therapy requires trial of 2 angiotensin-converting enzyme (ACE) inhibitors
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug
carisoprodol tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
CAROSPIR SUSP	QL= 600ml/30 days; ST req trial of furosemide oral soln
CELONTIN CAP	QL= 4 caps/day; ST requires trial of ethosuximide tab/soln
cephalexin cap 750mg	QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexin 500mg tab/cap
CEQUA (PF) OPHTH SOLN	Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis)
CESAMET CAP	Step Therapy requires trial of ondansetron
CHENODAL TAB	ST req trial of 1: ursodiol caps or tabs
chlorzoxazone tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
chlorzoxazone tab 375mg	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
CITALOPRAM CAP	QL= 1 cap/day; Step therapy requires trial of citalopram tab
clindamycin foam	QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
clindamycin/tretinoin gel	QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin
clocortolone pivalate cream	QL= 1 tube/30 days; Step therapy requires trial of one preferred topical steroid
colesevelam pack	Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol
COMBIGAN OPHTH SOLN	QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate
CONDYLOX GEL	QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream
CONJUPRI TAB, LEVAMLODIPINE TAB	QL= 1 tab/day; Step therapy requires trial of 2: nifedipine IR/ER, felodipine ER, nicardipine, isradipine, amlodipine
CONSENSI TAB	QL= 30 tabs/30 days; Step Therapy requires trial of amlodipine and celecoxib
COSOPT (PF) OPHTH SOLN	Step Therapy requires trial of dorzolamide/timolol ophth soln
COXANTO CAP	QL= 180 caps/30 days; ST req trial of generic oxaprozin 600mg AND 2 addl NSAID (e.g., diclofenac, etodolac, sulindac)
CRESEMBA CAP 186MG	QL= 72 caps/30 days; Step therapy requires trial of voriconazole and posaconazole
CRESEMBA CAP 74.5MG	QL= 180 caps/30 days; Step therapy requires trial of two: voriconazole and posaconazole

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
CRESTOR TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin tab or rosuvastatin tab
CROTAN LOTION	Step therapy requires trial of permethrin cream and lindane
CUVRIOR TAB	QL= 10 tabs/day; ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap
cyanocobalamin nasal spray 500mcg/0.1ml	ST req trial of cyanocobalamin injection
cyclobenzaprine ER cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER
cyclobenzaprine tab 7.5mg	Trial of 2: cyclobenzaprine 5mg, cyclobenzaprine 10mg, tizanidine, methocarbamol, baclofen, chlorzoxazone, orphenadrine
CYCLOSET TAB	Step Therapy requires trial of metformin or metformin ER
CYSTADANE POWDER	QL= 540 grams/30 days; ST req trial of generic betaine anhydrous; Only available through Walgreens 888-347-3416
DANTRIUM CAP	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
dantrolene cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
dapsone gel	QL= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
darifenacin SR tab	Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
DARTISLA ODT TAB	QL= 4 tabs/day, Step therapy requires trial of glycopyrrolate tab or glycopyrrolate solution
DAYTRANA PATCH	QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
DAYVIGO TAB	QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate
DEGLUDEC FLEXTOUCH INJ 100 UNIT	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
DEGLUDEC FLEXTOUCH INJ 200 UNIT	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
DEGLUDEC INJ 100 UNIT	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
DENAVIR CREAM	QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB
DESOXYN TAB	QL= 5 tabs/day; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine
DESVENLAFAXINE ER TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
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
dexlansoprazole DR cap	Covered for members age 17 or younger; QL=1 cap/day; Step therapy requires trial all: omeprazole, esomeprazole, lansoprazole cap, rabeprazole, and pantoprazole tat
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 dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
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 dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
DHIVY TAB	QL= 8 tabs/day; Step therapy requires trial of carbidopa-levodopa tab/ODT or carbidopa-levodopa ER tab
diclofenac potassium (migraine) packet	QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan)
diclofenac potassium cap	QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets
diclofenac potassium tab 25mg	QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets
diclofenac sodium soln 2%	Step therapy requires trial of of diclofenac 1.5% soln
DIFFERIN LOTION	QL= 472mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream
DIFLORASONE CREAM, PSORCON CREAM	Step Therapy requires trial of 2 high potency creams: betameth diprop/val, fluocinonide, mometasone, triamcin, amcinonide
difluprednate ophth emulsion	QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth sus
dihydroergotamine mesylate nasal spray	QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan
DIVIGEL GEL	QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
DIVIGEL GEL 1.25MG/1.25GM	QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
DORYX MPC TAB	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate followed by generic doxycycline hyclate DR
DORYX TAB 50MG	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
dorzolamide/timolol (pf) ophth soln	Step Therapy requires trial of dorzolamide/timolol ophth soln

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
doxepin hcl cream	ST req trial of a topical corticosteroid AND topical tacrolimus
doxepin tab	QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL
DOXYCYCLINE CAP, ORACEA CAP	QL= 1 cap/day; Step Therapy requires trial of doxycycline hyclate, doxycycline hyclate DR, or 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 requires trial of doxycycline monohydrate tablets
DUAKLIR INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of ANORO ELLIPTA INHALER or STIOLTO INHALER
DUETACT TAB	Step Therapy requires trial of metformin or metformin ER
DUOBRII LOTION	Step Therapy requires trial of 2: high potency corticosteroids, tazarotene cream
DUREZOL OPHTH EMULSION	QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth sus
dutasteride/tamsulosin cap	Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap
DUTOPROL TAB	QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers
DXEVO 11-DAY PAK	Step therapy requires trial of dexamethasone tab/soln
DYANAVEL XR CHEW 10MG	QL= 2 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER methylphen ER 27/36/54 (non-OSM)
DYANAVEL XR CHEW 15MG	QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
DYANAVEL XR CHEW 20MG	QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
DYANAVEL XR CHEW 5MG	QL= 4 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER methylphen ER 27/36/54 (non-OSM)
DYRENIUM CAP	Step Therapy requires trial of amiloride or spironolactone
EDARBI TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
EDARBYCLOR TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
EDLUAR SL TAB	QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL
ELEPSIA XR TAB 1000MG	QL= 90 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab
ELEPSIA XR TAB 1500MG	QL= 60 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab
eletriptan tab	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ELIDEL CREAM	Step Therapy requires trial of tacrolimus oint
ELYXYB SOLN	QL= 43.2ml/30 days; Step Therapy requires trial of 2: celecoxib cap, diclofenac potassium 50mg tab, diclofenac sodium IR, XR, EC tab, etodolac IR/ER cap/tab, meloxicam tab, sumatriptan tab, naratriptan tab, rizatriptan tab/ODT, naproxen suspension
EMEND CAP 125MG	QL= 1 cap/21 days; Step Therapy requires trial of ondansetron
EMEND CAP 40MG	QL= 1 cap/28 days; Step Therapy requires trial of ondansetron
EMEND CAP 80MG	QL= 2 caps/21 days; Step Therapy requires trial of ondansetron
EMEND PAK	QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron
ENABLEX TAB	Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
enalapril maleate oral soln	QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab
ENDARI POWDER PACK	Step Therapy requires trial of hydroxyurea cap
ENTADFI CAP	QL= 1 tab/day; Step therapy requires trial of an alpha 1 blocker (e.g. tamsulosin), finasteride 5mg AND tadalafil
EPANED SOLN	QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab
EPOGEN INJ	QL= 12 vials/30 days; ST req trial of Retacrit OR Aranesp
EPRONTIA SOLN	QL= 473ml/30 days; Step therapy requires trial of topiramate sprinkle caps
ERMEZA SOLN 150MCG/5ML	QL= 10ml/day; Step therapy requires trial of levothyroxine tab
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
estradiol valerate inj	ST req trial of 2: estradiol tab, estradiol patch, estradiol vaginal tab, Estring
EUCRISA OINT	Step Therapy requires trial of 2: High potency corticosteroids, tacrolimus oint, pimecrolimus cream
EVEKEO ODT	QL= 60 tabs/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
EVOCLIN FOAM	QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
EVZIO INJ	Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY
EVZIO INJ	Step Therapy requires trial of naloxone inj or NARCAN NASAL SPRAY
EXFORGE HCT TAB	QL= 1 tab/day; Step therapy requires trial of 2: valsartan/HCTZ tab and amlodipine t
EZALLOR SPRINKLE CAP	QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, rosuvastatin, or simvastatin
EZETIMIBE/ATORVASTATIN TAB	QL= 1 tab/day; Step therapy requires trial of atorvastatin and ezetimibe

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
FABIOR AEROSOL FOAM	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
FARESTON TAB	Only available through Walgreens 888-347-3416; Step Therapy requires trial of tamoxifen
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)
fenoprofen calcium cap	QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
fenoprofen calcium tab	Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
FENOPROFEN CAP	Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
fesoterodine fumarate er tab	QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin tab/syrup/ER tab, tolterodine tab/SR cap, trospium tab/SR cap
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
FIRVANQ SOLN 25MG/ML	QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution
FIRVANQ SOLN 50MG/ML	QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution
FLEQSUVY SUSP	QL= 16ml/day; Step therapy requires trial of baclofen tab and tizanidine tab
FLOLIPID SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
FLUOXETINE TAB 60MG	Step Therapy requires trial of fluoxetine cap, fluoxetine tab or fluoxetine weekly cap
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
FLUTICASONE LOTION	ST req tri of 2 lower-mid potency topical corticosteroid (eg. Betamet lot 0.05%, Fluocin crm 0.025%)
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
formoterol fumarate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbutero neb soln
FOSAMAX+D TAB	Step Therapy requires trial of alendronate and ibandronate
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 3 READER	QL= 1 receiver/1 year; Step Therapy requires trail 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
FUROSCIX KIT	QL= 8 kits/30 days; Step requires a trial of furosemide tabs or furosemide soln; Only available through BioMatrix Specialty Pharmacy 855-359-9679
GELNIQUE	Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
GEMTESA TAB	QL= 30 tabs/30 days; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
GIMOTI NASAL SPRAY	QL= 1 bottle/28 days; Step therapy requires trial of metoclopramide tab
GLIPIZIDE TAB	QL= 30 tabs/30 days; Step req trial of 3 of: glipizide IR tabs (5mg, 10mg), glipizide ER, glimepiride, glyburide
GLOPERBA SOLN	QL= 300ml/30 days; Step Therapy requires trial of colchicine
GLUCAGON KIT	QL= 2 inj/fill, 2 fills/month; ST req trial of GLUCAGEN HYPOKIT
GLUMETZA TAB 1000MG	Step Therapy requires trial of metformin or metformin ER
GLUMETZA TAB 500MG	Step Therapy requires trial of metformin or metformin ER
GLYCATE TAB	Step Therapy requires trial of glycopyrrolate
GLYCATE TAB, GLYCOPYRROLATE TAB	QL= 4 tabs/day; Step Therapy requires trial of glycopyrrolate tab 1mg or glycopyrrolate tab 2mg
GLYXAMBI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab
GOCOVRI CAP	Step Therapy requires trial of amantadine
GRASTEK SL TAB	QL= 30 tabs/30 days; Step req trial of montelukast tab/chew tab/packet
halcinonide cream	Step Therapy requires trial of 2 High potency corticosteroids
HALOBETASOL AER	ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol)
halobetasol propionate foam	ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol)
HALOG CREAM	Step Therapy requires trial of 2 High potency corticosteroids
HUMALOG INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG KWIKPEN INJ	QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMULIN MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN N INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
HUMULIN N PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN R INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HYDROCODONE BITARTRATE ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
HYSINGLA ER TAB	QL= 1 tab/day; Step Therapy requires trial of morphine sulfate ER
IMIQUIMOD CREAM 3.75%	QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY	QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
IMPOYZ CREAM	Step Therapy requires trial of 2 High potency corticosteroids
INDOCIN SUSP	QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp
INDOMETHACIN CAP, TIVORBEX CAP	Step Therapy requires trial of 2 nonsteroidal anti-inflammatory agents (NSAIDs)
indomethacin suppository	QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxer diclofenac, meloxicam, etc)
indomethacin susp	QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp
INPEFA TAB	QL= 30 tabs/30 days; Step therapy requires trial of Jardiance and Farxiga
INSULIN GLARGINE INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
INVELTYS OPHTH SUSP	Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
INVOKAMET TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
INVOKAMET XR TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
INVOKANA TAB	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANC SYNJARDY, or SYNJARDY XR
IOPIDINE OPHTH SOLN 1%	Step Therapy requires trial of apraclonidine soln
ISORDIL TITRADOSE TAB 40MG	Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER
isosorbide dinitrate tab 40mg	Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER
ISTALOL OPHTH SOLN 0.5%	Step Therapy requires trial of timolol maleate ophth soln
ivermectin cream	QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole
IYUZEH OPHTH DROPS	QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost opht soln
JALYN CAP	Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap
JANUMET TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
JANUMET XR TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
JANUVIA TAB	QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
JUBLIA SOLN	Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine ta
KADIAN CAP 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 10MG	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 200MG	QL= 1 cap/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 20mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 30mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 40mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 50mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 60mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 80mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KATERZIA SUSP	Step Therapy requires trial of amlodipine
KERENDIA TAB	QL= 30 tabs/30 days; Step req trial of 1 ACE/ARB (ex lisinopril, losartan, valsartan) AND 1 SGLT2 (ex Farxiga, Jardiance)
KERYDIN SOLN	Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine ta
KESIMPTA INJ	QL= 1 inj/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
KOMBIGLYZE XR TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto
LACTULOSE PACK	Step Therapy requires trial of lactulose
lanthanum carbonate chew tab	QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
lanthanum carbonate chew tab 500mg	QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
LANTUS INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
LANTUS SOLOSTAR INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
LESCOL CAP	QL= 2 caps/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab.
LESCOL XL TAB	QL= 1 tab/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab.
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler
LEVEMIR FLEXTOUCH INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
LEVEMIR INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
LEVOFLOXACIN OPHTH SOLN 0.5%	QL= 5mL/30 days; Step therapy requires trial of ciprofloxacin, moxifloxacin or ofloxacin ophth
levorphanol tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Step Therapy requires trial of 2 short acting opioids
LINZESS CAP	QL= 30 caps/30 days; Step Therapy requires trial of Trulance AND lubiprostone

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
LIVALO TAB	QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs
LOKELMA PAK	QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone
LONHALA MAGNAIR SOLN	QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA HANDIHALER or SPIRIVA RESPIMAT
LOREEV XR CAP	QL= 1 cap/day; Step therapy requires trial of lorazepam tab
LOREEV XR CAP 3MG	QL= 3 cap/day; Step therapy requires trial of lorazepam tab
LOTEMAX OPHTH GEL	QL= 5g/28 days; Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
LOTEMAX OPHTH OINT 0.5%	Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
LOTEMAX OPHTH SUSP	Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
loteprednol etabonate ophth gel	QL= 5 grams/28 days; Step therapy requires trial of two: prednisolone susp/soln 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
LYBALVI TAB	QL= 30 tabs/30 days; Step therapy requires trial of 2: olanzapine, aripiprazole, risperidone, quetiapine, paliperidone, ziprasidone
LYRICA CAP	Step Therapy required trial of gabapentin and pregabalin
LYRICA CR TAB	QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln
LYRICA SOLN	QL= 30ml/day; Step Therapy required trial of gabapentin and pregabalin
LYUMJEV INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
LYUMJEV KWIKPEN	QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
LYUMJEV KWIKPEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
LYUMJEV TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
LYVISPAH GRANULE PACKET 10MG	QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap
LYVISPAH GRANULE PACKET 20MG	QL= 4 packets/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap
LYVISPAH GRANULE PACKET 5MG	QL= 1 packet/day; Step therapy requires trial of baclofen tab AND tizanidine tab/cap
MARPLAN TAB	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
meloxicam	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
MELOXICAM SUSP	QL= 10ml/day; Step therapy requires trial of naproxen susp AND ibuprofen susp
memantine ER cap	QL= 1 cap/day; Step Therapy requires trial of memantine tab
mesalamine ER cap	QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA
metformin ER osmotic tab	Step Therapy requires trial of metformin or metformin ER

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
METFORMIN TAB	QL= 4 tabs/day; ST req trial of metformin IR (generic Glucophage) 500mg, 850mg, o 1000mg tab AND metformin ER
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
methylphenidate ER cap	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
METHYLPHENIDATE ER TAB	QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate td patch	QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
METOZOLV ODT	Step Therapy requires trial of metoclopramide
MICARDIS HCT TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
MICARDIS TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
MIEBO OPHTH SOLN	QL= 3ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion
MIGRANAL SPRAY	QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan
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
MORPHINE SULFATE ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 10mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 20mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 30mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 50mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 60mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 80mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
MOTEGRITY TAB	QL= 30 tabs/30 days; Step Therapy requires trial of Trulance AND lubiprostone
MOTPOLY XR CAP 100MG	QL= 1 cap/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap
MOTPOLY XR CAP 150MG	QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap
MOTPOLY XR CAP 200MG	QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap
MOUNJARO INJ	QL= 2ml/28 days
MOXATAG TAB	Step Therapy requires trial of amoxicillin

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
MOXIFLOXACIN SOLN	QL= 1 bottle/30 days; Step therapy requires trial of 2: ciprofloxacin hcl drops, levofloxacin drops, ofloxacin drops
MYDAYIS CAP 12.5MG	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
MYDAYIS CAP 25MG	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
MYDAYIS CAP 37.5MG	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
MYDAYIS CAP 50MG	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
MYRBETRIQ SUSP	QL= 188ml/30 days; Step Therapy requires trial of 2: oxybutynin tab, oxybutynin syrup, oxybutynin ER tab, tolterodine tab, tolterodine SR cap, trospium tab, or trospium chloride SR cap
MYRBETRIQ TAB	Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
NAFLON CAP	QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
naftifine cream	QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products
naftifine hcl gel 2%	QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream
NAFTIN GEL	QL= 1 tube/30 days; Step therapy requires trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream
NAMENDA TAB	Step Therapy requires trial of memantine tab
NAMENDA XR CAP	QL= 1 cap/day; Step Therapy requires trial of memantine tab
NAMENDA XR TITRATION PACK	QL= 28 caps/28 days; Step Therapy requires trial of memantine tab
NAMZARIC CAP	QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er
NAMZARIC STARTER PACK	QL= 28 caps/28 days; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er
NAPRELAN CR TAB	Step therapy requires trial of generic naproxen IR AND one of the following: diclofena tab, etodolac tab, indomethacin cap
naproxen sodium CR tab	Step therapy requires trial of generic naproxen IR AND one of the following: diclofena tab, etodolac tab, indomethacin cap
NAYZILAM SPRAY	QL= 4 units/fill, 5 fills/month; Step therapy requires trial of midazolam inj
NITROFURANTOIN SUSP	Step therapy requires trial of Nitrofurantoin Susp 25 MG/5ML
NORITATE CREAM	Step Therapy requires trial of azelaic acid gel or FINACEA PLUS KIT
NORTHERA CAP	QL= 180 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416
NORTHERA CAP 100MG	QL= 90 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
NOURIANZ TAB	QL= 1 tab/day; ST: Trial of 2: dopamine agonist(ropinir-, pramip-), COMT inhib(entacapone), MAOB inhib(rasag-, seleg-)
NOXAFIL PAK	QL= 31 packets/30 days; Step Therapy requires trial of 1: fluconazole tab, fluconazo susp, itraconazole cap, itraconazole soln, voriconazole susp, or voriconazole tab
NOXAFIL SUSP	Step therapy requires trial of fluconazole, itraconazole or voriconazole
NOXAFIL TAB	QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND
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
ODACTRA SL TAB	QL= 30 tabs/30 days; Step req trial of montelukast tab/chew tab/packet
olopatadine nasal spray	QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray
ONGENTYS CAP	Step Therapy requires trial of 2: entacapone, pramipexole, rasagiline, ropinirole, or selegiline
ONGLYZA TAB	QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto
ONZETRA XSAIL	Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
ORALAIR SL TAB	QL= 30 tabs/30 days; Step req trial of montelukast tab/chew tab/packet
orphenadrine/aspirin/caffeine tab	QL= 4 tabs/day; Step therapy requires trial of 2: baclofen tab, tizanidine tab/cap, cyclobenzaprine tab, methocarbamol tab, carisoprodol tab, orphenadrine tab
OSMOLEX ER TAB	QL= 1 tab/day; Step Therapy requires trial of amantadine
OSMOPREP TAB	Step Therapy requires trial of CLENPIQ
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	QL= 1 bottle/fill, 2 fills/month; Step Therapy requires trial of neomycin/polymixin/hydrocoritisone otic
oxazepam cap	Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab
OXYBUTYNIN 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 CR TAB 80MG	QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 10MG	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 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
OXYCONTIN TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 40MG	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
OXYTROL PATCH (OTC)	Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
OZOBAX SOLN	QL= 16ml/day; Step therapy requires trial of baclofen tab AND tizanidine tab
PANCREAZE CAP, PERTZYE CAP, ZENPEP CAP	Step Therapy requires trial of Creon
PANCRELIPASE CAP	Step Therapy requires trial of Creon
paroxetine oral susp	QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs
PATANASE NASAL SPRAY	QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray
PAXIL ORAL SUSP	QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs
penciclovir cream	QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB
PENNSAID SOLN 2%	Step therapy requires trial of of diclofenac 1.5% soln
PENTASA CAP	QL= 8 caps/day; Step Therapy requires trial of APRISO or LIALDA
PENTASA CAP 500MG	Step Therapy requires trial of APRISO or LIALDA
PENTASA CR CAP	QL= 8 caps/day; Step Therapy requires trial of APRISO or LIALDA
PEPCID SUSP	Step Therapy requires trial of cimetidine or nizatidine
PERFOROMIST NEB SOLN	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbutero neb soln
PEXEVA TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
pimecrolimus cream	Step Therapy requires trial of tacrolimus oint
pioglitazone/glimepiride tab	Step Therapy requires trial of metformin or metformin ER
pitavastatin calcium tab	QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs
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 DR tab	QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND
posaconazole susp	Step therapy requires trial of fluconazole, itraconazole or voriconazole
PRADAXA CAP 75MG, 150MG	QL= 2 caps/day, Step therapy requires trial of Eliquis and Xarelto
prednisolone ODT	Step therapy requires trial of two of the following: prednisolone oral soln, methylprednisolone, prednisone tab/soln
prednisolone tab	Step therapy requires trial of 2: prednisolone oral soln, methylprednisolone, prednisone tab/soln
pregabalin ER tab	QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap o pregabalin soln

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
PRESTALIA TAB	Step Therapy requires trial of 2: amlodipine, angiotensin-converting enzyme (ACE) inhibitor
PRISTIQ TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
PROAIR HFA INHALER	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler
PROAIR RESPICLICK INHALER	Step Therapy requires trial of VENTOLIN HFA INHALER and albuterol hfa inhaler
PROLATE TAB	QL= 13 tabs/day; Step therapy requires trial of oxycodone/acetaminophen 7.5-325m tab
PROLENSA OPHTH SOLN 0.07%	QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
PROVENTIL AERO HFA	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol HFA inhaler
PROVENTIL HFA INHALER	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler
PULMICORT FLEXHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of fluticasone diskus, fluticasone hfa, ARNUITY ELLIPTA, and ASMANEX HFA
QELBREE ER CAP 100MG	QL= 30 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine
QELBREE ER CAP 150MG	QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine
QELBREE ER CAP 200MG	QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine
QMIIZ ODT TAB	Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetir
QUDEXY XR CAP 100MG	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 150MG	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 200MG	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 25MG	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 50MG	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
QUETIAPINE TAB 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
QVAR REDIHALER	QL= 21.2gm/30 days; Step Therapy requires trial of fluticasone diskus, fluticasone hfa, ARNUITY ELLIPTA, and ASMANEX HFA
RAGWITEK SL TAB	QL= 30 tabs/30 days; Step req trial of montelukast tab/chew tab/packet
ramelteon tab	QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL
REBIF INJ	QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
RELAFEN DS TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac etodolac ER, buprofen, or nabumetone
RELEXXII ER TAB 18MG	QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
RELEXXII ER TAB 27MG	QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
RELEXXII ER TAB 36MG	QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
RELEXXII ER TAB 54MG	QL= 30 tabs/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
RELPAX TAB	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
RELTONE CAP	Step therapy requires trial of ursodiol tab
REQUIP XL TAB	QL= 1 tab/day; Step Therapy requires trial of ropinirole
RETIN-A MICRO GEL 0.04%, 0.1%	QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
RETIN-A MICRO GEL 0.08%, 0.06%	QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
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
RHOPRESSA OPHTH SOLN	QL= 2.5ml/30 days; Step therapy requires trial of 2 prostaglandins (latan-, bimat-, travo-, taflu-prost) AND timolol
RIBAPAK TAB	Step Therapy requires trial of ribavirin
RIOMET ER SUSP	Step Therapy requires trial of metformin or metformin ER
risedronate DR tab	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate
risedronate tab 150mg	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
RITALIN LA CAP	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
ROCKLATAN OPHTH SOLN	Step therapy requires trial of 2 prostaglandins (latan-, bimat-, travo-, taflu-prost) AND timolol
ropinirole ER tab	QL= 1 tab/day; Step Therapy requires trial of ropinirole
ROSADAN KIT	Step Therapy requires trial of metronidazole cream
ROSZET TAB	QL= 30 tabs/30 days; Step Therapy requires trial of rosuvastatin and ezetimibe
ROXYBOND TAB	Step therapy requires trial of 2: oxycodone, oxymorphone, hydromorphone tab/soln, tramadol, morphine sulf tab/soln
ROZEREM TAB	QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL
rufinamide susp	QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
rufinamide tab	QL= 240 tabs/30 days; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
RYBELSUS TAB	QL= 1 tab/day; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnosis Restricted – Type 2 Diabetes (E11)
RYTARY CAP 23.75-95MG	QL= 750 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER
RYTARY CAP 36.25-145MG	QL= 480 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER
RYTARY CAP 48.75-195MG	QL= 360 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER
RYTARY CAP 61.25-245MG	QL= 300 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER
SANCUSO PATCH	QL= 4 patches/28 days; Step Therapy requires trial of granisetron
SAPHRIS SL TAB	QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT
SAVAYSA TAB	QL= 1 tab/day; Step Therapy requires trial of ELIQUIS and XARELTO
SAVELLA PAK	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
SEEBRI NEOHALER CAP	QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA HANDIHALER or SPIRIVA RESPIMAT
SEGLENTIS TAB	QL= 10 tabs/day; Trial of 3: tramadol IR, celecoxib cap, oxycodone tab/cap/sol, hydromorphone tab/sol, oxymorphone tab, morphine sol
SEGLUROMET TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, or SYNJARDY XR
SERNIVO SPRAY	Step Therapy requires trial of betamethasone diproprionate
SERTRALINE CAP	QL= 30 caps/30 days; Step therapy requires trial of sertraline tab
SIKLOS TAB	Step Therapy requires trial of DROXIA CAP
SILENOR TAB	QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL
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
SOLIQUA INJ	QL= 18ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMP
SOLODYN TAB	QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab
SOLOSEC GRANULES PACKET	QL= 2 packets/28 days; Step Therapy requires trial of clindamycin or metronidazole

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
SOMA TAB	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
SOOLANTRA CREAM	QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole
SORIATANE CAP	Step Therapy requires trial of adapalene cream, adapalene gel, adapalene/benzoyl peroxide gel 0.1-2.5%, tretinoin cream, tretinoin gel, or tretinoin gel; Only available through Walgreens 888-347-3416
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler
spironolactone susp	QL= 600ml/30 days; ST req trial of furosemide oral soln
SPRITAM TAB	Step Therapy requires trial of levetiracetam or levetiracetam ER
SPYRINE CAP 250MG	ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap
STEGLATRO TAB	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA TAB, XIGDUO XR TAB, JARDIANCE TAB, SYNJARDY TAB, or SYNJARDY XR TAB
STEGLUJAN TAB	Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE, SYNJARDY, SYNJARDY XR
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of SEREVENT DISKUS
SUCRAID SOLN	Step Therapy requires trial of Creon; Only available through Optum Frontier Therapi 855-768-9727
SUMANSETRON PAK	Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
sumatriptan nasal spray	QL= 6 sprays/30 days; Step therapy requires trial of two: naratriptan tab, rizatriptan tab, rizatriptan ODT, or sumatriptan tab
sumatriptan/naproxen tab	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
SURMONTIL CAP	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
SYMBICORT INHALER	QL= 10.2gm/30 days; ST req trial of 3: ADVAIR HFA, DULERA, BREO ELLIPTA and trial of 1: fluticasone/salmeterol or wixela
SYMLINPEN INJ 120	QL= 11ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart
SYMLINPEN INJ 60	QL= 6ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart
tafluprost preservative free (pf) ophth soln	QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln
tavaborole soln	Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine ta
tazarotene gel 0.1%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
TAZORAC CREAM 0.05%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
TAZORAC GEL 0.1%	QL= 30g/30 days; Step Therapy requires trial of tazarotene cream
TEKTURNA HCT TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
TEKTURNA TAB	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB)
telmisartan/amlodipine tab	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
telmisartan/hydrochlorothiazide tab	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
telmisartan/hydrochlorothiazide tab 40-12.5MG	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
telmisartan/hydrochlorothiazide tab 80-25MG	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
TETRACYCLINE TAB	QL= 4 tabs/day; ST req trial of tetracycline caps followed by minocycline IR OR doxycycline monohydrate
THALITONE TAB	QL= 1 tab/day; Step therapy requires trial of chlorthalidone 25mg or chlorthalidone 50mg
THYQUIDITY SOLN	Step Therapy requires trial of levothyroxine
timolol maleate ophth gel	Step Therapy requires trial of timolol maleate ophth soln
timolol maleate ophth soln 0.5%	Step Therapy requires trial of timolol maleate ophth soln
TIMOPTIC-XE OPHTH GEL	Step Therapy requires trial of timolol maleate ophth soln
TIROSINT-SOL	Step therapy requires trial of levothyroxine
TOLSURA CAP	QL= 4 caps/day; Step Therapy requires trial of itraconazole
topiramate cap er 200mg	QL= 2 caps/day; Step therapy requires trial of topiramate followed by topiramate ER sprinkle
topiramate er cap	QL= 1 cap/day; ST req trial of topirmate followed by topiramate ER sprinkle
topiramate ER cap 100mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 150mg	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 200mg	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 25mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 50mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
toremifene tab	Step Therapy requires trial of tamoxifen
TOSYMRA SOLN	QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
TOVIAZ TAB	QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin tab/syrup/ER tab, tolterodine tab/SR cap, trospium tab/SR cap
TRAMADOL ER CAP	QL= 1 cap/day; Step Therapy requires trial of tramadol tab
TRAMADOL HCL ER TAB 100MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
TRAMADOL HCL ER TAB 200MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
TRAMADOL HCL ER TAB 300MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
TRAVATAN Z DROPS	QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost
travoprost ophth soln	QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
TRESIBA FLEXTOUCH INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
TRESIBA INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn and Toujeo
tretinoin gel	QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
TRETIN-X CREAM	QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream
TREXIMET TAB	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
triamterene cap	Step Therapy requires trial of amiloride or spironolactone
TRIBENZOR TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
trientine cap 250mg	ST req trial of generic penicillamine tab
TRIENTINE CAP 500MG	ST req trial of generic penicillamine tab and then trial of gen trientine 250mg cap
TRIJARDY XR TAB 10-5-1000MG	QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er ta
TRIJARDY XR TAB 12.5-2.5-1000MG	QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er ta
TRIJARDY XR TAB 25-5-1000MG	QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er ta
TRIJARDY XR TAB 5-2.5-1000MG	QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er ta
trimipramine cap	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
TRINTELLIX TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
TROKENDI XR CAP	QL= 1 cap/day; ST req trial of topirmate followed by topiramate ER sprinkle
TROKENDI XR CAP 200MG	QL= 2 caps/day; Step therapy requires trial of topiramate followed by topiramate ER sprinkle
TRUDHESA NASAL SPRAY	QL= 8ml/28 days; Step therapy requires trial of 2: dihydroergotamine mesylate, sumatriptan tab, rizatriptan, naratriptan
TUDORZA PRESSAIR INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER and SPIRIVA HANDIHALER or SPIRIVA RESPIMAT
TWYNSTA TAB	Step Therapy requires trial of 2: candesartan, irbesartan, losartan, or valsartan
TYRVAYA SOLN	QL= 8.4ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsior (generic Restasis)
URSODIOL CAP	Step therapy requires trial of ursodiol tab
UTIBRON NEOHALER CAP	QL= 2 caps/day; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPT INHALER and TRELEGY ELLIPTA INHALER
vancomycin hcl for oral soln 25mg/ml	QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution
vancomycin hcl for oral soln 50mg/ml	QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin vial for compounded oral solution
VARUBI TAB	QL= 2 tabs/day; Step Therapy requires trial of ondansetron
VELPHORO CHEW TAB	QL= 6 tabs/day; Step Therapy requires trial of sevelamer followed by lanthanum

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
VELTASSA POWDER	QL= 1 packet/day; Step therapy requires 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 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 TAB	QL= 1 tab/day; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
VEVYE DROP 0.1%	QL= 6ml/30 days; ST req trial of cyclosporine ophthalmic emulsion
VIIBRYD STARTER KIT	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
VIIBRYD TAB	QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr desven ER, venlfx IR/ER, dulox
vilazodone hcl tab	QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr desven ER, venlfx IR/ER, dulox
VIOKACE TAB	Step Therapy requires trial of Creon
VIVLODEX CAP	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
VOQUEZNA DUAL PAK	QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Prevpac, OR lansoprazole/amoxicillin/clarithro kit
VOQUEZNA TRIP PAK	QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Prevpac, OR lansoprazole/amoxicillin/clarithro kit
VUMERITY CAP	QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
VYZULTA SOLN	QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost
WINLEVI CREAM	QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin
XACIATO GEL	QL= 25 grams/30 days; Trial of 2: metronidazole gel, clindamycin vaginal cream ANI trial of 1: metronid tab or clinda cap
XADAGO TAB	QL= 30 tabs/30 days; Step therapy requires trial of of carbidopa/levodopa
XALATAN OPHTH SOLN	Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost
XCOPRI PAK 100-150MG	QL= 1 pack/28 days; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI PAK 150-200MG	QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI PAK 50-200MG	QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
XCOPRI TITRATION PAK 12.5-25MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI TITRATION PAK 150-200MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI TITRATION PAK 50-100MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
XELPROS OPHTH EMULSION	Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost
XELSTRYM PAD	QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
XERMELO TAB	QL= 3 tabs/day; Step Therapy requires trial of octreotide inj; Only available through Biologics 800-850-4306
XIIDRA OPHTH SOLN	QL= 60ml/30days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis)
XTAMPZA ER CAP 13.5MG	QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 18MG	QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 27MG	QL= 4 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 36MG	QL= 8 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 9MG	QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab
XULTOPHY INJ	QL= 15ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMF
YUPELRI SOLN	QL= 90ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER 2.5MCG/ACT
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
zenzedi tab 10mg	QL= 3 tabs/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ZENZEDI TAB 2.5MG	QL= 3 tabs/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
zenzedi tab 5mg	QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ZENZEDI TAB 7.5MG	QL= 3 tabs/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ZIANA GEL	QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin
ZILXI FOAM	QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ZIMHI SOLN	QL= 2 syringes/fill, 2 fills/30 days; Step therapy requires trial of 2: naloxone nasal spray, naloxone inj
ZIOPTAN OPHTH SOLN	QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost
ZITUVIO TAB	QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue
ZOHYDRO ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
zolmitriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of 2: sumatriptan tab, naratriptan tab, rizatriptan tab or ODT
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
ZUPLENZ SL FILM	Step Therapy requires trial of ondansetron
ZYCLARA CREAM 2.5%	QL= 7.5gm/28 days; Step Therapy requires trial of imiquimod cream
ZYPITAMAG TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin

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Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/plan year)	Preventive
CHANTIX PAK(Limited to 180 days/plan year)	Preventive
CHANTIX TAB(Limited to 180 days/plan year)	Preventive
NICODERM PATCH(Limited to 180 days/plan year)	Preventive
NICORETTE GUM(Limited to 180 days/plan year)	Preventive
NICORETTE LOZENGE(Limited to 180 days/plan year)	Preventive
nicotine gum(Limited to 180 days/plan year)	Preventive
NICOTINE KIT(Limited to 180 days/plan year)	Preventive
nicotine lozenge(Limited to 180 days/plan year)	Preventive
nicotine patch(Limited to 180 days/plan year)	Preventive
NICOTROL INHALER(Limited to 180 days/plan year)	Preventive
NICOTROL NASAL SPRAY(Limited to 180 days/plan year)	Preventive
varenicline tartrate tab(Limited to 180 days/plan year)	Preventive
varenicline tartrate tab start pack(Limited to 180 days/plan year)	Preventive
ZYBAN TAB(Limited to 180 days/plan year)	Preventive

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
abacavir soln	QL= 960ml/30 days
abacavir tab	QL= 2 tabs/day
abacavir/lamivudine tab	QL= 1 tab/day
abacavir/lamivudine/zidovudine tab	QL= 2 tabs/day
ABILIFY MYCITE PACK	QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics
ABILIFY MYCITE TAB	QL= 1 tab/day; Step Therapy requires trial of 2 preferred antipsychotics
ABILIFY TAB	QL= 1 tab/day
abiraterone acetate tab 500mg	QL= 2 tabs/day
abiraterone tab 250mg	QL= 4 tabs/day
ABRILADA INJ	QL= 2 syringes/28 days
ABRYSVO INJ	QL= 1 inj/fill, 1 fill/lifetime
ABSORICA LD CAP	QL= 2 caps/day
ABSTRAL SL TAB	QL= 120 tabs/30 days
ACETAMINOPHEN/CAFFEINE/DIHYDROC ODEINE TAB	QL= 10 tabs/day
ACTEMRA ACTPEN INJ	QL= 2 inj/28 days
ACTEMRA SC INJ	QL= 2 inj/28 days
ACTICLATE TAB	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
ACTINEL LIQUID	QL= 1200ml/30 days
ACTINEL PEDIATRIC LIQUID	QL= 2400ml/30 days
ACTIQ LOZENGE	QL= 120 lozenges/30 days
ACTONEL TAB 150MG	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
ACTONEL TAB 30MG	QL= 1 tab/day
ACTONEL TAB 35MG	QL= 4 tabs/28 days
ACTONEL TAB 5MG	QL= 1 tab/day
ACZONE GEL 5%	QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide
ACZONE GEL 7.5%	QL= 60 grams/30 days; Step Therapy requires trial of clindamycin, clindamycin/tretinoin, or sodium sulfacetamide
ADALIMUMAB-ADAZ INJ 40MG/0.4ML, HYRIMOZ INJ 40MG/0.4ML	QL= 2 inj/28 days
adapalene cream	QL= 360g/30 days
adapalene gel 0.3%	QL= 360g/30 days
ADAPALENE SOLN	QL= 360mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream
ADBRY INJ	QL= 4 syringes/28 days
ADDERALL TAB	QL= 2 tabs/day
ADDERALL XR CAP 10MG	QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamir ER cap
ADDERALL XR CAP 15MG	QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamir ER cap
ADDERALL XR CAP 20MG	QL= 240 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamir ER cap

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ADDERALL XR CAP 30MG	QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamir ER cap
ADDERALL XR CAP 5MG	QL= 120 caps/30 days; Step therapy requires trial of dextroamphetamine/amphetamir ER cap
adefovir dipivoxil tab	QL= 1 tab/day
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 800-803-2523
ADHANSIA XR CAP 25MG	QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
ADHANSIA XR CAP 35MG	QL= 120 caps/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
ADHANSIA XR, JORNAY PM	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
ADLARITY PATCH	QL= 1 patch/7 days; Step therapy requires trial of donepezil tab OR donepezil ODT
ADLYXIN INJ	QL= 6ml/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnosis Restricted – Type 2 Diabetes (E11)
ADMELOG INJ, INSULIN LISPRO INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
ADVAIR DISKUS INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR HFA, DULERA, BREO ELLIPTA and fluticasone/salmeterol, wixela
ADVAIR HFA INHALER	QL= 1 inhaler/30 days
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
ADVIL COLD/ TAB SINUS	QL= 240 tabs/30 days
ADZENYS ER SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ADZENYS XR TAB	QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
AEMCOLO TAB	QL= 12 tabs/fill, 2 fills/month
AEROCHAMBER	QL= 1 device/365 days
AFINITOR DISPERZ TAB	QL= 1 tab/day; Step therapy requires trial of everolimus tab for oral susp
AFINITOR TAB	QL= 1 tab/day; Step therapy requires trial of everolimus tab
AFREZZA INH POWDER	QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
AGAMREE SUSP	QL= 225ml/30 days; Only available through AnovoRx 844-288-5007
AIMOVIG INJ	QL= 1 pack/28 days
AIRDUO POWDER INHALER W/SENSOR	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR HFA, DULERA, BREO ELLIPTA and fluticasone/salmeterol, wixela
AIRDUO RESPICLICK	QL= 1 inhaler/30 days, Step Therapy requires trial of ADVAIR HFA, DULERA, BREO ELLIPTA and fluticasone/salmeterol, wixela
AJOVY INJ	QL= 1 inj/28 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
AKEEGA TAB	QL= 60 tablets/30 days; Only available through Onco360 877-662-6633
AKLIEF CREAM	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
AKYNZEO CAP	QL= 1 cap/28 days; Step Therapy requires trial of aprepitant, granisetron, or ondansetron
albuterol HFA inhaler	QL= 2 inhalers/30 days
ALDARA CREAM 5%	QL= 24gm/30 days
ALECENSA CAP	QL= 8 caps/day
alendronate sodium oral soln	QL= 300ml/28 days
ALINIA SUSP	QL= 60ml/fill, 2 fills/month
ALINIA TAB	QL= 6 tabs/fill, 2 fills/month
ALLOPURINOL TAB	QL= 4 tabs/day; Step requires a trial of allopurinol 100mg and 300mg tabs
ALLZITAL TAB	QL= 12 tabs/day
almotriptan tab	QL= 12 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
ALOGLIPTIN TAB	QL= 1 tab/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto
ALOGLIPTIN TAB, NESINA TAB	QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
ALOGLIPTIN/METFORMIN TAB	QL= 2 tabs/day; Step therapy requires trial of metformin AND Tradjenta OR jentadueto
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue
ALOGLIPTIN/PIOGLITAZONE TAB	QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjen OR Jentadueto
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin OR pioglitazone AND Tradjen OR Jentadueto
ALORA PATCH	QL= 8 patches/28 days
ALREX OPHTH SUSP 0.2%	QL= 5ml/30 days
ALSUMA INJ, ZEMBRACE SYMTOUCH IN	QL= 8 inj/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
ALTOPREV TAB	QL= 1 tab/day
ALTRENO LOTION	QL= 360g/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream
ALUNBRIG PAK	QL= 1 pack/365 days; Only available through Biologics 800-850-4306
ALUNBRIG TAB 30MG	QL= 4 tabs/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG, 180MG	QL= 1 tab/day; Only available through Biologics 800-850-4306
ALVESCO INHALER	QL= 12.2gm/30 days; Step Therapy requires trial of fluticasone diskus, fluticasone hfa ARNUITY ELLIPTA, and ASMANEX HFA
AMBIEN CR TAB	QL= 1 tab/day
AMBIEN TAB	QL= 1 tab/day
ambrisentan tab	QL= 1 tab/day
AMERGE TAB	QL= 9 tabs/30 days
AMITIZA CAP	QL= 60 caps/30 days; Step Therapy requires trial of TRULANCE or both MOVANTIK and SYMPROIC
AMJEVITA AUTO-INJECTOR	QL= 2 syringes/28 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
AMJEVITA INJ 10MG/0.2ML	QL= 2 syringes/28 days
AMJEVITA INJ 20MG/0.2ML	QL= 2 syringes/28 days
AMJEVITA INJ 40MG/0.4ML	QL= 2 syringes/28 days
AMJEVITA INJ 80MG/0.8ML	QL= 2 syringes/28 days
AMJEVITA SYRINGE 20MG/0.4ML	QL= 2 syringes/28 days
AMJEVITA SYRINGE 40MG/0.8ML	QL= 2 syringes/28 days
amlodipine/atorvastatin tab	QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin)
amlodipine/valsartan/hydrochlorothiazide ta	QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ
amoxapine tab	QL= 4 tabs/day
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP	QL= 240ml/30 days; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
amphetamine tab	QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine
amphetamine/dextroamphetamine tab 10mg	QL= 180 tabs/30 days
amphetamine/dextroamphetamine tab 12.5mg	QL= 150 tabs/30 days
amphetamine/dextroamphetamine tab 15mg	QL= 120 tabs/30 days
amphetamine/dextroamphetamine tab 20mg	QL= 90 tabs/30 days
amphetamine/dextroamphetamine tab 30mg	QL= 60 tabs/30 days
amphetamine/dextroamphetamine tab 5mg	QL= 360 tabs/30 days
amphetamine/dextroamphetamine tab 7.5mg	QL= 240 tabs/30 days
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
AMRIX CAP	QL= 30 caps/30 days; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER
AMZEEQ FOAM	QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
ANDRODERM PATCH	QL= 1 patch/day
ANDROGEL 1% 25MG	QL= 150gm/30 days
ANDROGEL 1% 50MG/5GM	QL= 300gm/30 days
ANDROGEL 1.62% 1.25GM	QL= 2 packets/day
ANDROGEL 1.62% 2.5GM	QL= 2 packets/day
ANDROGEL PUMP 1%	QL= 300gm/30 days
ANDROGEL PUMP 1.62%	QL= 150gm/30 days
ANORO ELLIPTA INHALER	QL= 60gm/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
ANTARA CAP 90MG, FENOFIBRATE MICRONIZED CAP 90MG	QL= 1 cap/day; Step therapy requires trial of 2: fenofibrate tab (TRICOR) 48mg, 54mg 145mg, 160mg, fenofibrate cap (ANTARA) 43mg, 130mg, or fenofibrate cap (LOFIBR 67mg, 134mg, 200mg
ANZEMET TAB	QL= 1 tab/30 days; Step Therapy requires trial of ondansetron
APADAZ TAB	QL= 12 tabs/day
APIDRA INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
APIDRA SOLOSTAR INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
APLENZIN TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
APOKYN INJ	QL= 54ml/30 days; Only available through Accredo 800-803-2523
apomorphine inj	QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767
APRACLONIDIN OPHTH SOLN	QL= 5mL/30 days; Step therapy requires trial of 2: latanoprost, travoprost, brimonidine carteolol, levobunolol, timolol
aprepitant cap 125mg	QL= 1 cap/21 days; Step Therapy requires trial of ondansetron
aprepitant cap 40mg	QL= 1 cap/28 days; Step Therapy requires trial of ondansetron
aprepitant cap 80mg	QL= 2 caps/21 days; Step Therapy requires trial of ondansetron
aprepitant pak	QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron
APRISO CAP	QL= 4 caps/day
APTENSIO XR CAP 10MG	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 15MG	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 20MG	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 30MG	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 40MG	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 50MG	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
APTENSIO XR CAP 60MG	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
APTIOM TAB	QL= 1 tab/day
APTIVUS CAP	QL= 4 caps/day
APTIVUS SOLN	QL= 380ml/30 days
ARANESP INJ	QL= 4 syringes/30 days
ARAZLO LOTION	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
ARCALYST INJ	QL= 4 vials/21 days; Only available through Walgreens 888-347-3416

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
AREXVY INJ	QL= 1 inj/day, 1 fill/lifetime; Covered for members 60 years of age and older
arformoterol tartrate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln
ARICEPT TAB 10MG	QL= 1 tab/day
ARICEPT TAB 23MG	QL= 1 tab/day
ARICEPT TAB 5MG	QL= 1 tab/day
ARIKAYCE SUSP	QL= 252ml/30days; Only available through Maxor Pharmacy 800-658-6046
aripiprazole ODT	QL= 2 tabs/day
aripiprazole soln	QL= 30 ml/day
armodafinil tab 150mg	QL= 1 tab/day
armodafinil tab 200mg	QL= 1 tab/day
armodafinil tab 250mg	QL= 1 tab/day
armodafinil tab 50mg	QL= 3 tabs/day
ARMONAIR DIGITAL INHALER 113MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of fluticasone diskus, fluticasone hfa, ARNUITY ELLIPTA, and ASMANEX HFA
ARMONAIR DIGITAL INHALER 232MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of fluticasone diskus, fluticasone hfa, ARNUITY ELLIPTA, and ASMANEX HFA
ARMONAIR DIGITAL INHALER 55MCG/AC	QL= 1 inhaler/30 days; Step Therapy requires trial of fluticasone diskus, fluticasone hfa, ARNUITY ELLIPTA, and ASMANEX HFA
ARNUITY ELLIPTA INHALER	QL= 1 inhaler/30 days
ARYMO ER TAB	QL= 3 tabs/day
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
ATELVIA TAB	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate
atomoxetine cap 100mg	QL= 1 cap/day
atomoxetine cap 10mg	QL= 2 caps/day
atomoxetine cap 18mg	QL= 2 caps/day
atomoxetine cap 25mg	QL= 2 caps/day
atomoxetine cap 40mg	QL= 2 caps/day
atomoxetine cap 60mg	QL= 1 cap/day
atomoxetine cap 80mg	QL= 1 cap/day
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
ATRALIN GEL, RETIN-A GEL	QL= 360g/30 days
ATRIPLA TAB	QL= 1 tab/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
atropine ophth soln	QL= 1 bottle/30 days
ATROPINE SUL SOLN 1% OPHTH	
ATROVENT HFA INHALER	QL= 25.8gm/30 days
AUBAGIO TAB	QL= 30 tabs/30 days
AURYXIA TAB	QL= 12 tabs/day; Step Therapy requires trial of sevelamer followed by lanthanum for anemia: oral iron (OTC)
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 12MG	QL= 90 tabs/30 days
AUSTEDO XR TAB 24MG	QL= 60 tabs/30 days
AUSTEDO XR TAB 6MG	QL= 210 tabs/30 days
AUSTEDO XR TAB TITRATION KIT	QL= 1 pack/fill, 1 fill/plan year
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
AVONEX INJ	QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
AXERT TAB	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
AYVAKIT TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306
azathioprine tab 100mg	QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg
azathioprine tab 75mg	QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg
AZELEX CREAM	QL= 300g/30 days; ST req trial of 2: adapalene, tretinoin, clindamycin, erythromycin, azelaic acid 15% gel
AZILECT TAB	QL= 1 tab/day
AZSTARYS CAP	QL= 30 caps/30 days
BACLOFEN SOLN	QL= 480ml/30 days; ST req trial of baclofen tabs and tizanidine caps/tabs (can be ope or crushed)
BACLOFEN SUSP	QL=16ml/day; Step therapy requires trial of baclofen tabs and tizanidine caps/tabs (ca be open or crushed)
BAFIERTAM CAP	QL= 120 caps/30 days; Only Available through Walgreens 888-347-3416
BALVERSA TAB 3MG	QL= 3 tabs/day
BALVERSA TAB 4MG	QL= 2 tabs/day
BALVERSA TAB 5MG	QL= 1 tab/day
BANZEL SUSP	QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
BANZEL TAB	QL= 8 tabs/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill, 2 fills/month
BARACLUDE SOLN	QL= 630ml/30 days
BARACLUDE TAB	QL= 1 tab/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
BASAGLAR INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo
BASAGLAR KWIKPEN	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo
BASAGLAR TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo
BAXDELA TAB	QL= 2 tabs/day
b-donna tab	QL= 8 tabs/day
BELSOMRA TAB	QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate
BENLYSTA AUTO-INJECTOR	QL= 4 inj/28 day
BENLYSTA INJ	QL= 4 inj/28 day
BERINERT INJ	QL= 20ml/30 days; Only available through Accredo 800-803-2523
BESREMI INJ	QL= 2 inj/28 days; Only available through Biologics by McKesson 800-850-4306
betaine powder for oral solution	QL= 540 grams/30 days; Only available through Walgreens 888-347-3416
BETASERON INJ	QL= 14 kits/28 days
BETAXOLOL OPHTH SOLN	QL= 5mL/30 days; Step therapy requires trial of carteolol, levobunolol, dorzolamide-timolol, timolol
BEVESPI AEROSPHERE INHALER	QL= 10.7gm/30 days; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER
BEVYXXA CAP	QL= 43 caps/42 days
BEXAGLIFLOZN TAB	QL= 30 tabs/30 days; ST req trial of 2: farxiga tab, xigduo xr tab, Jardiance tab, synjardy tab, or synjardy xr tab
bexarotene gel	QL= 60g/30 days
BIDIL TAB	QL= 6 tabs/day
BIKTARVY TAB	QL= 1 tab/day
bimatoprost ophth soln	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln
BIMZELX INJ	QL= 2 inj/28 days
BINOSTO TAB	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate and ibandronate
bosentan tab	QL= 2 tabs/day; Only available through Lumicera 855-847-3553
BOSULIF CAP	QL= 5 caps/day; Only available through Walgreens 888-347-3416
BRAFTOVI CAP 75MG	QL= 6 caps/day; Only available through Optum 877-445-6874
BREO ELLIPTA INHALER	QL= 1 inhaler/30 days
BREXAFEMME TAB	QL= 4 tabs/day, 2 fills/month; Step therapy requires trial of oral fluconazole
BREZTRI AEROSPHERE INHALER	QL= 1 inhaler/30 days
BRILINTA TAB	QL= 2 tabs/day
brimonidine tartrate-timolol maleate ophth soln	QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate
BRISDELLE CAP	QL= 1 cap/day
BRIVIACT SOLN 10MG/ML	QL= 600ml/30 days
BRIVIACT TAB	QL= 2 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
bromfenac sodium ophth soln 0.07%	QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
BRONCHITOL CAP	QL= 560 caps/28 days; ST req trial of hypertonic saline; Diagnosis Restricted – Cystic Fibrosis (E84)
BROVANA NEB SOLN	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln
BRUKINSA CAP	QL= 4 caps/day
budesonide inh susp 0.25mg/2ml, 0.5mg/2ml	QL= 120 units/30 days
budesonide inh susp 1mg/2ml	QL= 60 units/30 days
budesonide rectal foam	QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema
budesonide/formoterol inhaler	QL= 10.3 g/30 days; ST requires trial of 3: ADVAIR HFA, DULERA INHALER, BREO ELLIPTA INHALER and trial of 1: fluticasone/salmeterol inhaler or wixela
bupropion SR tab	Limited to 180 days/plan year
butalbital/acetaminophen tab	QL= 6 tabs/day
butorphanol nasal spray	QL= 5ml/30 days
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ	QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ	QL= 4 inj/28 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnosis Restricted – Type 2 Diabetes (E11)
BYETTA INJ	QL= 1 pen/30 days; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnosis Restricted – Type 2 Diabetes (E11)
BYSTOLIC TAB	QL= 1 tab/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol
BYSTOLIC TAB 20MG	QL= 2 tabs/day; Step therapy requires 2: carvedilol tab, atenolol tab, metoprolol tab, bisoprolol tab OR acebutolol cap
CABLIVI INJ KIT	QL= 1 vial/day; Only available through Biologics 800-850-4306
CABOMETYX TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
CADUET TAB	QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin)
CAFERGOT TAB	QL= 40 tabs/28 days
CALCIPOTRIENE FOAM	QL= 60gm/30 days; Step therapy requires trial of calcipotriene soln
CALCIPOTRIENE FOAM, SORILUX FOAM	QL= 60gm/30 days; Step Therapy requires trial of calcipotriene soln
CALCIPOTRIENE/ BETAMETHASONE SUSP	QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene
calcipotriene-betamethasone dipropionate susp	QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene
CALQUENCE CAP	QL= 2 caps/day
CALQUENCE TAB	QL= 2 tabs/day
CAMBIA POWDER	QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
CAMZYOS CAP	QL= 1 cap/day; Only available through AllianceRx Walgreens Prime 855-244-2555
CANASA SUPP	QL= 1 tab/day
CAPLYTA CAP	QL= 1 cap/day; Step therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, clozapine
CAPMIST DM TAB	QL= 4 tabs/day
carbidopa-levodopa-entacapone tab 12.5-50-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 18.75-75-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 25-100-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 31.25-125-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 37.5-150-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 50-200-200mg	QL= 6 tabs/day
CARBINOXAMINE SOLN	QL= 40ml/day
carbinoxamine tab	QL= 240 tabs/30 days
carisoprodol tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
CAROSPIR SUSP	QL= 600ml/30 days; ST req trial of furosemide oral soln
CELONTIN CAP	QL= 4 caps/day; ST requires trial of ethosuximide tab/soln
cephalexin cap 750mg	QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexi 500mg tab/cap
CEQUR SIMPLICITY 2U	QL= 10 patches/30 days
CEQUR SIMPLICITY INSERTER	QL= 1 inserter/lifetime
CHANTIX PAK	Limited to 180 days/plan year
CHANTIX TAB	Limited to 180 days/plan year
CHLORPROMAZINE CONC	QL= 800ml/30 days
CHLORPROMAZINE CONC 100MG/ML	QL= 2000ml/30 days
CHLORPROMAZINE CONC 30MG/ML	QL= 600ml/30 days
chlorzoxazone tab	QL= 4 tabs/day
chlorzoxazone tab 375mg	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
CIALIS TAB	QL= 1 tab/day; Prior Authorization for BPH
CIBINQO TAB	QL= 1 tab/day
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA STARTER INJ KIT	QL= 1 kit/plan year
cinacalcet tab 30mg	QL= 2 tabs/day
cinacalcet tab 60mg	QL= 2 tabs/day
cinacalcet tab 90mg	QL= 4 tabs/day
CINQAIR INJ	QL= 4 vials/28 days; Only available through Walgreens 888-347-3416

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
CLEOCIN VAGINAL SUPP	QL= 3 suppositories/fill
CLEOCIN-T GEL	QL= 360g/30 days
CLIMARA PATCH	QL= 4 patches/28 days
clindamycin foam	QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
clindamycin vaginal cream	QL= 1 tube/fill
clindamycin/tretinoin gel	QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial o 1: clindamycin or erythromycin
CLINDESSE VAGINAL CREAM	QL= 1 applicator/fill
clobazam susp	QL= 480ml/30 days
clocortolone pivalate cream	QL= 1 tube/30 days; Step therapy requires trial of one preferred topical steroid
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
CLOZARIL TAB	QL= 3 tabs/day
CODITUSSIN LIQUID DAC	QL= 1200ml/30 days
colchicine cap	QL= 4 caps/day
colchicine tab	QL= 4 tabs/day
COLCRYS TAB	QL= 4 tabs/day
cold/allergy elx children	QL= 2400ml/30 days
COMBIGAN OPHTH SOLN	QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate
COMBIVENT RESPIMAT INHALER	QL= 2 inhalers/30 days
COMBIVIR TAB	QL= 2 tabs/day
COMPLERA TAB	QL= 1 tab/day
CONCERTA TAB 18MG	QL= 1 tab/day
CONCERTA TAB 27MG	QL= 1 tab/day
CONCERTA TAB 36MG	QL= 1 tabs/day
CONCERTA TAB 54MG	QL= 1 tab/day
CONDYLOX GEL	QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream
CONJUPRI TAB, LEVAMLODIPINE TAB	QL= 1 tab/day; Step therapy requires trial of 2: nifedipine IR/ER, felodipine ER, nicardipine, isradipine, amlodipine
CONSENSI TAB	QL= 30 tabs/30 days; Step Therapy requires trial of amlodipine and celecoxib
CONTOUR BLOOD GLUCOSE TEST STRI	QL= 300 strips/30 days
CONTOUR TEST STRIP	QL= 300 test strips/30 days
COPAXONE INJ 20MG/ML	QL= 30 syringes/30 days
COPAXONE INJ 40MG/ML	QL= 12 syringes/28 days
COPIKTRA CAP	QL= 2 caps/day; Only available through Optum 877-445-6874

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
COSENTYX INJ (1-PACK)	QL= 1 inj/28 days
COSENTYX INJ (2-PACK)	QL= 2 inj/56 days
COSENTYX INJ 300MG/2ML	QL= 1 inj/28 days
COTELLIC TAB	QL= 3 tabs/day
COTEMPLA XR ODT 17.3MG	QL= 1 tab/day
COTEMPLA XR ODT 25.9MG	QL= 2 tabs/day
COTEMPLA XR ODT 8.6MG	QL= 1 tab/day
COVID-19 VACCINE BIVALENT BOOSTEF INJ (MODERNA)	QL=1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF INJ (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF INJ 5-11Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF INJ 6M-4Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF INJ 6M-5Y (MODERNA)	QL= 1 inj/fill
COVID-19 VACCINE INJ (JANSSEN)	QL= 1 dose/45 days
COVID-19 VACCINE INJ (NOVAVAX)	QL= 1 dose/17 days
COXANTO CAP	QL= 180 caps/30 days; ST req trial of generic oxaprozin 600mg AND 2 addl NSAID (e.g., diclofenac, etodolac, sulindac)
CRESEMBA CAP 186MG	QL= 72 caps/30 days; Step therapy requires trial of voriconazole and posaconazole
CRESEMBA CAP 74.5MG	QL= 180 caps/30 days; Step therapy requires trial of two: voriconazole and posaconazole
CRESTOR TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin tab or rosuvastatin tab
CUE HEALTH MIS MONITOR	QL= 1 kit/year
CUTAQUIG INJ	QL= 576ml/28 days; Only available through CVS Specialty 800-237-2767
CUVPOSA SOLN	QL= 9ml/day
CUVRIOR TAB	QL= 10 tabs/day; ST req trial of generic penicillamine tab and then trial of generic trientine 250mg cap
cyclobenzaprine ER cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine methocarbamol, or orphenadrine ER
cyclosporine ophth emulsion	QL= 60 vials/30 days
CYLTEZO AUTO-INJECTOR	QL= 2 inj/28 days
CYLTEZO INJ 10MG/0.2ML	QL= 2 inj/28 days
CYLTEZO INJ 20MG/0.4ML	QL= 2 inj/28 days
CYLTEZO INJ 40MG/0.8ML	QL= 2 inj/28 days
CYLTEZO INJ CROHNS	QL= 1 pack/fill, 1 fill/year
CYLTEZO INJ PSORIASIS	QL= 1 pack/fill, 1 fill/year
CYMBALTA CAP 20MG	QL= 6 caps/day
CYMBALTA CAP 30MG	QL= 4 caps/day
CYMBALTA CAP 60MG	QL= 2 caps/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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 (20mL)/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Anovo Specialty Pharmacy 844-288-5007
CYSTAGON CAP 50MG	QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04)
CYSTARAN OPHTH SOLN	QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416
D.H.E. INJ	QL= 24ml/28 days
dabigatran etexilate mesylate cap	QL= 2 caps/day
DALIRESP TAB	QL= 1 tab/day
danazol cap	QL= 4 caps/day
DANTRIUM CAP	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
dantrolene cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
dapsone gel	QL= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
DARAPRIM TAB	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
DARTISLA ODT TAB	QL= 4 tabs/day, Step therapy requires trial of glycopyrrolate tab or glycopyrrolate solution
darunavir tab 600mg	QL= 2 tabs/day
darunavir tab 800mg	QL= 1 tab/day
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
DAYTRANA PATCH	QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER methylphen ER 27/36/54 (non-OSM)
DAYVIGO TAB	QL= 1 tab/day; Step therapy requires trial of 2: zolpidem tab, zolpidem ER, eszopiclone tab, zaleplon cap AND trial of 1: trazodone, doxepin cap, doxepin concentrate
DEGLUDEC FLEXTOUCH INJ 100 UNIT	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo
DEGLUDEC FLEXTOUCH INJ 200 UNIT	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo
DEGLUDEC INJ 100 UNIT	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo
DELZICOL CAP	QL= 6 caps/day
DEMEROL TAB	QL= 6 tabs/day
DEMSER CAP	QL= 448 caps/28 days
DENAVIR CREAM	QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB
DEPEN TITRATAB	QL= 16 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
DEPO-PROVERA INJ	QL= 1 inj/84 days
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/84 days
DEPO-TESTOSTERONE INJ	QL= 4 vials/28 days
DERMACINRX KIT	QL= 1 kit/30 days
dermawerx pak	QL= 1 kit/30 days
DESCOVY TAB	QL= 1 tab/day
DESOXYN TAB	QL= 5 tabs/day; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine
desvenlafaxine ER tab	QL= 1 tab/day
DEXAMETHASONE TAB 20MG	QL= 8 tabs/30 days
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Step therapy requires trial of one insulin product
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Step therapy requires trial of one insulin product
DEXEDRINE CAP 10MG	QL= 120 caps/30 days
DEXEDRINE CAP 15MG	QL= 4 caps/day
DEXEDRINE CAP 5MG	QL= 2 caps/day
DEXILANT DR CAP	Covered for members age 17 or younger; QL= 1 cap/day
dexlansoprazole DR cap	Covered for members age 17 or younger; QL=1 cap/day; Step therapy requires trial of all: omeprazole, esomeprazole, lansoprazole cap, rabeprazole, and pantoprazole tab
dexmethylphenidate ER cap	QL= 1 cap/day
dexmethylphenidate tab 10mg	QL= 60 tabs/30 days
dexmethylphenidate tab 2.5mg	QL= 240 tabs/30 days
dexmethylphenidate tab 5mg	QL= 120 tabs/30 days
dextroamphetamine 5mg tab	QL= 180 tabs/30 days
dextroamphetamine ER cap 10mg	QL= 2 caps/day
dextroamphetamine ER cap 15mg	QL= 4 caps/day
dextroamphetamine ER cap 5mg	QL= 2 caps/day
dextroamphetamine soln	QL= 1800ml/30 days
dextroamphetamine sulfate tab 15mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 2.5mg	QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
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 dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
dextroamphetamine tab 10mg	QL= 6 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
DHIVY TAB	QL= 8 tabs/day; Step therapy requires trial of carbidopa-levodopa tab/ODT or carbidopa-levodopa ER tab
DIASTAT ACDL GEL	QL= 1 pack/30 days
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	QL= 1 kit/30 days
DIAZEPAM GEL 2.5MG	QL= 1 kit/30 days
diazepam oral soln	QL= 360ml/30 days
diazepam rectal gel	QL= 1 pack/30 days
dichlorphenamide tab	QL= 4 tabs/day
DICLEGIS TAB	QL= 120 tabs/30 days
diclofenac gel	QL= 100gm/fill, 2 fills/month
DICLOFENAC PATCH, FLECTOR PATCH	QL= 60 patches/30 days
diclofenac potassium (migraine) packet	QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan)
diclofenac potassium cap	QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets
diclofenac potassium tab	QL= 4 tabs/day
diclofenac potassium tab 25mg	QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets
didanosine DR cap	QL= 1 cap/day
DIFFERIN CREAM	QL= 360g/30 days
DIFFERIN GEL	QL= 360g/30 days
DIFFERIN LOTION	QL= 472mL/30 days; ST req trial of adapalene 0.1% cream, adapalene 0.3% gel or tretinoin 0.025%, 0.05%, 0.1% gel/cream
DIFICID SUSP	QL= 136 mL/30 days
DIFICID TAB	QL= 20 tabs/30 days
difluprednate ophth emulsion	QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp
digoxin tab 62.5mcg	QL= 1 tab/day
dihydroergotamine mesylate inj	QL= 24ml/28 days
dihydroergotamine mesylate nasal spray	QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan
dimethyl fumarate DR cap	QL= 60 caps/30 days
dimethyl fumarate DR starter pack	QL= 60 caps/30 days
DIVIGEL GEL	QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
DIVIGEL GEL 1.25MG/1.25GM	QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
DOLOPHINE TAB 10MG	QL= 4 tabs/day
DOLOPHINE TAB 5MG	QL= 8 tabs/day
donepezil tab 10mg	QL= 1 tab/day
donepezil tab 23mg	QL= 1 tab/day
donepezil tab 5mg	QL= 1 tab/day
DONNATAL ELIXIR	QL= 1200ml/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
DONNATAL TAB	QL= 8 tabs/day
DOPTELET TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
DORYX MPC TAB	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate followed by generic doxycycline hyclate DR
DORYX TAB 50MG	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxepin cap	QL= 2 tabs/day
doxepin tab	QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpiden zolpidem ER tab, or zolpidem SL
DOXYCYCLINE CAP, ORACEA CAP	QL= 1 cap/day; Step Therapy requires trial of doxycycline hyclate, doxycycline hyclate DR, or doxycycline monohydrate
doxycycline hyclate cap	QL= 2 caps/day
doxycycline hyclate cap 50mg	QL= 2 caps/day
doxycycline hyclate DR tab	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 100mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 200mg	QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 50mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 75mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate tab	QL= 2 tabs/day
doxycycline hyclate tab 150mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxycycline hyclate tab 75mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxycycline monohydrate cap	QL= 2 caps/day
doxycycline monohydrate tab	QL= 2 tabs/day
doxycycline monohydrate tab 150mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxylamine/pyridoxine dr tab	QL= 120 tabs/30 days
dronabinol cap	QL= 2 caps/day
DUAKLIR INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of ANORO ELLIPTA INHALER or STIOLTO INHALER
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
DURAGESIC PATCH	QL=15 patches/30 days
DUREZOL OPHTH EMULSION	QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp
DUTOPROL TAB	QL= 1 tab/day; Step Therapy requires trial of 2 beta blockers
DUZALLO TAB	QL= 1 tab/day
DYANAVEL XR CHEW 10MG	QL= 2 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
DYANAVEL XR CHEW 15MG	QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
DYANAVEL XR CHEW 20MG	QL= 1 tab/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
DYANAVEL XR CHEW 5MG	QL= 4 tabs/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
EDLUAR SL TAB	QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL
EDURANT TAB	QL= 1 tab/day
efavirenz/emtricitabine/tenofovir df tab	QL= 1 tab/day
EFFIENT TAB	QL= 1 tab/day
ELEPSIA XR TAB 1000MG	QL= 90 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab
ELEPSIA XR TAB 1500MG	QL= 60 tabs/30 days; Step Therapy requires trial of levetiracetam ER tab
eletriptan tab	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
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
ELYXYB SOLN	QL= 43.2ml/30 days; Step Therapy requires trial of 2: celecoxib cap, diclofenac potassium 50mg tab, diclofenac sodium IR, XR, EC tab, etodolac IR/ER cap/tab, meloxicam tab, sumatriptan tab, naratriptan tab, rizatriptan tab/ODT, naproxen suspension
EMEND CAP 125MG	QL= 1 cap/21 days; Step Therapy requires trial of ondansetron
EMEND CAP 40MG	QL= 1 cap/28 days; Step Therapy requires trial of ondansetron
EMEND CAP 80MG	QL= 2 caps/21 days; Step Therapy requires trial of ondansetron
EMEND PAK	QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron
EMEND SUSP	QL= 3 doses/fill, 2 fills/month
EMGALITY INJ	QL= 1 inj/28 days
EMGALITY INJ 100MG/ML	QL= 3 inj/fill, 6 fills/year
EMPAVELI INJ	QL= 160ml/28 days; Only available through PantherRx Pharmacy 855-726-8479
emtricitabine cap	QL= 1 cap/day
emtricitabine/tenofovir disoproxil fumarate tab	QL= 30 tabs/30 days
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg	QL= 30 tabs/30 days
EMTRIVA CAP	QL= 1 cap/day
EMTRIVA SOLN	QL= 850ml/30 days
enalapril maleate oral soln	QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab
ENBREL INJ	QL= 8 inj/28 days
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
ENSPRYNG INJ	QL= 1 inj/28 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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 TAB	QL= 2 tabs/day
ENTYVIO INJ	QL= 1.36ml/28 days; Only available through Optum 877-445-6874
EPANED SOLN	QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab
EPCLUSA PAK	QL= 1 packet/day
EPCLUSA TAB	QL= 1 tab/day
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
EPIVIR HBV TAB	QL= 1 tab/day
EPIVIR SOLN	QL= 960ml/30 days
EPIVIR TAB 150MG	QL= 2 tabs/day
EPIVIR TAB 300MG	QL= 1 tab/day
EPOGEN INJ	QL= 12 vials/30 days; ST req trial of Retacrit OR Aranesp
EPRONTIA SOLN	QL= 473ml/30 days; Step therapy requires trial of topiramate sprinkle caps
EPZICOM TAB	QL= 1 tab/day
ergotamine/caffeine tab	QL= 40 tabs/28 days
ERIVEDGE CAP	QL= 1 cap/day
ERLEADA TAB	QL= 4 tabs/day
ERLEADA TAB 240MG	QL= 1 tab/day
erlotinib tab 100mg	QL= 3 tabs/day
erlotinib tab 150mg	QL= 3 tabs/day
erlotinib tab 25mg	QL= 3 tabs/day
ERMEZA SOLN 150MCG/5ML	QL= 10ml/day; Step therapy requires trial of levothyroxine tab
ESBRIET CAP	QL= 3 caps/day
ESBRIET TAB 267MG	QL= 9 tabs/day
ESBRIET TAB 801MG	QL= 3 tabs/day
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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
EVEKEO ODT	QL= 60 tabs/30 days; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
everolimus tab	QL= 1 tab/day
everolimus tab for oral susp	QL= 1 tab/day
EVISTA TAB	QL= 1 tab/day
EVOCLIN FOAM	QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
EVOTAZ TAB	QL= 1 tab/day
EVRYSDI SOLN	QL= 240 ml/30 days; Only available through Accredo 800-803-2523
EXALGO TAB 12MG	QL= 1 tab/day
EXALGO TAB 16MG	QL= 1 tab/day
EXALGO TAB 32MG	QL= 2 tabs/day
EXALGO TAB 8MG	QL= 1 tab/day
EXELON PATCH	QL= 1 patch/day
EXFORGE HCT TAB	QL= 1 tab/day; Step therapy requires trial of 2: valsartan/HCTZ tab and amlodipine tal
EXKIVITY CAP	QL= 120 tabs/30 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
EXSERVAN FILM	QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479
EXTAVIA INJ	QL= 14 kits/28 days
EZALLOR SPRINKLE CAP	QL= 1 cap/day; Step Therapy requires trial of 2: atorvastatin, rosuvastatin, or simvastatin
ezetimibe tab	QL= 1 tab/day
EZETIMIBE/ATORVASTATIN TAB	QL= 1 tab/day; Step therapy requires trial of atorvastatin and ezetimibe
ezetimibe/simvastatin tab	QL= 1 tab/day
FABIOR AEROSOL FOAM	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
famciclovir tab 125mg	QL= 2 tabs/day
famciclovir tab 250mg	QL= 2 tabs/day
famciclovir tab 500mg	QL= 21 tabs/fill, 2 fills/month
FANAPT TAB	QL= 2 tabs/day
FANAPT TITRATION PACK	QL= 1 pack/plan year
FARXIGA TAB	QL= 1 tab/day
FASENRA INJ	QL= 1 syringe/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
FASENRA PEN INJ	QL= 1 pen/56 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
FAZACLO ODT 12.5MG, 25MG, 100MG	QL= 3 tabs/day
febuxostat tab	QL= 1 tab/day
felbamate susp	QL= 30ml/day
felbamate tab 400mg	QL= 9 tabs/day
felbamate tab 600mg	QL= 6 tabs/day
FELBATOL SUSP	QL= 30ml/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FELBATOL TAB 400MG	QL= 9 tabs/day
FELBATOL TAB 600MG	QL= 6 tabs/day
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)
fenoprofen calcium cap	QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
fentanyl citrate lollipop	QL= 120 lozenges/30 days
fentanyl patch	QL=15 patches/30 days
FENTORA TAB, FENTANYL BUCCAL TAB	QL= 120 tabs/30 days
fesoterodine fumarate er tab	QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin tab/syrup/ER tab, tolterodine tab/SR cap, trospium tab/SR cap
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
fingolimod hcl cap	QL= 30 caps/30 days
FINTEPLA SOLN	QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
FIRAZYR INJ	QL= 36ml/30 days
FIRDAPSE TAB	QL= 8 tabs/day; Only available through AnovoRx 844-288-5007
FIRVANQ SOLN 25MG/ML	QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin via for compounded oral solution
FIRVANQ SOLN 50MG/ML	QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin via for compounded oral solution
FLEQSUVY SUSP	QL= 16ml/day; Step therapy requires trial of baclofen tab and tizanidine tab
FLOLIPID SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
FLOVENT DISK AER 100MCG	QL= 2 inhalers/30 days
FLOVENT DISK AER 250MCG	QL= 2 inhalers/30 days
FLOVENT DISK AER 50MCG	QL= 2 inhalers/30 days
FLOVENT DISKUS INHALER, FLUTICASONE DISKUS INHALER	QL= 2 inhalers/30 days
FLOVENT HFA INHALER 110MCG	QL= 1 inhaler/30 days
FLOVENT HFA INHALER 110MCG, FLUTICASONE HFA INHALER 110MCG	QL= 1 inhaler/30 days
FLOVENT HFA INHALER 220MCG	QL= 2 inhalers/30 days
FLOVENT HFA INHALER 220MCG, FLUTICASONE HFA INHALER 220MCG	QL= 2 inhalers/30 days
FLOVENT HFA INHALER 44MCG	QL= 2 inhalers/30 days
FLOVENT HFA INHALER 44MCG, FLUTICASONE HFA INHALER 44MCG	QL= 2 inhalers/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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 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
FLUTICASONE/VILANTEROL INHALER	QL= 1 inhaler/30 days
FLUTICASONE-SALMETEROL INHALER	QL= 1 inhaler/30 days
fluvastatin cap	QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay
fluvastatin ER tab	QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay
fluvoxamine ER cap	QL= 2 caps/day
FOCALIN TAB	QL= 2 tabs/day
FOCALIN XR CAP	QL= 1 cap/day
formoterol fumarate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln
FORTEO INJ 600MCG/2.4ML	QL= 2.4 units/28 days
FORTESTA GEL 2%	QL= 2 bottles/30 days
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
FRAGMIN INJ 10000	QL= 10ml/30 days
FRAGMIN INJ 12500	QL= 5ml/30 days
FRAGMIN INJ 15000	QL= 6ml/30 days
FRAGMIN INJ 18000	QL= 7.2ml/30 days
FRAGMIN INJ 2500	QL= 2ml/30 days
FRAGMIN INJ 5000	QL= 2ml/30 days
FRAGMIN INJ 7500	QL= 3ml/30 days
FRAGMIN INJ 95000	QL= 7.6ml/30 days
FREESTYLE INSULINX TEST STRIP	QL= 300 test strips/30 days
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days; Step therapy requires trial of one insulin product
FREESTYLE LIBRE 3 READER	QL= 1 receiver/1 year; Step Therapy requires trail 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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FREESTYLE PRECISION NEO TEST STRIP	QL= 300 test strips/30 days
FREESTYLE TEST STRIP	QL= 300 test strips/30 days
FREESTYLE TEST STRIPS	QL= 300 strips/30 days
FROVA TAB	QL= 10 tabs/30 days
frovatriptan tab	QL= 10 tabs/30 days
FULPHILA INJ	QL= 2 syringes/28 days
FUROSCIX KIT	QL= 8 kits/30 days; Step requires a trial of furosemide tabs or furosemide soln; Only available through BioMatrix Specialty Pharmacy 855-359-9679
FYCOMPA TAB	QL= 4 tabs/day
FYLNETRA INJ	QL= 2 syringes/28 days
gabapentin (once-daily) tab	QL= 2 tabs/day
GABITRIL TAB 12MG	QL= 4 tabs/day
GABITRIL TAB 16MG	QL= 3 tabs/day
GABITRIL TAB 2mg	QL= 4 tabs/day
GABITRIL TAB 4MG	QL= 4 tabs/day
GALAFOLD CAP	QL= 15 caps/30 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
galantamine ER cap	QL= 1 cap/day
galantamine tab	QL= 60 tabs/30 days
GAVILYTE-C SOLN	Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
GAVRETO CAP	QL= 120 caps/30 days
gefitinib tab	QL= 1 tab/day
GEMTESA TAB	QL= 30 tabs/30 days; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
GENOTROPIN INJ 0.2MG	QL= 35 syringes/28 days
GENOTROPIN INJ 0.4MG	QL= 35 syringes/28 days
GENOTROPIN INJ 0.6MG	QL= 35 syringes/28 days
GENOTROPIN INJ 0.8MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.2MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.4MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.6MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.8MG	QL= 35 syringes/28 days
GENOTROPIN INJ 12MG	QL= 7 cartridges/28 days
GENOTROPIN INJ 1MG	QL= 35 syringes/28 days
GENOTROPIN INJ 2MG	QL= 21 syringes/28 days
GENOTROPIN INJ 5MG	QL= 9 cartridges/28 days
GENVOYA TAB	QL= 1 tab/day
GEODON CAP	QL= 2 caps/day
GILENYA CAP	QL= 30 caps/30 days
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
GIMOTI NASAL SPRAY	QL= 1 bottle/28 days; Step therapy requires trial of metoclopramide tab

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
glatiramer inj 20mg/ml	QL= 30 syringes/30 days
glatiramer inj 40mg/ml	QL= 12 syringes/28 days
GLEEVEC TAB 100 MG	QL= 3 tabs/day
GLEEVEC TAB 400MG	QL= 2 tabs/day
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
GLUCAGEN HYPOKIT INJ	QL= 2 inj/fill, 2 fills/month
GLUCAGON EMR INJ	QL= 2 inj/fill
GLUCAGON INJ KIT	QL= 2 inj/fill
GLUCAGON KIT	QL= 2 inj/fill, 2 fills/month; ST req trial of GLUCAGEN HYPOKIT
GLYCATE TAB, GLYCOPYRROLATE TAB	QL= 4 tabs/day; Step Therapy requires trial of glycopyrrolate tab 1mg or glycopyrrolat tab 2mg
glycopyrrolate oral soln	QL= 9ml/day
GLYXAMBI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab
GRALISE TAB	QL= 2 tabs/day
granisetron tab	QL= 8 tabs/30 days
GRANISOL SOLN	QL= 60ml/30 days
GRANIX INJ	QL= 15 vials/30 days
GRASTEK SL TAB	QL= 30 tabs/30 days; Step req trial of montelukast tab/chew tab/packet
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
HARVONI PELLET PAK	QL= 28 tabs/28 days
HARVONI TAB	QL= 28 tabs/28 days
HEPSERA TAB	QL= 1 tab/day
HETLIOZ SUSP	QL= 158ml/30 days
HORIZANT TAB	QL= 1 tab/30 days
HULIO INJ 40MG/0.8ML	QL= 2 pens/28 days
HULIO KIT 20MG/0.4ML	QL= 2 pens/28 days
HUMALOG INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
HUMALOG KWIKPEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMIRA 10MG/0.1ML (CORDAVIS)	QL= 2 syringes/28 days
HUMIRA 20MG/0.2ML (CORDAVIS)	QL= 2 syringes/28 days
HUMIRA 40MG/0.4ML (CORDAVIS)	QL= 2 syringes/28 days
HUMIRA 80MG/0.8ML (CORDAVIS)	QL= 2 syringes/28 days
HUMIRA INJ 10MG	QL= 2 syringes/28 days
HUMIRA INJ 20MG	QL= 2 syringes/28 days
HUMIRA INJ 40MG	QL= 2 syringes/28 days
HUMIRA INJ 80MG	QL = 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PEDIATRIC UC STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year
HUMIRA PEN INJ 40MG	QL= 2 pens/28 days
HUMULIN MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN N INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN R INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN R INJ U-500	QL= 40ml/30 days
HUMULIN R U-500 KWIKPEN INJ	QL= 24ml/30 days
HYD POL/CPM SUSP	QL= 10ml/day
HYDROCODONE BITARTRATE ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
hydrocodone bitartrate er tab	QL= 1 tab/day
hydrocodone/acetaminophen soln	QL= 180ml/day
HYDROCODONE/ACETAMINOPHEN SOL 10-325 MG/15ML	QL= 90ml/90 days for members age 20 or younger; QL= 210ml/90 days for members age 21 or older
hydrocodone/acetaminophen tab 10-325mg	QL= 12 tabs/day
hydrocodone/acetaminophen tab 10mg-300mg	QL= 13 tabs/day
hydrocodone/acetaminophen tab 2.5-325mg	QL= 12 tabs/day
hydrocodone/acetaminophen tab 5-325mg	QL= 12 tabs/day
hydrocodone/acetaminophen tab 5mg-300mg	QL= 13 tabs/day

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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
hydrocodone/acetaminophen tab 7.5mg-300mg	QL= 13 tabs/day
hydrocodone/acetaminophen tab 7.5mg-325mg	QL= 12 tabs/day
HYDROCODONE/IBUPROFEN TAB	QL= 5 tabs/day
hydromorphone ER tab 12mg	QL= 1 tab/day
hydromorphone ER tab 16mg	QL= 1 tab/day
hydromorphone ER tab 32mg	QL= 2 tabs/day
hydromorphone ER tab 8mg	QL= 1 tab/day
HYDROXYPROGESTERONE CAPROATE INJ	QL= 1 vial/35 days
HYFTOR GEL	QL= 20 grams/30 days; Only available through Walgreens 888-347-3416
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
HYSINGLA ER TAB	QL= 1 tab/day; Step Therapy requires trial of morphine sulfate ER
IBRANCE CAP	QL= 21 caps/28 days; Only available through 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 cold/sinus	QL= 240 tabs/30 days
icatibant inj	QL= 36ml/30 days
icosapent ethyl cap 0.5gm	QL= 2 caps/day
icosapent ethyl cap 1gm	QL= 4 caps/day
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= 2 bottles/30 days; Only available through Optum 877-445-6874
IMBRUVICA TAB	QL= 1 tab/day; Only available through Optum 877-445-6874
IMIQUIMOD CREAM 3.75%	QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution
imiquimod cream 5%	QL= 24gm/30 days
IMITREX INJ	QL= 1 inj/7 days
IMITREX NASAL SPRAY, SUMATRIPTAN NASAL SPRAY	QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
IMITREX TAB	QL= 9 tabs/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
IMITREX VIAL INJ	QL= 1 inj/7 days
IMPAVIDO CAP	QL= 3 caps/day
INBRIJA INH POWDER	QL= 4 units/day; Only available through Walgreens 888-347-3416
INCRUSE ELLIPTA INHALER	QL= 30 units/30 days
INDOCIN SUSP	QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp
indomethacin suppository	QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxen, diclofenac, meloxicam, etc)
indomethacin susp	QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp
INGREZZA CAP	QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479
INGREZZA PACK 40-80MG	QL= 1 pack/fill, 1 fill/plan year
INLYTA TAB	QL= 8 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 DIAL)	QL= 18ml/30 days
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (2 UNIT DIAL)	QL= 18ml/30 days
INSULIN GLARGINE-YFGN (SINGLE PEN	QL= 60ml/30 days
INSULIN LISP INJ 100/ML	QL= 60 units/30 days
INTELENCE TAB	QL= 4 tabs/day
INTELENCE TAB 100MG	QL= 4 tabs/day
INTELENCE TAB 200MG	QL= 2 tabs/day
INTELENCE TAB 25MG	QL= 4 tabs/day
INTERMEZZO SL TAB	QL= 1 tab/day
INTUNIV TAB	QL= 1 tab/day
INTUNIV TAB 1MG	QL= 2 tabs/day
INTUNIV TAB 2MG	QL= 2 tabs/day
INVEGA TAB	QL= 1 tab/day
INVIRASE CAP	QL= 10 caps/day
INVIRASE TAB	QL= 4 tabs/day
INVOKAMET TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANC SYNJARDY, or SYNJARDY XR
INVOKAMET XR TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANC SYNJARDY, or SYNJARDY XR

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
INVOKANA TAB	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCE SYNJARDY, or SYNJARDY XR
IRESSA TAB	QL= 1 tab/day; Only available through Optum 877-445-6874
ISENTRESS (HD) TAB	QL= 2 tabs/day
ISENTRESS CHEW TAB	QL= 6 tabs/day
ISENTRESS POWDER PACK	QL= 2 packets/day
isosorbide dinitrate-hydralazine hcl tab	QL= 6 tabs/day
ISOXSUPRINE TAB	QL= 120 tabs/30 days
ISTURISA TAB 1MG	QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
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
JAKAFI TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JANUMET TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue
JANUMET XR TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadue
JANUVIA TAB	QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentadueto
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; Only available through Optum 877-445-6874
JAYPIRCA TAB 50MG	QL= 30 tabs/30 days; Only available through Optum 877-445-6874
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
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
KADIAN CAP 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 10MG	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 200MG	QL= 1 cap/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 20mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 30mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 40mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 50mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 60mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KADIAN CAP 80mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
KALETRA SOLN	QL= 480ml/30 days
KALETRA TAB 100-25MG	QL= 2 tabs/day
KALETRA TAB 200-50MG	QL= 4 tabs/day

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
KALYDECO PAK	QL= 2 packets/day; Only available through Walgreens 888-347-3416
KALYDECO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
KAPVAY TAB	QL= 4 tabs/day
KARBINAL ER SUSP	QL= 960ml/30 days
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
KEVEYIS TAB	QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
KEVZARA INJ	QL= 2 inj/28 days
KINERET INJ	QL= 1 inj/day; Only available through Biologics 800-850-4306
KISQALI PAK	QL= 91 tabs/28 days
KISQALI TAB	QL= 63 tabs/28 days
KLISYRI OINT	QL= 5 grams/5 days
KOMBIGLYZE XR TAB	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto
KORLYM TAB	QL= 4 tabs/day; Only available through Korlym SPARK program (855-456-7596)
KOSELUGO CAP	QL= 120 caps/30 days; Only available through Onco360 877-662-6633
KOSELUGO CAP 10MG	QL= 8 caps/day; Only available through Onco360 877-662-6633
K-PHOS TAB	QL= 8 tabs/day
KRAZATI TAB	QL= 60 tabs/30 days; Only available through Biologics 800-850-4306
KRINTAFEL TAB	QL= 2 tabs/365 days
KYNMOBI FILM	QL= 150 films/30 days
KYTRIL TAB	QL= 8 tabs/30 days
KYZATREX CAP, TLANDO CAP	QL= 4 tabs/day
lacosamide oral solution	QL= 1200ml/30 days
lacosamide tab	QL= 2 tabs/day
LAGEVRIO CAP 200MG	QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older
LAMICTAL ODT 100MG	QL= 3 tabs/day
LAMICTAL ODT 200MG	QL= 2 tabs/day
LAMICTAL ODT 25MG	QL= 6 tabs/day
LAMICTAL ODT 50MG	QL= 6 tabs/day
LAMICTAL XR TAB 100MG	QL= 3 tabs/day
LAMICTAL XR TAB 200MG	QL= 2 tabs/day
LAMICTAL XR TAB 250MG	QL= 2 tabs/day
LAMICTAL XR TAB 25MG	QL= 6 tabs/day
LAMICTAL XR TAB 300MG	QL= 2 tabs/day
LAMICTAL XR TAB 50MG	QL= 6 tabs/day
lamivudine soln	QL= 960ml/30 days
lamivudine tab 100mg	QL= 1 tab/day
lamivudine tab 150mg	QL= 2 tabs/day
lamivudine tab 300mg	QL= 1 tab/day
lamivudine/zidovudine tab	QL= 2 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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 100mg	QL= 3 tabs/day
lamotrigine ODT 200mg	QL= 2 tabs/day
lamotrigine ODT 25mg	QL= 6 tabs/day
lamotrigine ODT 50mg	QL= 6 tabs/day
LAMPIT TAB 120MG	QL= 225 tabs/30 days
LAMPIT TAB 30MG	QL= 360 tabs/30 days
LANOXIN TAB 62.5MCG	QL= 1 tab/day
lanthanum carbonate chew tab	QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
lanthanum carbonate chew tab 500mg	QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
LANTUS INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo
LANTUS SOLOSTAR INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo
LASTACAFT OPHTH SOLN	QL= 3ml/30 days
LATUDA TAB	QL= 1 tab/day
LAZANDA NASAL SPRAY	QL= 15 sprays/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
LESCOL CAP	QL= 2 caps/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab.
LESCOL XL TAB	QL= 1 tab/day; Step Therapy requires trial of 2: ALTOPREV TAB, atorvastatin tab, FLOLIPID SUSP, lovastatin tab, rosuvastatin tab, pravastatin tab, or simvastatin tab.
LEUPROLIDE INJ	QL= 1 kit/90 days
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of albuterol hfa inhaler
LEVEMIR FLEXTOUCH INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo
LEVEMIR INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo
LEVOFLOXACIN OPHTH SOLN 0.5%	QL= 5mL/30 days; Step therapy requires trial of ciprofloxacin, moxifloxacin or ofloxaci ophth
levorphanol tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Step Therapy requires trial of 2 short acting opioids
LEXIVA SUSP	QL= 1800ml/30 days
LEXIVA TAB	QL= 4 tabs/day
LIALDA TAB	QL= 4 tabs/day

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
lidocaine oint	QL= 8gm/day
LIKMEZ SUSP	QL= 210ml/14 days
LINZESS CAP	QL= 30 caps/30 days; Step Therapy requires trial of Trulance AND lubiprostone
LIPITOR TAB	QL= 1 tab/day
LIQREV SUSP	QL= 6ml/day; Only available through Optum 877-445-6874
lisdexamfetamine dimesylate cap	QL= 1 cap/day
lisdexamfetamine dimesylate chew tab	QL= 1 tab/day
LIVALO TAB	QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Pra OR Simvastatin tabs
LIVTENCITY TAB	QL= 112 tabs/28 days; Only available through Biologics 800-850-4306
LODOCO TAB	QL= 30 tabs/30 days
LOKELMA PAK	QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone
LONHALA MAGNAIR SOLN	QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER a SPIRIVA HANDIHALER or SPIRIVA RESPIMAT
lopinavir/ritonavir soln	QL= 480ml/30 days
lopinavir-ritonavir tab 100-25mg	QL= 2 tabs/day
lopinavir-ritonavir tab 200-50mg	QL= 4 tabs/day
LORBRENA TAB 100MG	QL= 1 tabs/day; Only available through Walgreens 888-347-3416
LORBRENA TAB 25MG	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
LOREEV XR CAP	QL= 1 cap/day; Step therapy requires trial of lorazepam tab
LOREEV XR CAP 3MG	QL= 3 cap/day; Step therapy requires trial of lorazepam tab
LORTUSS EX LIQUID	QL= 1200ml/30 days
LORTUSS LIQUID	QL= 1200ml/30 days
LOTEMAX OPHTH GEL	QL= 5g/28 days; Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
loteprednol etabonate ophth gel	QL= 5 grams/28 days; Step therapy requires trial of two: prednisolone susp/soln 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
LOVAZA CAP	QL= 4 caps/day
lubiprostone cap	QL= 60 caps/30 days
LUCEMYRA TAB	QL= 224 tabs/fill, 1 fill/month
LULICONAZOLE CREAM, LUZU CREAM	QL= 60gm/28 days
LUMAKRAS TAB	QL= 240 tabs/30 days; Only available through 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 888-773-7376
LUMRYZ PACK 6GM	QL= 1 pack/day; Only available through Accredo 888-773-7376
LUMRYZ PACK 7.5GM	QL= 1 pack/day; Only available through Accredo 888-773-7376

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
LUMRYZ PACK 9GM	QL= 1 pack/day; Only available through Accredo 888-773-7376
LUNESTA TAB	QL= 1 tab/day
LUPKYNIS CAP	QL= 180 caps/30 days; Only available through Biologics 800-850-4306 or PantherRx Pharmacy 855-726-8479
LUPRON DEPOT INJ 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
LYBALVI TAB	QL= 30 tabs/30 days; Step therapy requires trial of 2: olanzapine, aripiprazole, risperidone, quetiapine, paliperidone, ziprasidone
LYNPARZA CAP	QL= 16 caps/day; Only available through Biologics 800-850-4306
LYNPARZA TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
LYRICA CR TAB	QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln
LYRICA SOLN	QL= 30ml/day; Step Therapy required trial of gabapentin and pregabalin
LYSTEDA TAB	QL= 180 tabs/30 days
LYTGOBI TAB (12MG DAILY DOSE)	QL= 84 tabs/28 days; Only available through Onco360 877-662-6633
LYTGOBI TAB (16MG DAILY DOSE)	QL= 112 tabs/28 days; Only available through Onco360 877-662-6633
LYTGOBI TAB (20MG DAILY DOSE)	QL= 140 tabs/28 days; Only available through Onco360 877-662-6633
LYUMJEV INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
LYUMJEV KWIKPEN	QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
LYUMJEV KWIKPEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
LYUMJEV TEMPO PEN INJ 100UNIT/ML	QL= 60ml/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
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
MARINOL CAP	QL= 2 caps/day
MAVENCLAD PAK	QL= 10 tabs/fill, 2 fills/year; Only available through Walgreens 888-347-3416
MAVYRET PAK	QL= 5 packets/day
MAVYRET TAB	QL= 3 tabs/day
MAXALT MLT TAB	QL= 12 tabs/30 days
MAXALT TAB	QL= 12 tabs/30 days
MAYZENT STARTER PACK 0.25MG	QL= 7 tabs/fill, 2 fills/year
MAYZENT TAB	QL= 1 tab/day
MAYZENT TAB STARTER PACK	QL= 12 tabs/fill, 2 fills/year
medroxyprogesterone inj	QL= 1 inj/84 days
MEKINIST SOLN	QL= 40ml/day
MEKINIST TAB 0.5MG	QL= 3 tabs/day
MEKINIST TAB 2MG	QL= 1 tab/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
MEKTOVI TAB	QL= 6 tabs/day; Only available through Optum 877-445-6874 or Walgreens 888-347-3416
meloxicam	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
MELOXICAM SUSP	QL= 10ml/day; Step therapy requires trial of naproxen susp AND ibuprofen susp
memantine ER cap	QL= 1 cap/day; Step Therapy requires trial of memantine tab
memantine soln	QL= 300 ml/30 days
memantine titrapak	QL= 49 tabs/28 days
M-END DMX LIQUID	QL= 1800ml/30 days
meperidine tab	QL= 6 tabs/day
mesalamine DR cap	QL= 6 caps/day
mesalamine DR tab	QL= 4 tabs/day
mesalamine ER cap	QL= 4 caps/day
mesalamine supp	QL= 1 supp/day
METFORMIN TAB	QL= 4 tabs/day; ST req trial of metformin IR (generic Glucophage) 500mg, 850mg, or 1000mg tab AND metformin ER
methadone sol 10mg/5ml	QL= 20ml/day
methadone soln	QL= 4 ml/day
methadone soln 5mg/5ml	QL= 40ml/day
methadone tab 10mg	QL= 4 tabs/day
methadone tab 5mg	QL= 8 tabs/day
METHADOSE CONC	QL= 4 ml/day
methadose tab	QL= 1 tab/day
methamphetamine tab	QL= 5 tabs/day
METHITEST TAB	QL= 150 tablets/30 days
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
methylphenidate CD cap	QL= 1 cap/day
methylphenidate chew tab	QL= 3 tabs/day
methylphenidate ER cap	QL= 1 cap/day; 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 18mg	QL= 1 tab/day
methylphenidate ER tab 20mg	QL= 3 tabs/day
methylphenidate ER tab 27mg	QL= 1 tab/day
methylphenidate ER tab 36mg	QL= 1 tabs/day
METHYLPHENIDATE ER TAB 45MG/RELEXXII TAB 45MG	QL= 1 tab/day
methylphenidate ER tab 54mg	QL= 1 tab/day
METHYLPHENIDATE ER TAB 63MG/RELEXXII TAB 63MG	QL= 1 tab/day

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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
MIEBO OPHTH SOLN	QL= 3ml/30 days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion
mifepristone tab	Ql= 4 tabs/day; Only available through Korlym SPARK program (855-456-7596)
MIGERGOT SUPP	QL= 20 supp/28 days
MIGRANAL SPRAY	QL= 8ml/28 days; Step Therapy requires trial of 2: sumatriptan tab, rizatriptan, naratriptan
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
MIRAPEX ER TAB	QL= 1 tab/day
MITIGARE CAP	QL= 2 caps/day
modafinil tab	QL= 2 tabs/day
MOLNUPIRAVIR CAP	QL= 40 caps/fill
MONODOX CAP	QL= 2 caps/day
MORGIDOX KIT	QL= 1 kit/30 days
MORPHABOND TAB	QL= 2 tabs/day
MORPHINE SULFATE ER BEAD CAP	QL= 2 caps/day
MORPHINE SULFATE ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 10mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 20mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 30mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 50mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 60mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 80mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER tab	QL= 3 tabs/day
MOTEGRITY TAB	QL= 30 tabs/30 days; Step Therapy requires trial of Trulance AND lubiprostone
MOTPOLY XR CAP 100MG	QL= 1 cap/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap
MOTPOLY XR CAP 150MG	QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap
MOTPOLY XR CAP 200MG	QL= 2 caps/day; ST req trial of 3: lacosamide IR tab, lamot tab, levetir tab, carbaz, oxcarb tab, OR zonis cap
MOUNJARO INJ	QL= 2ml/28 days
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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
MS CONTIN TAB	QL= 3 tabs/day
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
MYDAYIS CAP 12.5MG	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
MYDAYIS CAP 25MG	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
MYDAYIS CAP 37.5MG	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
MYDAYIS CAP 50MG	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
MYFEMBREE TAB	QL= 28 tabs/28 days
MYRBETRIQ SUSP	QL= 188ml/30 days; Step Therapy requires trial of 2: oxybutynin tab, oxybutynin syrup oxybutynin ER tab, tolterodine tab, tolterodine SR cap, trospium tab, or trospium chloride SR cap
NAFLON CAP	QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
naftifine cream	QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products
naftifine hcl gel 2%	QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream
NAFTIN GEL	QL= 1 tube/30 days; Step therapy requires trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream
NAFTIN GEL 2%	QL= 60 grams/30 days
NALOXONE PREFILLED INJ	QL= 2 inj/fill, 2 fills/month
NAMENDA TITRAPAK	QL= 49 tabs/28 days
NAMENDA XR CAP	QL= 1 cap/day; Step Therapy requires trial of memantine tab
NAMENDA XR TITRATION PACK	QL= 28 caps/28 days; Step Therapy requires trial of memantine tab
NAMZARIC CAP	QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantin or memantin er
NAMZARIC STARTER PACK	QL= 28 caps/28 days; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er
naratriptan tab	QL= 9 tabs/30 days
NARDIL TAB 15MG	QL= 4 tabs/day
NATACYN OPHTH SUSP	QL= 45ml/30 days
NATESTO GEL	QL= 3 bottles/30 days
NATESTO NASAL GEL	QL= 3 bottles/30 days
NATROBA SUSP	QL= 1 bottle/fill, 1 fill/month
NAYZILAM SPRAY	QL= 4 units/fill, 5 fills/month; Step therapy requires trial of midazolam inj
nebivolol hcl tab	QL= 1 tab/day
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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
NEUPRO PATCH	QL= 1 patch/day
nevirapine ER tab	QL= 1 tab/day
NEVIRAPINE SUSP	QL= 1200ml/30 days
nevirapine tab	QL= 2 tabs/day
NEXAFED SINUS TAB + PAIN	QL= 240 tabs/30 days
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/30 days
NICODERM PATCH	Limited to 180 days/plan year
NICORETTE GUM	Limited to 180 days/plan year
NICORETTE LOZENGE	Limited to 180 days/plan year
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	Limited to 180 days/plan year
nicotine lozenge	Limited to 180 days/plan year
nicotine patch	Limited to 180 days/plan year
NICOTROL INHALER	Limited to 180 days/plan year
NICOTROL NASAL SPRAY	Limited to 180 days/plan year
NILANDRON TAB	QL= 150mg/day after the first 30 days
nilutamide tab	QL= 150mg/day after the first 30 days
nitazoxanide tab	QL= 6 tabs/fill, 2 fills/month
NIVESTYM INJ	QL= 15 syringes/30 days
NOCTIVA EMULSION SPRAY	QL= 3.8gm/30 days
NORCO 10-325mg	QL= 12 tabs/day
NORCO 5-325mg	QL= 12 tabs/day
NORCO TAB 7.5MG-325MG	QL= 12 tabs/day
NORLIQVA ORAL SOLN	QL= 300ml/30 days
NORTHERA CAP	QL= 180 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416
NORTHERA CAP 100MG	QL= 90 caps/30 days; ST req trial of droxidopa AND one of the following: DHE, fludrocortisone, midodrine; Only available through Walgreens 888-347-3416
NORVIR CAP	QL= 12 caps/day
NORVIR POWDER PACK	QL= 12 packets/day
NORVIR SOLN	QL= 480ml/30 days
NORVIR TAB	QL= 12 tabs/day
NOURIANZ TAB	QL= 1 tab/day; ST: Trial of 2: dopamine agonist(ropinir-, pramip-), COMT inhib(entacapone), MAOB inhib(rasag-, seleg-)
NOVOLIN 70/30 FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN 70/30 INJ	QL= 60 units/30 days
NOVOLIN N FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN N INJ	QL= 60 units/30 days
NOVOLIN N RELION INJ	QL= 60 units/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
NOVOLIN R FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN R INJ	QL= 60 units/30 days
NOVOLIN RELION INJ 70/30	QL= 60 units/30 days
NOVOLIN VIAL	QL= 60 units/30 days
NOVOLOG FLEXPEN INJ	QL= 60 units/30 days
NOVOLOG INJ	QL= 60 units/30 days
NOVOLOG MIX FLEXPEN INJ	QL= 60 units/30 days
NOVOLOG MIX INJ	QL= 60 units/30 days
NOVOLOG PENFILL INJ	QL= 60 units/30 days
NOXAFIL PAK	QL= 31 packets/30 days; Step Therapy requires trial of 1: fluconazole tab, fluconazole susp, itraconazole cap, itraconazole soln, voriconazole susp, or voriconazole tab
NOXAFIL TAB	QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND
NUBEQA TAB	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
NUCALA INJ	QL= 1 inj/28 days
NUCYNTA ER TAB	QL= 2 tabs/day
NUCYNTA TAB	QL= 6 tabs/day
NUEDEXTA CAP	QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA
NUPLAZID CAP	QL= 1 cap/day; Only available through Walgreens 888-347-3416
NUPLAZID TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
NURTEC ODT	QL= 8 tabs/30 days
NUVESSA VAGINAL GEL, VANDAZOLE GEL	QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln
NUVIGIL TAB 150MG	QL= 1 tab/day
NUVIGIL TAB 200G	QL= 1 tab/day
NUVIGIL TAB 250MG	QL= 1 tab/day
NUVIGIL TAB 50MG	QL= 3 tabs/day
NUZYRA TAB	QL= 30 tabs/fill, 1 fill/month; Only available through Walgreens 888-347-3416
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
ODACTRA SL TAB	QL= 30 tabs/30 days; Step req trial of montelukast tab/chew tab/packet
ODEFSEY TAB	QL= 1 tab/day
OFEV CAP	QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
OJJAARA TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306
olanzapine ODT	QL= 1 tab/day
olanzapine/fluoxetine cap	QL= 1 cap/day
olmesartan/amlodipine/hydrochlorothiazide tab	QL= 30 tabs/30 days
olopatadine nasal spray	QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray
OLPRUVA PACK	QL= 3 packets/day; Only available through CVS Specialty 800-237-2767

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
OLUMIANT TAB	QL= 1 tab/day
omega-3-acid ethyl esters cap	QL= 4 caps/day
OMNIPOD 5 G6 KIT	QL= 1 kit/year
OMNIPOD 5 G6 MIS PODS	QL= 15 pods/30 days
OMNIPOD 5 G7 KIT INTRO	QL= 1 kit/year
OMNIPOD 5 G7 MIS PODS	QL= 15 pods/30 days
OMNIPOD 5 PACK PODS	QL= 15 pods/30 days
OMNIPOD DASH KIT	QL= 1 kit/year
OMNIPOD DASH PODS	QL= 15 pods/30 days
OMNIPOD GO KIT 10 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD GO KIT 15 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD GO KIT 20 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD GO KIT 25 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD GO KIT 30 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD GO KIT 35 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD GO KIT 40 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD STARTER KIT	QL= 1 kit/year
OMVOH INJ	QL= 2ml/28 days
ondansetron soln	QL= 50ml/fill, 1 fill/15 days
ONFI SUSP	QL= 480ml/30 days
ONFI TAB	QL= 2 tabs/day
ONGLYZA TAB	QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto
ONUREG TAB	QL= 14 tabs/28 days
OPFOLDA CAP	QL= 3 caps/14 days; Only available through Orsini Pharmacy 800-410-8575
OPSUMIT TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
OPZELURA CREAM	QL= 120 grams/28 days
ORALAIR SL TAB	QL= 30 tabs/30 days; Step req trial of montelukast tab/chew tab/packet
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 US Bioservic 888-518-7246
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
orphenadrine/aspirin/caffeine tab	QL= 4 tabs/day; Step therapy requires trial of 2: baclofen tab, tizanidine tab/cap, cyclobenzaprine tab, methocarbamol tab, carisoprodol tab, orphenadrine tab
ORSERDU TAB 345MG	QL= 1 tab/day; Only available through Biologics 800-850-4306
ORSERDU TAB 86MG	QL= 3 tabs/day; Only available through Biologics 800-850-4306

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
oseltamivir cap 30mg	QL= 40 caps/183 days
oseltamivir cap 45mg	QL= 40 caps/183 days
oseltamivir cap 75mg	QL= 20 caps/183 days
oseltamivir susp	QL= 360ml/183 days
OSMOLEX ER TAB	QL= 1 tab/day; Step Therapy requires trial of amantadine
OSPHENA TAB	QL= 1 tab/day
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	QL= 1 bottle/fill, 2 fills/month; Step Therapy requires trial of neomycin/polymixin/hydrocoritisone otic
OTREXUP INJ 10MG	QL= 1.6ml/28 days
OTREXUP INJ 12.5MG/0.4ML	QL= 1.6ml/28 days
OTREXUP INJ 15MG	QL= 1.6ml/28 days
OTREXUP INJ 17.5MG/0.4ML	QL= 1.6ml/28 days
OTREXUP INJ 22.5MG/0.4ML	QL= 1.6ml/28 days
OTREXUP INJ, RASUVO INJ 20MG	QL= 1.6ml/28 days
OTREXUP INJ, RASUVO INJ 25MG	QL= 1.6ml/28 days
OXBRYTA TAB	QL= 3 tabs/day; Only available through Accredo 800-803-2523
OXBRYTA TAB 300MG	QL= 2 tabs/day; Only available through Accredo 800-803-2523
OXERVATE OPHTH SOLN	QL= 28ml/28 days; Only available through Accredo 800-803-2523
OXTELLAR XR TAB 150MG	QL= 1 tab/day
OXTELLAR XR TAB 300MG	QL= 1 tab/day
OXTELLAR XR TAB 600MG	QL= 4 tabs/day
OXYBUTYNIN TAB 2.5MG	QL= 1 tab/day; Step therapy requires trial of: oxybutynin syrup or solifenacin
OXYCODONE ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 80MG	QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
oxycodone/acetaminophen tab 10-325mg	QL= 12 tabs/day
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	QL=12 tabs/day
oxycodone/acetaminophen tab 2.5-325mg	QL= 12 tabs/day
oxycodone/acetaminophen tab 5-325mg	QL= 12 tabs/day
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 CR TAB 80MG	QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 10MG	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 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
OXYCONTIN TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCONTIN TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYMORPHONE ER TAB 10MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 15MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 20MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 30MG	QL= 4 tabs/day
OXYMORPHONE ER TAB 40MG	QL= 4 tabs/day
OXYMORPHONE ER TAB 5MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 7.5MG	QL= 2 tabs/day
OZEMPIC INJ	QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZOBAX SOLN	QL= 16ml/day; Step therapy requires trial of baclofen tab AND tizanidine tab
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 oral susp	QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs
PATANASE NASAL SPRAY	QL= 30.5ml/30 days; Step Therapy requires trial of ipratropium nasal spray
PAXIL ORAL SUSP	QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs
PAXLOVID TAB	QL= 30 tabs/fill
PAXLOVID TAB 100-150MG	QL= 20 tabs/fill
PAXLOVID TAB 150-100	QL= 20 tabs/5 days; 20 tabs/fill; Covered for members age 18 years or older
PAXLOVID TAB 300-100	QL= 30 tabs/5 days; 30 tabs/fill; Covered for members age 18 years or older
pazopanib hcl tab	QL= 120 tabs/30 days
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
PENTASA CR CAP	QL= 8 caps/day; Step Therapy requires trial of APRISO or LIALDA
PERCOCET TAB 10-325MG	QL= 12 tabs/day
PERCOCET TAB 2.5-325mg	QL= 12 tabs/day
PERCOCET TAB 5-325MG	QL= 12 tabs/day
PERCOCET TAB 7.5-325MG	QL= 12 tabs/day
PERFOROMIST NEB SOLN	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln
PEXEVA TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
PHENELZINE SULFATE TAB	QL= 4 tabs/day
PHEXXI GEL	QL= 180gm/30 days
PICATO GEL	QL= 2 tubes/60 days
pirfenidone cap	QL= 3 caps/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
pirfenidone tab 267mg	QL= 9 tabs/day
PIRFENIDONE TAB 534MG	QL= 4 tabs/day; Only available through Lumicera 855-847-3553
pirfenidone tab 801mg	QL= 3 tabs/day
pitavastatin calcium tab	QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prav OR Simvastatin tabs
PLAVIX TAB 300MG	QL= 4 tabs/30 days
PLEGRIDY INJ	QL= 1 kit/28 days
PLEGRIDY PEN INJ	QL= 1 kit/28 days
podofilox gel	QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream
PODOFILOX SOLN	QL= 0.5ml/day
POKONZA POWDER	QL= 60 packets/30 days; ST req trial of 2: KCL 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
posaconazole DR tab	QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND
potassium iodide oral soln	QL= 90ml/30 days
potassium phosphate monobasic tab	QL= 8 tabs/day
PRADAXA CAP 75MG, 150MG	QL= 2 caps/day, Step therapy requires trial of Eliquis and Xarelto
PRADAXA PELLET PACK	QL= 2 packets/day
PRALUENT INJ	QL= 2 inj/28 days
pramipexole ER tab	QL= 1 tab/day
prasugrel tab	QL= 1 tab/day
PRAVACHOL TAB	QL= 1 tab/day
pravastatin tab	QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
PRECISION XTRA TEST STRIP	QL= 300 test strips/30 days
pregabalin 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
PREZCOBIX TAB	QL= 1 tab/day
PREZISTA SUSP	QL= 400ml/30 days
PREZISTA TAB	QL= 1 tab/day
PREZISTA TAB 150MG	QL= 8 tabs/day
PREZISTA TAB 600MG	QL= 2 tabs/day
PREZISTA TAB 75MG	QL= 16 tabs/day
PREZISTA TAB 800MG	QL= 1 tab/day
PRIMIDONE TAB	QL= 4 tabs/day
PRIMLEV TAB 10-300MG	QL= 13 tabs/day
PRIMLEV TAB 5-300MG	QL= 13 tabs/day
PRISTIQ TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
PROAIR HFA INHALER	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
PROCRIT INJ	QL= 4 vials/30 days
PROLATE TAB	QL= 13 tabs/day; Step therapy requires trial of oxycodone/acetaminophen 7.5-325mg tab
PROLENSA OPHTH SOLN 0.07%	QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
PROVENTIL AERO HFA	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol HFA inhaler
PROVENTIL HFA INHALER	QL= 2 inhalers/30 days; Step Therapy requires trial of albuterol hfa inhaler
PROVIGIL TAB	QL= 2 tabs/day
pseudoephedrine ER tab 120mg	QL= 2 tabs/day
pseudoephedrine liquid 15mg/5ml	QL= 2400ml/30 days
pseudoephedrine tab 30mg	QL= 8 tabs/day
pseudoephedrine tab 60mg	QL= 4 tabs/day
PULMICORT FLEXHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of fluticasone diskus, fluticasone hfa, ARNUITY ELLIPTA, and ASMANEX HFA
PULMICORT INH SUSP 0.25MG/2ML, 0.5MG/2ML	QL= 120 units/30 days
PULMICORT INH SUSP 1MG/2ML	QL= 60 units/30 days
PULMOZYME INH SOLN	QL= 30 ampules/30 days
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
QBREXZA PAD	QL= 1 pad/day
QDOLO SOLN	QL= 80ml/day
QELBREE ER CAP 100MG	QL= 30 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine
QELBREE ER CAP 150MG	QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine
QELBREE ER CAP 200MG	QL= 60 caps/30 days; Step therapy requires trial of atomoxetine and one of the following: clonidine or guanfacine
QINLOCK TAB	QL= 90 tabs/30 days; Only available through Biologics 800-850-4306
QUDEXY XR CAP 100MG	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 150MG	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 200MG	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 25MG	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
QUDEXY XR CAP 50MG	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
quetiapine tab	QL= 3 tabs/day
QUETIAPINE TAB 150MG	QL= 1 tab/day; Step therapy requires trial of quetiapine 25, 50, 100, 200, 300, or 400mg IR tabs
quetiapine XR tab	QL= 1 tab/day
QUILLICHEW ER TAB	QL= 1 tab/day
QUILLIVANT XR SUSP	QL= 360ml/30 days
quinidine sulfate tab	QL= 8 tabs/day
QUINIDINE SULFATE TAB 200MG	QL= 8 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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; Step Therapy requires trial of fluticasone diskus, fluticasone hfa ARNUITY ELLIPTA, and ASMANEX HFA
RADICAVA ORS SUSP	QL= 70ml/28 days; Only available through Accredo 800-803-2523
RAGWITEK SL TAB	QL= 30 tabs/30 days; Step req trial of montelukast tab/chew tab/packet
raloxifene tab	QL= 1 tab/day
ramelteon tab	QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL
RANEXA TAB	QL= 120 tabs/30 days
ranolazine tab	QL= 120 tabs/30 days
rasagiline tab	QL= 1 tab/day
RASUVO INJ 10MG	QL= 0.8ml/28 days
RASUVO INJ 12.5MG	QL= 1ml/28 days
RASUVO INJ 15MG	QL= 1.2ml/28 days
RASUVO INJ 17.5MG	QL= 1.4ml/28 days
RASUVO INJ 22.5MG	QL= 1.8ml/28 days
RASUVO INJ 25MG	QL= 2ml/28 days
RASUVO INJ 27.5MG	QL= 2.2ml/28 days
RASUVO INJ 30MG	QL= 2.4ml/28 days
RASUVO INJ 7.5MG	QL= 0.6ml/28 days
RAYALDEE CAP	QL= 2 caps/day
RAZADYNE ER CAP	QL= 1 cap/day
RAZADYNE TAB	QL= 60 tabs/30 days
REBIF INJ	QL= 1 kit/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
REGRANEX GEL	QL= 30gm/30 days
RELAFEN DS TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, buprofen, or nabumetone
RELENZA DISKHALER	QL= 1 inhaler/fill, 1 fill/month
RELEUKO INJ	QL= 15 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)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
RELISTOR INJ	QL= 0.6ml/day
RELISTOR INJ KIT	QL= 0.6ml/day
RELISTOR TAB	QL= 3 tabs/day
RELPAX TAB	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptar ODT, or sumatriptan
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
REQUIP XL TAB	QL= 1 tab/day; Step Therapy requires trial of ropinirole
RESTASIS MULTI-DOSE	QL= 5.5ml/30 days
RESTASIS OPHTH EMULSION 0.05%	QL= 60 vials/30 days
RETACRIT INJ	QL= 4 vials/30 days
RETEVMO CAP 40MG	QL= 180 caps/30 days; Only available through Lumicera 855-847-3553
RETEVMO CAP 80MG	QL= 120 caps/30 days; Only available through Lumicera 855-847-3553
RETIN-A CREAM	QL= 360g/30 days
RETIN-A MICRO GEL 0.04%, 0.1%	QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
RETIN-A MICRO GEL 0.08%, 0.06%	QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
RETROVIR CAP	QL= 6 caps/day
RETROVIR SYRUP	QL= 1920ml/30 days
RETROVIR TAB	QL= 2 tabs/day
REVATIO SUSP	QL= 224ml/30 days
REVATIO TAB	QL= 3 tabs/day
REVLIMID CAP	QL= 1 cap/day; Only available through Onco360 877-662-6633
REXULTI TAB	QL= 1 tab/day
REYATAZ CAP 150 MG	QL= 2 caps/day
REYATAZ CAP 200MG	QL= 2 caps/day
REYATAZ CAP 300MG	QL= 1 cap/day
REYATAZ POWDER PACK	QL= 5 packets/day
REYVOW TAB 100mg	QL= 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
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 ar Toujeo
RHOPRESSA OPHTH SOLN	QL= 2.5ml/30 days; Step therapy requires trial of 2 prostaglandins (latan-, bimat-, travo-, taflu-prost) AND timolol
RINVOQ ER TAB	QL= 1 tab/day
RINVOQ ER TAB 45MG	QL= 1 tab/day, 3 fills/year
risedronate DR tab	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
risedronate tab 150mg	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
risedronate tab 30mg	QL= 1 tab/day
risedronate tab 35mg	QL= 4 tabs/28 days
risedronate tab 5mg	QL= 1 tab/day
RISPERDAL INJ	QL= 2 inj/28 days
risperidone microspheres inj	QL= 2 inj/28 days
RITALIN LA CAP	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
RITALIN TAB	QL= 3 tabs/day
ritonavir tab	QL= 12 tabs/30 days
rivastigmine patch	QL= 1 patch/day
rizatriptan ODT	QL= 12 tabs/30 days
rizatriptan tab	QL= 12 tabs/30 days
roflumilast tab	QL= 1 tab/day
ropinirole ER tab	QL= 1 tab/day; Step Therapy requires trial of ropinirole
rosuvastatin tab	QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
ROSZET TAB	QL= 30 tabs/30 days; Step Therapy requires trial of rosuvastatin and ezetimibe
ROZEREM TAB	QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL
ROZLYTREK CAP 100MG	QL= 1 cap/day
ROZLYTREK CAP 200MG	QL= 3 caps/day
ROZLYTREK PAK	QL= 360 packets/30 days
RUBRACA TAB	QL= 4 tabs/day; Only available through Optum 877-445-6874
RUCONEST INJ	QL= 16 vials/30 days; Only available through Accredo 800-803-2523
rufinamide susp	QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
rufinamide tab	QL= 240 tabs/30 days; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
RUKOBIA ER TAB	QL= 60 tabs/30 days
RUZURGI TAB	QL= 8 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
RYBELSUS TAB	QL= 1 tab/day; Step Therapy requires trial of VICTOZA INJ, TRULICITY INJ, and OZEMPIC INJ; Diagnosis Restricted – Type 2 Diabetes (E11)
RYTARY CAP 23.75-95MG	QL= 750 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER
RYTARY CAP 36.25-145MG	QL= 480 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER
RYTARY CAP 48.75-195MG	QL= 360 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER
RYTARY CAP 61.25-245MG	QL= 300 caps/30 days; Step Therapy requires trial of carbidopa/levodopa ER
RYVENT TAB	QL= 4 tabs/day
SABRIL POWDER PACK	QL= 6 packs/day; Only available through Walgreens 888-347-3416
SABRIL TAB	QL= 6 tabs/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
SAMSCA TAB 30MG	QL= 1 tab/day; Only available through Walgreens 888-347-3416
SAMSCA TAB, TOLVAPTAN TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SANCUSO PATCH	QL= 4 patches/28 days; Step Therapy requires trial of granisetron
SANTYL OINT	QL= 90gm/30 days
SAPHRIS SL TAB	QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapin quetiapine XR, risperidone, or risperidone ODT
SAVAYSA TAB	QL= 1 tab/day; Step Therapy requires trial of ELIQUIS and XARELTO
SAVELLA TAB	QL= 2 tabs/day; 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
SCEMBLIX TAB 20MG	QL= 60 tabs/30 days
SCEMBLIX TAB 40MG	QL= 300 tabs/30 days
scopolamine patch	QL= 10 patches/30 days
SEASONIQUE TAB	QL= 91 tabs/84 days
SECUADO PATCH	QL= 1 patch/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT
SEEBRI NEOHALER CAP	QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER ar SPIRIVA HANDIHALER or SPIRIVA RESPIMAT
SEGLENTIS TAB	QL= 10 tabs/day; Trial of 3: tramadol IR, celecoxib cap, oxycodone tab/cap/sol, hydromorphone tab/sol, oxymorphone tab, morphine sol
SEGLUROMET TAB	QL= 2 tabs/day; Step Therapy requires trial of 2: FARXIGA, XIGDUO XR, JARDIANCI SYNJARDY, or SYNJARDY XR
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
SENSIPAR TAB 30MG	QL= 2 tabs/day
SENSIPAR TAB 60MG	QL= 2 tabs/day
SENSIPAR TAB 90MG	QL= 4 tabs/day
SEREVENT DISKUS INHALER	QL= 1 inhaler/30 days
SEROQUEL TAB	QL= 3 tabs/day
SEROQUEL XR TAB	QL= 1 tab/day
SERTRALINE CAP	QL= 30 caps/30 days; Step therapy requires trial of sertraline tab
SIGNIFOR INJ	QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
sildenafil susp	QL= 224ml/30 days
sildenafil tab 20mg	QL= 3 tabs/day
SILENOR TAB	QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpiden zolpidem ER tab, or zolpidem SL

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SILIQ INJ	QL= 4 inj/28 days
SIMCOR TAB	QL= 1 tab/day
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
SITAVIG TAB	QL= 4 tabs/365 days; Step Therapy requires trial of 2: acyclovir, famciclovir, or valacyclovir
SIVEXTRO TAB	QL= 6 tabs/fill
SKYCLARYS CAP 50MG	QL= 90 caps/30 days; Only available through Biologics 800-850-4306
SKYRIZI 180MG/1.2ML CARTRIDGE	QL= 1 cartridge/56 days
SKYRIZI INJ	QL= 1 cartridge/56 days
SKYRIZI INJ 150MG/ML	QL= 1 syringe/84 days
SKYRIZI INJ 75MG/0.83ML	QL= 2 inj/84 days
SKYRIZI PEN 150MG/ML	QL= 1 pen/84 days
SKYTROFA INJ	QL= 4 inj/28 days
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/potassium/magnesium soln	QL= 2 fills/year
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day
SOGROYA INJ	QL= 6ml/28 days
solifenacin tab	QL= 1 tab/day
SOLIQUA INJ	QL= 18ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMPIC
SOLODYN TAB	QL= 1 tab/day; Step therapy requires trial of minocycline cap or minocycline tab
SOLOSEC GRANULES PACKET	QL= 2 packets/28 days; Step Therapy requires trial of clindamycin or metronidazole
SOMA TAB	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
SONATA CAP	QL= 1 cap/day
SONATA CAP 10MG	QL= 2 caps/day
SOOLANTRA CREAM	QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole
SOTYKTU TAB	QL= 1 tab/day
SOVALDI TAB	QL= 28 tabs/28 days
SPIKEVAX INJ	QL= 1 dose/24 days
SPINOSAD SUSP	QL= 1 bottle/fill, 1 fill/month
SPIRIVA HANDIHALER	QL= 1 cap/day; For use with Handihaler device

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial DULERA INHALER AND BREO ELLIPTA INHALER AND fluticasone/salmeterol inhaler AND wixela inhaler
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	QL= 1 inhaler/30 days
spironolactone susp	QL= 600ml/30 days; ST req trial of furosemide oral soln
SPRAVATO NASAL SOLN	QL= 4 kits/28 days; Only available through Walgreens 888-347-3416
SPRIX NASAL SPRAY	QL= 5 units/30 days
SSKI ORAL SOLN	QL= 90ml/30 days
STAHIST AD TAB 25-60MG	QL= 4 tabs/day
STALEVO TAB 12.5-50-200MG	QL= 8 tabs/day
STALEVO TAB 18.75-75-200MG	QL= 8 tabs/day
STALEVO TAB 25-100-200MG	QL= 8 tabs/day
STALEVO TAB 31.25-125-200MG	QL= 8 tabs/day
STALEVO TAB 37.5-150-200MG	QL= 8 tabs/day
STALEVO TAB 50-200-200MG	QL= 6 tabs/day
stavudine cap	QL= 2 caps/day
STEGLATRO TAB	QL= 1 tab/day; Step Therapy requires trial of 2: FARXIGA TAB, XIGDUO XR TAB, JARDIANCE TAB, SYNJARDY TAB, or SYNJARDY XR TAB
STELARA INJ	QL= 1 inj/84 days
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
STRATTERA CAP 10MG	QL= 2 caps/day
STRATTERA CAP 18MG	QL= 2 caps/day
STRATTERA CAP 25MG	QL= 2 caps/day
STRATTERA CAP 40MG	QL= 2 caps/day
STRATTERA CAP 60MG	QL= 1 cap/day
STRIANT FILM	QL= 60 films/30 days
STRIBILD TAB	QL= 1 tab/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of SEREVENT DISKUS
SUBOXONE SL FILM 12-3MG	QL= 2 films/day
SUBOXONE SL FILM 2-0.5MG	QL= 4 films/day
SUBOXONE SL FILM 4-1MG	QL= 4 films/day
SUBOXONE SL FILM 8-2MG	QL= 3 films/day
SUBSYS SPRAY	QL= 180 sprays/30 days
SUDAFD SINUS TAB 30MG	QL= 8 tabs/day
SUDAFED CHILDRENS LIQUID 15MG/5M	QL= 2400ml/30 days
SUFLAVE SOLN	QL= 2 fills/year
sulfadiazine tab	QL= 8 tabs/day
sumatriptan inj	QL= 8 inj/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 8 inj/30 days
sumatriptan nasal spray	QL= 6 sprays/30 days; Step therapy requires trial of two: naratriptan tab, rizatriptan tab, rizatriptan ODT, or sumatriptan tab

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
sumatriptan tab	QL= 9 tabs/30 days
sumatriptan vial inj	QL= 1 inj/7 days
sumatriptan/naproxen tab	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
sunitinib malate cap	QL= 1 cap/day
SUNOSI TAB 150MG	QL= 1 tab/day
SUNOSI TAB 75 MG	QL= 2 tabs/day
SUPREP BOWEL PREP PACK	QL= 2 fills/year
SUTENT CAP	QL= 1 cap/day; Only available through Walgreens 888-347-3416
SYMBICORT INHALER	QL= 10.2gm/30 days; ST req trial of 3: ADVAIR HFA, DULERA, BREO ELLIPTA and trial of 1: fluticasone/salmeterol or wixela
SYMBYAX CAP	QL= 1 cap/day
SYMDEKO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
SYMJEPI INJ	QL= 2 inj/fill
SYMLINPEN INJ 120	QL= 11ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart
SYMLINPEN INJ 60	QL= 6ml/30 days; Step Therapy requires trial of Semglee or Toujeo AND Novolin, Novolog, Fiasp or insulin aspart
SYMPROIC TAB	QL= 30 tabs/30 days
SYNAGIS INJ	QL= 2 inj/28 days
SYNDROS SOLN	QL= 60ml/30 days
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day
TABLOID TAB	QL= 4 tabs/day
TABRECTA TAB	QL= 112 tabs/28 days
tadalafil tab	QL= 1 tab/day; Prior Authorization for BPH
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
TALTZ INJ	QL= 1 inj/28 days
TALZENNA CAP	QL= 1 cap/day; Only available through Walgreens 888-347-3416
TAMIFLU CAP 30MG	QL= 40 caps/183 days
TAMIFLU CAP 45MG	QL= 40 caps/183 days
TAMIFLU CAP 75MG	QL= 20 caps/183 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TAMIFLU SUSP	QL= 360ml/183 days
TARCEVA TAB 100MG	QL= 3 tabs/day
TARCEVA TAB 150MG	QL= 3 tabs/day
TARCEVA TAB 25MG	QL= 2 tabs/day
TARPEYO CAP	QL= 120 caps/30 days
TASCENSO ODT TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
TASMAR TAB	QL= 3 tabs/day
TAVALISSE TAB	QL= 2 tab/day; Only available through Biologics 800-850-4306
TAVNEOS CAP	QL= 180 caps/30 days; Only available through PantherRx Pharmacy 855-726-8479
tazarotene cream 0.1%	QL= 360g/30 days
tazarotene gel	QL= 360g/30 days
tazarotene gel 0.1%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
TAZORAC CREAM	QL= 360g/30 days
TAZORAC CREAM 0.05%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
TAZORAC GEL 0.1%	QL= 100g/30 days; Step Therapy requires trial of tazarotene cream
TAZVERIK TAB	QL= 8 tabs/day; Only available through Onco360 877-662-6633
TECFIDERA CAP	QL= 60 caps/30 days
TECFIDERA STARTER PACK	QL= 60 caps/30 days
TECHNIVIE TAB	QL= 1 pack/28 days; Only available through Walgreens 888-347-3416
TEGSEDI INJ	QL= 4 inj/28 days; Only available through Accredo 800-803-2523
TELMISARTAN/AMLODIPINE TAB	QL= 1 tab/day; Step therapy requires trial of amlodpine-olmesartan OR amlodipine-valsartan
TENCON TAB	QL= 6 tabs/day
tenofovir disoproxil fumarate tab	QL= 1 tab/day
TEPMETKO TAB	QL= 60 tabs/30 days; Only available through Biologics 800-850-4306
teriflunomide tab	QL= 30 tabs/30 days
TERIPARATIDE INJ 620MCG/2.48ML	QL= 2.48 units/28 days
testosterone cypionate inj	QL= 4 vials/28 days
TESTOSTERONE ENANTHATE INJ	QL= 4 vials/28 days
testosterone gel 1% 25mg	QL= 150gm/30 days
testosterone gel 1% 50mg	QL= 300gm/30 days
testosterone gel 1% pump	QL= 300gm/30 days
testosterone gel 1.62% 1.25gm	QL= 1 packet/day
testosterone gel 1.62% 2.5gm	QL= 2 packets/day
testosterone gel 2%	QL= 2 bottles/30 days
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 150gm/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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
testosterone soln	QL= 2 bottles/30 days
TETRACYCLINE TAB	QL= 4 tabs/day; ST req trial of tetracycline caps followed by minocycline IR OR doxycycline monohydrate
TEZSPIRE INJ	QL= 1 pen/30 days
TEZSPIRE SOLN	QL= 1 syringe/30 days
THALITONE TAB	QL= 1 tab/day; Step therapy requires trial of chlorthalidone 25mg or chlorthalidone 50mg
THALOMID CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
THEOPHYLLINE TAB ER	QL= 1 tab/day
THIOLA EC TAB	QL= 8 tabs/day; Only available through Eversana 636-519-2400
THIOLA TAB	QL= 8 tabs/day; Only available through Eversana 636-519-2400
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
timolol maleate (pf) ophth soln 0.5%	QL= 2ml/day
timolol maleate preservative free ophth soln	QL= 2ml/day
TIMOPTIC OCUDOSE OPHTH SOLN	QL= 2ml/day
TIMOPTIC OCUDOSE OPHTH SOLN 0.5%	QL= 2ml/day
tiopronin tab	QL= 8 tabs/day; Only available through Eversana 636-519-2400
tiotropium bromide cap inhaler	QL= 1 cap/day; For use with Handihaler device
TIVICAY PD TAB	QL= 180 tabs/30 days
TIVICAY TAB	QL= 180 tabs/30 days
tolcapone tab	QL= 3 caps/day
TOLSURA CAP	QL= 4 caps/day; Step Therapy requires trial of itraconazole
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
topiramate cap er 200mg	QL= 2 caps/day; Step therapy requires trial of topiramate followed by topiramate ER sprinkle
topiramate er cap	QL= 1 cap/day; ST req trial of topirmate followed by topiramate ER sprinkle
topiramate ER cap 100mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 150mg	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 200mg	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 25mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 50mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
TOSYMRA SOLN	QL= 6 sprays/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
TOUJEO MAX SOLOSTAR INJ	QL= 18ml/30 days
TOUJEO SOLOSTAR INJ	QL= 18ml/30 days
TOVIAZ TAB	QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin tab/syrup/ER tab, tolterodine tab/SR cap, trospium tab/SR cap
TRACLEER TAB 32MG	QL= 4 tabs/day; Only available through Accredo 800-803-2523

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TRADJENTA TAB	QL= 1 tab/day
TRAMADOL ER CAP	QL= 1 cap/day; Step Therapy requires trial of tramadol tab
TRAMADOL HCL ER TAB 100MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
TRAMADOL HCL ER TAB 200MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
TRAMADOL HCL ER TAB 300MG	QL= 1 tab/day; Step therapy requires trial of tramadol ERT
TRAMADOL HCL TAB	QL= 30 tabs/30 days
tramadol hcl tab 100mg	QL= 4 tabs/day
tranexamic acid tab	QL= 180 tabs/30 days
TRANSDERM-SCOP PATCH	QL= 10 patches/30 days
TRAVATAN Z DROPS	QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost
travoprost ophth soln	QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln
TRELEGY ELLIPTA INHALER	QL= 1 inhaler/30 days
TREMFYA INJ	QL= 1 inj/56 days
TRESIBA FLEXTOUCH INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo
TRESIBA INJ	QL= 60ml/30 days; Step Therapy requires trial of Semglee or Insulin Glargine-Yfgn ar Toujeo
tretinoin cream	QL= 360g/30 days
tretinoin gel	QL= 360g/30 days
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, rizatriptar ODT, or sumatriptan
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROC ODEINE CAP	QL= 10 caps/day
TRIHEXYPHENIDYL SOLN	QL= 946ml/28 days
TRIJARDY XR TAB 10-5-1000MG	QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab
TRIJARDY XR TAB 12.5-2.5-1000MG	QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab
TRIJARDY XR TAB 25-5-1000MG	QL= 30 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab
TRIJARDY XR TAB 5-2.5-1000MG	QL= 60 tabs/30 days; Step Therapy requires trial of metformin tab or metformin er tab
TRIKAFTA TAB	QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416
TRIKAFTA THERAPY PACK	QL= 56 packets/28 days; Only available through Walgreens 888-347-3416
trilyte soln	Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
TRINTELLIX TAB	QL= 1 tab/day; Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
triprolidine/pseudoephedrine tab 2.5-60 mg	QL= 4 tabs/day
trispec pse liquid	QL= 1200ml/30 days
TRIUMEQ PD TAB	QL= 6 tabs/day
TRIUMEQ TAB	QL= 1 tab/day
TRIZIVIR TAB	QL= 2 tabs/day
TROKENDI XR CAP	QL= 1 cap/day; ST req trial of topirmate followed by topiramate ER sprinkle

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TROKENDI XR CAP 200MG	QL= 2 caps/day; Step therapy requires trial of topiramate followed by topiramate ER sprinkle
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)
TRUSELTIQ PACK 100MG	QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246
TRUSELTIQ PACK 175MG	QL= 63 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246
TRUSELTIQ PACK 50MG, 125MG	QL= 42 caps/28 days; Only available through Biologics 800-850-4306 or US Bioservices 888-518-7246
TRUVADA TAB	QL= 30 tabs/30 days
TUDORZA PRESSAIR INHALER	QL= 1 inhaler/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER ar SPIRIVA HANDIHALER or SPIRIVA RESPIMAT
TUKYSA TAB	QL= 120 tabs/30 days; Only available through Biologics 800-850-4306
TURALIO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
TUSSICAPS	QL= 20 caps/fill, 2 fills/30 days
tussin cf liquid	QL= 1200ml/30 days
TUXARIN ER TAB	QL= 20 tabs/fill, 2 fills/30 days
TUZISTRA XR SUSP	QL= 120ml/fill, 2 fills/30 days
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 100MG	QL= 16 tabs/30 days
UBRELVY TAB 50MG	QL= 8 tabs/30 days
UCERIS RECTAL FOAM	QL= 100.2g/30 days
UDENYCA INJ	QL = 2 injectors/28 days
ULORIC TAB	QL= 1 tab/day
UPNEEQ SOLN	QL= 30 droppers/30 days
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
UTIBRON NEOHALER CAP	QL= 2 caps/day; Step Therapy requires trial of STIOLTO INHALER, ANORO ELLIPTA INHALER and TRELEGY ELLIPTA INHALER
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Optum 877-445-6874
VALSARTAN SOLN	QL= 2400ml/30 days
VANCOCIN CAP 125MG	QL= 56 caps/30 days
VANCOCIN CAP 250MG	QL= 112 caps/30 days
vancomycin cap 125mg	QL= 56 caps/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
vancomycin cap 250mg	QL= 112 caps/30 days
vancomycin hcl for oral soln 25mg/ml	QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin via for compounded oral solution
vancomycin hcl for oral soln 50mg/ml	QL= 300ml/30 days; Step therapy requires trial of vancomycin cap OR vancomycin via for compounded oral solution
VANFLYTA TAB	QL= 60 tabs/30 days; Only available through Biologics 800-850-4306
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
VASCEPA CAP 0.5GM	QL= 2 caps/day
VASCEPA CAP 1GM	QL= 4 caps/day
VELPHORO CHEW TAB	QL= 6 tabs/day; Step Therapy requires trial of sevelamer followed by lanthanum
VELTASSA POWDER	QL= 1 packet/day; Step therapy requires 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
VERKAZIA EMULSION 0.1% OPHTH	QL= 4 vials/day, 6 fills/year; ST requires trial of 1: fluorometholone ophth, dexamethasone ophth, prednisolone ophth or loteprednol ophth
VERQUVO TAB	QL= 30 tabs/30 days
VERZENIO TAB	QL= 2 tabs/day
VESICARE TAB	QL= 1 tab/day; Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine tolterodine ER, trospium, or trospium ER
VEVYE DROP 0.1%	QL= 6ml/30 days; ST req trial of cyclosporine ophthalmic emulsion
V-GO INJ KIT	QL= 1 kit/day
VIBRAMYCIN CAP	QL= 2 caps/day
VICTOZA INJ	QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
VIDEX SOLN	QL= 600ml/30 days
VIEKIRA PAK TAB	QL= 4 tabs/day; Only available through Lumicera 855-847-3553
VIEKIRA XR TAB	QL= 3 tabs/day; Only available through Lumicera 855-847-3553
vigabatrin powder pack	QL= 6 packs/day; Only available through PantheRx 855-726-8479
vigabatrin tab	QL= 6 tabs/day; Only available through Lumicera 855-847-3553
VIIBRYD TAB	QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox
VIJOICE TAB	QL= 1 tab/day
vilazodone hcl tab	QL= 1 tab/day; Step therapy requires trial of 2: cital, escital, fluox, parox IR/ER, sertr, desven ER, venlfx IR/ER, dulox
VIMPAT SOLN	QL= 1200ml/30 days
VIMPAT TAB	QL= 2 tabs/day
VIRAMUNE SUSP	QL= 1200ml/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
VIRAMUNE TAB	QL= 2 tabs/day
VIRAMUNE XR TAB	QL= 1 tab/day
VIREAD TAB	QL= 1 tab/day
VITRAKVI CAP 100MG	QL= 2 caps/day; Only available through Accredo 888-773-7376
VITRAKVI CAP 25MG	QL= 8 caps/day; Only available through Accredo 888-773-7376
VITRAKVI SOLN	QL= 10ml/day; Only available through Accredo 888-773-7376
VIVELLE-DOT PATCH	QL= 8 patches/28 days
VIVJOA CAP	QL= 18 capsules/84 days; Only available through Walgreens 888-347-3416
VIVLODEX CAP	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
VIZIMPRO TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
VOGELXO PUMP	QL= 4 bottles/30 days
VONJO CAP	QL= 120 tabs/30 days; Only available through Biologics by McKesson 800-850-4306
VOQUEZNA DUAL PAK	QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Prevpac, OR lansoprazole/amoxicillin/clarithro kit
VOQUEZNA TRIP PAK	QL= 1 pack/14 days; Step therapy requires trial of 1: amoxicillin/clarithro, Omeclamox-Pak, Prevpac, OR lansoprazole/amoxicillin/clarithro kit
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
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
VYTORIN TAB	QL= 1 tab/day
VYVANSE CAP	QL= 1 cap/day
VYVANSE CHEW TAB	QL= 1 tab/day
VYZULTA SOLN	QL= 2.5ml/30 days; Step Therapy requires trial of latanoprost followed by 1: travopros bimatoprost 0.03%, or tafluprost
WAKIX TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
WELIREG TAB	QL= 90 tabs/30 days; Only available through Biologics 800-850-4306
WINLEVI CREAM	QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial o 1: clindamycin or erythromycin
XACIATO GEL	QL= 25 grams/30 days; Trial of 2: metronidazole gel, clindamycin vaginal cream AND trial of 1: metronid tab or clinda cap
XADAGO TAB	QL= 30 tabs/30 days; Step therapy requires trial of of carbidopa/levodopa

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XALKORI CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
XALKORI SPRINKLE CAP	QL= 6 caps/day; Only available through Walgreens 888-347-3416
XARELTO STARTER PACK 15MG/20MG	QL= 1 pack/30 days
XARELTO SUSP	QL= 10ml/day
XARELTO TAB 10MG	QL= 30 tabs/30 days
XARELTO TAB 15MG	QL= 60 tabs/30 days
XARELTO TAB 2.5MG	QL= 60 tabs/30 days
XARELTO TAB 20MG	QL= 30 tabs/30 days
XARTEMIS XR TAB	QL= 12 tabs/day
XCOPRI PAK 100-150MG	QL= 1 pack/28 days; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI PAK 150-200MG	QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI PAK 50-200MG	QL= 2 tabs/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI TAB 150MG, 200MG	QL= 2 tabs/day
XCOPRI TAB 50MG, 100MG	QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI TITRATION PAK 150-200MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
XCOPRI TITRATION PAK 50-100MG	QL= 1 tab/day; Step Therapy requires trial of two generics from the anticonvulsants category
XDEMVY DROP	QL= 10ml/42 days; 1 fill/year; Diagnosis Restricted – Demodex blepharitis (H01.00X, B88.0)
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
XIIDRA OPHTH SOLN	QL= 60ml/30days; Step therapy requires trial of cyclosporine 0.05% ophth emulsion (generic Restasis)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XODOL TAB 10MG-300MG	QL= 13 tabs/day
XODOL TAB 5MG-300MG	QL= 13 tabs/day
XODOL TAB 7.5MG-300MG	QL= 13 tabs/day
XOFLUZA TAB	QL= 2 tabs/120 days
XOFLUZA TAB THERAPY PACK 40MG	QL= 2 tabs/120 days
XOFLUZA TAB THERAPY PACK 80MG	QL= 2 tabs/120 days
XOLAIR INJ	QL= 1 syringe/28 days
XOLAIR INJ 150MG/ML	QL= 1ml/28 days
XOLAIR INJ 300MG/2ML	QL= 2ml/28 days
XOLAIR INJ 75MG/0.5ML	QL= 0.5ml/28 days
XOSPATA TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306
XPHOZAH TAB	QL= 60 tablets/30 days
XPOVIO TAB	QL= 32 tabs/28 days; Only available through Biologics 800-850-4306
XTAMPZA ER CAP 13.5MG	QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 18MG	QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 27MG	QL= 4 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 36MG	QL= 8 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTAMPZA ER CAP 9MG	QL= 2 caps/day; Step therapy requires trial of morphine sulfate ER tab
XTANDI CAP	QL= 4 caps/day; Only available through Walgreens 888-347-3416
XTANDI TAB 40MG	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
XTANDI TAB 80MG	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
XULTOPHY INJ	QL= 15ml/30 days; Step Therapy requires trial of VICTOZA, TRULICITY, or OZEMPI
XYOSTED INJ	QL= 4ml/28 days
YONSA TAB	QL= 4 tabs/day
YUFLYMA 2SYR KIT 40MG/0.4ML	QL= 2 inj/28 days
YUFLYMA KIT 40MG/0.4ML	QL= 2 inj/28 days
YUFLYMA KIT 80MG/0.8ML	QL= 2 syringes/28 days
YUPELRI SOLN	QL= 90ml/30 days; Step Therapy requires trial of INCRUSE ELLIPTA INHALER, SPIRIVA HANDIHALER or SPIRIVA RESPIMAT INHALER 2.5MCG/ACT
YUSIMRY INJ 40MG/0.8ML	QL= 2 inj/28 days
zaleplon cap	QL= 1 cap/day
zaleplon cap 10mg	QL= 2 caps/day
ZARXIO INJ	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
zenzedi tab 10mg	QL= 3 tabs/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ZENZEDI TAB 2.5MG	QL= 3 tabs/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
zenzedi tab 5mg	QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ZENZEDI TAB 7.5MG	QL= 3 tabs/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ZEPATIER TAB	QL= 1 tab/day
zephrex-d tab 30mg	QL= 240 tabs/30 days
ZEPOSIA CAP	QL=30 caps/30 days
ZEPOSIA STARTER PACK	QL= 37 caps/37 days
ZERIT CAP	QL= 2 caps/day
ZETIA TAB	QL= 1 tab/day
ZIAGEN SOLN	QL= 960ml/30 days
ZIAGEN TAB	QL= 2 tabs/day
ZIANA GEL	QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial o 1: clindamycin or erythromycin
zidovudine cap	QL= 6 caps/day
zidovudine syrup	QL= 1920ml/30 days
zidovudine tab	QL= 2 tabs/day
ZIEXTENZO INJ	QL= 1.2 units/28 days
zileuton ER tab	QL= 2 tabs/day
ZILXI FOAM	QL= 360g/30 days; ST req trial of clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
ZIMHI SOLN	QL= 2 syringes/fill, 2 fills/30 days; Step therapy requires trial of 2: naloxone nasal spray, naloxone inj
ZIOPTAN OPHTH SOLN	QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost followed by 1: travoprost, bimatoprost 0.03%, or tafluprost
ziprasidone cap	QL= 2 caps/day
ZIPSOR CAP	QL= 4 caps/day
ZITUVIO TAB	QL= 1 tab/day; Step Therapy requires trial of metformin AND Tradjenta OR Jentaduet
ZOCOR TAB 5MG, 10MG, 20MG, 40MG	QL= 1 tab/day
ZOCOR TAB 80MG	QL= 1 tab/day
ZOFRAN SOLN	QL= 50ml/fill, 1 fill/15 days
ZOHYDRO ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
zolmitriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of 2: sumatriptan tab, naratriptan tab, rizatriptan tab or ODT
zolmitriptan ODT	QL= 9 tabs/30 days
ZOLMITRIPTAN SPRAY	QL= 6 sprays/fill, 2 fills/30 days
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY	QL= 6 sprays/fill, 2 fills/30 days
zolmitriptan tab	QL= 9 tabs/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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 tab	QL= 1 tab/day
zolpidem tartrate SL tab	QL= 1 tab/day
ZOMIG SPRAY	QL= 6 sprays/fill, 2 fills/30 days
ZOMIG TAB	QL= 9 tabs/30 days
ZOMIG ZMT	QL= 9 tabs/30 days
ZONISADE SUSP	QL= 900ml/30 days
ZORTRESS TAB	QL= 2 tabs/day
ZORVOLEX CAP	QL= 3 caps/day
ZORYVE CREAM	QL= 60 grams/30 days; Step therapy requires trial of calcipotriene cream/oint/soln AN topical tacrolimus oint
ZTALMY SUSP	QL= 1100ml/30 days; Only available through Orsini Pharmacy 800-410-8575
ZURAMPIC TAB	QL= 1 tab/day
ZURZUVAE CAP 20MG	QL= 28 caps/14 days, 1 fill/365 days
ZURZUVAE CAP 25MG	QL= 28 caps/14 days, 1 fill/365 days
ZURZUVAE CAP 30MG	QL= 14 caps/14 days, 1 fill/365 days
ZYBAN TAB	Limited to 180 days/plan year
ZYCLARA CREAM 2.5%	QL= 7.5gm/28 days; Step Therapy requires trial of imiquimod cream
ZYFLO CR TAB	QL= 2 tabs/day
ZYFLO TAB	QL= 4 tabs/day
ZYKADIA CAP	QL= 3 caps/day
ZYKADIA TAB	QL= 3 tabs/day
ZYPITAMAG TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
ZYPREXA ZYDIS TAB	QL= 1 tab/day
ZYTIGA TAB 250MG	QL= 3 tabs/day
ZYTIGA TAB 500MG	QL= 2 tabs/day

Nondiscrimination notice

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

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

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

If you need any of the above, call:

888-217-2363 (TDD/TTY 711)

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

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

Scott White coordinates our nondiscrimination work:

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

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

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

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

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

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

modahealth.com

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)