Search Tip:
This is a large document, but you can search quickly and easily by entering CTRL F and it will then display a find 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.

Prime 4 Tier Formulary
Alphabetical Index
Last Updated 5/1/2024

Drug Name	Special Code	Tier	Category
abacavir soln (ZIAGEN equiv)	-	2	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	-	2	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	2	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	2	ANTIVIRALS
ABILIFY ASIMTUFII INJ 720MG/2.4ML (aripiprazole im er susp prefilled syringe equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY ASIMTUFII INJ 960MG/3.2ML (aripiprazole im er susp prefilled syringe equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MAINTENA INJ	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	LMSP-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABRILADA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ABRYSVO INJ	VAC	$0	VACCINES
ABSORICA CAP	-	NC	DERMATOLOGICALS
ABSORICA LD CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID
acamprosate calcium DR tab (CAMPRAL equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	1	ANTIDIABETICS
ACCOLATE TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ACCRUFER CAP	-	NC	HEMATOPOIETIC AGENTS
ACCU-CHEK AVIVA PLUS METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK GUIDE CARE METER	OTC	$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE ME KIT	OTC	$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK NANO METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCUPRIL TAB	-	3	ANTIHYPERTENSIVES
ACCURETIC TAB	-	3	ANTIHYPERTENSIVES
acebutolol cap (SECTRAL equiv)	-	1	BETA BLOCKERS
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC	ANALGESICS - OPIOID
acetaminophen/codeine soln	-	1	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC	MIGRAINE PRODUCTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2	DIURETICS
acetazolamide tab	-	1	DIURETICS

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acetic acid otic soln (VOSOL equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	1	COUGH/COLD/ALLERGY
ACIPHEX SPRINKLE CAP	-	NC	ULCER DRUGS
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
ACIPHEX TAB	-	3	ULCER DRUGS
acitretin cap (SORIATANE equiv)	-	2	DERMATOLOGICALS
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA IV INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ACTHAR GEL INJ (QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHIB INJ, HIBERIX INJ	VAC	$0	VACCINES
ACTICLATE TAB 75MG, 150MG	-	NC	TETRACYCLINES
ACTIGALL CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTIQ LOZENGE (QL= 120 units/30 days)	PA-QL	3	ANALGESICS - OPIOID
ACTIVELLA TAB	-	3	ESTROGENS
ACTONEL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTOPLUS MET TAB	-	NC	ANTIDIABETICS
ACTOS TAB	-	3	ANTIDIABETICS
ACULAR (LS) OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
ACUVAIL OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir cream (ZOVIRAX equiv)	-	NC	DERMATOLOGICALS
acyclovir oint (ZOVIRAX equiv)	-	1	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	1	ANTIVIRALS
ACZONE GEL	-	NC	DERMATOLOGICALS
ADACEL/BOOSTRIX INJ	VAC	$0	TOXOIDS
ADAGEN INJ	-	NC	BIOLOGICALS MISC
ADALAT CC TAB	-	3	CALCIUM CHANNEL BLOCKERS
ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ PFS INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (QL= 2 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (QL= 2 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ADAPALENE SOLN	-	NC	DERMATOLOGICALS
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
ADAPALENE LOTION	-	NC	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	2	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)	-	2	DERMATOLOGICALS

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ADAPALENE/BENZOYL PEROXIDE PAD	-	NC	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ADAZIN CREAM	-	NC	DERMATOLOGICALS
ADBRY INJ (QL= 4 inj/28 days)	LMSP-PA-QL	4	DERMATOLOGICALS
ADCIRCA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ADDERALL TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADDERALL XR CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADDYI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv)	-	2	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
ADLARITY PATCH	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ADLYXIN INJ	-	NC	ANTIDIABETICS
ADMELOG INJ, HUMALOG INJ	-	NC	ANTIDIABETICS
ADMELOG SOLOSTAR, HUMALOG TEMPO PEN	-	NC	ANTIDIABETICS
ADRENACLICK INJ, EPINEPHRINE INJ	-	NC	VASOPRESSORS
ADRENALIN NASAL SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ADVAIR DISKUS INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVICOR TAB	-	NC	ANTIHYPERLIPIDEMICS
ADZENYS ER SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADZENYS XR TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
AEMCOLO TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
AEROCHAMBER	OTC	2	MEDICAL DEVICES AND SUPPLIES
AEROCHAMBER SUPPLIES	-	2	MEDICAL DEVICES AND SUPPLIES
AEROSPAN INH	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AFINITOR DISPERZ TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES
AFSTYLA KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
AGAMREE SUSP	-	NC	CORTICOSTEROIDS
AGRYLIN CAP	-	3	HEMATOLOGICAL AGENTS - MISC.
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2	MIGRAINE PRODUCTS
AIRDUO POWDER INHALER W/SENSOR	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AIRDUO RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AIRSUPRA INH	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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Drug Name	Special Code	Tier	Category
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2	MIGRAINE PRODUCTS
AKEEGA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AKLIEF CREAM	-	NC	DERMATOLOGICALS
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
ALA-SCALP LOTION	-	NC	DERMATOLOGICALS
albendazole tab (ALBENZA equiv)	-	2	ANTHELMINTICS
ALBENZA TAB	-	3	ANTHELMINTICS
albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL HFA INHALER	QL--	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL NEBULIZER SOLN	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALCAINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
alclometasone cream (ACLOVATE equiv)	-	1	DERMATOLOGICALS
alclometasone oint (ACLOVATE equiv)	-	1	DERMATOLOGICALS
ALCOHOL SWABS	OTC	1	MEDICAL DEVICES AND SUPPLIES
ALCORTIN A GEL	-	NC	DERMATOLOGICALS
ALDACTAZIDE TAB	-	3	DIURETICS
ALDACTAZIDE TAB 50-50MG	-	3	DIURETICS
ALDACTONE TAB	-	3	DIURETICS
ALDARA CREAM	-	3	DERMATOLOGICALS
ALDURAZYME INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALECENSA CAP (QL= 8 caps/day)	LMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALEVICYN SOLN DERMAL	-	NC	DERMATOLOGICALS
ALFERON-N INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alfuzosin SR tab (UROXATRAL equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2	ANTI-INFECTIVE AGENTS - MISC.
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	3	ANTI-INFECTIVE AGENTS - MISC.
aliskiren tab (TEKTURNA equiv)	-	2	ANTIHYPERTENSIVES

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ALKERAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALKERAN TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALKINDI SPRINKLE CAP	-	NC	CORTICOSTEROIDS
ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)	PA-QL	3	CORTICOSTEROIDS
ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)	PA-QL	3	CORTICOSTEROIDS
ALLEGRA ODT	OTC	EXC	ANTIHISTAMINES
allopurinol tab (ZYLOPRIM equiv)	-	1	GOUT AGENTS
ALLOPURINOL TAB	-	NC	GOUT AGENTS
ALLZITAL TAB	-	NC	ANALGESICS - NONNARCOTIC
almotriptan tab (AXERT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
ALOCRIL OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3	OPHTHALMIC AGENTS
ALOGLIPTIN TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN TAB, NESINA TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN-METFORMIN TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN-PIOGILTAZONE TAB	-	NC	ANTIDIABETICS
ALOMIDE OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3	OPHTHALMIC AGENTS
ALOQUIN GEL	-	NC	DERMATOLOGICALS
ALORA PATCH	-	3	ESTROGENS
alosetron tab (LOTRONEX equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN P OPHTH SOLN 0.15% (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
alprazolam ER tab (XANAX XR equiv)	-	2	ANTIANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	2	ANTIANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	1	ANTIANXIETY AGENTS
ALREX OPHTH SUSP (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ALREX OPHTH SUSP 0.2%	-	3	OPHTHALMIC AGENTS
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC	MIGRAINE PRODUCTS
ALTABAX OINT	-	NC	DERMATOLOGICALS
ALTACE CAP	-	3	ANTIHYPERTENSIVES
ALTOPREV TAB	-	NC	ANTIHYPERLIPIDEMICS
ALTRENO LOTION	-	NC	DERMATOLOGICALS
ALUNBRIG PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVAIZ TAB	-	NC	HEMATOPOIETIC AGENTS
ALVESCO INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alvimopan cap (ENTEREG equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
ALZAIR NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS

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amantadine tab	-	2	ANTIPARKINSON AGENTS
AMARYL TAB	-	3	ANTIDIABETICS
AMBIEN CR TAB (QL= 1 tab/day)	QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
AMBIEN TAB (QL= 1 tab/day)	QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	1	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	NC	DERMATOLOGICALS
AMCINONIDE LOTION	-	3	DERMATOLOGICALS
amcinonide oint 0.1% (AMCINONIDE OINT equiv)	-	NC	DERMATOLOGICALS
AMCINONIDE OINTMENT	-	NC	DERMATOLOGICALS
AMERGE TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
amethyst tab (LYBREL equiv)	ACA	$0	CONTRACEPTIVES
AMICAR SOLN	-	3	HEMOSTATICS
AMICAR TAB	-	3	HEMOSTATICS
amiloride tab (MIDAMOR equiv)	-	1	DIURETICS
AMILORIDE/HCTZ TAB	-	1	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1	DIURETICS
aminocaproic acid soln (AMICAR equiv)	-	2	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	2	HEMOSTATICS
amiodarone tab (CORDARONE equiv)	-	1	ANTIARRHYTHMICS
AMITIZA CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	1	ANTIDEPRESSANTS
AMJEVITA AUTO-INJECTOR (adalimumab-atto)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ (adalimumab-atto)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
amlodipine tab (NORVASC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR TAB equiv)	-	2	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	2	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	NC	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	1	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	1	DERMATOLOGICALS
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	2	DERMATOLOGICALS
amoxapine tab (AMOXAPINE equiv)	-	1	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	1	PENICILLINS
AMOXICILLIN CHEW TAB	-	1	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	1	PENICILLINS
AMOXICILLIN/CLAVULANATE ER TAB	-	3	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1	PENICILLINS
amphetamine tab (EVEKEO equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ampicillin cap (AMPICILLIN equiv)	-	1	PENICILLINS
AMPYRA TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMRIX CAP	-	NC	MUSCULOSKELETAL THERAPY AGENTS
AMZEEQ FOAM	-	NC	DERMATOLOGICALS
ANADROL TAB	-	NC	ANDROGENS-ANABOLIC
ANAFRANIL CAP	-	NC	ANTIDEPRESSANTS
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM-E KIT	-	3	ANORECTAL AGENTS
ANALPRAM-HC CREAM	-	NC	ANORECTAL AGENTS
ANAPROX TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
ANASPAZ ODT	-	3	ULCER DRUGS
ANASTIA LOTION	-	NC	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	ACA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANCOBON CAP	-	3	ANTIFUNGALS
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANDROGEL 1% 25MG (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROGEL 1% 50MG, TESTIM GEL 1% (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	NC	ESTROGENS
ANNOVERA RING (QL= 1 ring/year)	QL	$0	CONTRACEPTIVES
ANORO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTABUSE TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	NC	ANTIHYPERLIPIDEMICS
ANTARA CAP, LOFIBRA CAP	-	NC	ANTIHYPERLIPIDEMICS
antipyrine/ benzocaine/ polycosanol otic soln (TREAGAN OTIC equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC	OTIC AGENTS
ANTIVERT TAB, MECLIZINE TAB	-	NC	ANTIEMETICS
ANUSOL-HC CREAM	-	3	ANORECTAL AGENTS
ANUSOL-HC SUPP	-	NC	ANORECTAL AGENTS
ANZEMET TAB (QL= 9 tabs/fill)	QL	3	ANTIEMETICS
APADAZ TAB	-	NC	ANALGESICS - OPIOID
APAP/CODEINE SOLN	-	1	ANALGESICS - OPIOID
APEXICON E CREAM (PSORCON E equiv)	-	NC	DERMATOLOGICALS
APIDRA INJ	-	NC	ANTIDIABETICS

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APIDRA SOLOSTAR INJ	-	NC	ANTIDIABETICS
APLENZIN TAB	-	NC	ANTIDEPRESSANTS
APOKYN INJ	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
apomorphine inj (APOKYN equiv)	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
APRACLONIDINE OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
apraclonidine ophth soln (IOPIDINE equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	QL	2	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill)	QL	2	ANTIEMETICS
APRISO CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
APRIZIO PAK KIT	-	NC	DERMATOLOGICALS
APTIOM TAB	-	NC	ANTICONVULSANTS
APTIVUS CAP	-	2	ANTIVIRALS
APTIVUS SOLN	-	2	ANTIVIRALS
ARAKODA TAB	-	3	ANTIMALARIALS
ARALAST/PROLASTIN/ZEMAIRA INJ	-	NC	RESPIRATORY AGENTS - MISC.
aranelle tab (TRI-NORINYL equiv)	ACA	$0	CONTRACEPTIVES
ARANESP INJ	-	NC	HEMATOPOIETIC AGENTS
ARAVA TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
ARAZLO LOTION	-	NC	DERMATOLOGICALS
ARCALYST INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ARCAPTA NEOHALER (Step Therapy requires trial of Foradil or Serevent)	ST	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AREXVY INJ	VAC	$0	VACCINES
arformoterol tartrate neb soln (BROVANA equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARICEPT TAB (QL= 2 tabs/day)	QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARICEPT TAB 23MG (QL= 1 tab/day)	QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	4	AMINOGLYCOSIDES
ARIMIDEX TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	PA-QL	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARISTADA INJ	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARIXTRA INJ	-	3	ANTICOAGULANTS
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	1	THYROID AGENTS
ARNUITY ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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AROMASIN TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARTHROTEC TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
ARYMO ER TAB	-	NC	ANALGESICS - OPIOID
ASACOL HD TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ASACOL HD TAB, MESALAMINE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	QL	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ASMANEX HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aspirin chew tab 81mg (Covered for females (no age restriction))	ACA-OTC	$0	ANALGESICS - NONNARCOTIC
ASPIRIN EC TAB 325MG	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for females (no age restriction))	ACA-OTC	$0	ANALGESICS - NONNARCOTIC
aspirin tab 325mg	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	1	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENOX equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
ASPIRIN/OMEPRAZOLE ER TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ASPRUZYO SPRINKLE GRANULES	-	NC	ANTIANGINAL AGENTS
ASTAGRAF XL CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ASTAMED MYO CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY (QL= 2 bottles/fill)	QL	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
ATACAND HCT TAB	-	NC	ANTIHYPERTENSIVES
ATACAND TAB	-	3	ANTIHYPERTENSIVES
atazanavir cap (REYATAZ equiv)	-	2	ANTIVIRALS
ATELVIA TAB (Step Therapy requires trial of alendronate)	ST	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
atenolol tab (TENORMIN equiv)	-	1	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1	ANTIHYPERTENSIVES
ATIVAN TAB	-	3	ANTIANXIETY AGENTS
atomoxetine cap (STRATTERA equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
ATORVALIQ SUSP (Members age 9 or older require Prior Authorization)	PA	3	ANTIHYPERLIPIDEMICS
atorvastatin tab (LIPITOR equiv)	ACA	$0	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	1	ANTIMALARIALS
ATRALIN GEL, RETIN-A GEL	PA	3	DERMATOLOGICALS
ATRIPLA TAB	-	NC	ANTIVIRALS
ATRIX SYSTEM KIT	-	NC	DERMATOLOGICALS
atropine ophth oint (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
ATROPINE SUL SOLN 1% OPHTH (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
ATROPINE SULFATE OPHTH OINT (QL= 2 tubes/fill)	QL	1	OPHTHALMIC AGENTS
ATROVENT HFA INHALER (QL= 2 inhalers/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AUBAGIO TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUGMENTIN ES-600 SUSP	-	3	PENICILLINS
AUGMENTIN SUSP	-	3	PENICILLINS

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AUGMENTIN TAB	-	3	PENICILLINS
AUGTYRO CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AURALGAN OTIC SOLN (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
AURYXIA TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO TITRATION PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB (QL= 2 tabs/day)	LMSP-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB 6MG (QL= 3 tabs/day)	LMSP-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days)	LMSP-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVELITY TAB	-	NC	ANTIDEPRESSANTS
AUVI-Q INJ	-	NC	VASOPRESSORS
AVALIDE TAB	-	3	ANTIHYPERTENSIVES
AVAPRO TAB	-	3	ANTIHYPERTENSIVES
AVAR AEROSOL FOAM	-	NC	DERMATOLOGICALS
AVAR GEL	-	2	DERMATOLOGICALS
AVAR PAD	-	NC	DERMATOLOGICALS
AVAR-E LS CREAM 10-2%	-	NC	DERMATOLOGICALS
AVELOX TAB	-	3	FLUOROQUINOLONES
aviane tab (ALESSE equiv)	ACA	$0	CONTRACEPTIVES
AVODART CAP	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
AVONEX INJ	LMSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AXERT TAB	-	NC	MIGRAINE PRODUCTS
AXID CAP	-	3	ULCER DRUGS
AYGESTIN TAB	-	3	PROGESTINS
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZASITE SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	1	ASSORTED CLASSES
azathioprine tab 100mg (AZASAN equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
azathioprine tab 75mg (AZASAN equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
azelaic acid gel (FINACEA equiv)	-	2	DERMATOLOGICALS
azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine nasal spray 0.15% (ASTEPRO equiv) (QL= 2 bottles/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZELEX CREAM	-	NC	DERMATOLOGICALS
AZENASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZESCHEW TAB 13-1MG	-	NC	MULTIVITAMINS
AZESCO TAB	-	NC	MULTIVITAMINS
AZILECT TAB	-	3	ANTIPARKINSON AGENTS
azithromycin susp (ZITHROMAX equiv)	-	1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES

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AZO URINARY TAB	OTC	3	GENITOURINARY AGENTS - MISCELLANEOUS
AZOPT OPHTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
AZSTARYS CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
AZULFIDINE EN TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
AZULFIDINE TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
BACITRACIN OPHTH OINT (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
BACLOFEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
BACLOFEN ORAL SOLN 10 MG/5ML (Prior Authorization Required for members age 9 and older)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN ORAL SOLN 5 MG/5ML (Prior Authorization Required for members age 9 and older)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
baclofen susp (BACLOFEN equiv) (Prior Authorization required for members age 9 or older)	PA	2	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN SUSP (Prior Authorization Required for members age 9 or older)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab (BACLOFEN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB 5MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
BACTRIM DS TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
BACTROBAN CREAM	-	NC	DERMATOLOGICALS
BAFIERTAM CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BALCOLTRA TAB	-	$0	CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BANZEL SUSP	PA	3	ANTICONVULSANTS
BANZEL TAB	-	NC	ANTICONVULSANTS
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2	ANTIDIABETICS
BARACLUDE SOLN (Members age 9 or older require Prior Authorization)	PA	3	ANTIVIRALS
BARACLUDE TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR I	-	NC	ANTIDIABETICS
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	2	FLUOROQUINOLONES
BCG INJ	VAC	EXC	VACCINES
B-D INSULIN SYRINGE	--OTC	1	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv)	-	NC	ULCER DRUGS
BECONASE AQ NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
BELBUCA FILM	-	NC	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	2	ULCER DRUGS
BELSOMRA TAB	-	NC	HYPNOTICS

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benazepril tab (LOTENSIN equiv)	-	1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1	ANTIHYPERTENSIVES
BENICAR HCT TAB	-	3	ANTIHYPERTENSIVES
BENICAR TAB	-	3	ANTIHYPERTENSIVES
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	LMSP-PA-QL	4	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ (QL= 4 inj/28 day)	LMSP-PA-QL	4	MISCELLANEOUS THERAPEUTIC CLASSES
BENTIVITE TAB	-	NC	HEMATOPOIETIC AGENTS
BENTYL CAP	-	3	ULCER DRUGS
BENTYL SYRUP	-	3	ULCER DRUGS
BENZAC WASH	-	NC	DERMATOLOGICALS
BENZACLIN GEL	-	3	DERMATOLOGICALS
BENZAMYCIN GEL	-	3	DERMATOLOGICALS
BENZAMYCIN GEL PACK	-	NC	DERMATOLOGICALS
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	2	ANTHELMINTICS
BENZOCAINE/LIDOCAINE/TETRACAINE OINT	-	NC	DERMATOLOGICALS
benzonatate cap (TESSALON equiv)	-	1	COUGH/COLD/ALLERGY
benzonatate cap 150mg (ZONATUSS equiv)	-	NC	COUGH/COLD/ALLERGY
BENZOYL PEROXIDE CREAM	OTC	NC	DERMATOLOGICALS
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC	DERMATOLOGICALS
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC	DERMATOLOGICALS
benzphetamine tab	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
benztropine tab	-	1	ANTIPARKINSON AGENTS
bepotastine ophth soln (BEPREVE equiv) (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	2	OPHTHALMIC AGENTS
BEPREVE OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3	OPHTHALMIC AGENTS
BERINERT INJ (Only available through Accredo 800-803-2523)	LD-PA	4	HEMATOLOGICAL AGENTS - MISC.
BESER KIT 0.05%	-	NC	DERMATOLOGICALS
BESIVANCE OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
BESREMI INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BETAGAN OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
betaine powder for oral solution (CYSTADANE equiv) (Only available through Walgreens 888-347-3416)	LD	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone augmented gel	-	1	DERMATOLOGICALS
BETAMETHASONE AUGMENTED GEL	-	2	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	2	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone diproprionate cream (DIPROSONE CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone diproprionate lotion	-	1	DERMATOLOGICALS
betamethasone diproprionate oint (DIPROSONE OINT equiv)	-	2	DERMATOLOGICALS
betamethasone valerate cream	-	1	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC	DERMATOLOGICALS
betamethasone valerate lotion	-	1	DERMATOLOGICALS
betamethasone valerate oint	-	1	DERMATOLOGICALS
BETAPACE AF TAB	-	3	BETA BLOCKERS
BETAPACE TAB	-	3	BETA BLOCKERS

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BETASERON INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BETAXOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
betaxolol ophth soln (BETOPTIC-S equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	1	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	1	URINARY ANTISPASMODICS
BETHKIS NEB SOLN, TOBI NEB SOLN	-	NC	AMINOGLYCOSIDES
BETIMOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEXAGLIFLOZN TAB	-	NC	ANTIDIABETICS
bexarotene cap (TARGRETIN equiv)	LMSP-PA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bexarotene gel (TARGRETIN equiv)	LMSP-PA	1	DERMATOLOGICALS
BEXSERO INJ	VAC	$0	VACCINES
BEYAZ TAB	-	3	CONTRACEPTIVES
BEYFORTUS INJ	VAC	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
BIAFINE EMULSION	-	NC	DERMATOLOGICALS
BIAXIN TAB	-	3	MACROLIDES
bicalutamide tab (CASODEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIDIL TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
BIFERARX TAB	-	NC	HEMATOPOIETIC AGENTS
BIJUVA CAP	-	NC	ESTROGENS
BIKTARVY TAB	-	2	ANTIVIRALS
BILTRICIDE TAB	-	3	ANTHELMINTICS
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
bimatoprost ophth soln	QL--	EXC	DERMATOLOGICALS
BIMZELX INJ	-	NC	DERMATOLOGICALS
BINOSTO TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bismuth/metro/tetra cap (PYLERA equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
bisoprolol tab (ZEBETA equiv)	-	1	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1	ANTIHYPERTENSIVES
BLEPH-10 OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
BLEPHAMIDE OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
BONIVA TAB 150MG (QL= 1 tab/30 days)	QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	1	CARDIOVASCULAR AGENTS - MISC.
BOSULIF CAP	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOSULIF TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOTOX INJ	M-PA	M	NEUROMUSCULAR AGENTS

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Drug Name	Special Code	Tier	Category
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREO ELLIPTA INHALER 50-25 MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREXAFEMME TAB	-	NC	ANTIFUNGALS
BREZTRI AEROSPHERE INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB	-	2	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2% (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
brimonidine tartrate gel (MIRVASO equiv)	-	EXC	DERMATOLOGICALS
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
brimonidine/timolol ophth soln (COMBIGAN equiv)	-	2	OPHTHALMIC AGENTS
brinzolamide ophth susp (AZOPT equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
BRISDELLE CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	NC	ANTICONVULSANTS
BRIVIACT SOLN 10MG/ML	-	NC	ANTICONVULSANTS
BRIVIACT TAB	-	NC	ANTICONVULSANTS
BRIXADI SOLN 128MG/0.36ML (Only available through Walgreens 888-347-3416)	LD	4	ANALGESICS - OPIOID
BRIXADI SOLN 16MG/0.32ML (Only available through Walgreens 888-347-3416)	LD	4	ANALGESICS - OPIOID
BRIXADI SOLN 24MG/0.48ML (Only available through Walgreens 888-347-3416)	LD	4	ANALGESICS - OPIOID
BRIXADI SOLN 32MG/0.64ML (Only available through Walgreens 888-347-3416)	LD	4	ANALGESICS - OPIOID
BRIXADI SOLN 64MG/0.18ML (Only available through Walgreens 888-347-3416)	LD	4	ANALGESICS - OPIOID
BRIXADI SOLN 8MG/0.18ML (Only available through Walgreens 888-347-3416)	LD	4	ANALGESICS - OPIOID
BRIXADI SOLN 96MG/0.27ML (Only available through Walgreens 888-347-3416)	LD	4	ANALGESICS - OPIOID
bromfenac ophth soln (BROMDAY equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
bromfenac sodium ophth soln 0.07%	-	NC	OPHTHALMIC AGENTS
bromfenac sodium ophth soln 0.075% (BROMSITE equiv)	-	NC	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	2	ANTIPARKINSON AGENTS
BROMSITE DROP 0.075%	-	NC	OPHTHALMIC AGENTS
BRONCHITOL CAP	-	NC	RESPIRATORY AGENTS - MISC.
BROVANA NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BROVEX PEB LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
BRUKINSA CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRYHALI LOTION	-	NC	DERMATOLOGICALS
B-SERENE PAD	-	NC	HEMATOPOIETIC AGENTS
budesonide ER tab (QL=1 tab/day)	PA-QL	2	CORTICOSTEROIDS

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budesonide inh susp (PULMICORT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide rectal foam (UCERIS RECTAL FOAM equiv)	PA	2	ANORECTAL AND RELATED PRODUCTS
budesonide SR cap (ENTOCORT EC equiv)	-	2	CORTICOSTEROIDS
budesonide/formoterol inhaler (SYMBICORT equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bumetanide tab (BUMEX equiv)	-	1	DIURETICS
BUNAVAIL FILM	-	NC	ANALGESICS - OPIOID
BUPHENYL POWDER	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
BUPHENYL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
buprenorphine hcl buccal film (BELBUCA equiv)	-	NC	ANALGESICS - OPIOID
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	2	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	1	ANALGESICS - OPIOID
buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv)	-	1	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	1	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	1	ANTIDEPRESSANTS
buspirone tab (BUSPAR equiv)	-	1	ANTIANXIETY AGENTS
BUTALBITAL/ACETAMINOPHEN CAP	-	NC	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine soln	-	NC	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC	ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC	ANALGESICS - NONNARCOTIC
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	2	ANALGESICS - OPIOID
BUTRANS PATCH (QL= 4 patches/28 days)	QL	3	ANALGESICS - OPIOID
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
BYDUREON INJ (QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	2	ANTIDIABETICS
BYDUREON PEN INJ (QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	2	ANTIDIABETICS
BYETTA INJ	-	NC	ANTIDIABETICS
BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
BYNFEZIA PEN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BYVALSON TAB	-	NC	ANTIHYPERTENSIVES
CABENUVA IM SUSP	-	NC	ANTIVIRALS

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cabergoline tab (DOSTINEX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABLIVI INJ KIT	-	NC	HEMATOLOGICAL AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CABTREO GEL	-	NC	DERMATOLOGICALS
CADUET TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
CAFCIT INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
CALAN SR TAB	-	3	CALCIUM CHANNEL BLOCKERS
calcipotriene cream (DOVONEX CREAM equiv)	-	2	DERMATOLOGICALS
calcipotriene cream (TRIONEX equiv)	-	NC	DERMATOLOGICALS
CALCIPOTRIENE FOAM	-	NC	DERMATOLOGICALS
CALCIPOTRIENE FOAM, SORILUX FOAM	-	NC	DERMATOLOGICALS
calcipotriene oint	-	2	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	2	DERMATOLOGICALS
calcipotriene/betamethasone dipropionate susp	-	NC	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	NC	DERMATOLOGICALS
calcitonin inj (MIACALCIN equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitonin nasal spray (MIACALCIN equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL OINT	-	3	DERMATOLOGICALS
calcitriol soln (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
calcium acetate tab (ELIPHOS equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	1	MEDICAL DEVICES AND SUPPLIES
CALQUENCE CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALQUENCE TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALSODORE PAK	-	NC	DERMATOLOGICALS
CAMBIA POWDER	-	NC	MIGRAINE PRODUCTS
CAMZYOS CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
candesartan tab (ATACAND equiv)	-	2	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC	ANTIHYPERTENSIVES
CAPASTAT INJ	-	NC	ANTIMYCOBACTERIAL AGENTS
capecitabine tab (XELODA equiv)	LMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	NC	DERMATOLOGICALS
CAPLYTA CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CAPRELSA 300MG TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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CAPRELSA TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin/menthol topical patch (SINELEE equiv)	-	NC	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	2	ANTIHYPERTENSIVES
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	2	ANTIHYPERTENSIVES
CARAC CREAM	-	NC	DERMATOLOGICALS
CARAFATE SUSP	-	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
CARAFATE TAB	-	3	ULCER DRUGS
CARBAGLU TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	2	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	2	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
CARBATROL CAP	-	3	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA ODT	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	1	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	2	ANTIPARKINSON AND RELATED THERAPY AGENTS
CARBINOXAMINE SOLN	-	3	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	2	ANTIHISTAMINES
CARDIZEM CD CAP	-	3	CALCIUM CHANNEL BLOCKERS
CARDIZEM LA TAB	-	3	CALCIUM CHANNEL BLOCKERS
CARDIZEM TAB	-	3	CALCIUM CHANNEL BLOCKERS
CARDURA TAB	-	3	ANTIHYPERTENSIVES
CARDURA XL TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
CARETOUCH MIS	OTC	1	MEDICAL DEVICES AND SUPPLIES
carglumic acid tab (CARBAGLU equiv) (Only available through AnovoRx 844-288-5007)	LD-PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
carisoprodol tab (SOMA equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol tab 250mg (SOMA equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	NC	DERMATOLOGICALS
CARNITOR SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
CARNITOR TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
CAROSPIR SUSP	PA	3	DIURETICS

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CARTEOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	2	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	1	BETA BLOCKERS
CASODEX TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CATAPRES-TTS PATCH	-	3	ANTIHYPERTENSIVES
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD	4	ANTI-INFECTIVE AGENTS - MISC.
cefaclor cap (CECLOR equiv)	-	2	CEPHALOSPORINS
CEFACLOR CAP	-	3	CEPHALOSPORINS
CEFACLOR ER TAB	-	3	CEPHALOSPORINS
CEFACLOR SUSP	-	3	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	1	CEPHALOSPORINS
CEFADROXIL TAB	-	1	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	1	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	1	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	1	CEPHALOSPORINS
CEFDITOREN TAB	-	3	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	2	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	2	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	2	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	2	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
CELEBREX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
celecoxib cap (CELEBREX equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
CELEXA TAB	-	3	ANTIDEPRESSANTS
CELLCEPT CAP	-	4	ASSORTED CLASSES
CELLCEPT SUSP	-	4	ASSORTED CLASSES
CELLCEPT TAB	-	4	ASSORTED CLASSES
CELONTIN CAP	-	3	ANTICONVULSANTS
CENTANY OINT	-	3	DERMATOLOGICALS
cephalexin cap (KEFLEX equiv)	-	1	CEPHALOSPORINS
cephalexin cap 750mg (KEFLEX equiv)	-	NC	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	1	CEPHALOSPORINS
CEPHALEXIN TAB	-	NC	CEPHALOSPORINS
CEQUA (PF) OPHTH SOLN, VEVYE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
CEQUR SIMPLICITY	-	NC	MEDICAL DEVICES AND SUPPLIES
CERDELGA CAP	-	NC	HEMATOPOIETIC AGENTS
CERVICAL CAP	ACA	$0	MEDICAL DEVICES AND SUPPLIES
CESAMET CAP	-	3	ANTIEMETICS
cesia tab (CYCLESSA equiv)	ACA	$0	CONTRACEPTIVES
cetrorelix acetate for inj kit (CETROTIDE equiv) (QL= 30 days supply/fill)	INF-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETROTIDE KIT (QL= 30 days supply/fill)	INF-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETYLEV TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS

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Drug Name	Special Code	Tier	Category
CHEMET CAP	-	2	ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	1	ANTIANXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	1	ANTIMALARIALS
CHLOROTHIAZIDE TAB	-	1	DIURETICS
chlorothiazide tab (DIURIL equiv)	-	1	DIURETICS
CHLORPROMAZINE CONC	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine tab (THORAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	1	DIURETICS
chlorzoxazone tab	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	2	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	4	GASTROINTESTINAL AGENTS - MISC.
cholecalciferol cap 50000 unit	-	NC	VITAMINS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
CIALIS TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
CIALIS TAB 2.5MG, 5MG (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap)	QL-ST	3	CARDIOVASCULAR AGENTS - MISC.
CIBINQO TAB (QL= 1 tab/day)	LMSP-PA-QL	4	DERMATOLOGICALS
cicatrace kit (REXASIL equiv)	-	NC	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	1	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	1	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	1	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	1	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPHTH OINT (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
CILOXAN OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
CIMDUO TAB	-	2	ANTIVIRALS
CIMETIDINE SOLN	-	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
cimetidine soln (CIMETIDINE equiv)	-	1	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	OTC	1	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
CIMZIA INJ	LMSP-PA-QL	NC	GASTROINTESTINAL AGENTS - MISC.
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	LMSP-PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab (SENSIPAR equiv) (Restricted to Endocrinology or Nephrology Specialist)	RS	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4	HEMATOLOGICAL AGENTS - MISC.
CIPRO HC OTIC SUSP (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
CIPRO SUSP	-	3	FLUOROQUINOLONES

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CIPRO TAB	-	3	FLUOROQUINOLONES
CIPRODEX OTIC SUSP (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
CIPROFLOXACIN 100MG TAB	-	3	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	2	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	2	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	1	FLUOROQUINOLONES
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
CITALOPRAM CAP	-	NC	ANTIDEPRESSANTS
citalopram soln (CELEXA equiv)	-	1	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	1	ANTIDEPRESSANTS
CITRANATAL CAP MEDLEY	-	NC	MULTIVITAMINS
CITRULLINE EASY TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLARIFOAM EF FOAM	-	3	DERMATOLOGICALS
CLARINEX SYRUP	-	EXC	ANTIHISTAMINES
CLARINEX TAB	-	EXC	ANTIHISTAMINES
CLARINEX-D TAB	-	EXC	COUGH/COLD/ALLERGY
clarithromycin ER tab (BIAXIN XL equiv)	-	2	MACROLIDES
CLARITHROMYCIN SUSP	-	2	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	1	MACROLIDES
CLARITIN CHEW TAB	OTC	EXC	ANTIHISTAMINES
clemastine tab (TAVIST equiv)	-	2	ANTIHISTAMINES
CLEMASTINE TAB	-	3	ANTIHISTAMINES
CLENIA PLUS SUSP	-	NC	DERMATOLOGICALS
CLENPIQ SOLN	-	NC	LAXATIVES
CLEOCIN CAP	-	3	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN SOLN	-	3	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN VAGINAL CREAM	-	3	VAGINAL PRODUCTS
CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill)	QL	3	VAGINAL PRODUCTS
CLEOCIN-T GEL	-	NC	DERMATOLOGICALS
CLEOCIN-T LOTION	-	3	DERMATOLOGICALS
CLEOCIN-T PAD	-	3	DERMATOLOGICALS
CLEOCIN-T SOLN	-	3	DERMATOLOGICALS
CLIMARA PATCH	-	3	ESTROGENS
CLIMARA PRO PATCH	-	NC	ESTROGENS
CLINDACIN KIT	-	NC	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv)	-	NC	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	1	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	1	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv)	-	NC	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv) (QL=1 tube/fill)	QL	1	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	2	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	2	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv)	-	2	DERMATOLOGICALS
CLINDAVIX KIT	-	NC	DERMATOLOGICALS

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CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill)	QL	2	VAGINAL AND RELATED PRODUCTS
CLINISTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
clobazam susp (ONFI equiv) (Members age 9 or older require Prior Authorization)	PA	2	ANTICONVULSANTS
clobazam tab (ONFI equiv)	-	1	ANTICONVULSANTS
clobetasol E foam (OLUX E equiv)	-	NC	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	-	2	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	-	2	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	2	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	2	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	-	2	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	-	2	DERMATOLOGICALS
CLOBETAVIX KIT	-	NC	DERMATOLOGICALS
CLOBEX LOTION	-	3	DERMATOLOGICALS
CLOBEX SHAMPOO	-	3	DERMATOLOGICALS
CLOBEX SPRAY	-	3	DERMATOLOGICALS
CLOCORTOLONE CREAM	-	NC	DERMATOLOGICALS
clocortolone pivalate cream	-	NC	DERMATOLOGICALS
CLODERM CREAM	-	NC	DERMATOLOGICALS
CLOMID TAB (QL= 30 days supply/fill)	INF-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLOMIPHENE TAB (QL= 30 days supply/fill)	INF-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomipramine cap (ANAFRANIL equiv)	-	2	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	2	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	2	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	1	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CLOPIDOGREL THERAPY PACK	-	NC	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	2	ANTIANXIETY AGENTS
clotrimazole cream (LOTRIMIN AF equiv)	OTC	1	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	NC	DERMATOLOGICALS
CLOZAPINE ODT	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine odt tab (CLOZAPINE, FAZACLO equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZARIL TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COARTEM TAB	-	NC	ANTIMALARIALS
COCAINE HCL SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
CODEINE SULFATE SOLN	-	3	ANALGESICS - OPIOID
CODEINE SULFATE TAB	-	1	ANALGESICS - OPIOID
COLAZAL CAP	-	3	GASTROINTESTINAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
COLCHICINE CAP	-	NC	GOUT AGENTS
colchicine cap (COLCHICINE equiv)	-	NC	GOUT AGENTS
colchicine tab (COLCRYS equiv)	-	2	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	1	GOUT AGENTS
COLCRYS TAB	-	NC	GOUT AGENTS
colesevelam pack (WELCHOL equiv)	-	2	ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	2	ANTIHYPERLIPIDEMICS
COLESTID GRANULE	-	3	ANTIHYPERLIPIDEMICS
COLESTID POWDER PACK	-	3	ANTIHYPERLIPIDEMICS
COLESTID TAB	-	3	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	2	ANTIHYPERLIPIDEMICS
colestipol powder (COLESTID equiv)	-	2	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
COLLANEX	-	NC	DERMATOLOGICALS
COLY-MYCIN S OTIC SUSP (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
COMBIGAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
COMBIPATCH	-	NC	ESTROGENS
COMBIVENT RESPIMAT INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVIR TAB	-	3	ANTIVIRALS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMIRNATY INJ (QL= 1 dose/17 days)	QL-VAC	$0	VACCINES
COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days)	QL-VAC	$0	VACCINES
COMPLERA TAB	-	2	ANTIVIRALS
COMTAN TAB	-	3	ANTIPARKINSON AGENTS
CONCEPT DHA CAP	-	1	MULTIVITAMINS
CONCEPTROL GEL	ACA-OTC	$0	VAGINAL PRODUCTS
CONCERTA TAB, RITALIN SR TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
CONDYLOX GEL	-	3	DERMATOLOGICALS
CONJUPRI TAB, LEVAMLODIPINE TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONSENSI TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONTRACEPTIVE FILM	ACA-OTC	$0	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	ACA-OTC	$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	ACA-OTC	$0	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	ACA-OTC	$0	VAGINAL PRODUCTS
CONTRAVE TAB (QL= 4 tabs/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
COPAXONE INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CORDARONE TAB	-	3	ANTIARRHYTHMICS
CORDRAN CREAM	-	NC	DERMATOLOGICALS
CORDRAN CREAM 0.025%	-	NC	DERMATOLOGICALS
CORDRAN LOTION	-	NC	DERMATOLOGICALS
CORDRAN OINTMENT	-	NC	DERMATOLOGICALS
CORDRAN TAPE	-	NC	DERMATOLOGICALS
COREG CR CAP	-	NC	BETA BLOCKERS

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COREG TAB	-	3	BETA BLOCKERS
CORGARD TAB	-	3	BETA BLOCKERS
CORLANOR SOLN	PA	3	CARDIOVASCULAR AGENTS - MISC.
CORLANOR TAB	PA	3	CARDIOVASCULAR AGENTS - MISC.
CORTANE-B OTIC SOLN (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
CORTEF TAB	-	3	CORTICOSTEROIDS
CORTENEMA	-	3	ANORECTAL AGENTS
CORTIC-ND DROPS (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
CORTIFOAM	-	3	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	2	CORTICOSTEROIDS
CORTISPORIN CREAM	-	3	DERMATOLOGICALS
CORTISPORIN OINT	-	3	DERMATOLOGICALS
CORTROPHIN INJ GEL	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CORVITE TAB	-	NC	HEMATOPOIETIC AGENTS
COSENTYX INJ (1-PACK)	-	NC	DERMATOLOGICALS
COSENTYX INJ (2-PACK)	-	NC	DERMATOLOGICALS
COSENTYX INJ 300MG/2ML	-	NC	DERMATOLOGICALS
COSOPT (PF) OPHTH SOLN (QL= 60 units/30 days)	QL	3	OPHTHALMIC AGENTS
COTELLIC TAB (QL= 3 tabs/day)	LMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
COUMADIN TAB	-	3	ANTICOAGULANTS
COVID-19 TEST	OTC	EXC	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL= 1 inj/fill)	QL-VAC	$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL-VAC	$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL-VAC	$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL-VAC	$0	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL-VAC	$0	VACCINES
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL-VAC	$0	VACCINES
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL-VAC	$0	VACCINES
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	$0	VACCINES
COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days)	QL-VAC	$0	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	$0	VACCINES
COZAAR TAB	-	3	ANTIHYPERTENSIVES
CREON CAP	-	2	DIGESTIVE AIDS
CRESEMBA CAP	-	NC	ANTIFUNGALS
CRESTOR TAB	-	NC	ANTIHYPERLIPIDEMICS
CRINONE GEL	PA	2	VAGINAL PRODUCTS
CRIXIVAN CAP	-	2	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
CROMOLYN SODIUM OPHTH SOLN (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
CROTAN LOTION	-	3	DERMATOLOGICALS
cryselle tab	ACA	$0	CONTRACEPTIVES
CUE COVID-19 TEST CARTRIDGE	OTC	EXC	DIAGNOSTIC PRODUCTS

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Drug Name	Special Code	Tier	Category
CUE HEALTH MONITOR	OTC	EXC	DIAGNOSTIC PRODUCTS
CUPRIMINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
CUTAQUIG INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUTIVATE LOTION	-	NC	DERMATOLOGICALS
CUVITRU INJ	-	NC	PASSIVE IMMUNIZING AGENTS
CUVPOSA SOLN	-	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
CUVRIOR TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
cyanocobalamin inj	-	1	HEMATOPOIETIC AGENTS
cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv)	-	3	HEMATOPOIETIC AGENTS
CYCLOBENZAPRINE COMPOUND KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine ER cap (AMRIX equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
CYCLOGYL OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
CYCLOMYDRIL OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
cyclophosphamide cap	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE CAP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cycloserine cap (CYCLOSERINE equiv)	PA	2	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	3	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	4	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	4	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	4	ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	1	OPHTHALMIC AGENTS
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC	OPHTHALMIC AGENTS
CYFOLEX CAP	-	NC	HEMATOPOIETIC AGENTS
CYKLOKAPRON INJ	-	NC	HEMOSTATICS
CYLTEZO AUTO-INJECTOR KIT (aAdalimumab-adbm)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO INJ (adalimumab-adbm)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
CYMBALTA CAP	-	3	ANTIDEPRESSANTS
cyproheptadine syrup	-	1	ANTIHISTAMINES
cyproheptadine tab	-	1	ANTIHISTAMINES
CYSTADANE POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-QL-RS	4	OPHTHALMIC AGENTS
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	4	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	4	OPHTHALMIC AGENTS
CYTOMEL TAB	-	3	THYROID AGENTS

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
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Drug Name	Special Code	Tier	Category
CYTOTEC TAB	-	3	ULCER DRUGS
CYTRA K CRYSTALS	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
D.H.E. INJ	-	NC	MIGRAINE PRODUCTS
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	2	ANTICOAGULANTS
DAKLINZA TAB	-	NC	ANTIVIRALS
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	LMSP-QL-RS	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	2	ANDROGENS-ANABOLIC
DANTRIUM CAP	-	3	MUSCULOSKELETAL THERAPY AGENTS
dantrolene cap (DANTRIUM equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
DAPAGLIFLOZIN PROP-METFORMIN HCL 10-1000MG	-	NC	ANTIDIABETICS
DAPAGLIFLOZIN PROP-METFORMIN HCL 5-1000MG	-	NC	ANTIDIABETICS
DAPAGLIFLOZIN PROPRANEDIOL TAB 10MG	-	NC	ANTIDIABETICS
DAPAGLIFLOZIN PROPRANEDIOL TAB 5MG	-	NC	ANTIDIABETICS
dapsone gel (ACZONE equiv)	-	NC	DERMATOLOGICALS
DAPSONE GEL 7.5%	-	NC	DERMATOLOGICALS
dapsone tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
DAPTACEL INJ, INFANRIX INJ	VAC	$0	TOXOIDS
DARAPRIM TAB	-	NC	ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv)	-	2	URINARY ANTISPASMODICS
DARTISLA ODT TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
darunavir tab (PREZISTA equiv)	-	2	ANTIVIRALS
DAURISMO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAVIMET/FLUORIDE CHEW 0.75MG	-	NC	MULTIVITAMINS
DAYBUE SOLN (QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	4	NEUROMUSCULAR AGENTS
DAYPRO TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
DAYTRANA PATCH	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DAYVIGO TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
DAZOMON GEL	-	NC	DERMATOLOGICALS
DDAVP INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP NASAL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP NASAL SPRAY	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DEBACTEROL SOLN	-	NC	MOUTH/THROAT/DENTAL AGENTS
deferasirox granules packet (JADENU equiv)	LMSP	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (JADENU equiv)	LMSP	1	ANTIDOTES AND SPECIFIC ANTAGONISTS

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deferasirox tab for oral susp (EXJADE equiv)	LMSP	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
deflazacort tab (EMFLAZA equiv)	-	NC	CORTICOSTEROIDS
DEGLUDEC FLEXTOUCH INJ	-	NC	ANTIDIABETICS
DEGLUDEC INJ	-	NC	ANTIDIABETICS
DELESTROGEN INJ (QL= 5ml/fill)	QL	3	ESTROGENS
DELSTRIGO TAB	-	2	ANTIVIRALS
DELZICOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	2	TETRACYCLINES
DEMEROL TAB	-	NC	ANALGESICS - OPIOID
DEMSER CAP	-	NC	ANTIHYPERTENSIVES
DENAVIR CREAM	-	3	DERMATOLOGICALS
DENGVAXIA SUSP	VAC	$0	VACCINES
DEPACON INJ	-	NC	ANTICONVULSANTS
DEPAKENE CAP	-	3	ANTICONVULSANTS
DEPAKENE SYRUP	-	3	ANTICONVULSANTS
DEPAKOTE ER TAB	-	3	ANTICONVULSANTS
DEPAKOTE SPRINKLE CAP	-	3	ANTICONVULSANTS
DEPAKOTE TAB	-	3	ANTICONVULSANTS
DEPEN TITRATAB	-	3	MISCELLANEOUS THERAPEUTIC CLASSES
DEPLIN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPO-MEDROL INJ	-	3	CORTICOSTEROIDS
DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ	-	3	CORTICOSTEROIDS
DEPO-PROVERA INJ (QL= 1 inj/90 days)	QL	3	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	ACA-QL	$0	CONTRACEPTIVES
DERMACINRX CREAM	-	NC	DERMATOLOGICALS
DERMACINRX KIT	-	NC	DERMATOLOGICALS
DERMALID PAK	-	NC	DERMATOLOGICALS
DERMA-SMOOTH/FS OIL	-	2	DERMATOLOGICALS
DERMOTIC OIL (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
DESCOVY TAB	ACA-PA	$0	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	2	ANTIDEPRESSANTS
DESLORATADINE ODT	-	EXC	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	-	EXC	ANTIHISTAMINES
desmopressin acetate nasal spray (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESOGEN TAB	-	3	CONTRACEPTIVES
DESONATE GEL	-	NC	DERMATOLOGICALS
desonide cream (DESOWEN equiv)	-	2	DERMATOLOGICALS
desonide gel	-	NC	DERMATOLOGICALS
desonide lotion	-	NC	DERMATOLOGICALS
desonide oint	-	2	DERMATOLOGICALS
DESOWEN CREAM	-	NC	DERMATOLOGICALS
DESOWEN CREAM KIT	-	NC	DERMATOLOGICALS
DESOWEN LOTION	-	NC	DERMATOLOGICALS
DESOWEN LOTION KIT	-	NC	DERMATOLOGICALS

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DESOWEN OINT	-	NC	DERMATOLOGICALS
DESOWEN OINT KIT	-	NC	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	2	DERMATOLOGICALS
desoximetasone cream 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	NC	DERMATOLOGICALS
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
DESOXYN TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
desvenlafaxine ER tab (PRISTIQ equiv)	-	1	ANTIDEPRESSANTS
DESVENLAFAXINE ER TAB	-	NC	ANTIDEPRESSANTS
DETROL LA CAP	-	3	URINARY ANTISPASMODICS
DETROL TAB	-	3	URINARY ANTISPASMODICS
DEXAMETHASONE CONC	-	1	CORTICOSTEROIDS
dexamethasone elixir	-	1	CORTICOSTEROIDS
DEXAMETHASONE OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
dexamethasone pak (DEXPAK equiv)	-	NC	CORTICOSTEROIDS
dexamethasone sodium phosphate inj	-	1	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	1	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	1	CORTICOSTEROIDS
DEXAMETHASONE TAB	-	NC	CORTICOSTEROIDS
DEXATRAN CAP	-	NC	MULTIVITAMINS
DEXCHLORPHENIRAMINE SYRUP	-	NC	ANTIHISTAMINES
DEXCOM G6 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
DEXEDRINE CAP	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DEXILANT DR CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
dexlansoprazole DR cap (DEXILANT equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexmethylphenidate tab (FOCALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DEXPAK TAB	-	NC	CORTICOSTEROIDS
DEXTENZA OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANTI-NOREXIANTS
DHIVY TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
DIABETIC METER (all other diabetic meters)	OTC	NC	MEDICAL DEVICES AND SUPPLIES
DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	4	ANTICONVULSANTS
DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	4	ANTICONVULSANTS
DIALYVITE TAB	-	1	MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	-	1	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	1	MULTIVITAMINS
DIAPHRAGM	ACA	$0	MEDICAL DEVICES AND SUPPLIES
DIASTAT ACDL GEL (QL= 2 packs/fill)	QL	3	ANTICONVULSANTS
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill)	QL	2	ANTICONVULSANTS
diazepam conc (VALIUM equiv)	-	1	ANTIANXIETY AGENTS
DIAZEPAM GEL (QL= 2 packs/fill)	QL	2	ANTICONVULSANTS
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	1	ANTIANXIETY AGENTS
diazepam rectal gel (QL=2 packs/fill)	QL	2	ANTICONVULSANTS
diazepam tab (VALIUM equiv)	-	1	ANTIANXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	2	ANTIDIABETICS
DIBENZYLINE CAP	-	3	ANTIHYPERTENSIVES
dichlorphenamide tab (KEVEYIS equiv)	-	NC	DIURETICS
DICLEGIS TAB	-	NC	ANTIEMETICS
DICLOFENAC CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	2	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	1	DERMATOLOGICALS
DICLOFENAC PATCH, FLECTOR PATCH	-	NC	DERMATOLOGICALS
diclofenac potassium (migraine) packet (CAMBIA equiv)	-	NC	MIGRAINE PRODUCTS
diclofenac potassium cap (ZIPSOR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab (CATAFLAM equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium gel kit (VENNGEL equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium ophth soln (VOLTAREN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
diclofenac sodium soln (XRYLIX equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium soln 2% (PENNSAID equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	2	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
DICLONA GEL	-	NC	DERMATOLOGICALS

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DICLOTREX PAK	-	NC	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	2	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	1	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv)	-	1	ANTIVIRALS
DIDANOSINE DR CAP, VIDEX EC CAP	-	1	ANTIVIRALS
DIETHYLPROPION ER TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
diethylpropion tab	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DIFFERIN CREAM	PA	3	DERMATOLOGICALS
DIFFERIN GEL	PA	3	DERMATOLOGICALS
DIFFERIN LOTION	-	NC	DERMATOLOGICALS
DIFFERIN OTC GEL 0.1% (Acne Only – members age 35 or older require Prior Authorization)	OTC-PA	1	DERMATOLOGICALS
DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	2	MACROLIDES
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	2	MACROLIDES
DIFLORASONE CREAM, PSORCON CREAM	-	NC	DERMATOLOGICALS
diflorasone oint	-	NC	DERMATOLOGICALS
DIFLUCAN SUSP	-	3	ANTIFUNGALS
DIFLUCAN TAB	-	3	ANTIFUNGALS
diflunisal tab (DOLOBID equiv)	-	1	ANALGESICS - NONNARCOTIC
difluprednate ophth emulsion (DUREZOL equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
digoxin soln (LANOXIN equiv)	-	1	CARDIOTONICS
DIGOXIN SOLN 0.05MG/ML	-	1	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	1	CARDIOTONICS
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC	MIGRAINE PRODUCTS
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8 sprays/fill)	QL	3	MIGRAINE PRODUCTS
DILACOR XR CAP	-	3	CALCIUM CHANNEL BLOCKERS
DILANTIN CAP 100MG	-	3	ANTICONVULSANTS
DILANTIN CAP 30MG	-	2	ANTICONVULSANTS
DILANTIN INFATABS	-	3	ANTICONVULSANTS
DILANTIN SUSP	-	3	ANTICONVULSANTS
DILAUDID TAB	-	3	ANALGESICS - OPIOID
diltiazem ER cap (CARDIZEM CD equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	1	CALCIUM CHANNEL BLOCKERS
dimethyl fumarate DR cap (TECFIDERA equiv)	LMSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	MSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIOVAN HCT TAB	-	3	ANTIHYPERTENSIVES

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Drug Name	Special Code	Tier	Category
DIOVAN TAB	-	3	ANTIHYPERTENSIVES
DIPENTUM CAP	-	2	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
diphenhydramine inj (BENADRYL equiv)	-	2	ANTIHISTAMINES
DIPHENOXYLATE/ATROPINE LIQUID	-	3	ANTIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
DIPROLENE AF CREAM	-	3	DERMATOLOGICALS
DIPROLENE OINT	-	3	DERMATOLOGICALS
DIPTHERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	$0	TOXOIDS
dipyridamole tab (PERSANTINE equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	1	ANTIARRHYTHMICS
DISULFIRAM TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
disulfiram tab (ANTABUSE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DITROPAN XL TAB	-	3	URINARY ANTISPASMODICS
DIURIL SUSP	-	2	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	1	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
DIVIGEL GEL	-	NC	ESTROGENS
DIVIGEL GEL, ELESTRIN GEL	-	NC	ESTROGENS
dofetilide cap (TIKOSYN equiv)	-	2	ANTIARRHYTHMICS
DOJOLVI ORAL LIQUID	-	NC	NUTRIENTS
DOLGIC PLUS TAB	-	NC	ANALGESICS - NONNARCOTIC
DOLOPHINE TAB	-	3	ANALGESICS - OPIOID
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL ELIXIR	-	NC	ULCER DRUGS
DONNATAL TAB	-	NC	ULCER DRUGS
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	HEMATOPOIETIC AGENTS
DORAL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
DORYX MPC TAB	-	NC	TETRACYCLINES
DORYX TAB	-	NC	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (COSOPT equiv) (QL= 60 units/30 days)	QL	1	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN (QL= 60 units/30 days)	QL	2	OPHTHALMIC AGENTS
DOVATO TAB	-	2	ANTIVIRALS
DOVONEX CREAM	-	3	DERMATOLOGICALS
doxazosin tab (CARDURA equiv)	-	1	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	PA	3	DERMATOLOGICALS

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doxepin hcl cream	PA	3	DERMATOLOGICALS
doxepin tab (SILENOR equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
doxercalciferol cap (HECTOROL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxycycline (rosacea) cap delayed release (ORACEA equiv)	-	NC	DERMATOLOGICALS
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	1	TETRACYCLINES
doxycycline hyclate tab (TARGADOX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	1	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	2	TETRACYCLINES
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	NC	ANTIEMETICS
D-PENAMINE TAB	-	2	ASSORTED CLASSES
DRISDOL CAP	-	3	VITAMINS
DRITHO-SCALP CREAM	-	3	DERMATOLOGICALS
DRIZALMA DR CAP	-	NC	ANTIDEPRESSANTS
dronabinol cap (MARINOL equiv)	PA	2	ANTIEMETICS
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	ACA	$0	CONTRACEPTIVES
DROXIA CAP	-	2	HEMATOPOIETIC AGENTS
droxidopa cap (NORTHERA equiv)	-	NC	VASOPRESSORS
DRYSOL SOLN	-	1	DERMATOLOGICALS
DSUVIA SL TAB	-	NC	ANALGESICS - OPIOID
DUAC GEL	-	3	DERMATOLOGICALS
DUAKLIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUETACT TAB	-	NC	ANTIDIABETICS
DUEXIS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
DULERA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv)	-	NC	ANTIDEPRESSANTS
duloxetine EC cap (CYMBALTA equiv)	-	1	ANTIDEPRESSANTS
DULOXICAINE PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DUOBRII LOTION	-	NC	DERMATOLOGICALS
DUOPA ENTERAL SUSP	-	NC	ANTIPARKINSON AGENTS
DUOVISC KIT	-	NC	OPHTHALMIC AGENTS
DUPIXENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	DERMATOLOGICALS
DURAGESIC PATCH	-	3	ANALGESICS - OPIOID
DUREZOL OPHTH EMULSION (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
dutasteride cap (AVODART equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS

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dutasteride/tamsulosin cap (JALYN equiv)	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB	-	NC	ANTIHYPERTENSIVES
DUZALLO TAB	-	NC	GOUT AGENTS
DXEVO 11-DAY PAK	-	NC	CORTICOSTEROIDS
DYANAVEL XR CHEW	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DYMISTA SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
DYNACIN TAB	-	3	TETRACYCLINES
DYRENIUM CAP	-	3	DIURETICS
EB-N3 DR CAP	-	NC	MULTIVITAMINS
ECONASIL KIT	-	NC	DERMATOLOGICALS
econazole cream (SPECTAZOLE equiv)	-	1	DERMATOLOGICALS
ECOZA FOAM	-	NC	DERMATOLOGICALS
EDARBI TAB (Step therapy requires trial of losartan (hctz))	ST	3	ANTIHYPERTENSIVES
EDARBYCLOR TAB (Step Therapy requires trial of losartan (hctz))	ST	3	ANTIHYPERTENSIVES
EDECRIN TAB	-	3	DIURETICS
EDLUAR SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
EDURANT TAB	-	2	ANTIVIRALS
EFAVIRENZ CAP	-	2	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	2	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	2	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	2	ANTIVIRALS
EFFEXOR XR CAP	-	NC	ANTIDEPRESSANTS
EFFIENT TAB	-	3	HEMATOLOGICAL AGENTS - MISC.
EFUDEX CREAM	-	3	DERMATOLOGICALS
EGATEN TAB	-	NC	ANTHELMINTICS
EGRIFTA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELDEPYRL CAP	-	3	ANTIPARKINSON AGENTS
ELEPSIA XR TAB	-	NC	ANTICONVULSANTS
ELESTAT OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
eletriptan tab (RELPAX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
ELIDEL CREAM (Covered for members 2 years or older)	-	3	DERMATOLOGICALS
ELIGEN B12 TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ELIMITE CREAM	-	2	DERMATOLOGICALS
ELIPHOS TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	ACA	$0	CONTRACEPTIVES
ELMIRON CAP	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
ELOCON CREAM	-	3	DERMATOLOGICALS
ELOCON OINT	-	3	DERMATOLOGICALS
eluryng vaginal ring (NUVARING equiv)	ACA	$0	CONTRACEPTIVES
ELYXYB SOLN	-	NC	MIGRAINE PRODUCTS

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EMADINE OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3	OPHTHALMIC AGENTS
EMBEDA CAP	-	NC	ANALGESICS - OPIOID
EMCYT CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND SUSP	-	NC	ANTIEMETICS
EMFLAZA SUSP	-	NC	CORTICOSTEROIDS
EMFLAZA TAB	-	NC	CORTICOSTEROIDS
EMGALITY INJ	-	NC	MIGRAINE PRODUCTS
EMGALITY INJ 100MG/ML	-	NC	MIGRAINE PRODUCTS
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	4	HEMATOLOGICAL AGENTS - MISC.
EMSAM PATCH	-	3	ANTIDEPRESSANTS
emtricitabine cap (EMTRIVA equiv)	-	4	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	ACA	$0	ANTIVIRALS
EMTRIVA CAP	-	3	ANTIVIRALS
EMTRIVA SOLN	-	2	ANTIVIRALS
EMVERM TAB	-	NC	ANTHELMINTICS
ENABLEX TAB	-	3	URINARY ANTISPASMODICS
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older)	PA	2	ANTIHYPERTENSIVES
enalapril tab (VASOTEC equiv)	-	1	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1	ANTIHYPERTENSIVES
ENBREL INJ 25MG (QL= 8 inj/28 days; Restricted to Dermatology or Rheumatology Specialist)	LMSP-QL-RS	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist)	LMSP-QL-RS	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist)	LMSP-QL-RS	4	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist)	LMSP-QL-RS	4	ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACK (QL= 6 packets/day)	LMSP-PA-QL	4	HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	PA	2	VAGINAL PRODUCTS
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	$0	VACCINES
enoxaparin inj (LOVENOX equiv)	-	2	ANTICOAGULANTS
enpresse tab (TRI-LEVELEN equiv)	ACA	$0	CONTRACEPTIVES
ENSPRYNG INJ (QL= 1 inj/28 days)	LMSP-PA-QL	4	MISCELLANEOUS THERAPEUTIC CLASSES
ENSTILAR FOAM	-	NC	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	2	ANTIPARKINSON AGENTS
ENTADFI CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	MSP-QL	4	ANTIVIRALS
ENTEREG CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ENTOCORT EC CAP	-	NC	CORTICOSTEROIDS
ENTRESTO TAB (QL= 2 tabs/day)	QL	2	CARDIOVASCULAR AGENTS - MISC.
ENTYVIO INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
ENVARSUS XR TAB	-	NC	ASSORTED CLASSES
EOHILIA SUSP	-	NC	CORTICOSTEROIDS
EPCLUSA PAK	-	NC	ANTIVIRALS
EPCLUSA TAB	-	NC	ANTIVIRALS

Drug Name	Special Code	Tier	Category
EPICERAM EMULSION	-	NC	DERMATOLOGICALS
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	4	ANTICONVULSANTS
EPIDUO FORTE GEL 0.3-2.5%	-	NC	DERMATOLOGICALS
EPIDUO GEL 0.1-2.5%	-	3	DERMATOLOGICALS
EPIFOAM AEROSOL	-	2	DERMATOLOGICALS
epinastine opthth soln (ELESTAT equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	1	VASOPRESSORS
EPIPEN (JR) INJ	-	NC	VASOPRESSORS
EPIVIR HBV SOLN	-	4	ANTIVIRALS
EPIVIR HBV TAB	-	4	ANTIVIRALS
EPIVIR SOLN	-	3	ANTIVIRALS
EPIVIR TAB	-	3	ANTIVIRALS
eplerenone tab (INSPRA equiv)	-	1	ANTIHYPERTENSIVES
EPRONTIA SOLN (Members age 9 or older require Prior Authorization)	PA	3	ANTICONVULSANTS
EPSOLAY CREAM	-	NC	DERMATOLOGICALS
EPZICOM TAB	-	3	ANTIVIRALS
EQUETRO CAP	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERGOCAL CAP	-	NC	VITAMINS
ERGOLOID MESYLATES TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOMAR SL TAB	-	NC	MIGRAINE PRODUCTS
ergotamine tartrate/caffeine tab (CAFERGOT equiv)	-	2	MIGRAINE PRODUCTS
ERGOTAMINE/CAFFEINE TAB	-	2	MIGRAINE PRODUCTS
ERIVEDGE CAP	LMSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	LMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB 240MG (QL= 1 tab/day)	LMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab (TARCEVA equiv) (QL= 1 tab/day)	LMSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	LMSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERMEZA SOLN 150 MCG/5ML	-	NC	THYROID AGENTS
ERTACZO CREAM	-	NC	DERMATOLOGICALS
ERY PAD	-	2	DERMATOLOGICALS
ERYPED SUSP	-	3	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	2	MACROLIDES
ERYTHROMYCIN EC CAP	-	2	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3	MACROLIDES
erythromycin gel	-	1	DERMATOLOGICALS
erythromycin ophth oint (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
ERYTHROMYCIN OPHTH OINT	QL--	NC	OPHTHALMIC AGENTS
erythromycin pad	-	1	DERMATOLOGICALS
erythromycin soln	-	1	DERMATOLOGICALS
erythromycin tab (ERY-TAB equiv)	-	2	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2	MACROLIDES
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	2	DERMATOLOGICALS

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ESBRIET CAP (QL= 9 caps/day)	LMSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 267MG (QL= 9 tabs/day)	LMSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
ESBRIET TAB 801MG (QL= 3 tabs/day)	LMSP-PA-QL-SF	4	RESPIRATORY AGENTS - MISC.
ESCAVITE CHEW TAB	-	3	MULTIVITAMINS
escitalopram soln (LEXAPRO equiv)	-	2	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	1	ANTIDEPRESSANTS
ESGIC TAB	-	NC	ANALGESICS - NONNARCOTIC
ESKATA SOLN	-	NC	DERMATOLOGICALS
esomeprazole cap (NEXIUM equiv)	OTC	1	ULCER DRUGS
esomeprazole DR granule pack (NEXIUM equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
esomeprazole magnesium DR tab (NEXIUM equiv)	OTC	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
estazolam tab (PROSOM equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC	ESTROGENS
ESTRACE TAB	-	3	ESTROGENS
ESTRACE VAGINAL CREAM	-	3	VAGINAL PRODUCTS
estradiol cream (ESTRACE equiv)	-	1	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv)	-	1	ESTROGENS
estradiol patch (VIVELLE-DOT equiv)	-	1	ESTROGENS
estradiol tab (ESTRACE equiv)	-	1	ESTROGENS
estradiol td gel (DIVIGEL equiv)	-	NC	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	2	VAGINAL PRODUCTS
estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill)	QL	2	ESTROGENS
estradiol/norethindrone tab (ACTIVELLA equiv)	-	1	ESTROGENS
ESTRATEST TAB	-	NC	ESTROGENS
ESTRING (3 copays per Rx)	-	2	VAGINAL PRODUCTS
ESTROSTEP FE TAB	-	3	CONTRACEPTIVES
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ethacrynic tab (EDECRIN equiv)	-	2	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	2	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	1	ANTICONVULSANTS
etodolac cap (LODINE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ETOPOSIDE CAP	LMSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etravirine tab (INTELENCE equiv)	-	2	ANTIVIRALS
EUCRISA OINT	-	NC	DERMATOLOGICALS
EULEXIN CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVAMIST SPRAY	-	NC	ESTROGENS
EVEKEO ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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EVEKEO TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	LMSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab (ZORTRESS equiv)	PA	4	MISCELLANEOUS THERAPEUTIC CLASSES
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	LMSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVISTA TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
EVIVO LIQUID	-	NC	ANTIDIARRHEALS
EVOCLIN FOAM	-	NC	DERMATOLOGICALS
EVOTAZ TAB	-	2	ANTIVIRALS
EVOXAC CAP	-	3	MOUTH/THROAT/DENTAL AGENTS
EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	NEUROMUSCULAR AGENTS
EVZIO INJ	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
EVZIO INJ	-	NC	ANTIDOTES
EXALGO TAB	-	NC	ANALGESICS - OPIOID
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC	DERMATOLOGICALS
EXELDERM SOLN	-	3	DERMATOLOGICALS
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC	DERMATOLOGICALS
EXELON PATCH	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
exemestane tab (AROMASIN equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	ACA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXFORGE TAB	-	3	ANTIHYPERTENSIVES
EXJADE TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
EXSERVAN FILM	-	NC	NEUROMUSCULAR AGENTS
EXTAVIA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EYSUVIS OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
EZALLOR SPRINKLE CAP (Prior Authorization Required for members age 9 years and older)	PA	3	ANTIHYPERLIPIDEMICS
ezetimibe tab (ZETIA equiv)	-	1	ANTIHYPERLIPIDEMICS
EZETIMIBE/ATORVASTATIN TAB	-	NC	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	2	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)	-	NC	ANTIHYPERLIPIDEMICS
FABHALTA CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS
FABRAZYME INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
FACTIVE TAB	-	NC	FLUOROQUINOLONES
FALESSA KIT	-	NC	CONTRACEPTIVES
FALESSA TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	2	ANTIVIRALS
famotidine susp (PEPCID equiv)	-	2	ULCER DRUGS
famotidine tab (PEPCID equiv)	OTC	1	ULCER DRUGS
FANAPT TAB (QL= 2 tabs/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS

Drug Name	Special Code	Tier	Category
FARESTON TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
FASENRA PEN INJ	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FAZACLO ODT 12.5MG, 25MG, 100MG	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST-TS	2	GOUT AGENTS
felbamate susp (FELBATOL equiv)	-	2	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	2	ANTICONVULSANTS
FELBATOL SUSP	-	3	ANTICONVULSANTS
FELBATOL TAB	-	3	ANTICONVULSANTS
FELDENE CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
felodipine ER tab (PLENDIL equiv)	-	1	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	3	VAGINAL PRODUCTS
FEMALE CONDOMS (QL= 12 condoms/fill)	ACA-OTC-QL	$0	MEDICAL DEVICES AND SUPPLIES
FEMARA TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FEMCON FE CHEW TAB	-	3	CONTRACEPTIVES
FEMHRT TAB	-	3	ESTROGENS
FEMRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP	-	NC	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1	ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	1	ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB, FIBRICOR TAB	-	3	ANTIHYPERLIPIDEMICS
FENOGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS
fenoprofen calcium cap (NALFON equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
fenoprofen calcium tab	-	2	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP, NAFLON CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN TAB	-	2	ANALGESICS - ANTI-INFLAMMATORY
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	2	ANALGESICS - OPIOID
fentanyl patch (DURAGESIC equiv)	-	2	ANALGESICS - OPIOID
fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC	ANALGESICS - OPIOID
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID
FEONYX TAB	-	NC	HEMATOPOIETIC AGENTS
ferrex 150 forte cap	-	1	HEMATOPOIETIC AGENTS
FERREX 28 TAB	-	3	HEMATOPOIETIC AGENTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4	ANTIDOTES
FERRIPROX TAB 1000MG (TWICE DAILY)	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
FERRO-PLEX TAB	-	NC	HEMATOPOIETIC AGENTS
ferrous sulfate elixir	ACA-OTC	NC	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID	OTC	NC	HEMATOPOIETIC AGENTS
ferrous sulfate soln	ACA-OTC	NC	HEMATOPOIETIC AGENTS
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	2	URINARY ANTISPASMODICS
FETZIMA CAP	-	NC	ANTIDEPRESSANTS
FETZIMA TITRATION PACK	-	NC	ANTIDEPRESSANTS

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FIASP FLEXTOUCH INJ	-	2	ANTIDIABETICS
FIASP INJ	-	2	ANTIDIABETICS
FIASP PENFILL INJ, FIASP PUMP CARTRIDGE	-	2	ANTIDIABETICS
FIBRIK CAP	-	NC	MULTIVITAMINS
FILSPARI TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	GENITOURINARY AGENTS - MISCELLANEOUS
FILSUVEZ GEL	-	NC	DERMATOLOGICALS
FINACEA FOAM	-	2	DERMATOLOGICALS
FINACEA GEL	-	3	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	EXC	DERMATOLOGICALS
fingolimod hcl cap 0.5mg (GILENYA equiv)	LMSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4	ANTICONVULSANTS
FIORICET CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORICET/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIORINAL CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORINAL/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIRAZYR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
FIRDAPSE TAB (Only available through AnovoRx 844-288-5007)	LD-PA	4	ANTIMYASTHENIC/CHOLINERGIC AGENTS
FIRST METRONIDAZOLE SUSP	-	3	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP (Covered for members 7 years or younger)	-	2	ULCER DRUGS
FIRST PANTOPRAZOLE SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
FIRVANQ SOLN	-	1	ANTI-INFECTIVE AGENTS - MISC.
FIRVANQ SOLN 50MG/ML	-	1	ANTI-INFECTIVE AGENTS - MISC.
FLAGYL CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
FLAGYL TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	3	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	1	ANTIARRHYTHMICS
FLEQSUVY SUSP (Prior Authorization required for members age 9 or older)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
FLOLIPID SUSP (Members age 9 or older require Prior Authorization)	PA	3	ANTIHYPERLIPIDEMICS
FLOMAX CAP	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
FLONASE SENSIMIST NASAL SPRAY	OTC	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
FLO-PRED SUSP	-	NC	CORTICOSTEROIDS
FLORIVA CHEW TAB	-	NC	MULTIVITAMINS
FLORIVA PLUS DROPS	-	2	MULTIVITAMINS
FLOVENT DISKUS INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUAD INJ (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES
FLUAD QUAD INJ (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES
FLUBLOK QUAD PF INJ (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES

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FLUCELVAX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	1	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	1	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	2	ANTIFUNGALS
fludarabine inj	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fludrocortisone tab (FLORINEF equiv)	-	1	CORTICOSTEROIDS
FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES
FLUMADINE TAB	-	3	ANTIVIRALS
FLUMIST QUADRIVALENT NASAL SUSP (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES
flunisolide nasal soln (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
FLUOCINOLONE ACET CREAM	-	1	DERMATOLOGICALS
fluocinolone acetonide cream	-	1	DERMATOLOGICALS
fluocinolone acetonide oil (DERMA SMOOTH/FS equiv)	-	1	DERMATOLOGICALS
fluocinolone acetonide oint	-	1	DERMATOLOGICALS
fluocinolone acetonide soln	-	1	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv) (QL= 2 bottles/fill)	QL	2	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	1	DERMATOLOGICALS
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	1	DERMATOLOGICALS
fluocinonide emollient cream	-	1	DERMATOLOGICALS
fluocinonide gel	-	1	DERMATOLOGICALS
fluocinonide oint	-	1	DERMATOLOGICALS
fluocinonide soln	-	1	DERMATOLOGICALS
FLUOPAR KIT	-	NC	DERMATOLOGICALS
FLUORABON SOLN (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	ACA	$0	MINERALS & ELECTROLYTES
FLUORAC CREAM	-	NC	DERMATOLOGICALS
FLUORIDEX SENSITIVITY PASTE	-	1	MOUTH/THROAT/DENTAL AGENTS
fluorometholone ophth soln (FML LIQUIFILM equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
FLUOROPLEX CREAM	-	NC	DERMATOLOGICALS
fluorouracil cream (EFUDEX CREAM equiv)	-	1	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	3	DERMATOLOGICALS
fluorouracil soln (FLUOROURACIL equiv)	-	2	DERMATOLOGICALS
FLUOVIX PAK	-	NC	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	1	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine soln (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	1	ANTIDEPRESSANTS
FLUOXETINE TAB	-	3	ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv)	-	NC	ANTIDEPRESSANTS
fluphenazine decanoate inj	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
fluphenazine tab (PROLIXIN equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FLURANDRENOL LOTION	-	NC	DERMATOLOGICALS
flurandrenolide cream (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurandrenolide lotion (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurandrenolide oint (CORDRAN equiv)	-	NC	DERMATOLOGICALS
FLURAZEPAM CAP	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
FLURBIPROFEN OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS

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FLURBIPROFEN TAB	-	1	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
FLUTAMIDE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
flutamide cap (EULEXIN equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUTICASONE DISKUS INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE LOTION	-	NC	DERMATOLOGICALS
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	1	DERMATOLOGICALS
FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone propionate lotion (CUTIVATE equiv)	-	NC	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 115-21 MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 230-21 MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 45-21 MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv)	-	2	ANTIHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv)	-	2	ANTIHYPERLIPIDEMICS
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	2	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	1	ANTIDEPRESSANTS
FLUZONE HD PF INJ (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES
FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES
FLUZONE/FLUARIX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES
FML FORTE OPHTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
FML LIQUIFLIM OPHTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS

Drug Name	Special Code	Tier	Category
FOCALIN TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
FOCALIN XR CAP	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
FOLAGENT DHA CAP	-	NC	MULTIVITAMINS
FOLAMED DHA CAP	-	NC	MULTIVITAMINS
FOLBEE PLUS CZ TAB	-	1	MULTIVITAMINS
folbee tab	-	1	HEMATOPOIETIC AGENTS
folic acid tab 1mg (Covered at $0 for females only; All other members covered at generic copay)	ACA	$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	ACA-OTC	$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	ACA-OTC	$0	HEMATOPOIETIC AGENTS
FOLIKA-V TAB	-	NC	MULTIVITAMINS
FOLITE TAB	-	NC	HEMATOPOIETIC AGENTS
FOLLISTIM AQ INJ (QL= 30 days supply/fill)	INF-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOLTANX TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
FOLVITE-FE TAB	-	NC	HEMATOPOIETIC AGENTS
fondaparinux inj (ARIXTRA equiv)	-	2	ANTICOAGULANTS
FORFIVO XL TAB	-	NC	ANTIDEPRESSANTS
formoterol fumarate neb soln (PERFOROMIST equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORTAMET TAB	-	NC	ANTIDIABETICS
FORTEO INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA GEL 2%	-	NC	ANDROGENS-ANABOLIC
FOSAMAX TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv)	-	2	ANTIVIRALS
fosfomycin tromethamine powder pack (MONUROL equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK	-	2	GASTROINTESTINAL AGENTS - MISC.
FOTIVDA CAP (QL= 21 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRAGMIN INJ	-	3	ANTICOAGULANTS
FREESTLY LITE METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE FREEDOM LITE METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 READER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES

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FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
FROVA TAB	-	NC	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
FRUZAQLA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FULPHILA INJ	LMSP	4	HEMATOPOIETIC AGENTS
FUROSCIX KIT (QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679)	LD-QL	4	DIURETICS
FUROSEMIDE SOLN	-	1	DIURETICS
furosemide soln (LASIX equiv)	-	1	DIURETICS
furosemide tab (LASIX equiv)	-	1	DIURETICS
FUZEON INJ	LMSP	4	ANTIVIRALS
FYCOMPA TAB	-	NC	ANTICONVULSANTS
FYCOMPA SUSP	-	NC	ANTICONVULSANTS
FYLNETRA INJ	-	NC	HEMATOPOIETIC AGENTS
gabapentin (once-daily) tab (GRALISE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)	QL	1	ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)	QL	2	ANTICONVULSANTS
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	1	ANTICONVULSANTS
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	1	ANTICONVULSANTS
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
GABITRIL TAB	-	3	ANTICONVULSANTS
GALAFOLD CAP (QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
galantamine ER cap (RAZADYNE ER equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	2	MINERALS & ELECTROLYTES
ganirelix ac inj (GANIRELIX equiv) (QL= 30 days supply/fill)	INF-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
GARDASIL 9 INJ	VAC	$0	VACCINES
GASTROCROM CONC	-	3	GASTROINTESTINAL AGENTS - MISC.
gatifloxacin ophth soln (ZYMAXID equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
GATTEX KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
GAVILYTE-C SOLN (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	ACA-QL	$0	LAXATIVES
GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	M	Medical Benefit
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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Drug Name	Special Code	Tier	Category
GEAMETDRAY GEL	-	NC	DERMATOLOGICALS
gefitinib tab (IRESSA equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELCLAIR GEL	-	2	MOUTH/THROAT/DENTAL AGENTS
GELNIQUE	-	NC	URINARY ANTISPASMODICS
gemfibrozil tab (LOPID equiv)	-	1	ANTIHYPERLIPIDEMICS
GEMTESA TAB	-	NC	URINARY ANTISPASMODICS
GEN7T LOTION	-	NC	DERMATOLOGICALS
GEN7T PAD 3.5%	-	NC	DERMATOLOGICALS
GEN7T PLUS LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS PAD	-	NC	DERMATOLOGICALS
GENOTROPIN INJ	LMSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT (QL= 2 tubes/fill)	QL	1	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	1	DERMATOLOGICALS
gentamicin sulfate oint	-	1	DERMATOLOGICALS
GENVOYA TAB	-	2	ANTIVIRALS
GEODON CAP	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
GIALAX KIT	-	NC	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	ACA	$0	CONTRACEPTIVES
GILENYA CAP 0.25MG	LMSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILENYA CAP 0.5MG	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GIMOTI NASAL SPRAY	-	NC	GASTROINTESTINAL AGENTS - MISC.
glatiramer inj (COPAXONE equiv)	LMSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEEVEC TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLEOSTINE/LOMUSTINE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS
GLIPIZIDE TAB	-	NC	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	1	ANTIDIABETICS
GLOPERBA SOLN (Prior Authorization required for members age 9 or older)	PA	3	GOUT AGENTS
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGEN INJ	-	2	DIAGNOSTIC PRODUCTS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGON KIT (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCOPHAGE TAB	-	3	ANTIDIABETICS
GLUCOPHAGE XR TAB	-	3	ANTIDIABETICS
GLUCOTROL TAB	-	3	ANTIDIABETICS
GLUCOTROL XL TAB	-	3	ANTIDIABETICS

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GLUMETZA TAB 1000MG	-	NC	ANTIDIABETICS
GLUMETZA TAB 500MG	-	NC	ANTIDIABETICS
GLYBURID MCR TAB	-	1	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	1	ANTIDIABETICS
GLYCATE TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC	ULCER DRUGS
glycopyrrolate oral soln (CUVPOSA equiv)	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
glycopyrrolate tab (ROBINUL equiv)	-	2	ULCER DRUGS
GLYGEST PAK	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
GLYNASE TAB	-	3	ANTIDIABETICS
GLYXAMBI TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
GOCOVRI CAP	-	NC	ANTIPARKINSON AGENTS
GOLYTELY SOLN (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	ACA-QL	$0	LAXATIVES
GONAL-F RFF INJ (QL= 30 days supply/fill)	INF-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
GONAL-F RFF INJ, GONAL-F INJ (QL= 30 days supply/fill)	INF-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
GONITRO POWDER	-	NC	ANTIANGINAL AGENTS
GORDON'S UREA OINT 40%	-	NC	DERMATOLOGICALS
GRALISE STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GRALISE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill)	QL	1	ANTIEMETICS
GRANISOL SOLN (QL= 60ml/fill)	QL	3	ANTIEMETICS
GRANIX INJ	-	NC	HEMATOPOIETIC AGENTS
GRASTEK SL TAB (QL= 1 tab/day)	QL	2	BIOLOGICALS MISC
griseofulvin micro tab (GRIFULVIN V equiv)	-	2	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	2	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	2	ANTIFUNGALS
GRIS-PEG TAB	-	3	ANTIFUNGALS
GUAIFENESEN SYRUP	-	NC	COUGH/COLD/ALLERGY
guaifenesin tab (ALLFEN JR equiv)	-	NC	COUGH/COLD/ALLERGY
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	1	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1	COUGH/COLD/ALLERGY
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC	COUGH/COLD/ALLERGY
guanfacine ER tab (INTUNIV equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	1	ANTIHYPERTENSIVES
GUANIDINE TAB	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
GVOKE INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GVOKE INJ KIT (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GVOKE PFS INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GYNAZOLE CREAM	-	3	VAGINAL PRODUCTS

Drug Name	Special Code	Tier	Category
HADLIMA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HAEGARDA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
halcinonide cream (HALOG equiv)	-	NC	DERMATOLOGICALS
HALCION TAB	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
HALOBETASOL AER	-	NC	DERMATOLOGICALS
halobetasol propionate cream (ULTRAVATE equiv)	-	2	DERMATOLOGICALS
halobetasol propionate foam (HALOBETASOL equiv)	-	NC	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	2	DERMATOLOGICALS
HALOG CREAM	-	NC	DERMATOLOGICALS
HALOG OINT	-	NC	DERMATOLOGICALS
HALOG SOLN	-	NC	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	NC	DERMATOLOGICALS
haloperidol decanoate inj	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol lactate conc (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HARVONI PELLET PAK	-	NC	ANTIVIRALS
HARVONI TAB	-	NC	ANTIVIRALS
HAVRIX INJ, VAQTA INJ	VAC	$0	VACCINES
HC BUTYRATE CREAM	-	NC	DERMATOLOGICALS
HC BUTYRATE SOLN	-	NC	DERMATOLOGICALS
HC/PRAMOXINE CREAM 1-2.35%	-	NC	DERMATOLOGICALS
HC-LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
HECTOROL CAP	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
HELIDAC PACK	-	NC	ULCER DRUGS
HEMANGEOL SOLN	-	NC	BETA BLOCKERS
HEMLIBRA INJ	LMSP-PA	4	HEMATOLOGICAL AGENTS - MISC.
heparin porcine inj	-	NC	ANTICOAGULANTS
HEPLISAV-B INJ	VAC	$0	VACCINES
HEPSERA TAB	-	3	ANTIVIRALS
HETLIOZ CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
HETLIOZ SUSP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
HEXALEN CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIPREX TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
HIXDEFRIMA SOLN	-	NC	DERMATOLOGICALS
HIZENTRA INJ	MSP-PA	4	PASSIVE IMMUNIZING AGENTS
HOMATROPINE OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
HORIZANT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HULIO INJ (adalimumab-fkjp)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HULIO KIT (adalimumab-fkjp)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMALOG JR KWIKPEN INJ	-	NC	ANTIDIABETICS
HUMALOG KWIKPEN INJ	-	NC	ANTIDIABETICS

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HUMALOG MIX INJ	-	NC	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ	-	NC	ANTIDIABETICS
HUMALOG PEN INJ	-	NC	ANTIDIABETICS
HUMATIN CAP	-	NC	AMINOGLYCOSIDES
HUMATROPE INJ, ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA INJ 10MG (QL= 2 syringes/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG (QL= 2 syringes/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG (QL= 2 syringes/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 80MG (QL= 2 syringes/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN MIX PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN N INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN N PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN R INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3	ANTIDIABETICS
HUMULIN R INJ U-500	-	2	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ	-	2	ANTIDIABETICS
HURRISEAL MIS SNAP	-	NC	MEDICAL DEVICES AND SUPPLIES
HYCAMTIN CAP	LMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HYCLODEX SOLN	-	NC	DERMATOLOGICALS
HYCODAN SYRUP	-	3	COUGH/COLD/ALLERGY
HYCOFENIX SOLN	-	NC	COUGH/COLD/ALLERGY
HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	2	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	1	ANTIHYPERTENSIVES
HYDREA CAP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydrochlorothiazide cap (MICROZIDE equiv)	-	1	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1	DIURETICS
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day)	QL	2	ANALGESICS - OPIOID
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day)	QL	2	ANALGESICS - OPIOID
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	2	ANALGESICS - OPIOID
hydrocodone/acetaminophen cap (LORCET equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	2	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1	ANALGESICS - OPIOID

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hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	2	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	2	COUGH/COLD/ALLERGY
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	2	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	2	ANALGESICS - OPIOID
HYDROCODONE/IBUPROFEN TAB	-	3	ANALGESICS - OPIOID
HYDROCODONE/IBUPROFEN TAB 10-200MG	-	3	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE BUTYRATE LIPO CREAM	-	NC	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	1	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	2	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	1	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone lotion 2% (ALA SCALP equiv)	-	NC	DERMATOLOGICALS
hydrocortisone oint	-	1	DERMATOLOGICALS
HYDROCORTISONE PAK	-	NC	DERMATOLOGICALS
hydrocortisone supp (ANUSOL HC equiv)	-	NC	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	1	CORTICOSTEROIDS
hydrocortisone valerate cream	-	NC	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	NC	DERMATOLOGICALS
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE/PRAMOXINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
hydromorphone ER tab (EXALGO equiv) (QL= 1 tab/day)	QL	3	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	NC	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	1	ANALGESICS - OPIOID
hydroquinone cream (LUSTRA equiv)	-	EXC	DERMATOLOGICALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	1	ANTIMALARIALS
HYDROXYM GEL	-	NC	DERMATOLOGICALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyurea cap (HYDREA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine pamoate cap (VISTARIL equiv)	-	1	ANTIANXIETY AGENTS
HYDROXYZINE PAMOATE CAP 100MG	-	1	ANTIANXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	1	ANTIANXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	1	ANTIANXIETY AGENTS
HYFTOR GEL (QL= 10 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	DERMATOLOGICALS
HYLAMEND GEL FIRST AID	-	NC	ANTISEPTICS & DISINFECTANTS
HYLINATE LOTION	-	NC	DERMATOLOGICALS
hyophen tab (PROSED DS equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
HYOPHEN TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.

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HYOSCYAMINE INJ	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	1	ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	1	ULCER DRUGS
HYPER-SAL NEB SOLN	-	3	COUGH/COLD/ALLERGY
HYQVIA INJ	MSP-PA	4	PASSIVE IMMUNIZING AGENTS
HYRIMOZ INJ (adalimumab-adaz)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ PFS INJ (adalimumab-adaz)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HYZAAR TAB	-	3	ANTIHYPERTENSIVES
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBRANCE TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBSRELA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
IBU 600-EZS KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab (Rx covered Only)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
icatibant inj (FIRAZYR equiv)	PA-SP	2	HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
icosapent ethyl cap (VASCEPA equiv) (QL= 4 caps/day)	QL	2	ANTIHYPERLIPIDEMICS
IDACIO INJ (adalimumab-aacf)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IHEEZO GEL	-	NC	OPHTHALMIC AGENTS
ILEVRO OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv)	LMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 140MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 280MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMCIVREE INJ (QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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imipramine pamoate cap (TOFRANIL PM equiv)	-	2	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	1	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	1	DERMATOLOGICALS
IMIQUIMOD CREAM 3.75%	-	NC	DERMATOLOGICALS
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC	DERMATOLOGICALS
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
IMITREX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
IMITREX VIAL INJ (QL= 5 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
IMOVAX INJ	VAC	EXC	VACCINES
IMPAVIDO CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
IMPEKLO LOTION	-	NC	DERMATOLOGICALS
IMPOYZ CREAM	-	NC	DERMATOLOGICALS
IMURAN TAB	-	3	ASSORTED CLASSES
IMVEXXY SUPP	-	NC	VAGINAL PRODUCTS
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL	3	ANTIPARKINSON AND RELATED THERAPY AGENTS
INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	1	DIURETICS
INDERAL LA CAP	-	3	BETA BLOCKERS
INDERAL XL CAP, INNOPRAN XL CAP	-	NC	BETA BLOCKERS
INDOCIN SUPP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN CAP, TIVORBEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
indomethacin suppository (INDOCIN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin susp (INDOCIN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INFLAMMA-K KIT	-	NC	DERMATOLOGICALS
INFLATHERM PAK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INGREZZA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA PACK 40-80MG (QL= 1 pack/28 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INPEFA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
INPEN INSULIN INJECTION DEVICE	-	NC	MEDICAL DEVICES
INQOVI TAB (QL= 5 tabs/28 days)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INREBIC CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSPRA TAB	-	3	ANTIHYPERTENSIVES
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN ASPART INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	2	ANTIDIABETICS

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INSULIN GLARGINE SOLN PEN-INJ	-	2	ANTIDIABETICS
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	NC	ANTIDIABETICS
INSULIN LISPRO INJ (HUMALOG equiv)	-	NC	ANTIDIABETICS
INSULIN LISPRO JR KWIKPEN INJ	-	NC	ANTIDIABETICS
INSULIN LISPRO KWIKPEN INJ	-	NC	ANTIDIABETICS
INSULIN LISPRO PROTAMINE PEN INJ (HUMALOG equiv)	-	NC	ANTIDIABETICS
INSULIN SYRINGE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	-	2	ANTIVIRALS
INTELENCE TAB	-	3	ANTIVIRALS
INTENSE COUGH LIQUID	-	NC	COUGH/COLD/ALLERGY
INTERMEZZO SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
INTRAROSA SUPP	-	NC	VAGINAL PRODUCTS
INTRON-A INJ	MSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INTUNIV TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
INVEGA HAFYERA INJ	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA INJ	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVELTYS OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
INVIRASE CAP	-	2	ANTIVIRALS
INVIRASE TAB	-	2	ANTIVIRALS
INVOKAMET TAB	-	NC	ANTIDIABETICS
INVOKAMET XR TAB	-	NC	ANTIDIABETICS
INVOKANA TAB	-	NC	ANTIDIABETICS
IODOFLEX PAD	-	2	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	2	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC	DERMATOLOGICALS
IOPIDINE OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
IOPIDINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
IPOL INJ	VAC	$0	VACCINES
ipratropium nasal spray (ATROVENT equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1	ANTIHYPERTENSIVES
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	1	HEMATOPOIETIC AGENTS
ISENTRESS (HD) TAB	-	2	ANTIVIRALS
ISENTRESS CHEW TAB	-	2	ANTIVIRALS
ISENTRESS POWDER PACK	-	2	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	ACA	$0	CONTRACEPTIVES
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	NC	MIGRAINE PRODUCTS
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	NC	MIGRAINE PRODUCTS
isoniazid syrup (ISONIAZID equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
ISONIAZID TAB	-	1	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARBACHOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ISOPTO CARPINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
ISORDIL TITRADOSE TAB	-	3	ANTIANGINAL AGENTS

Drug Name	Special Code	Tier	Category
isosorbide dinitrate tab (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	2	ANTIANGINAL AGENTS
isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
isosorbide mononitrate ER tab (IMDUR equiv)	-	1	ANTIANGINAL AGENTS
ISOSORBIDE MONONITRATE TAB	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
isotretinoin cap 25mg (ABSORICA equiv)	-	NC	DERMATOLOGICALS
isotretinoin cap 35mg (ABSORICA equiv)	-	NC	DERMATOLOGICALS
ISOXSUPRINE TAB	-	2	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
itraconazole cap (SPORANOX equiv)	-	2	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	PA	2	ANTIFUNGALS
IVERMECTIN CREAM	-	NC	DERMATOLOGICALS
ivermectin cream (SOOLANTRA equiv)	-	NC	DERMATOLOGICALS
IVERMECTIN LOTION	-	NC	DERMATOLOGICALS
ivermectin tab (STROMECTOL equiv)	PA	2	ANTHELMINTICS
IWILFIN TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXCHIQ INJ	VAC	EXC	VACCINES
IYUZEH OPHTH DROPS	-	NC	OPHTHALMIC AGENTS
JADENU SPRINKLE	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JADENU TAB 180MG	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JADENU TAB 90MG, 360MG	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JALYN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
JANUMET TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUMET XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JANUVIA TAB (QL= 1 tab/day)	QL-TS	2	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JAYPIRCA TAB (QL= 2 tabs/day)	LMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JENLIVA CAP	-	NC	MULTIVITAMINS
JENTADUETO TAB	-	NC	ANTIDIABETICS
JENTADUETO XR TAB	-	NC	ANTIDIABETICS
JESDUVROQ TAB	-	NC	HEMATOPOIETIC AGENTS
jinteli tab (FEMHRT equiv)	-	1	ESTROGENS
JOENJA TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4	MISCELLANEOUS THERAPEUTIC CLASSES
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	ACA	$0	CONTRACEPTIVES
JUBLIA SOLN	-	NC	DERMATOLOGICALS
JULUCA TAB	-	2	ANTIVIRALS

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JUXTAPID CAP	-	NC	ANTIHYPERLIPIDEMICS
JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 or older)	PA	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
KADIAN CAP	-	NC	ANALGESICS - OPIOID
KALETRA SOLN	-	3	ANTIVIRALS
KALETRA TAB	-	3	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	RESPIRATORY AGENTS - MISC.
KAPSPARGO CAP	-	NC	BETA BLOCKERS
KAPVAY TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
KARBINAL ER SUSP	-	NC	ANTIHISTAMINES
KATERZIA SUSP (Prior Authorization required for members age 9 or older)	PA	3	CALCIUM CHANNEL BLOCKERS
KEFLEX CAP	-	3	CEPHALOSPORINS
KEFLEX CAP 750MG	-	NC	CEPHALOSPORINS
kelnor tab (DEMULEN equiv)	ACA	$0	CONTRACEPTIVES
KENALOG INJ	-	3	CORTICOSTEROIDS
KENALOG INJ, TRIAMCINOLONE ACE INJ	-	NC	CORTICOSTEROIDS
KENALOG SPRAY	-	NC	DERMATOLOGICALS
KEPPRA SOLN	-	3	ANTICONVULSANTS
KEPPRA TAB	-	3	ANTICONVULSANTS
KEPPRA XR TAB	-	3	ANTICONVULSANTS
KERAFOAM	-	NC	DERMATOLOGICALS
KERALAC CREAM	-	NC	DERMATOLOGICALS
KERAMATRIX	-	NC	DERMATOLOGICALS
KERASTAT CREAM	-	NC	DERMATOLOGICALS
KERASTAT GEL	-	NC	DERMATOLOGICALS
KERENDIA TAB (QL= 1 tab/day)	PA-QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
KERLONE TAB	-	3	BETA BLOCKERS
KERYDIN SOLN	-	NC	DERMATOLOGICALS
KESIMPTA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KETAMINE HCL TROCHES	-	NC	GENERAL ANESTHETICS
ketoconazole cream (NIZORAL CREAM equiv)	-	1	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	1	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
KETOPROFEN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj (TORADOL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY

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ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv) (QL= 10ml/fill)	QL	1	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
KETOSTIX	OTC	1	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv) (QL= 2 bottles/fill)	OTC-QL	1	OPHTHALMIC AGENTS
KEVEYIS TAB	-	NC	DIURETICS
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
KINRIX INJ, QUADRACEL DTAP-IPV INJ	VAC	$0	TOXOIDS
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE	VAC	$0	TOXOIDS
KISQALI PAK (QL= 91 tabs/28 days)	LMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days)	LMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN	-	NC	AMINOGLYCOSIDES
KLARITY-B DROPS	-	NC	OPHTHALMIC AGENTS
KLARITY-L DROPS	-	NC	OPHTHALMIC AGENTS
KLARON LOTION	-	3	DERMATOLOGICALS
KLISYRI OINT	-	NC	DERMATOLOGICALS
KLONOPIN TAB	-	3	ANTICONVULSANTS
KLOXXADO NASAL SPRAY	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
KOMBIGLYZE XR TAB	-	NC	ANTIDIABETICS
KONVOMEP SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
KORLYM TAB	-	NC	ANTIDIABETICS
KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
K-PHOS NEUTRAL TAB	-	3	MINERALS & ELECTROLYTES
K-PHOS TAB	-	3	MINERALS & ELECTROLYTES
KRAZATI TAB (QL= 6 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KRINTAFEL TAB	-	2	ANTIMALARIALS
KRISTALOSE PACK, LACTULOSE PACK	-	NC	LAXATIVES
KRISTALOSE PACKET	-	NC	LAXATIVES
K-TAB	-	1	MINERALS & ELECTROLYTES
KUVAN POWDER PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
KYNAMRO INJ	-	NC	ANTIHYPERLIPIDEMICS
KYNMOBI FILM	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYNMOBI TITRATION KIT	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYTRIL TAB (QL= 14 tabs/fill)	QL	3	ANTIEMETICS
KYZATREX CAP, JATENZO CAP, TLANDO CAP	-	NC	ANDROGENS-ANABOLIC
L.E.T. GEL	-	NC	DERMATOLOGICALS

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labetalol tab (NORMODYNE equiv)	-	1	BETA BLOCKERS
LAC-HYDRIN CREAM	-	2	DERMATOLOGICALS
LAC-HYDRIN LOTION	-	3	DERMATOLOGICALS
lacosamide oral solution (VIMPAT equiv)	-	1	ANTICONVULSANTS
lacosamide tab (VIMPAT equiv)	-	1	ANTICONVULSANTS
LACRISERT OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
LACTIC ACID LOTION	-	1	DERMATOLOGICALS
lactulose soln	-	1	LAXATIVES
LAGEVRIO CAP (EUA) (QL= 40 caps/fill)	QL	$0	ANTIVIRALS
LAGEVRIO CAP 200MG (QL= 40 caps/fill)	QL	2	ANTIVIRALS
LAMICTAL CHEW TAB	-	3	ANTICONVULSANTS
LAMICTAL ODT	-	NC	ANTICONVULSANTS
LAMICTAL ODT KIT	-	NC	ANTICONVULSANTS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3	ANTICONVULSANTS
LAMICTAL STARTER KIT	-	3	ANTICONVULSANTS
LAMICTAL TAB	-	3	ANTICONVULSANTS
LAMICTAL XR TAB	-	3	ANTICONVULSANTS
LAMISIL TAB	-	3	ANTIFUNGALS
lamivudine soln (EPIVIR equiv)	-	1	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	-	1	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	-	1	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	-	2	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	2	ANTICONVULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	NC	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	2	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL equiv)	-	NC	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
LAMPIT TAB (Restricted to Infectious Disease Specialist)	RS	2	ANTI-INFECTIVE AGENTS - MISC.
LANCET DEVICE	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCET KIT	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANOXIN TAB	-	3	CARDIOTONICS
LANOXIN TAB 62.5MCG	-	NC	CARDIOTONICS
lansoprazole cap (PREVACID equiv)	OTC	1	ULCER DRUGS
lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
LANSOPRAZOLE SUSP (Covered for members 7 years or younger)	-	2	ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
LANSOPRAZOLE/AMOXICILLIN/CLARITHTHROMYCIN KIT	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
lanthanum carbonate chew tab (FOSRENOL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
LANTUS INJ, INSULIN GLARGINE INJ	-	NC	ANTIDIABETICS
lapatinib ditosylate tab (TYKERB equiv)	LMSP-PA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LASIX TAB	-	3	DIURETICS

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LASTACAFT OPHTH SOLN (QL= 3ml/30 days; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3	OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
LATUDA TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3	ANALGESICS - OPIOID
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	4	ANTIVIRALS
leflunomide tab (ARAVA equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	1	MISCELLANEOUS THERAPEUTIC CLASSES
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LESCOL XL TAB	-	3	ANTIHYPERLIPIDEMICS
LETAIRIS TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
letrozole tab (FEMARA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ	-	NC	HEMATOPOIETIC AGENTS
leuprolide inj (LUPRON equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA)	QL-ST	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVAQUIN TAB	-	3	FLUOROQUINOLONES
LEVBID TAB	-	3	ULCER DRUGS
LEVEMIR FLEXTOUCH INJ	-	2	ANTIDIABETICS
LEVEMIR INJ	-	2	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	2	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	1	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	1	ANTICONVULSANTS
LEVITRA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
LEVOBUNOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
levocarnitine soln (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	-	NC	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	NC	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN	QL--	NC	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN 0.5% (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	ACA-OTC	$0	CONTRACEPTIVES
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	$0	CONTRACEPTIVES
LEVORPHANOL TAB	-	NC	ANALGESICS - OPIOID
levorphanol tab (LEVORPHANOL equiv)	-	NC	ANALGESICS - OPIOID

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LEVOTHYROXINE INJ	-	NC	THYROID AGENTS
LEVOTHYROXINE INJ 100MCG/ML	-	NC	THYROID AGENTS
levothyroxine tab (SYNTHROID equiv)	-	1	THYROID AGENTS
LEVSIN INJ	-	NC	ULCER DRUGS
LEVSIN SL TAB	-	3	ULCER DRUGS
LEVSIN TAB	-	3	ULCER DRUGS
LEXAPRO TAB	-	NC	ANTIDEPRESSANTS
LEXIVA SUSP	-	2	ANTIVIRALS
LEXIVA TAB	-	3	ANTIVIRALS
LIALDA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
LIBRAX CAP	-	NC	ULCER DRUGS
LICART PATCH	-	NC	DERMATOLOGICALS
LIDAMANTLE LOTION	-	NC	DERMATOLOGICALS
LIDO/MENTHOL SPRAY	-	NC	DERMATOLOGICALS
LIDO/RAC/TET GEL	-	NC	DERMATOLOGICALS
LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	1	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL equiv)	-	NC	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	1	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
LIDOCAINE GEL	-	2	DERMATOLOGICALS
lidocaine lotion (LIDAMANTLE equiv)	-	NC	DERMATOLOGICALS
lidocaine oint (QL= 107gm/30 days)	QL	1	DERMATOLOGICALS
lidocaine oint/transparent dressing kit (LIDOPAC equiv)	-	NC	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	NC	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	2	DERMATOLOGICALS
lidocaine patch 3.5% (GEN7T equiv)	-	NC	DERMATOLOGICALS
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	2	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
LIDOCAINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
lidocaine viscous soln (LIDOCAINE HCL (MOUTH-THROAT) equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2	ANORECTAL AGENTS
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	1	DERMATOLOGICALS
LIDOCAINE/TETRACAINE CREAM	-	NC	DERMATOLOGICALS
LIDOCIN GEL	-	NC	DERMATOLOGICALS
LIDODERM PATCH (QL= 3 patches/day)	QL	3	DERMATOLOGICALS
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LIDOSTREAM KIT	-	NC	DERMATOLOGICALS
LIDOTIN PAK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LIDOTRAL CREAM	-	NC	DERMATOLOGICALS
LIDOTREX GEL	-	NC	DERMATOLOGICALS
LIDOVEX CREAM	-	NC	DERMATOLOGICALS
LIKMEZ SUSP (Prior Authorization required for members age 9 or older)	PA	3	ANTI-INFECTIVE AGENTS - MISC.
LINDANE SHAMPOO	-	2	DERMATOLOGICALS
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease or Oncology Specialist)	RS	2	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease or Oncology Specialist)	RS	2	ANTI-INFECTIVE AGENTS - MISC.

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LINZESS CAP (QL= 1 cap/day)	PA-QL	3	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	1	THYROID AGENTS
LIPITOR TAB	-	3	ANTIHYPERLIPIDEMICS
LIQREV SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
lisdexamfetamine dimesylate cap (VYVANSE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
lisdexamfetamine dimesylate chew tab (VYVANSE equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1	ANTIHYPERTENSIVES
LITFULO CAP (QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	4	DERMATOLOGICALS
LITHIUM CARBONATE CAP	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate cap (ESKALITH ER equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOBID TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOSTAT TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	3	ANTIHYPERLIPIDEMICS
LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana 866-849-4481)	LD-PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4	ANTIVIRALS
L-METHYLFOLATE TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LMR PLUS KIT	-	NC	DERMATOLOGICALS
LO LOESTRIN TAB	-	$0	CONTRACEPTIVES
LOCOID CREAM	-	NC	DERMATOLOGICALS
LOCOID LIPOCREAM	-	NC	DERMATOLOGICALS
LOCOID LOTION	-	NC	DERMATOLOGICALS
LOCOID OINT	-	NC	DERMATOLOGICALS
LOCOID SOLN	-	NC	DERMATOLOGICALS
LODOCO TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
LODOSYN TAB	-	3	ANTIPARKINSON AGENTS
loestrin 21 tab	-	$0	CONTRACEPTIVES
loestrin tab	-	$0	CONTRACEPTIVES
lohist liquid (DECON-A equiv)	OTC	EXC	COUGH/COLD/ALLERGY
LOKELMA PAK	PA	2	MISCELLANEOUS THERAPEUTIC CLASSES
LOMAIRA TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
LOMOTIL TAB	-	3	ANTIDIARRHEALS
LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER)	ST	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LONSURF TAB	MSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	NC	ANTIDIARRHEALS
loperamide hcl soln (LOPERAMIDE equiv)	OTC	NC	ANTIDIARRHEAL/PROBIOTIC AGENTS
LOPID TAB	-	3	ANTIHYPERLIPIDEMICS
lopinavir/ritonavir soln (KALETRA equiv)	-	2	ANTIVIRALS

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lopinavir/ritonavir tab (KALETRA equiv)	-	2	ANTIVIRALS
LOPRESSOR TAB	-	3	BETA BLOCKERS
LOPROX CREAM	-	3	DERMATOLOGICALS
LOPROX SHAMPOO	-	3	DERMATOLOGICALS
loratadine cap (CLARITIN equiv)	OTC	EXC	ANTIHISTAMINES
lorazepam conc (ATIVAN equiv)	-	1	ANTIANXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	1	ANTIANXIETY AGENTS
LORBRENA TAB 100MG (QL= 1 tab/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG (QL= 3 tabs/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LOREEV XR CAP	-	NC	ANTIANXIETY AGENTS
LORTAB	-	3	ANALGESICS - OPIOID
LORTAB ELIXIR	-	3	ANALGESICS - OPIOID
LORVATUS PHARMAPAK KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	1	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1	ANTIHYPERTENSIVES
LOTEMAX GEL (QL= 2 bottle/fill)	QL	3	OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT (QL= 2 tubes/fill)	QL	2	OPHTHALMIC AGENTS
LOTEMAX OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
LOTEMAX SM GEL 0.38%	-	NC	OPHTHALMIC AGENTS
LOTENSIN HCT TAB	-	3	ANTIHYPERTENSIVES
LOTENSIN TAB	-	3	ANTIHYPERTENSIVES
loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX, ALREX equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
LOTREL CAP	-	3	ANTIHYPERTENSIVES
LOTRIMIN AF CREAM	-	NC	DERMATOLOGICALS
LOTRISONE CREAM	-	3	DERMATOLOGICALS
LOTRONEX TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
lovastatin tab (MEVACOR equiv)	-	$0	ANTIHYPERLIPIDEMICS
LOVAZA CAP	-	3	ANTIHYPERLIPIDEMICS
LOVENOX INJ	-	3	ANTICOAGULANTS
loxapine cap (LOXITANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day)	PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
LUCEMYRA TAB (QL= 96 tabs/7 days)	PA-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LULICONAZOLE CREAM, LUZU CREAM	-	NC	DERMATOLOGICALS
LUMAKRAS TAB (QL= 8 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMAKRAS TAB 320MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
LUMRYZ PACK (QL= 1 pack/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUNESTA TAB (QL= 1 tab/day)	QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
LUPANETA PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479)	LD-PA-QL	4	MISCELLANEOUS THERAPEUTIC CLASSES

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LUPRON DEPOT INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT PED INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
lurasidone hcl tab (LATUDA TAB equiv) (QL= 1 tab/day)	QL-TS	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LUVIRA CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LUXIQ FOAM	-	NC	DERMATOLOGICALS
LYBALVI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP (QL= 3 caps/day)	QL	3	ANTICONVULSANTS
LYRICA CAP 225MG (QL= 2 caps/day)	QL	3	ANTICONVULSANTS
LYRICA CAP 300MG (QL= 2 caps/day)	QL	3	ANTICONVULSANTS
LYRICA CR TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYRICA SOLN	QL	3	ANTICONVULSANTS
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSTEDA TAB	-	3	HEMOSTATICS
LYTGOBI THERAPY PACK (QL= 5 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYUMJEV INJ	-	NC	ANTIDIABETICS
LYUMJEV KWIKPEN INJ	-	NC	ANTIDIABETICS
LYUMJEV TEMPO PEN	-	NC	ANTIDIABETICS
LYVISPAH GRANULE PACKET (Members age 9 or older require Prior Authorization)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
MACRILEN PACK	-	NC	DIAGNOSTIC PRODUCTS
MACROBID CAP	-	3	ANTI-INFECTIVE AGENTS - MISC.
MACRODANTIN CAP	-	3	ANTI-INFECTIVE AGENTS - MISC.
MACRODANTIN CAP 25MG	-	NC	ANTI-INFECTIVE AGENTS - MISC.
magnesium sulfate inj	-	NC	MINERALS & ELECTROLYTES
MALARONE TAB	-	3	ANTIMALARIALS
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	2	DERMATOLOGICALS
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	$0	MEDICAL DEVICES AND SUPPLIES
mannitol soln (OSMITROL equiv)	-	NC	DIURETICS
MAPROTILINE TAB	-	1	ANTIDEPRESSANTS
maraviroc tab (SELZENTRY equiv)	-	2	ANTIVIRALS
MARINOL CAP	PA	3	ANTIEMETICS
MARPLAN TAB	-	2	ANTIDEPRESSANTS
MATULANE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAVENCLAD PAK (Only available through Walgreens 888-347-3416)	LD	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVIK TAB	-	3	ANTIHYPERTENSIVES
MAVYRET PAK (QL= 5 packs/day)	LMSP-PA-QL	4	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	4	ANTIVIRALS
MAXALT MLT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	3	MIGRAINE PRODUCTS
MAXALT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	3	MIGRAINE PRODUCTS
MAXIDEX OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS

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MAXITROL OPHTH OINT (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
MAXITROL OPHTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
MAXZIDE TAB	-	3	DIURETICS
MAYZENT TAB	LMSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK	LMSP	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
meclizine chew tab (BONINE equiv)	OTC	1	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	OTC	1	ANTIEMETICS
MECLOFENAMATE CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MEDI-PATCH W/LIDOCAINE PATCH	-	NC	DERMATOLOGICALS
MEDROL DOSE PACK	-	NC	CORTICOSTEROIDS
MEDROL TAB	-	2	CORTICOSTEROIDS
MEDROL TAB	-	3	CORTICOSTEROIDS
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	ACA-QL	$0	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	1	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	2	ANTIMALARIALS
MEGACE ES SUSP	-	3	PROGESTINS
megestrol ES susp (MEGACE ES equiv)	-	2	PROGESTINS
megestrol susp (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST SOLN	LMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	LMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day)	LMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB (QL= 6 tabs/day)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meloxicam cap (VIVLODEX equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
melphalan inj (ALKERAN equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MELPHALAN TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine sol (NAMENDA equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	$0	VACCINES
MENEST TAB	-	3	ESTROGENS
MENOPUR INJ (QL= 30 days supply/fill)	INF-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
MENOSTAR PATCH	-	NC	ESTROGENS

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MENQUADFI INJ	VAC	$0	VACCINES
MENTAX CREAM	-	3	DERMATOLOGICALS
MENTHOREAL10 THERAPY PACK	-	NC	DERMATOLOGICALS
MENVEO INJ	VAC	$0	VACCINES
meperidine tab (DEMEROL equiv)	-	NC	ANALGESICS - OPIOID
MEPHYTON TAB	-	3	VITAMINS
meprobamate tab (MILTOWN equiv)	-	3	ANTIANXIETY AGENTS
MEPRON SUSP	-	3	ANTI-INFECTIVE AGENTS - MISC.
mercaptopurine tab (PURINETHOL equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meropenem inj (MERREM equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
mesalamine DR cap (DELZICOL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR tab (LIALDA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (PENTASA CR equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
MESALAMINE TAB DR	-	3	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	LMSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MESTINON TAB	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
MESTINON TIMESPAN TAB	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
METANX CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
metaxalone tab (SKELAXIN equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB 400MG	-	3	MUSCULOSKELETAL THERAPY AGENTS
METDRAY GEL	-	NC	DERMATOLOGICALS
metformin ER osmotic tab (FORTAMET equiv)	-	NC	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
metformin soln (RIOMET equiv)	-	2	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	1	ANTIDIABETICS
METFORMIN TAB	-	NC	ANTIDIABETICS
methadone soln	-	1	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv)	-	1	ANALGESICS - OPIOID
METHADOSE CONC	-	3	ANALGESICS - OPIOID
methadose tab	-	1	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/NOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	2	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
methenamine mandelate tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
methimazole tab (TAPAZOLE equiv)	-	1	THYROID AGENTS
METHITEST TAB	PA	3	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
METHOCARBAMOL TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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METHOXSALEN CAP	-	2	DERMATOLOGICALS
methoxsalen cap (OXSORALEN ULTRA equiv)	-	2	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	2	ULCER DRUGS
methsuximide cap (CELONTIN equiv)	-	2	ANTICONVULSANTS
METHYLDOPA TAB	-	1	ANTIHYPERTENSIVES
methyldopa tab (ALDOMET equiv)	-	1	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2	OXYTOCICS
METHYLIN SOLN	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate CD cap (METADATE CD equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate chew tab (METHYLIN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER cap (APTENSIO XR equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE ER TAB	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE HYDROCHLO	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate tab (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate td patch (DAYTRANA equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylprednisolone acetate inj (DEPO-MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone dose pack (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprenisolone sod succinate inj (SOLU-MEDROL equiv)	-	1	CORTICOSTEROIDS
methyltestosterone cap	PA	2	ANDROGENS-ANABOLIC
METIPRANOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	1	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	1	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	1	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2	ANTIHYPERTENSIVES
METOZOLV ODT	-	NC	GASTROINTESTINAL AGENTS - MISC.
METROCREAM	-	3	DERMATOLOGICALS
METROGEL 1%	-	3	DERMATOLOGICALS
METROGEL VAGINAL GEL	-	3	VAGINAL PRODUCTS
METROLOTION	-	3	DERMATOLOGICALS
metronidazole cap (FLAGYL equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	1	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	2	DERMATOLOGICALS

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metronidazole gel 0.75% (METROGEL equiv)	-	1	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	2	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	1	VAGINAL PRODUCTS
metyrosine cap (DEMSER equiv)	-	NC	ANTIHYPERTENSIVES
mexiletine hcl cap	-	2	ANTIARRHYTHMICS
MEXPAROX HC CREAM	-	NC	DERMATOLOGICALS
MIACALCIN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MICARDIS HCT TAB	-	NC	ANTIHYPERTENSIVES
MICARDIS TAB	-	3	ANTIHYPERTENSIVES
MICLARA LIQUID	-	NC	ANTIHISTAMINES
MICONAZOLE 3 SUPP 200MG	-	3	VAGINAL PRODUCTS
MICORT-HC CREAM	-	NC	DERMATOLOGICALS
MICROVIX LP PAK	-	NC	DERMATOLOGICALS
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
midazolam syrup	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS
MIEBO OPHTH SOLN (QL= 1 bottle/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2	OPHTHALMIC AGENTS
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA-QL	1	ANTIDIABETICS
mifepristone tab (MIFIPREX equiv)	LD-PA-QL	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIFIPREX TAB	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIGERGOT SUPP	-	NC	MIGRAINE PRODUCTS
miglitol tab (MIGLITOL equiv)	-	2	ANTIDIABETICS
MIGLITOL TAB	-	3	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	1	HEMATOPOIETIC AGENTS
MIGRANAL SPRAY (QL= 8 sprays/fill)	QL	3	MIGRAINE PRODUCTS
MILLIPRED DP PAK	-	NC	CORTICOSTEROIDS
MILLIPRED TAB	-	NC	CORTICOSTEROIDS
MINASTRIN CHEW TAB	-	3	CONTRACEPTIVES
MINIPRESS CAP	-	3	ANTIHYPERTENSIVES
MINOCIN CAP	-	3	TETRACYCLINES
minocycline cap (MINOCIN equiv)	-	1	TETRACYCLINES
MINOCYCLINE ER CAP	-	NC	TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	NC	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	2	TETRACYCLINES
MINOLIRA TAB	-	NC	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	1	ANTIHYPERTENSIVES
MIOSTAT INJ	-	NC	OPHTHALMIC AGENTS
MIRALAX PACKET	OTC	3	LAXATIVES
MIRALAX POWDER	OTC	3	LAXATIVES
MIRAPEX ER TAB	-	3	ANTIPARKINSON AGENTS
MIRAPEX TAB	-	3	ANTIPARKINSON AGENTS

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MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
MIRCETTE TAB	-	3	CONTRACEPTIVES
MIRENA IUD	ACA	$0	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	1	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	1	ANTIDEPRESSANTS
MIRVASO GEL	-	EXC	DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	1	ULCER DRUGS
M-M-R II INJ	VAC	$0	VACCINES
MOBIC TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
MODERIBA TAB	-	NC	ANTIVIRALS
moexipril tab (UNIVASC equiv)	-	1	ANTIHYPERTENSIVES
MOLINDONE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
mometasone cream (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	1	DERMATOLOGICALS
MONODOX CAP	-	3	TETRACYCLINES
montelukast chew tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	3	ANTI-INFECTIVE AGENTS - MISC.
MORPHABOND TAB	-	NC	ANALGESICS - OPIOID
MORPHINE SULF SOLN 10MG/5ML	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE ER CAP	-	NC	ANALGESICS - OPIOID
morphine sulfate ER cap (KADIAN equiv)	-	NC	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv)	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE SOLN	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP	-	2	ANALGESICS - OPIOID
morphine sulfate tab	-	1	ANALGESICS - OPIOID
MOTEGRITY TAB (QL= 1 tab/day)	PA-QL	3	GASTROINTESTINAL AGENTS - MISC.
MOTOFEN TAB	-	3	ANTIDIARRHEALS
MOTPOLY XR CAP	-	NC	ANTICONVULSANTS
MOTRIN SUSP	-	3	ANALGESICS - ANTI-INFLAMMATORY
MOUNJARO INJ (QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	2	ANTIDIABETICS
MOVANTIK TAB	PA	2	GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN	-	NC	LAXATIVES
MOXATAG TAB	-	NC	PENICILLINS
MOXATAG TAB 775MG	-	NC	PENICILLINS
MOXEZA OPHTH SOLN 0.5%	-	NC	OPHTHALMIC AGENTS
MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
MOXIFLOXACIN SOLN	-	NC	OPHTHALMIC AGENTS

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moxifloxacin tab (AVELOX equiv)	-	2	FLUOROQUINOLONES
MOZOBIL INJ	-	NC	HEMATOPOIETIC AGENTS
MPM PAK	-	NC	OXYTOCICS
MS CONTIN TAB	-	3	ANALGESICS - OPIOID
MUCINEX LIQUID	-	NC	COUGH/COLD/ALLERGY
MUCINEX TAB	-	NC	COUGH/COLD/ALLERGY
MULPLETA TAB	-	NC	HEMATOPOIETIC AGENTS
MULTAQ TAB (Restricted to Cardiology Specialist)	RS	2	ANTIARRHYTHMICS
MULTIGEN FOLIC TAB	-	1	HEMATOPOIETIC AGENTS
MULTIGEN PLUS TAB	-	1	HEMATOPOIETIC AGENTS
MULTIGEN TAB	-	1	HEMATOPOIETIC AGENTS
MULTI-MAC TAB	-	NC	MULTIVITAMINS
multivitamin tab	-	2	HEMATOPOIETIC AGENTS
MULTIVITAMIN TAB	-	3	HEMATOPOIETIC AGENTS
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	1	MULTIVITAMINS
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	1	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW 0.25MG	-	NC	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW 0.5MG	-	NC	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW 1MG	-	NC	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	1	MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	-	1	MULTIVITAMINS
MULTI-VIT-FLOR CHEW 0.25MG	-	NC	MULTIVITAMINS
MULTI-VIT-FLOR CHEW 0.5MG	-	NC	MULTIVITAMINS
MULTI-VIT-FLOR CHEW 1MG	-	NC	MULTIVITAMINS
mupirocin cream (BACTROBAN equiv)	-	NC	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	1	DERMATOLOGICALS
MYALEPT INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MYAMBUTOL TAB	-	3	ANTIMYCOBACTERIAL AGENTS
MYCAPSSA CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MYCOBUTIN CAP	-	3	ANTIMYCOBACTERIAL AGENTS
mycophenolate DR tab (MYFORTIC equiv)	-	4	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	4	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	4	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	4	ASSORTED CLASSES
MYDAYIS CAP 12.5MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
MYDAYIS CAP 25MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
MYDAYIS CAP 37.5MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
MYDAYIS CAP 50MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
MYDRIACYL OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	2	ESTROGENS
MYFORTIC TAB	-	4	ASSORTED CLASSES
MYLERAN TAB	LMSP	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYNATAL-Z TAB	-	3	MULTIVITAMINS

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Drug Name	Special Code	Tier	Category
MYRBETRIQ SUSP	-	NC	URINARY ANTISPASMODICS
MYRBETRIQ TAB	-	NC	URINARY ANTISPASMODICS
MYSOLINE TAB	-	3	ANTICONVULSANTS
MYTESI TAB	-	NC	ANTIDIARRHEALS
nabumetone tab (RELAFEN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	2	BETA BLOCKERS
NAFLON CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naftifine cream (NAFTIN equiv)	-	2	DERMATOLOGICALS
NAFTIFINE CREAM	-	3	DERMATOLOGICALS
naftifine gel (NAFTIN equiv)	-	2	DERMATOLOGICALS
naftifine hcl gel 2% (NAFTIN equiv)	-	NC	DERMATOLOGICALS
NAFTIN CREAM	-	3	DERMATOLOGICALS
NAFTIN GEL	-	3	DERMATOLOGICALS
NAFTIN GEL 2%	-	NC	DERMATOLOGICALS
nalbuphine inj	-	NC	ANALGESICS - OPIOID
naloxone hcl nasal spray (NARCAN equiv)	OTC	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	-	1	ANTIDOTES
NALOXONE PREFILLED INJ	-	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	1	ANTIDOTES
NAMENDA TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR TITRATION PACK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAPRELAN CR TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN EC TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN EC TAB 500MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
naproxen EC tab 500mg (NAPROSYN EC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
NARCAN NASAL SPRAY	OTC	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
NARDIL TAB 15MG	-	3	ANTIDEPRESSANTS
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL SPRAY	-	3	HEMATOPOIETIC AGENTS
NATACYN OPHTH SUSP (QL= 15ml/fill)	QL	2	OPHTHALMIC AGENTS
NATAZIA TAB	-	$0	CONTRACEPTIVES

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nateglinide tab (STARLIX equiv)	-	2	ANTIDIABETICS
NATESTO GEL	-	NC	ANDROGENS-ANABOLIC
NATESTO NASAL GEL	-	NC	ANDROGENS-ANABOLIC
NATPARA INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
NATROBA SUSP (QL= 1 bottle/fill)	QL	3	DERMATOLOGICALS
NAYZILAM SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)	QL-RS	3	ANTICONVULSANTS
nebivolol hcl tab (BYSTOLIC equiv)	TS	2	BETA BLOCKERS
NEBUPENT NEB SOLN	-	3	ANTI-INFECTIVE AGENTS - MISC.
NEBUSAL NEB SOLN	-	2	COUGH/COLD/ALLERGY
NEFAZODONE TAB	-	1	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	1	ANTIDEPRESSANTS
NENDRUX GEL	-	NC	DERMATOLOGICALS
neomycin tab	-	1	AMINOGLYCOSIDES
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
neomycin/polymixin/hydrocoritisone otic susp (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN (QL= 2 bottles/	QL	1	OPHTHALMIC AGENTS
NEONATAL 19 TAB	-	3	MULTIVITAMINS
NEONATAL FE TAB	-	3	MULTIVITAMINS
NEORAL CAP	-	4	ASSORTED CLASSES
NEORAL SOLN	-	4	ASSORTED CLASSES
NEOSALUS FOAM	-	NC	DERMATOLOGICALS
NEOSALUS LOTION	-	NC	DERMATOLOGICALS
NEOSPORIN OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
NEO-SYNALAR CREAM	-	NC	DERMATOLOGICALS
NEPHROCAP	-	3	MULTIVITAMINS
NEPHRON FA TAB	-	2	HEMATOPOIETIC AGENTS
NEPTAZANE TAB	-	3	DIURETICS
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEULASTA INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPRO PATCH	-	3	ANTIPARKINSON AGENTS
NEURONTIN CAP (QL= 9 caps/day)	QL	3	ANTICONVULSANTS
NEURONTIN SOLN (QL= 72 mls/day)	QL	3	ANTICONVULSANTS
NEURONTIN TAB 600MG (QL= 6 tabs/day)	QL	3	ANTICONVULSANTS
NEURONTIN TAB 800MG (QL= 4.5 tabs/day)	QL	3	ANTICONVULSANTS
NEVANAC OPHTH SUSP (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
NEVIRAPINE ER TAB	-	2	ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv)	-	2	ANTIVIRALS
NEVIRAPINE SUSP	-	2	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	1	ANTIVIRALS
NEXAVAR TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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NEXICLON XR TAB	-	NC	ANTIHYPERTENSIVES
NEXIUM 24HR TAB	OTC	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
NEXIUM GRANULE PACK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
NEXLETOL TAB (QL= 1 tab/day)	PA-QL	2	ANTIHYPERLIPIDEMICS
NEXLIZET TAB (QL= 1 tab/day)	PA-QL	2	ANTIHYPERLIPIDEMICS
NEXPLANON IMPLANT	ACA	$0	CONTRACEPTIVES
NEXTSTELLIS TAB	-	$0	CONTRACEPTIVES
NGENLA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
niacin cap	OTC	NC	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	NC	VITAMINS
niacin ER tab (NIASPAN equiv)	-	NC	ANTIHYPERLIPIDEMICS
niacin tab	OTC	1	VITAMINS
NIACIN TR TAB	OTC	NC	VITAMINS
niacinamide tab	OTC	NC	VITAMINS
NIACOR TAB	-	NC	ANTIHYPERLIPIDEMICS
NIASPAN ER TAB	-	NC	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	2	CALCIUM CHANNEL BLOCKERS
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nilutamide tab (NILANDRON equiv)	LMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	2	CALCIUM CHANNEL BLOCKERS
NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NIRAVAM ODT	-	3	ANTIANXIETY AGENTS
nisoldipine ER tab (SULAR equiv)	-	2	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	2	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 25.5MG	-	3	CALCIUM CHANNEL BLOCKERS

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nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	2	ANTI-INFECTIVE AGENTS - MISC.
nitisinone cap (ORFADIN equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-BID OINT	-	2	ANTIANGINAL AGENTS
NITRO-DUR PATCH	-	3	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization Required for members age 9 or older)	PA	2	ANTI-INFECTIVE AGENTS - MISC.
NITROFURANTOIN SUSP	PA--	NC	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP	-	1	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	2	ANTIANGINAL AGENTS
nitroglycerin oint (RECTIV equiv)	-	3	ANORECTAL AND RELATED PRODUCTS
nitroglycerin patch (NITRO-DUR equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	1	ANTIANGINAL AGENTS
NITROLINGUAL PUMP SPRAY	-	3	ANTIANGINAL AGENTS
NITROMIST SPRAY	-	3	ANTIANGINAL AGENTS
NITROSTAT SL TAB	-	3	ANTIANGINAL AGENTS
NITYR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ	LMSP	4	HEMATOPOIETIC AGENTS
NIZATIDINE CAP	-	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
nizatidine cap (AXID equiv)	-	1	ULCER DRUGS
NIZATIDINE SOLN (Members age 9 or older require Prior Authorization)	PA	3	ULCER DRUGS
NIZORAL A-D SHAMPOO	OTC	NC	DERMATOLOGICALS
nizoral a-d shampoo (NIZORAL equiv)	OTC	NC	DERMATOLOGICALS
NIZORAL SHAMPOO	-	3	DERMATOLOGICALS
NOCDURNA SL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NOCTIVA EMULSION SPRAY	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NORDITROPIN INJ, NUTROPIN AQ INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	$0	CONTRACEPTIVES
norethindrone acetate/ethinyl estradial FE chew tab (MINASTRIN equiv)	-	$0	CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	ACA	$0	CONTRACEPTIVES
norethindrone tab (NORA-QD equiv)	ACA	$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	ACA--	1	PROGESTINS
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	ACA	$0	CONTRACEPTIVES
NORGESIC TAB FORTE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
NORITATE CREAM	-	NC	DERMATOLOGICALS
NORLIQVA ORAL SOLN (Members age 9 or older require Prior Authorization)	PA	3	CALCIUM CHANNEL BLOCKERS
NORPACE CAP	-	3	ANTIARRHYTHMICS
NORPACE CR CAP	-	2	ANTIARRHYTHMICS
NORPRAMIN TAB	-	3	ANTIDEPRESSANTS
NOR-QD TAB	-	3	CONTRACEPTIVES

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NORTHERA CAP	-	NC	VASOPRESSORS
nortrel tab (OVCON 35 equiv)	ACA	$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	1	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1	ANTIDEPRESSANTS
NORVASC TAB	-	3	CALCIUM CHANNEL BLOCKERS
NORVIR CAP	-	2	ANTIVIRALS
NORVIR POWDER PACK	-	2	ANTIVIRALS
NORVIR SOLN	-	2	ANTIVIRALS
NORVIR TAB	-	3	ANTIVIRALS
NOURIANZ TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
NOVACORT GEL	-	NC	DERMATOLOGICALS
NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN 70/30 FLEXPEN RELION INJ	OTC	2	ANTIDIABETICS
NOVOLIN 70/30 INJ	OTC	2	ANTIDIABETICS
NOVOLIN 70/30 RELION INJ	OTC	2	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN N INJ	OTC	2	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ	OTC	2	ANTIDIABETICS
NOVOLIN R INJ	OTC	2	ANTIDIABETICS
NOVOLIN R RELION INJ	OTC	2	ANTIDIABETICS
NOVOLOG FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG INJ	-	2	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	2	ANTIDIABETICS
NOVOLOG MIX INJ	-	2	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	2	ANTIDIABETICS
NOVOTWIST PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOXAFIL PAK	-	3	ANTIFUNGALS
NOXAFIL SUSP	-	3	ANTIFUNGALS
NOXAFIL TAB	-	NC	ANTIFUNGALS
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1	THYROID AGENTS
NUBEQA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NUCALA INJ (QL= 1 inj/28 days)	LMSP-PA-QL	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUCARACLINPA KIT	-	NC	DERMATOLOGICALS
NUCARARXPAK KIT	-	NC	DERMATOLOGICALS
NUCORT LOTION	-	3	DERMATOLOGICALS
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2	ANALGESICS - OPIOID
NUCYNTA TAB	-	3	ANALGESICS - OPIOID
NUDERMRXPAK PAK	-	NC	DERMATOLOGICALS
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nulido pad (NULIDO equiv)	-	NC	DERMATOLOGICALS
NULYTELY SOLN (Covered at $0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	ACA-QL	$0	LAXATIVES
NUPLAZID CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUPLAZID TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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NUVAKAAN II KIT	-	NC	DERMATOLOGICALS
NUVARING	-	NC	CONTRACEPTIVES
NUVIGIL TAB (QL= 1 tab/day)	QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
NUZYRA TAB	-	NC	TETRACYCLINES
NYATA KIT	-	NC	DERMATOLOGICALS
NYMALIZE SOLN	-	NC	CALCIUM CHANNEL BLOCKERS
nystatin cream (MYCOSTATIN CREAM equiv)	-	1	DERMATOLOGICALS
nystatin oint	-	1	DERMATOLOGICALS
nystatin powder	-	1	ANTIFUNGALS
nystatin susp	-	1	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	1	ANTIFUNGALS
nystatin topical powder	-	1	DERMATOLOGICALS
nystatin/triamcinolone cream	-	1	DERMATOLOGICALS
nystatin/triamcinolone oint	-	1	DERMATOLOGICALS
NYVEPRIA INJ	LMSP	4	HEMATOPOIETIC AGENTS
OCALIVA TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF-TS	4	GASTROINTESTINAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	LMSP	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCTREOTIDE INJ 100MCG	LMSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCUFLOX OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
ODACTRA SL TAB (QL= 1 tab/day)	QL	2	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB	-	2	ANTIVIRALS
ODOMZO CAP (QL= 1 cap/day)	LMSP-PA-QL-SF	4	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	4	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	1	FLUOROQUINOLONES
OGSIVEO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OJJAARA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
olanzapine ODT (ZYPREXA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OLLIZAC POWDER	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
olmesartan tab (BENICAR equiv)	-	1	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	NC	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv)	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln 0.1% (PATANOL equiv) (QL= 2 bottles/fill)	OTC-QL	1	OPHTHALMIC AGENTS
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	OTC-QL	1	OPHTHALMIC AGENTS
OLPRUVA PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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OLUMIANT TAB (QL= 1 tab/day)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
OLUX E FOAM	-	NC	DERMATOLOGICALS
OLUX FOAM	-	3	DERMATOLOGICALS
OLYSIO CAP	-	NC	ANTIVIRALS
OMEGA-3 RX PAK COMPLETE	-	NC	ANTIHYPERLIPIDEMICS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	1	ULCER DRUGS
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole tab	OTC	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC	ULCER DRUGS
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC	ULCER DRUGS
OMNARIS NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNICEF SUSP	-	3	CEPHALOSPORINS
OMNIPAQUE SOLN	-	NC	DIAGNOSTIC PRODUCTS
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G7 MIS PODS (QL= 10 pods/30 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 INTRO KIT (QL= 1 kit/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH INTRO KIT (QL= 1 kit/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PDM KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT (QL= 10 pods/month)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ	LMSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMVOH INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
ondansetron ODT (ZOFRAN equiv)	-	1	ANTIEMETICS
ondansetron soln (ZOFRAN equiv)	-	1	ANTIEMETICS
ONDANSETRON TAB	-	1	ANTIEMETICS
ondansetron tab (ZOFRAN equiv)	-	1	ANTIEMETICS
ONETOUCH DELICA LANCETS	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ONETOUCH DELICA PLUS LANCETS	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ONETOUCH DELICA ULTRASOFT LANCETS	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ONETOUCH METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ONETOUCH TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
ONETOUCH VERIO FLEX METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO IQ METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO REFLECT METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
ONEXTON GEL1.2-3.75%	-	NC	DERMATOLOGICALS
ONFI SUSP (Members age 9 or older require Prior Authorization)	PA	3	ANTICONVULSANTS
ONFI TAB	-	NC	ANTICONVULSANTS
ONGLYZA TAB	-	NC	ANTIDIABETICS
ONUREG TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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ONYCHO-MED KIT	-	NC	DERMATOLOGICALS
ONZETRA XSAIL	-	NC	MIGRAINE PRODUCTS
OPANA ER TAB	-	NC	ANALGESICS - OPIOID
OPANA TAB	-	NC	ANALGESICS - OPIOID
OPFOLDA CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OPILL TAB	OTC	NC	CONTRACEPTIVES
opium tincture	-	2	ANTIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
OPSYNVI TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
OPVEE NASAL SPRAY	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
OPZELURA CREAM (QL= 12 tubes/year)	PA-QL	3	DERMATOLOGICALS
ORACEA CAP	-	NC	DERMATOLOGICALS
ORACIT SOLN	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB (QL= 1 tab/day)	QL	2	BIOLOGICALS MISC
ORAP TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ORAPRED ODT TAB	-	3	CORTICOSTEROIDS
ORAPRED SOLN	-	3	CORTICOSTEROIDS
ORAVIG TAB	-	3	MOUTH/THROAT/DENTAL AGENTS
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORENITRAM TAB MONTH PAK	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORFADIN CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORFADIN SUSP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORGOVYX TAB (QL= 30 tabs/28 days; Only available through Biologics 800-850-4306)	LD-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	2	ESTROGENS
ORILISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORILISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	RESPIRATORY AGENTS - MISC.
ORLADEYO CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ORSERDU TAB (QL= 3 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORTHO TRI-CYCLEN (LO) TAB	-	3	CONTRACEPTIVES

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ORTHO-CYCLEN TAB	-	3	CONTRACEPTIVES
ORTIKOS ER CAP	-	NC	CORTICOSTEROIDS
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	1	ANTIVIRALS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	1	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	2	ANTIVIRALS
OSMOLEX ER TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOPREP TAB	-	NC	LAXATIVES
OSPHENA TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv) (QL= 2 bottles/fill)	QL	1	OTIC AGENTS
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC	OTIC AGENTS
OVACE PLUS CREAM	-	3	DERMATOLOGICALS
OVACE PLUS GEL	-	NC	DERMATOLOGICALS
OVACE PLUS LOTION	-	NC	DERMATOLOGICALS
OVACE PLUS SHAMPOO	-	NC	DERMATOLOGICALS
OVACE PLUS FOAM	-	NC	DERMATOLOGICALS
OVACE WASH	-	3	DERMATOLOGICALS
OVCON 35 TAB	-	3	CONTRACEPTIVES
OVEEZA CAP	-	NC	HEMATOPOIETIC AGENTS
OVIDE LOTION (QL= 2 bottles/fill)	QL	3	DERMATOLOGICALS
OVIDREL INJ (QL= 30 days supply/fill)	INF-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
oxaprozin tab (DAYPRO equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv)	-	2	ANTIANXIETY AGENTS
OXBRYTA TAB	-	NC	HEMATOPOIETIC AGENTS
OXBRYTA TAB FOR ORAL SUSP	-	NC	HEMATOPOIETIC AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
OXERVATE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
OXIANUJO CREAM	-	NC	DERMATOLOGICALS
oxiconazole nitrate cream (OXISTAT equiv)	-	2	DERMATOLOGICALS
OXISTAT CREAM	-	NC	DERMATOLOGICALS
OXISTAT LOTION	-	NC	DERMATOLOGICALS
OXSORALEN ULTRA CAP	-	3	DERMATOLOGICALS
OXTELLAR XR TAB	-	NC	ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv) (QL= 2 tabs/day)	QL	2	URINARY ANTISPASMODICS
oxybutynin syrup	-	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	1	URINARY ANTISPASMODICS
OXYBUTYNIN TAB	-	NC	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	1	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID
OXYCODONE ER TAB (QL= 2 tabs/day)	QL	2	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	1	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	2	ANALGESICS - OPIOID

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OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	NC	ANALGESICS - OPIOID
OXYCODONE/ASPIRIN TAB	-	1	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	2	ANALGESICS - OPIOID
OXYCONTIN CR TAB	-	NC	ANALGESICS - OPIOID
OXYIR CAP	-	2	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	2	ANALGESICS - OPIOID
oxytocin inj	-	3	OXYTOCICS
OXYTROL PATCH (OTC)	OTC	1	URINARY ANTISPASMODICS
OZEMPIC INJ (QL= 1 pack/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	2	ANTIDIABETICS
PALFORZIA POWDER PACK	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
PALFORZIA SPRINKLE CAP	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
paliperidone ER tab (INVEGA equiv) (Step Therapy requires trial of risperidone, ziprasidone, quetiapine or olanzapine)	ST	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
PAMELOR CAP	-	3	ANTIDEPRESSANTS
pamidronate inj	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC	DIGESTIVE AIDS
PANDEL CREAM	-	NC	DERMATOLOGICALS
PANRETIN GEL	-	NC	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	1	ULCER DRUGS
pantoprazole sodium packet (PROTONIX PAK equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
PARAGARD IUD	ACA	$0	CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	NC	DERMATOLOGICALS
PAREGORIC TINCTURE	-	NC	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
PARLODEL CAP	-	3	ANTIPARKINSON AGENTS
PARLODEL TAB	-	3	ANTIPARKINSON AGENTS
PARNATE TAB	-	3	ANTIDEPRESSANTS
paromomycin cap (HUMATIN equiv)	-	2	AMINOGLYCOSIDES
paroxetine cap (BRISDELLE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	2	ANTIDEPRESSANTS
paroxetine oral susp (PAXIL equiv)	-	2	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	1	ANTIDEPRESSANTS
PASER GRANULE	-	NC	ANTIMYCOBACTERIAL AGENTS
PATANASE NASAL SPRAY	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
PATANOL OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
PAXIL CR TAB	-	3	ANTIDEPRESSANTS
PAXIL ORAL SUSP	-	3	ANTIDEPRESSANTS

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PAXIL TAB	-	3	ANTIDEPRESSANTS
PAXLOVID TAB 150-100MG (QL= 20 tabs/fill)	QL	2	ANTIVIRALS
PAXLOVID TAB 300-100MG (QL= 30 tabs/fill)	QL	2	ANTIVIRALS
PAZEO OPHTH SOLN 0.7%	-	NC	OPHTHALMIC AGENTS
pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day)	LMSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pb-belladonna elixir (DONNATAL equiv)	-	NC	ULCER DRUGS
PCE TAB	-	2	MACROLIDES
PEAK FLOW METER	-	NC	MEDICAL DEVICES AND SUPPLIES
PEDIARIX INJ	VAC	$0	TOXOIDS
pediatric multiple vitamins/fluoride soln	-	1	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	1	MULTIVITAMINS
PEDIZOLPAK THERAPY PACK	-	NC	DERMATOLOGICALS
PEDVAXHIB INJ	VAC	$0	VACCINES
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/year; $0 for members 45-75 years, all other members covered at generic copay)	QL	$0	LAXATIVES
peg 3350/electrolytes soln (GOLYTELY/COLYTE equiv) (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	ACA-QL	$0	LAXATIVES
peg 3350/electrolytes soln (NULYTELY equiv) (Covered at $0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	ACA-QL	$0	LAXATIVES
PEGANONE TAB	-	2	ANTICONVULSANTS
PEGASYS INJ	LMSP	4	ANTIVIRALS
PEG-INTRON INJ	LMSP	4	ANTIVIRALS
PEG-PREP KIT	-	NC	LAXATIVES
PEMAZYRE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
PENBRAYA INJ	VAC	$0	VACCINES
penciclovir cream (DENAVIR equiv)	-	3	DERMATOLOGICALS
penicillamine tab (DEPEN TITRATAB equiv)	-	2	MISCELLANEOUS THERAPEUTIC CLASSES
penicilliamine cap (CUPRIMINE equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
PENICILLIN VK SOLN	-	1	PENICILLINS
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS
PENNSAID SOLN	-	NC	DERMATOLOGICALS
PENTACEL INJ	VAC	$0	TOXOIDS
pentamidine neb soln (NEBUPENT equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CR CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
PENTASA CR CAP 250MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	1	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	2	ANALGESICS - OPIOID
PENTOSAN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
PEPCID SUSP	-	3	ULCER DRUGS
PEPCID TAB	OTC	3	ULCER DRUGS
PERCOCET TAB	-	3	ANALGESICS - OPIOID

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PERFOROMIST NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PERIDEX SOLN	-	3	MOUTH/THROAT/DENTAL AGENTS
PERINDOPRIL TAB	-	1	ANTIHYPERTENSIVES
perindopril tab (ACEON equiv)	-	1	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	1	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PERSERIS INJ	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PEXEVA TAB	-	NC	ANTIDEPRESSANTS
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523)	LD	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
phenazopyridine tab (PYRIDIUM equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 95mg (AZO equiv)	OTC	1	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 97.5mg (AZO equiv)	OTC	1	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 99.5mg (AZO equiv)	OTC	1	GENITOURINARY AGENTS - MISCELLANEOUS
PHENDIMETRAZINE ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
phendimetrazine tab (BONTRIL PDM equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
PHENELZINE SULFATE TAB	-	1	ANTIDEPRESSANTS
phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS
phenobarbital elixir	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
phenobarbital tab	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	2	ANTIHYPERTENSIVES
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
phenylephrine ophth soln (MYDFRIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	1	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	2	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	1	ANTICONVULSANTS
PHEXXI GEL (QL= 1 box/fill)	QL	$0	VAGINAL AND RELATED PRODUCTS
PHOSLO CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
PHOSLYRA SOLN	-	2	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1	MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PHOTREXA OP KIT	-	NC	OPHTHALMIC AGENTS
PHOTREXA VISCOUS OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
phytonadione tab (MEPHYTON equiv)	-	2	VITAMINS
PICATO GEL (QL= 1 box/fill)	QL	3	DERMATOLOGICALS
PIFELTRO TAB	-	2	ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS

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pilocarpine tab (SALAGEN equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)	-	2	DERMATOLOGICALS
PIMOZIDE TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	1	BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	1	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC	ANTIDIABETICS
PIQRAY TAB	LMSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)	LMSP-PA-QL	1	RESPIRATORY AGENTS - MISC.
PIRFENIDONE TAB	-	NC	RESPIRATORY AGENTS - MISC.
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	LMSP-PA-QL	1	RESPIRATORY AGENTS - MISC.
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	LMSP-PA-QL	1	RESPIRATORY AGENTS - MISC.
piroxicam cap (FELDENE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
pitavastatin calcium tab (LIVALO equiv) (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	2	ANTIHYPERLIPIDEMICS
PLAN B TAB	ACA-OTC	$0	CONTRACEPTIVES
PLAQUENIL TAB	-	3	ANTIMALARIALS
PLAVIX TAB 300MG	-	NC	HEMATOLOGICAL AGENTS - MISC.
PLAVIX TAB 75MG	-	3	HEMATOLOGICAL AGENTS - MISC.
PLEGRIDY INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENITY CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
PLENVU SOLN	-	NC	LAXATIVES
plerixafor subcutaneous inj (MOZOBIL equiv)	-	NC	HEMATOPOIETIC AGENTS
PLEXION CREAM 9.8-4.8%	-	NC	DERMATOLOGICALS
PLEXION LOTION	-	NC	DERMATOLOGICALS
PLIAGLIS CREAM	-	NC	DERMATOLOGICALS
PLIAGLIS KIT	-	NC	DERMATOLOGICALS
PNEUMOVAX INJ	VAC	$0	VACCINES
PODIAPN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
PODOCON SOLN	-	2	DERMATOLOGICALS
podofilox gel (CONDYLOX equiv)	-	3	DERMATOLOGICALS
PODOFILOX SOLN	-	2	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	2	DERMATOLOGICALS
POKONZA POWDER	-	NC	MINERALS & ELECTROLYTES
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	1	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	2	PHARMACEUTICAL ADJUVANTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
POLYTRIM OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	NC	COUGH/COLD/ALLERGY
POLY-VI-FLOR CHEW 0.25MG	-	NC	MULTIVITAMINS
POLY-VI-FLOR CHEW 0.5MG	-	NC	MULTIVITAMINS

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POLY-VI-FLOR CHEW 1MG	-	NC	MULTIVITAMINS
POLY-VI-FLOR CHEW W/IRON	-	NC	MULTIVITAMINS
POLY-VI-FLOR SUSP	-	NC	MULTIVITAMINS
POMALYST CAP (QL= 21 caps/28 days)	MSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PONSTEL CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
PONVORY TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PONVORY TAB STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
posaconazole DR tab (NOXAFIL equiv)	-	2	ANTIFUNGALS
posaconazole susp (NOXAFIL equiv)	-	2	ANTIFUNGALS
POT/CHLORIDE EFFER TAB	-	1	MINERALS & ELECTROLYTES
POTABA CAP	-	3	VITAMINS
POTABA POWDER PACKET	-	2	VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER tab (K-TAB equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride soln	-	2	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE TAB ER	-	1	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K TAB equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium iodide oral soln (SSKI equiv)	-	2	COUGH/COLD/ALLERGY
potassium phosphate monobasic tab (K-PHOS equiv)	-	2	MINERALS & ELECTROLYTES
POTIGA TAB (QL= 3 tabs/day)	QL	2	ANTICONVULSANTS
POTIGA TAB 50MG (QL= 9 tabs/day)	QL	2	ANTICONVULSANTS
PRADAXA CAP	-	3	ANTICOAGULANTS
PRADAXA PELLET PACK	-	NC	ANTICOAGULANTS
pramipexole ER tab (MIRAPEX ER equiv)	-	2	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	1	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1%	-	NC	DERMATOLOGICALS
PRAMOSONE CREAM 2.5-1%	-	NC	DERMATOLOGICALS
PRAMOSONE E CREAM	-	NC	DERMATOLOGICALS
PRAMOSONE LOTION	-	NC	DERMATOLOGICALS
PRAMOSONE OINT	-	NC	DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)	-	NC	ANORECTAL AGENTS
PRANDIMET TAB	-	NC	ANTIDIABETICS
PRASCION RA CREAM	-	2	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv)	-	$0	ANTIHYPERLIPIDEMICS
praziquantel tab (BILTRICIDE equiv)	-	2	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	1	ANTIHYPERTENSIVES
PRECISION XTRA KETONE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS

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PRECISION XTRA METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
PRECOSE TAB	-	3	ANTIDIABETICS
PRED FORTE OPHTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
PRED MILD OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	NC	DERMATOLOGICALS
PREDNICARBATE OIN	-	NC	DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv)	-	2	CORTICOSTEROIDS
PREDNISOLONE ODT TAB	-	2	CORTICOSTEROIDS
PREDNISOLONE OPHTH SUSP (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
prednisolone soln	-	1	CORTICOSTEROIDS
prednisolone soln (PEDIAPRED equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE SOLN	-	3	CORTICOSTEROIDS
prednisolone tab (MILLIPRED equiv)	-	NC	CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
prednisone pack	-	NC	CORTICOSTEROIDS
PREDNISONE SOLN	-	2	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	1	CORTICOSTEROIDS
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC	CORTICOSTEROIDS
PREFEST TAB	-	3	ESTROGENS
pregabalin cap (LYRICA equiv) (QL= 3 caps/day)	QL	1	ANTICONVULSANTS
pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day)	QL	1	ANTICONVULSANTS
pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day)	QL	1	ANTICONVULSANTS
pregabalin ER tab (LYRICA CR equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	2	ANTICONVULSANTS
PREGEN DHA CAP	-	NC	MULTIVITAMINS
PREGENNA TAB	-	NC	MULTIVITAMINS
PREGNYL INJ, NOVAREL INJ (QL= 30 days supply/fill)	INF-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
PREHEVBRIO SUSP	VAC	$0	VACCINES
PREMARIN TAB	-	2	ESTROGENS
PREMARIN VAGINAL CREAM	-	2	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	2	ESTROGENS
PRENARA CAP	-	NC	MULTIVITAMINS
PRENATABS RX TAB	-	1	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	1	MULTIVITAMINS
PRENATAL 19 TAB	-	1	MULTIVITAMINS
PRENATAL VITAMINS (NON-PREFERRED)	-	3	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1	MULTIVITAMINS
PRENATRIX TAB	-	NC	MULTIVITAMINS
PRENATRYL TAB	-	NC	MULTIVITAMINS

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PRESTALIA TAB	-	NC	ANTIHYPERTENSIVES
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTIMYCOBACTERIAL AGENTS
PREVACID CAP	OTC	3	ULCER DRUGS
PREVACID OTC CAP	OTC	3	ULCER DRUGS
PREVACID SOLUTAB	-	NC	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)	ACA	$0	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT GEL	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT PASTE	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT SOLN	-	2	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 13 INJ	VAC	$0	VACCINES
PREVNAR 20 INJ (Covered for members age 19 years or older)	VAC	$0	VACCINES
PREVYMIS TAB (QL= 1 tab/day; Limit 200 tabs/365 days)	LMSP-PA-QL	4	ANTIVIRALS
PREZCOBIX TAB	-	2	ANTIVIRALS
PREZISTA SUSP	-	2	ANTIVIRALS
PREZISTA TAB	-	2	ANTIVIRALS
PREZISTA TAB	-	3	ANTIVIRALS
PRIFTIN TAB	-	2	ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP	-	NC	ULCER DRUGS
PRILOSEC OTC DR TAB	OTC	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
PRILOSEC OTC DR TAB	OTC	NC	ULCER DRUGS
primaquine tab (PRIMAQUINE equiv)	-	1	ANTIMALARIALS
PRIMAQUINE TAB	-	3	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	1	ANTICONVULSANTS
PRIMIDONE TAB	-	NC	ANTICONVULSANTS
PRIMLEV TAB 10-300MG	-	NC	ANALGESICS - OPIOID
PRIMLEV TAB 5-300MG	-	NC	ANALGESICS - OPIOID
PRIMSOL SOLN	-	3	ANTI-INFECTIVE AGENTS - MISC.
PRINIVIL TAB, ZESTRIL TAB	-	3	ANTIHYPERTENSIVES
PRIORIX INJ	VAC	$0	VACCINES
PRISTIQ TAB	-	3	ANTIDEPRESSANTS
PROAIR HFA INHALER, PROVENTIL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PROAIR RESPICLICK INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
probenecid tab (BENEMID equiv)	-	1	GOUT AGENTS
procainamide inj	-	NC	ANTIARRHYTHMICS
prochlorperazine supp (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCORT CREAM	-	NC	ANORECTAL AGENTS
PROCRIT INJ	-	NC	HEMATOPOIETIC AGENTS
PROCTOCORT CREAM	-	3	DERMATOLOGICALS
PROCTOFOAM HC FOAM	-	2	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS

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PROCYSBI GRANULES PACKET	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
PRODRIN TAB	-	NC	MIGRAINE PRODUCTS
progesterone cap (PROMETRIUM equiv)	-	1	PROGESTINS
progesterone oil inj	-	1	PROGESTINS
PROGESTERONE SUPP	PA	3	VAGINAL PRODUCTS
PROGLYCEM SUSP	-	3	ANTIDIABETICS
PROGRAF CAP	-	4	ASSORTED CLASSES
PROGRAF PACKET	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
PROLATE TAB 7.5-300MG	-	NC	ANALGESICS - OPIOID
PROLENSA OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
PROLIA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
PROMACTA POWDER (QL= 1 packet/day)	LMSP-PA-QL	4	HEMATOPOIETIC AGENTS
PROMACTA TAB 12.5MG, 25MG (QL= 1 tab/day)	LMSP-PA-QL	4	HEMATOPOIETIC AGENTS
PROMACTA TAB 50MG (QL= 2 tabs/day)	LMSP-PA-QL	4	HEMATOPOIETIC AGENTS
PROMACTA TAB 75MG (QL= 2 tabs/day)	LMSP-PA-QL	4	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	1	COUGH/COLD/ALLERGY
promethazine supp (PHENERGAN equiv)	-	2	ANTIHISTAMINES
promethazine syrup	-	1	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	1	ANTIHISTAMINES
PROMETHAZINE VC SYRUP	-	1	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	-	1	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	1	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	2	ANTIHISTAMINES
PROMETRIUM CAP	-	3	PROGESTINS
PROMISEB CREAM	-	NC	DERMATOLOGICALS
propafenone ER cap (RYTHMOL SR equiv)	-	2	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	1	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	2	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	1	BETA BLOCKERS
propranolol oral soln 20mg/5ml (PROPRANOLOL equiv)	-	1	BETA BLOCKERS
PROPRANOLOL SOLN	-	1	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	1	BETA BLOCKERS
propylthiouracil tab	-	1	THYROID AGENTS
PROQUIN XR TAB	-	NC	FLUOROQUINOLONES
PROSCAR TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
PROSED DS TAB	-	3	URINARY ANTI-INFECTIVES
PROTHELIAL PASTE	-	NC	MOUTH/THROAT/DENTAL AGENTS
PROTONIX EC TAB	-	NC	ULCER DRUGS
PROTOPIC OINT	-	3	DERMATOLOGICALS
protriptyline tab (VIVACTIL equiv)	-	2	ANTIDEPRESSANTS
PROVERA TAB	-	3	PROGESTINS
PROVIGIL TAB (QL= 2 tabs/day)	QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
PROZAC CAP	-	NC	ANTIDEPRESSANTS

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PROZAC WEEKLY CAP	-	NC	ANTIDEPRESSANTS
PULMICORT FLEXHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMICORT INH SUSP	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	LMSP	4	RESPIRATORY AGENTS - MISC.
PUREFOLIX TAB	-	NC	HEMATOPOIETIC AGENTS
PURIXAN SUSP (Members age 9 or older require Prior Authorization)	PA	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PYLERA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
pyrazinamide tab	-	1	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PYRIDOSTIGMINE TAB 30MG	-	NC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridstigmine soln (MESTINON equiv)	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	1	ANTIMALARIALS
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC	ANTIMALARIALS
PYRUKYND TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4	HEMATOLOGICAL AGENTS - MISC.
PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4	HEMATOLOGICAL AGENTS - MISC.
QBRELIS SOLN (Prior Authorization required for members age 9 or older)	PA	3	ANTIHYPERTENSIVES
QBREXZA PAD	-	NC	DERMATOLOGICALS
QDOLO SOLN, TRAMADOL SOLN	-	NC	ANALGESICS - OPIOID
QELBREE ER CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QMIIZ ODT TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
QNASL NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
QSYMIA CAP (QL= 1 cap/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
QTERN TAB	-	NC	ANTIDIABETICS
QUALAQUIN CAP	-	NC	ANTIMALARIALS
QUDEXY XR CAP	-	NC	ANTICONVULSANTS
QUESTRAN LITE POWDER	-	3	ANTIHYPERLIPIDEMICS
QUESTRAN POWDER	-	3	ANTIHYPERLIPIDEMICS
QUESTRAN POWDER PACK	-	3	ANTIHYPERLIPIDEMICS
quetiapine tab (SEROQUEL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUETIAPINE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUFLORA PEDIATRIC CHEW 0.25MG	-	NC	MULTIVITAMINS
QUFLORA PEDIATRIC CHEW 0.5MG	-	NC	MULTIVITAMINS
QUFLORA PEDIATRIC CHEW 1MG	-	NC	MULTIVITAMINS
QUILLIVANT XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	1	ANTIHYPERTENSIVES
QUINAPRIL/HCTZ TAB	-	1	ANTIHYPERTENSIVES

Drug Name	Special Code	Tier	Category
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	2	ANTIARRHYTHMICS
quinidine sulfate tab	-	1	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB	-	NC	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	1	ANTIMALARIALS
QUINIXIL PAK	-	NC	DERMATOLOGICALS
QUINOSONE KIT	-	NC	DERMATOLOGICALS
QULIPTA TAB	-	NC	MIGRAINE PRODUCTS
QUVIVIQ TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
QVAR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
QVAR REDIHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
RABAVERT INJ	VAC	EXC	VACCINES
rabeprazole EC tab (ACIPHEX equiv)	-	1	ULCER DRUGS
RADICAVA ORS STARTER KIT (QL= 70ml/365 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4	NEUROMUSCULAR AGENTS
RADICAVA ORS SUSP (QL= 50mL/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4	NEUROMUSCULAR AGENTS
RAGWITEK SL TAB (QL= 1 tab/day)	QL	2	BIOLOGICALS MISC
raloxifene tab (EVISTA equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	ACA	$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ramipril cap (ALTACE equiv)	-	1	ANTIHYPERTENSIVES
RANEXA TAB	-	3	ANTIANGINAL AGENTS
ranitidine cap (ZANTAC equiv)	-	NC	ULCER DRUGS
ranitidine syrup (ZANTAC equiv)	-	NC	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	NC	ULCER DRUGS
ranolazine tab (RANEXA equiv)	-	2	ANTIANGINAL AGENTS
RAPAFLO CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
RAPAMUNE SOLN	-	4	MISCELLANEOUS THERAPEUTIC CLASSES
RAPAMUNE TAB	-	4	ASSORTED CLASSES
rasagiline tab (AZILECT equiv)	TS	2	ANTIPARKINSON AGENTS
RAVICTI LIQUID	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYOS TAB	-	NC	CORTICOSTEROIDS
RAZADYNE ER CAP	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RAZADYNE SOLN	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RAZADYNE TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBETOL SOLN	LMSP	4	ANTIVIRALS
REBIF INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBLOZYL INJ	-	NC	HEMATOPOIETIC AGENTS

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RECORLEV TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECTIV OINT	-	3	ANORECTAL AND RELATED PRODUCTS
REDITREX INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
REGLAN TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
REGRANEX GEL (QL= 30gm/fill)	QL	2	DERMATOLOGICALS
RELAFEN DS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2	ANTIVIRALS
RELEUKO INJ	-	NC	HEMATOPOIETIC AGENTS
RELEUKO PREFILLED SYRINGE INJ	-	NC	HEMATOPOIETIC AGENTS
RELEXXII ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
RELISTOR INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELPAX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
RELTONE CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELYVRIO PAK (QL= 2 packets/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	NEUROMUSCULAR AGENTS
REMEDIENT CAP	-	NC	MULTIVITAMINS
REMERON SOLUTAB	-	3	ANTIDEPRESSANTS
REMERON TAB	-	3	ANTIDEPRESSANTS
RENACIDIN SOLN	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
RENAGEL TAB 800MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	1	MULTIVITAMINS
RENOVA CREAM	-	EXC	DERMATOLOGICALS
RENVELA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	1	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	2	ANTIHYPERLIPIDEMICS
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	2	ANTIHYPERLIPIDEMICS
REQUIP TAB	-	3	ANTIPARKINSON AGENTS
REQUIP XL TAB	-	3	ANTIPARKINSON AGENTS
RESCRIPTOR TAB	-	2	ANTIVIRALS
RESERVAPAK SYRUP	-	NC	ALTERNATIVE MEDICINES
RESTASIS MULTIDOSE	-	NC	OPHTHALMIC AGENTS
RESTASIS OPHTH EMULSION	-	NC	OPHTHALMIC AGENTS
RESTORIL CAP 15MG	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
RESTORIL CAP 22.5MG	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
RESTORIL CAP 30MG	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
RESTORIL CAP 7.5MG	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
RETACRIT INJ	MSP-PA	4	HEMATOPOIETIC AGENTS
RETEVMO CAP (QL= 4 caps/day)	LMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETIN-A CREAM	PA	3	DERMATOLOGICALS
RETIN-A MICRO GEL 0.04%, 0.1%	-	NC	DERMATOLOGICALS

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RETIN-A MICRO GEL 0.08%, 0.06%	-	NC	DERMATOLOGICALS
RETROVIR CAP	-	3	ANTIVIRALS
RETROVIR SYRUP	-	3	ANTIVIRALS
RETROVIR TAB	-	3	ANTIVIRALS
REVATIO SUSP (Members age 9 or older require Prior Authorization)	PA	3	CARDIOVASCULAR AGENTS - MISC.
REVATIO TAB	PA	3	CARDIOVASCULAR AGENTS - MISC.
REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist)	LD-QL-RS	4	MISCELLANEOUS THERAPEUTIC CLASSES
REXAPHENAC CREAM	-	NC	DERMATOLOGICALS
REXULTI TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ CAP	-	3	ANTIVIRALS
REYATAZ POWDER PACK	-	2	ANTIVIRALS
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	2	MIGRAINE PRODUCTS
REZDIFFRA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
REZLIDHIA CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	4	MISCELLANEOUS THERAPEUTIC CLASSES
REZVOGLAR INJ	-	NC	ANTIDIABETICS
REZYST CHEW TAB	-	NC	ANTIDIARRHEALS
RHEUMATREX TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
RHINOCORT AQUA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RHOFADE CREAM	-	EXC	DERMATOLOGICALS
RHOPRESSA OPHTH SOLN	PA	3	OPHTHALMIC AGENTS
RIBAPAK TAB	-	NC	ANTIVIRALS
RIBAVIRIN CAP	LMSP	1	ANTIVIRALS
ribavirin cap (REBETOL equiv)	LMSP	1	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	NC	ANTIVIRALS
RIBAVIRIN TAB	LMSP	1	ANTIVIRALS
RIBAVIRIN TAB 400MG	-	NC	ANTIVIRALS
RIDAURA CAP	-	2	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
RIFADIN CAP	-	3	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	2	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	2	ANTIMYCOBACTERIAL AGENTS
RIFATER TAB	PA	3	ANTIMYCOBACTERIAL AGENTS
RILUTEK TAB	-	NC	NEUROMUSCULAR AGENTS
riluzole tab (RILUTEK equiv)	-	2	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	3	ANTIVIRALS
RINVOQ ER TAB (QL= 1 tab/day)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
RIOMET SOLN	-	3	ANTIDIABETICS
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab (ACTONEL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
RISPERDAL INJ	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL M ODT	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL SOLN	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone microspheres inj (RISPERDAL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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RISPERIDONE ODT	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RITALIN LA CAP, APTENSIO XR CAP	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
RITALIN TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ritonavir tab (NORVIR equiv)	-	2	ANTIVIRALS
RITUXAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rivastigmine cap (EXELON equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RIVFLOZA INJ	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
RIVIVE SPRAY	OTC	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1	MIGRAINE PRODUCTS
ROAOXIA GEL	-	NC	DERMATOLOGICALS
ROBAXIN TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
ROBINUL TAB	-	3	ULCER DRUGS
ROCALTROL CAP	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ROCALTROL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ROCKLATAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
roflumilast tab (DALIRESP equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ropinirole ER tab (REQUIP XL equiv)	-	2	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	1	ANTIPARKINSON AGENTS
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC	LOCAL ANESTHETICS-PARENTERAL
ROSADAN KIT	-	NC	DERMATOLOGICALS
ROSULA EMULSION	-	3	DERMATOLOGICALS
ROSULA GEL	-	3	DERMATOLOGICALS
rosuvastatin tab (CRESTOR equiv)	-	$0	ANTIHYPERLIPIDEMICS
ROSZET TAB	-	NC	ANTIHYPERLIPIDEMICS
ROSZET TAB, EZETIMIBE/ROSUVASTATIN TAB	-	NC	ANTIHYPERLIPIDEMICS
ROTARIX SUSP	VAC	$0	VACCINES
ROTATEQ INJ	VAC	$0	VACCINES
ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROXICODONE TAB	-	3	ANALGESICS - OPIOID
ROXYBOND TAB	-	NC	ANALGESICS - OPIOID
ROZEREM TAB (QL= 1 tab/day)	QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ROZLYTREK CAP (QL= 3 caps/day)	LMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROZLYTREK PAK (QL= 6 packs/day)	LMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Drug Name	Special Code	Tier	Category
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ (Only available through Accredo 800-803-2523)	LD-PA	4	HEMATOLOGICAL AGENTS - MISC.
rufinamide susp (BANZEL equiv)	PA	2	ANTICONVULSANTS
rufinamide tab (BANZEL equiv)	PA	2	ANTICONVULSANTS
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	2	ANTIVIRALS
RYALTRIS SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RYBELSUS TAB (QL=1 tab/day; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	2	ANTIDIABETICS
RYBIX ODT	-	NC	ANALGESICS - OPIOID
RYCLORA SOLN	-	3	ANTIHISTAMINES
RYDAPT CAP (QL= 56 caps/28 days)	LMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTARY CAP	-	NC	ANTIPARKINSON AGENTS
RYTHMOL SR CAP	-	3	ANTIARRHYTHMICS
RYVENT TAB	-	NC	ANTIHISTAMINES
SABRIL POWDER PACK	-	NC	ANTICONVULSANTS
SABRIL TAB	-	NC	ANTICONVULSANTS
SAFYRAL TAB	-	3	CONTRACEPTIVES
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SALAGEN TAB	-	2	MOUTH/THROAT/DENTAL AGENTS
SALEX LOTION KIT	-	NC	DERMATOLOGICALS
SALEX SHAMPOO	-	3	DERMATOLOGICALS
SALICATE LIQUID	-	NC	DERMATOLOGICALS
salicyclic acid soln	-	NC	DERMATOLOGICALS
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	2	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	NC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	2	ANALGESICS - NONNARCOTIC
SAMSCA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANCUSO PATCH (QL= 4 patches/fill)	QL	3	ANTIEMETICS
SANDIMMUNE CAP	-	4	ASSORTED CLASSES
SANDIMMUNE SOLN 100MG/ML	-	4	ASSORTED CLASSES
SANDOSTATIN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANDOSTATIN LAR INJ KIT	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	2	DERMATOLOGICALS
SAPHRIS SL TAB (QL= 2 tabs/day)	QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
sapropterin dihydrochloride powder packet (KUVAN equiv)	LMSP-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv)	LMSP-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SARAFEM TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVAYSA TAB	-	NC	ANTICOAGULANTS
SAVELLA PAK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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SAVELLA TAB (QL= 2 tabs/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
saxagliptin hcl tab (ONGLYZA equiv)	-	NC	ANTIDIABETICS
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)	-	NC	ANTIDIABETICS
SAXENDA INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
SCARCIN GEL	-	NC	DERMATOLOGICALS
scarcin gel (SCARCIN equiv)	-	NC	DERMATOLOGICALS
SCARCIN LIQUID ROLL-ON	-	NC	DERMATOLOGICALS
SCEMBLIX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
scopolamine patch (TRANSDERM-SCOP equiv)	-	2	ANTIEMETICS
SEASONIQUE TAB	-	3	CONTRACEPTIVES
SECONAL CAP	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SECUADO PATCH	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEEBRI NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SEGLENTIS TAB	-	NC	ANALGESICS - OPIOID
SEGLUROMET TAB	-	NC	ANTIDIABETICS
selegiline cap (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selenium sulfide lotion	OTC	1	DERMATOLOGICALS
selenium sulfide lotion 2.5% (SELSUN equiv)	-	1	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	2	DERMATOLOGICALS
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC	DERMATOLOGICALS
SELRX SHAMPOO 2.3%	-	NC	DERMATOLOGICALS
SELZENTRY SOLN	-	2	ANTIVIRALS
SELZENTRY TAB	-	2	ANTIVIRALS
SELZENTRY TAB	-	3	ANTIVIRALS
SEMGLEE INJ (SINGLE PEN)	-	NC	ANTIDIABETICS
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ	-	2	ANTIDIABETICS
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN	-	2	ANTIDIABETICS
SEMGLEE SOLN	-	NC	ANTIDIABETICS
SEMPREX-D CAP	-	EXC	COUGH/COLD/ALLERGY
SENSIPAR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER (QL= 1 inhaler/fill)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	NC	DERMATOLOGICALS
SEROQUEL TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEROQUEL XR TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SERTRALINE CAP	-	NC	ANTIDEPRESSANTS
sertraline conc (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
SEVELAMER CARBONATE TAB	-	2	GASTROINTESTINAL AGENTS - MISC.
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (RENVELA equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
SEYSARA TAB	-	NC	TETRACYCLINES

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Drug Name	Special Code	Tier	Category
SFROWASA ENEMA	-	3	GASTROINTESTINAL AGENTS - MISC.
SHINGRIX INJ (Covered for members age 19 years or older)	VAC	$0	VACCINES
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIKLOS TAB	-	NC	HEMATOPOIETIC AGENTS
SILALITE PAK MIS	-	NC	DERMATOLOGICALS
SILATRIX GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
sildenafil susp (REVATIO equiv) (Members age 9 or older require Prior Authorization)	PA	2	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab (VIAGRA equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv)	PA	1	CARDIOVASCULAR AGENTS - MISC.
SILENOR TAB	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
SILIPAC KIT	-	NC	DERMATOLOGICALS
SILIQ INJ	-	NC	DERMATOLOGICALS
silodosin cap (RAPAFLO equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
SILVADENE CREAM	-	3	DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1	DERMATOLOGICALS
SILVERA PAD	-	NC	DERMATOLOGICALS
SIMBRINZA OPHTH SUSP (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
SIMCOR TAB	-	NC	ANTIHYPERLIPIDEMICS
SIMLANDI INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI ARIA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 100MG (QL=1 inj/28 days)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	$0	ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	NC	ANTIHYPERLIPIDEMICS
SINEMET CR TAB	-	3	ANTIPARKINSON AGENTS
SINEMET TAB	-	3	ANTIPARKINSON AGENTS
SINGULAIR CHEW TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SINGULAIR GRANULE PACK	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SINGULAIR TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
sirolimus soln (RAPAMUNE equiv)	-	4	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	4	ASSORTED CLASSES
SIRTURO TAB (Restricted to Infectious Disease Specialist)	MSP-RS	4	ANTIMYCOBACTERIAL AGENTS
SITAVIG TAB	-	NC	ANTIVIRALS
SITZMARKS CAP	-	NC	DIAGNOSTIC PRODUCTS
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS - MISC.
SKELAXIN TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SKLICE LOTION	-	NC	DERMATOLOGICALS
SKYCLARYS CAP (QL= 3 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4	NEUROMUSCULAR AGENTS
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	LMSP-PA-QL	4	DERMATOLOGICALS
SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days)	LMSP-PA-QL	4	GASTROINTESTINAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days)	LMSP-PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days)	LMSP-PA-QL	4	DERMATOLOGICALS
SKYTROFA INJ	LMSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SLYND TAB	-	$0	CONTRACEPTIVES
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
SOAANZ TAB	-	NC	DIURETICS
SOD CHLORIDE INJ	M	M	MINERALS & ELECTROLYTES
sodium chloride 0.9% irr soln	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
sodium chloride inj	-	NC	MINERALS & ELECTROLYTES
sodium chloride neb soln (HYPER-SAL equiv)	-	1	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	1	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)	ACA	$0	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT 5000 PLUS equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	ACA	$0	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	1	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)	ACA	$0	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	ACA	$0	MINERALS & ELECTROLYTES
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
SODIUM IODIDE I-131 SOLN	-	NC	THYROID AGENTS
SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
sodium phenylbutyrate powder (BUPHENYL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	2	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	1	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	2	DERMATOLOGICALS

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SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC	DERMATOLOGICALS
sodium/magnesium/potassium soln (SUPREP equiv) (QL= 2 fills/calendar year; $0 for members 45-75 years, all other members covered at generic copay)	QL	$0	LAXATIVES
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	4	ANTIVIRALS
SOGROYA INJ	LMSP-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOHONOS CAP 1.5MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	4	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 10MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	4	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 1MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	4	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 2.5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	4	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	4	MUSCULOSKELETAL THERAPY AGENTS
SOLAICE PATCH	-	NC	DERMATOLOGICALS
SOLARAVIX PAK	-	NC	DERMATOLOGICALS
SOLARCAINE EXTRA GEL	-	3	DERMATOLOGICALS
solifenacin tab (VESICARE equiv)	-	1	URINARY ANTISPASMODICS
SOLIQUA INJ (QL= 15ml/25 days)	QL	2	ANTIDIABETICS
SOLODYN TAB	-	NC	TETRACYCLINES
SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	3	AMEBICIDES
SOLU-CORTEF INJ (QL= 1 vial/fill)	QL	2	CORTICOSTEROIDS
SOLU-CORTEF INJ 100MG (QL= 2 vials/fill)	QL	2	CORTICOSTEROIDS
SOLU-MEDROL INJ	-	3	CORTICOSTEROIDS
SOLU-MEDROL INJ 2GM	-	2	CORTICOSTEROIDS
SOLU-MEDROL PF INJ	-	3	CORTICOSTEROIDS
SOMA TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS
SOMA TAB 250MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOOLANTRA CREAM	-	NC	DERMATOLOGICALS
sorafenib tosylate tab (NEXAVAR equiv)	LMSP-PA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SORIATANE CAP	-	3	DERMATOLOGICALS
sotalol AF tab (BETAPACE AF equiv)	-	1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	1	BETA BLOCKERS
SOTYKTU TAB	-	NC	DERMATOLOGICALS
SOTYLIZE SOLN	-	NC	BETA BLOCKERS
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 or older)	PA	3	BETA BLOCKERS
SOVALDI PELLET PAK	-	NC	ANTIVIRALS
SOVALDI TAB	-	NC	ANTIVIRALS
SOVUNA TAB	-	NC	ANTIMALARIALS
SPECTRACEF TAB	-	3	CEPHALOSPORINS
SPEVIGO INJ	-	NC	DERMATOLOGICALS
SPIKEVAX INJ (QL= 1 dose/24 days)	QL-VAC	$0	VACCINES
SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days)	QL-VAC	$0	VACCINES

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SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2	DERMATOLOGICALS
SPIRIVA HANDIHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), o SYMBICORT (BUDESONIDE/FORMOTEROL))	QL-ST	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone susp (CAROSPIR equiv)	PA	2	DIURETICS
spironolactone tab (ALDACTONE equiv)	-	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1	DIURETICS
SPORANOX CAP	-	3	ANTIFUNGALS
SPORANOX SOLN	PA	3	ANTIFUNGALS
SPRAVATO NASAL SOLN (QL= 4 kits/28 days)	PA-QL	4	ANTIDEPRESSANTS
sprintec 28 tab (ORTHO-CYCLEN equiv)	ACA	$0	CONTRACEPTIVES
SPRITAM TAB	-	NC	ANTICONVULSANTS
SPRIX NASAL SPRAY	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SPS SUSP	-	1	MISCELLANEOUS THERAPEUTIC CLASSES
SSKI ORAL SOLN	-	3	COUGH/COLD/ALLERGY
STALEVO TAB	-	3	ANTIPARKINSON AND RELATED THERAPY AGENTS
STAVUDINE CAP	-	1	ANTIVIRALS
stavudine cap (ZERIT equiv)	-	1	ANTIVIRALS
STAVZOR CAP	-	NC	ANTICONVULSANTS
STEGLATRO TAB	-	NC	ANTIDIABETICS
STEGLUJAN TAB	-	NC	ANTIDIABETICS
STELARA INJ (QL= 1 inj/84 days)	LMSP-PA-QL	4	DERMATOLOGICALS
STIMATE NASAL SOLN	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIMUFEND INJ	-	NC	HEMATOPOIETIC AGENTS
STIOLTO INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRATTERA CAP (QL= 2 caps/day)	QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIANT FILM	-	NC	ANDROGENS-ANABOLIC
STRIBILD TAB	-	2	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STROMECTOL TAB	PA	3	ANTHELMINTICS
SUBLOCADE INJ 100MG/0.5ML	MSP	1	ANALGESICS - OPIOID
SUBLOCADE INJ 300MG/1.5ML	MSP	1	ANALGESICS - OPIOID
SUBOXONE SL FILM	-	NC	ANALGESICS - OPIOID
SUBSYS SPRAY	-	NC	ANALGESICS - OPIOID
SUCRAID SOLN	-	NC	DIGESTIVE AIDS

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sucralfate susp (CARAFATE equiv)	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
sucralfate tab (CARAFATE equiv)	-	1	ULCER DRUGS
SUFLAVE SOLN (QL= 2 fills/calendar year)	QL	2	LAXATIVES
SULAR TAB	-	3	CALCIUM CHANNEL BLOCKERS
sulfacetamide sodium ophth soln (BLEPH-10 equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)	-	NC	DERMATOLOGICALS
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	2	DERMATOLOGICALS
sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv)	-	NC	DERMATOLOGICALS
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
sulfadiazine tab	-	2	SULFONAMIDES
SULFADIAZINE TAB	-	NC	SULFONAMIDES
SULFAMYLON CREAM	-	2	DERMATOLOGICALS
SULFAMYLON PACK	-	NC	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
SUMADAN WASH 9-4.5%	-	3	DERMATOLOGICALS
SUMADEN XLT KIT	-	NC	DERMATOLOGICALS
SUMANSETRON PAK	-	NC	MIGRAINE PRODUCTS
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ	-	NC	MIGRAINE PRODUCTS
SUMAXIN WASH	-	NC	DERMATOLOGICALS
sunitinib malate cap (SUTENT equiv)	LMSP-PA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUNLENCA TAB	-	NC	ANTIVIRALS
SUNOSI TAB (QL= 1 tab/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
SUPRAX CAP	-	3	CEPHALOSPORINS
SUPRAX CHEW TAB	-	3	CEPHALOSPORINS
SUPRAX SUSP	-	3	CEPHALOSPORINS
SUPRAX SUSP 500MG/5ML	-	3	CEPHALOSPORINS
SUPREP BOWEL PREP PACK	-	NC	LAXATIVES
SURMONTIL CAP	-	3	ANTIDEPRESSANTS
SUSTIVA CAP	-	3	ANTIVIRALS
SUSTIVA TAB	-	3	ANTIVIRALS
SUSTOL INJ	-	NC	ANTIEMETICS
SUTAB TAB	-	NC	LAXATIVES
SUTENT CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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SYLATRON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	3	ULCER DRUGS
SYMBICORT INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMBYAX CAP	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	RESPIRATORY AGENTS - MISC.
SYMFI (LO) TAB	-	3	ANTIVIRALS
SYMLINPEN INJ	-	NC	ANTIDIABETICS
SYMPAZAN ORAL FILM	-	NC	ANTICONVULSANTS
SYMPROIC TAB	PA	2	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	2	ANTIVIRALS
SYNAGIS INJ	-	NC	PASSIVE IMMUNIZING AGENTS
SYNAREL NASAL SOLN	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN	-	NC	ANTIEMETICS
SYNERA PATCH	-	NC	DERMATOLOGICALS
SYNJARDY TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
SYNTHROID TAB	-	3	THYROID AGENTS
SYNVEXIA TC CREAM	-	NC	DERMATOLOGICALS
SYPRINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
TABLOID TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TABRECTA TAB (QL= 4 tabs/day)	LMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TACLONEX OINT	-	NC	DERMATOLOGICALS
tacrolimus cap (PROGRAF equiv)	-	1	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	1	DERMATOLOGICALS
tadalafil tab (CIALIS equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv)	PA	1	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap)	QL-ST	1	CARDIOVASCULAR AGENTS - MISC.
TADLIQ SUSP (Members age 9 or older require Prior Authorization)	PA	3	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	LMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAFINLAR TAB	LMSP-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv)	-	NC	OPHTHALMIC AGENTS
TAGAMET TAB	-	3	ULCER DRUGS
TAGRISSO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4	HEMATOLOGICAL AGENTS - MISC.

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TALICIA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
TALTZ INJ (QL= 1 inj/28 days)	LMSP-PA-QL	4	DERMATOLOGICALS
TALZENNA CAP 0.1MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.25MG (QL= 3 caps/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.35MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAMIFLU CAP (QL= 10 caps/fill)	QL	3	ANTIVIRALS
TAMIFLU CAP 30MG (QL= 20 caps/fill)	QL	3	ANTIVIRALS
tamoxifen tab (NOLVADEX equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	ACA	$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
TANZEUM INJ	-	NC	ANTIDIABETICS
TAPAZOLE TAB	-	3	THYROID AGENTS
TARCEVA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	-	NC	DERMATOLOGICALS
TARKA TAB	-	NC	ANTIHYPERTENSIVES
TARPEYO CAP	-	NC	CORTICOSTEROIDS
TASCENSO ODT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TASIGNA CAP	LMSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tasimelteon cap (HETLIOZ equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
TASMAR TAB	-	3	ANTIPARKINSON AGENTS
TASOPROL CREAM KIT	-	NC	DERMATOLOGICALS
tavaborole soln (KERYDIN equiv) (QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab)	QL-ST	2	DERMATOLOGICALS
TAVALISSE TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	4	HEMATOLOGICAL AGENTS - MISC.
TAYTULLA CAP	-	3	CONTRACEPTIVES
tazarotene cream 0.1% (TAZORAC equiv)	-	2	DERMATOLOGICALS
tazarotene gel (TAZORAC equiv)	-	NC	DERMATOLOGICALS
TAZORAC CREAM	-	3	DERMATOLOGICALS
TAZORAC CREAM 0.05%	-	3	DERMATOLOGICALS
TAZORAC GEL	-	NC	DERMATOLOGICALS
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECFIDERA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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TECFIDERA STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHNIVIE TAB	-	NC	ANTIVIRALS
TEGRETOL SUSP	-	3	ANTICONVULSANTS
TEGRETOL TAB	-	3	ANTICONVULSANTS
TEGRETOL XR TAB	-	3	ANTICONVULSANTS
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TEKTURNA HCT TAB	-	3	ANTIHYPERTENSIVES
TEKTURNA TAB	-	3	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	1	ANTIHYPERTENSIVES
TELMISARTAN/AMLODIPINE TAB	-	NC	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWYNSTA equiv)	-	NC	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
TEMODAR CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEMOVATE CREAM	-	3	DERMATOLOGICALS
TEMOVATE OINT	-	3	DERMATOLOGICALS
temozolomide cap (TEMODAR equiv)	LMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	2	ANTIVIRALS
TENORETIC TAB	-	3	ANTIHYPERTENSIVES
TENORMIN TAB	-	3	BETA BLOCKERS
TEPMETKO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TERAZOL CREAM	-	3	VAGINAL PRODUCTS
terazosin cap (HYTRIN equiv)	-	1	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	1	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	1	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	1	VAGINAL PRODUCTS
teriflunomide tab (AUBAGIO TAB equiv)	LMSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
TERIPARATIDE INJ 620MCG/2.48ML	LMSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
TESSALON CAP	-	3	COUGH/COLD/ALLERGY
TEST STRIP (all other test strips)	OTC	NC	DIAGNOSTIC PRODUCTS
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill)	QL	2	ANDROGENS-ANABOLIC

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TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 2% (FORTESTA equiv)	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL, VOGELXO GEL	-	NC	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	2	ANDROGENS-ANABOLIC
TETANUS/DIPHTHERIA TOXOID INJ	VAC	$0	TOXOIDS
tetrabenazine tab (XENAZINE equiv)	LMSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracycline cap	-	2	TETRACYCLINES
TETRACYCLINE TAB	-	NC	TETRACYCLINES
TEXACORT SOLN	-	NC	DERMATOLOGICALS
TEZSPIRE INJ (QL= 1 pen/28 days)	LMSP-PA-QL	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THALITONE TAB	-	NC	DIURETICS
THALOMID CAP	MSP	4	ASSORTED CLASSES
THEO-24 CAP	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOPHYLLINE TAB ER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline tab er (THEOPHYLLINE ER equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA EC TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
THIOLA TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine tab (MELLARIL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYQUIDITY SOLN	-	NC	THYROID AGENTS
THYROLAR TAB	-	2	THYROID AGENTS
tiagabine tab (GABITRIL equiv)	-	2	ANTICONVULSANTS
TIAZAC CAP	-	3	CALCIUM CHANNEL BLOCKERS
TIBSOVO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
TIGAN CAP	-	3	ANTIEMETICS
TIGLUTIK SUSP	-	NC	NEUROMUSCULAR AGENTS
TIKOSYN CAP	-	3	ANTIARRHYTHMICS
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
timolol maleate ophth gel (TIMOPTIC-XE equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS

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timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv) (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	1	BETA BLOCKERS
TIMOPTIC OCUDOSE OPHTH SOLN 0.5% (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
TIMOPTIC OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
TIMOPTIC-XE OPHTH GEL (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
TINDAMAX TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
tinidazole tab (TINDAMAX equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
tiopronin tab (THIOLA equiv)	LMSP-PA	1	GENITOURINARY AGENTS - MISCELLANEOUS
tiopronin tab delayed release (THIOLA EC equiv)	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
tiotropium bromide cap inhaler (SPIRIVA equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TIROSINT CAP	-	NC	THYROID AGENTS
TIVICAY PD TAB	-	2	ANTIVIRALS
TIVICAY TAB	-	2	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER (Only available through Walgreens 888-347-3416)	LD-PA	4	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
TOBRADEX OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv)	LMSP	1	AMINOGLYCOSIDES
tobramycin neb soln (BETHKIS equiv)	LMSP--	NC	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
TOBREX OPHTH OINT (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
TOBREX OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
TODAY SPONGE	ACA-OTC	$0	VAGINAL PRODUCTS
TOFRANIL TAB	-	3	ANTIDEPRESSANTS
TOLAZAMIDE TAB	-	1	ANTIDIABETICS
TOLBUTAMIDE TAB	-	2	ANTIDIABETICS
tolcapone tab (TASMAR equiv)	-	2	ANTIPARKINSON AGENTS
tolmetin cap (TOLECTIN DS equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
TOLSURA CAP	-	NC	ANTIFUNGALS
tolterodine SR cap (DETROL LA equiv)	-	2	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	1	URINARY ANTISPASMODICS
TOLVAPTAN TAB	MSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab (SAMSCA equiv)	MSP--	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
TOPAMAX SPRINKLE CAP	-	3	ANTICONVULSANTS
TOPAMAX TAB	-	3	ANTICONVULSANTS
TOPICORT CREAM	-	3	DERMATOLOGICALS
TOPICORT CREAM 0.05%	-	NC	DERMATOLOGICALS
TOPICORT GEL	-	NC	DERMATOLOGICALS

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TOPICORT OINT	-	NC	DERMATOLOGICALS
TOPICORT OINT 0.05%	-	NC	DERMATOLOGICALS
topiramate ER cap (QUDEXY equiv)	-	NC	ANTICONVULSANTS
topiramate er cap (TROKENDI XR equiv)	-	NC	ANTICONVULSANTS
topiramate sprinkle cap (TOPAMAX equiv)	-	1	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	1	ANTICONVULSANTS
TOPROL XL TAB	-	3	BETA BLOCKERS
toremifene tab (FARESTON equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torsemide tab (DEMADEX equiv)	-	1	DIURETICS
TOSYMRA SOLN	-	NC	MIGRAINE PRODUCTS
TOUJEO MAX SOLOSTAR INJ	-	2	ANTIDIABETICS
TOUJEO SOLOSTAR INJ	-	2	ANTIDIABETICS
TOUJEO SOLOSTAR INJ	-	NC	ANTIDIABETICS
TOVET KIT	-	NC	DERMATOLOGICALS
TOVIAZ TAB	-	3	URINARY ANTISPASMODICS
TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
TRACLEER TAB 62.5MG, 125MG	-	NC	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB	-	NC	ANTIDIABETICS
TRAMADOL COMPOUND KIT	-	NC	DERMATOLOGICALS
TRAMADOL ER CAP	-	NC	ANALGESICS - OPIOID
tramadol ER tab (ULTRAM ER equiv)	-	2	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB	-	3	ANALGESICS - OPIOID
TRAMADOL HCL TAB	-	NC	ANALGESICS - OPIOID
tramadol hcl tab 100mg	-	NC	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	1	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	1	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	1	ANTIHYPERTENSIVES
TRANDOLAPRIL/VERAPAMIL ER TAB	-	NC	ANTIHYPERTENSIVES
tranexamic acid inj (CYKLOKAPRON equiv)	-	NC	HEMOSTATICS
tranexamic acid tab (LYSTEDA equiv)	-	2	HEMOSTATICS
TRANSDERM-SCOP PATCH	-	3	ANTIEMETICS
TRANXENE-T TAB	-	3	ANTIANXIETY AGENTS
tranylcypromine tab (PARNATE equiv)	-	2	ANTIDEPRESSANTS
TRAVATAN Z DROPS (QL= 2.5ml/30 days)	QL	3	OPHTHALMIC AGENTS
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	1	ANTIDEPRESSANTS
trazodone tab 300mg (DESYREL equiv)	-	NC	ANTIDEPRESSANTS
TREAGAN OTIC (QL= 2 bottles/fill)	QL	3	OTIC AGENTS
TREANDA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRECATOR TAB (Restricted to Infectious Disease Specialist)	RS	3	ANTIMYCOBACTERIAL AGENTS
TRELEGY ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TREMFYA INJ (QL= 1 inj/56 days)	LMSP-PA-QL	4	DERMATOLOGICALS
TRESIBA FLEXTOUCH INJ	-	2	ANTIDIABETICS
TRESIBA INJ	-	2	ANTIDIABETICS
tretinoin cap (VESANOID equiv)	LMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
tretinoin gel (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
tretinoin gel 0.08% (RETIN-A MICRO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
TRETIN-X CREAM	-	NC	DERMATOLOGICALS
TREXALL TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREXIMET TAB	-	NC	MIGRAINE PRODUCTS
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC	ANALGESICS - OPIOID
triamcinolone acetate inj (KENALOG equiv)	-	1	CORTICOSTEROIDS
triamcinolone acetonide oint (TRIANEX equiv)	-	NC	DERMATOLOGICALS
triamcinolone cream	-	1	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	1	DERMATOLOGICALS
triamcinolone oint	-	1	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone spray (KENALOG equiv)	-	NC	DERMATOLOGICALS
triamterene cap (DYRENIUM equiv)	-	2	DIURETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1	DIURETICS
TRIANEX OINT	-	NC	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
TRIBENZOR TAB	-	NC	ANTIHYPERTENSIVES
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC	DIAGNOSTIC PRODUCTS
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
TRICHOSOL SOLN	-	NC	PHARMACEUTICAL ADJUVANTS
tricitrates soln (POLYCITRA-LC equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	1	HEMATOPOIETIC AGENTS
TRICOR TAB	-	3	ANTIHYPERLIPIDEMICS
trientine cap (SYPRINE equiv)	LMSP-PA	1	MISCELLANEOUS THERAPEUTIC CLASSES
TRIENTINE CAP	LMSP-PA	NC	MISCELLANEOUS THERAPEUTIC CLASSES
trifluoperazine tab (STELAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS
trihexyphenidyl elixir (ARTANE equiv)	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
TRIHEXYPHENIDYL SOLN	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	1	ANTIPARKINSON AGENTS
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	RESPIRATORY AGENTS - MISC.

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TRIKAFTA THERAPY PACK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4	RESPIRATORY AGENTS - MISC.
tri-legest tab (ESTROSTEP FE equiv)	ACA	$0	CONTRACEPTIVES
TRILEPTAL SUSP	-	3	ANTICONVULSANTS
TRILEPTAL TAB	-	3	ANTICONVULSANTS
TRILIPIX CAP	-	NC	ANTIHYPERLIPIDEMICS
TRILOCICLO KIT	-	NC	DERMATOLOGICALS
TRI-LUMA CREAM	-	EXC	DERMATOLOGICALS
trimethobenzamide cap (TIGAN equiv)	-	1	ANTIEMETICS
TRIMETHOPRIM TAB	-	1	ANTI-INFECTIVE AGENTS - MISC.
trimethoprim tab (PROLOPRIM equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv)	-	2	ANTIDEPRESSANTS
TRI-NORINYL TAB	-	3	CONTRACEPTIVES
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL-TS	3	ANTIDEPRESSANTS
TRIONEX PAK	-	NC	DERMATOLOGICALS
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	ACA	$0	CONTRACEPTIVES
TRIUMEQ PD TAB	-	2	ANTIVIRALS
TRIUMEQ TAB	-	2	ANTIVIRALS
TRIZIVIR TAB	-	2	ANTIVIRALS
TROKENDI XR CAP	-	NC	ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv) (QL= 2 bottles/fill)	QL	1	OPHTHALMIC AGENTS
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
trospium chloride SR cap (SANCTURA XR equiv)	-	2	URINARY ANTISPASMODICS
trospium tab (SANCTURA equiv)	-	1	URINARY ANTISPASMODICS
TRUDHESA NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
TRULANCE TAB (QL= 1 tab/day)	PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 4 pens/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	2	ANTIDIABETICS
TRUMENBA INJ	VAC	$0	VACCINES
TRUQAP TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSOPT OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
TUDORZA PRESSAIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TUSSICAPS	-	NC	COUGH/COLD/ALLERGY
tussigon tab (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY
TUXARIN ER TAB	-	NC	COUGH/COLD/ALLERGY
TUZISTRA XR SUSP	-	NC	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	$0	VACCINES
TWIRLA PATCH	-	$0	CONTRACEPTIVES
TWYNEO CREAM	-	NC	DERMATOLOGICALS
TWYNSTA TAB	-	NC	ANTIHYPERTENSIVES
TYBLUME TAB	ACA	$0	CONTRACEPTIVES
TYBOST TAB	-	NC	ANTIVIRALS

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TYKERB TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYLENOL/CODEINE TAB	-	3	ANALGESICS - OPIOID
TYMLOS INJ	LMSP	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYRVAYA NASAL SPRAY (QL= 2 bottles/30 days (1 bottle= 4.2ml); Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2	OPHTHALMIC AGENTS
TYSABRI INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/2 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
UBRELVY TAB	-	NC	MIGRAINE PRODUCTS
UCERIS RECTAL FOAM	PA	3	ANORECTAL AND RELATED PRODUCTS
UCERIS TAB (QL= 1 tab/day)	PA-QL	3	CORTICOSTEROIDS
UDENYCA INJ	-	NC	HEMATOPOIETIC AGENTS
ULORIC TAB	-	NC	GOUT AGENTS
ULTRACET TAB	-	3	ANALGESICS - OPIOID
ULTRAM TAB	-	3	ANALGESICS - OPIOID
ULTRAVATE CREAM	-	3	DERMATOLOGICALS
ULTRAVATE LOTION	-	NC	DERMATOLOGICALS
ULTRAVATE OINT	-	3	DERMATOLOGICALS
ULTRAVATE PAC KIT	-	NC	DERMATOLOGICALS
UMECTA EMULSION	-	NC	DERMATOLOGICALS
UMECTA SUSP	-	NC	DERMATOLOGICALS
UPNEEQ SOLN	-	EXC	OPHTHALMIC AGENTS
UPTRAVI INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN CREAM	-	NC	DERMATOLOGICALS
URAMAXIN GEL	-	NC	DERMATOLOGICALS
urea cream	-	NC	DERMATOLOGICALS
urea emulsion	-	NC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	NC	DERMATOLOGICALS
UREA NAIL KIT	-	NC	DERMATOLOGICALS
UREA SUSP	-	NC	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	NC	DERMATOLOGICALS
URECHOLINE TAB	-	3	URINARY ANTISPASMODICS
URELIEF PLUS TAB	-	NC	URINARY ANTISPASMODICS
URITACT DS TAB	-	3	URINARY ANTI-INFECTIVES
URITACT EC TAB	-	3	URINARY ANTI-INFECTIVES
UROCIT-K TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS

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UROXATRAL TAB	-	3	GENITOURINARY AGENTS - MISCELLANEOUS
URSO FORTE TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
ursodiol cap (ACTIGALL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
URSODIOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
UTA cap	-	NC	ANTI-INFECTIVE AGENTS - MISC.
UTIBRON NEOHALER CAP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VAGIFEM TAB (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3	VAGINAL PRODUCTS
valacyclovir tab (VALTREX equiv)	-	1	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874)	LD-PA-QL	4	DERMATOLOGICALS
VALCYTE SOLN (Restricted to Infectious Disease or Transplant Specialist)	RS	3	ANTIVIRALS
VALCYTE TAB (Restricted to Infectious Disease or Transplant Specialist)	RS	3	ANTIVIRALS
valganciclovir soln (VALCYTE equiv) (Restricted to Infectious Disease or Transplant Specialist)	RS	2	ANTIVIRALS
valganciclovir tab (VALCYTE equiv) (Restricted to Infectious Disease or Transplant Specialist)	RS	2	ANTIVIRALS
VALIUM TAB	-	3	ANTIANXIETY AGENTS
valproate inj (DEPACON equiv)	-	NC	ANTICONVULSANTS
valproic acid cap (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	1	ANTICONVULSANTS
VALSARTAN SOLN	-	NC	ANTIHYPERTENSIVES
valsartan tab (DIOVAN equiv)	-	1	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1	ANTIHYPERTENSIVES
VALTOCO NASAL SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)	QL-RS	3	ANTICONVULSANTS
VALTREX TAB	-	3	ANTIVIRALS
VANCOCIN CAP (QL= 56 caps/fill)	QL	3	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	QL	1	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN ORAL SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANFLYTA TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VANFLYTA TAB 26.5MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VANIQA CREAM	-	EXC	DERMATOLOGICALS
VANOS CREAM	-	NC	DERMATOLOGICALS
vardenafil ODT (STAXYN equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
vardenafil tab (LEVITRA equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
VARENICLINE TAB (Limited to 180 days/plan year)	QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year)	QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VARIVAX INJ	VAC	$0	VACCINES
VAROPHEN KIT	-	NC	DERMATOLOGICALS

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VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
VASCEPA CAP	-	NC	ANTIHYPERLIPIDEMICS
VASERETIC TAB	-	3	ANTIHYPERTENSIVES
vasolex oint (XENADERM equiv)	-	1	DERMATOLOGICALS
vasopressin iv inj (VASOSTRICT equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
VASOSTRICT INJ	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
VASOTEC TAB	-	3	ANTIHYPERTENSIVES
VAXELIS INJ	VAC	$0	TOXOIDS
VAXNEUVANCE INJ	VAC	$0	VACCINES
V-C FORTE CAP	-	3	MULTIVITAMINS
v-c forte cap (V-C FORTE equiv)	-	3	MULTIVITAMINS
VECAMYL TAB	-	NC	ANTIHYPERTENSIVES
VECTICAL OINT	-	NC	DERMATOLOGICALS
VELIVET PAK	ACA	$0	CONTRACEPTIVES
VELPHORO CHEW TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
VELSIPITY TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER	PA	2	ASSORTED CLASSES
VEMLIDY TAB	-	2	ANTIVIRALS
VENCLEXTA STARTER PACK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	1	ANTIDEPRESSANTS
venlafaxine ER tab	-	NC	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	1	ANTIDEPRESSANTS
VENLAFAXINE TAB	-	NC	ANTIDEPRESSANTS
VENNGEL ONE KIT	-	NC	DERMATOLOGICALS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VERAPAMIL ER CAP 100MG	-	NC	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 200MG	-	NC	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP 300MG	-	NC	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP, VERELAN CAP	-	3	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERAPAMIL SR CAP 360mg	-	2	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	NC	DERMATOLOGICALS
VERDROCET TAB 2.5MG-325MG	-	NC	ANALGESICS - OPIOID
VEREGEN OINT	-	NC	DERMATOLOGICALS
VERELAN CAP	-	3	CALCIUM CHANNEL BLOCKERS
VERELAN PM CAP	-	3	CALCIUM CHANNEL BLOCKERS
VERELAN PM ER CAP 200MG, 300MG	-	3	CALCIUM CHANNEL BLOCKERS
VERELAN SR CAP 360mg	-	3	CALCIUM CHANNEL BLOCKERS
VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist)	QL-RS	2	CARDIOVASCULAR AGENTS - MISC.

Drug Name	Special Code	Tier	Category
VERSACLOZ SUSP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VERZENIO TAB (QL= 2 tabs/day)	LMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE LS SUSP	-	NC	URINARY ANTISPASMODICS
VESICARE TAB	-	3	URINARY ANTISPASMODICS
VFEND SUSP	-	3	ANTIFUNGALS
VFEND TAB	-	3	ANTIFUNGALS
V-GO INJ KIT (QL= 1 kit/day)	QL	2	MEDICAL DEVICES AND SUPPLIES
VIBERZI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN CAP	-	3	TETRACYCLINES
VIBRAMYCIN SUSP	-	3	TETRACYCLINES
VIBRAMYCIN SYRUP	-	3	TETRACYCLINES
VICOPROFEN TAB	-	3	ANALGESICS - OPIOID
VICTOZA INJ (QL= 9ml/30 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	2	ANTIDIABETICS
VIDEX EC CAP	-	3	ANTIVIRALS
VIDEX SOLN	-	2	ANTIVIRALS
VIEKIRA PAK TAB	-	NC	ANTIVIRALS
VIEKIRA XR TAB	-	NC	ANTIVIRALS
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553)	LD-PA	1	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553)	LD-PA	1	ANTICONVULSANTS
vigadrone powder pack (Only available through PantheRx 855-726-8479)	LD-PA	1	ANTICONVULSANTS
VIGAMOX OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
VIIBRYD STARTER KIT	-	NC	ANTIDEPRESSANTS
VIIBRYD TAB	PA	3	ANTIDEPRESSANTS
VIJOICE TAB (QL= 1 tab/day)	MSP-PA-QL	4	MISCELLANEOUS THERAPEUTIC CLASSES
VIJOICE TAB 250MG (QL= 2 tabs/day)	MSP-PA-QL	4	MISCELLANEOUS THERAPEUTIC CLASSES
vilazodone hcl tab (VIIBRYD equiv)	PA	2	ANTIDEPRESSANTS
VIMOVO TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	NC	ANTICONVULSANTS
VIMPAT TAB	-	NC	ANTICONVULSANTS
viorele tab, kariva tab (MIRCETTE equiv)	ACA	$0	CONTRACEPTIVES
VIRACEPT TAB	-	2	ANTIVIRALS
VIRAMUNE SUSP	-	3	ANTIVIRALS
VIRAMUNE TAB	-	3	ANTIVIRALS
VIRAMUNE XR TAB	-	3	ANTIVIRALS
VIREAD TAB	-	2	ANTIVIRALS
VIREAD TAB	-	3	ANTIVIRALS
VISTARIL CAP	-	3	ANTIANXIETY AGENTS
VISTOGARD PAK	-	NC	ANTIDOTES
VITAFOL STRIPS	-	3	MULTIVITAMINS
vitamin D cap (Rx covered Only)	-	1	VITAMINS
vitamin D cap 1000unit	OTC	NC	VITAMINS
vitamin D cap 400unit	OTC	NC	VITAMINS
VITAMIN D TAB 400UNIT	OTC	NC	VITAMINS
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRECYL IRON TAB	-	NC	MULTIVITAMINS
VITRECYL TAB	-	NC	MULTIVITAMINS
VIVELLE-DOT PATCH	-	3	ESTROGENS
VIVITROL INJ	LMSP	4	ANTIDOTES
VIVJOA CAP	-	NC	ANTIFUNGALS
VIVLODEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIZIMPRO TAB (QL= 1 tab/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOGELXO PUMP	-	NC	ANDROGENS-ANABOLIC
VOLTAREN GEL	OTC	NC	DERMATOLOGICALS
VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOPAC 5 CREAM	-	NC	DERMATOLOGICALS
VOPAC CREAM	-	NC	DERMATOLOGICALS
VOPAC GB CREAM	-	NC	DERMATOLOGICALS
VOQUEZNA DUAL PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
VOQUEZNA TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
VOQUEZNA TRIP PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
voriconazole susp (VFEND equiv)	-	2	ANTIFUNGALS
voriconazole tab (VFEND equiv)	-	2	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	LMSP-PA-QL	4	ANTIVIRALS
VOTRIENT TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOWST CAP (QL= 12 caps/fill; Only available through Orsini 800-410-8575)	LD-PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
VOYDEYA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
VOYDEYA TAB THERAPY PACK	-	NC	HEMATOLOGICAL AGENTS - MISC.
VP-PNV-DHA CAP	-	1	MULTIVITAMINS
VRAYLAR CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VSL #3 CAP	-	NC	ANTIDIARRHEALS
VTAMA CREAM	-	NC	DERMATOLOGICALS
VTOL SOLN	-	NC	ANALGESICS - NONNARCOTIC
VUITY OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
VUMERITY CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYLEESI INJ	-	NC	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	4	CARDIOVASCULAR AGENTS - MISC.

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
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Drug Name	Special Code	Tier	Category
VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	4	CARDIOVASCULAR AGENTS - MISC.
VYTONE CREAM 1.9-1%	-	NC	DERMATOLOGICALS
VYTORIN TAB (QL= 1 tab/day (10/80mg is Not Covered))	QL	3	ANTIHYPERLIPIDEMICS
VYTORIN TAB 10-80MG	-	NC	ANTIHYPERLIPIDEMICS
VYVANSE CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
VYVANSE CHEW TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
VYZULTA SOLN (QL= 2.5ml/30 days)	PA-QL	3	OPHTHALMIC AGENTS
WAINUA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
WAKIX TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
warfarin tab (COUMADIN equiv)	-	1	ANTICOAGULANTS
WEGOVY INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
WEGOVY INJ 1.7MG/0.75ML	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
WEGOVY INJ 2.4MG/0.75ML	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
WELCHOL PACK	-	NC	ANTIHYPERLIPIDEMICS
WELCHOL TAB	-	NC	ANTIHYPERLIPIDEMICS
WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WELLBUTRIN SR TAB	-	NC	ANTIDEPRESSANTS
WELLBUTRIN XL TAB	-	NC	ANTIDEPRESSANTS
WESTCORT OINT	-	NC	DERMATOLOGICALS
WINLEVI CREAM	-	NC	DERMATOLOGICALS
WINREVAIR INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
WOUND-DRESSING GELS	-	NC	DERMATOLOGICALS
WPR PLUS	-	NC	DERMATOLOGICALS
wymzya FE tab (FEMCON FE equiv)	ACA	$0	CONTRACEPTIVES
WYNZORA CREAM	-	NC	DERMATOLOGICALS
XACIATO GEL (QL= 1 applicator/fill)	QL	2	VAGINAL AND RELATED PRODUCTS
XADAGO TAB (QL= 1 tab/day)	PA-QL	3	ANTIPARKINSON AGENTS
XALATAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	3	OPHTHALMIC AGENTS
XALIX SOL	-	NC	DERMATOLOGICALS
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XALKORI SPRINKLE CAP (QL= 4 caps/day)	MSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XANAX TAB	-	3	ANTIANXIETY AGENTS
XANAX XR TAB	-	3	ANTIANXIETY AGENTS
XAQUIL XR TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
XARELTO STARTER PACK	-	2	ANTICOAGULANTS
XARELTO SUSP	-	2	ANTICOAGULANTS
XARELTO TAB	-	2	ANTICOAGULANTS
XARTEMIS XR TAB	-	NC	ANALGESICS - OPIOID
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS

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Drug Name	Special Code	Tier	Category
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
XCOPRI PAK 50-200MG (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	2	ANTICONVULSANTS
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	2	ANTICONVULSANTS
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)	QL	2	ANTICONVULSANTS
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	QL	2	ANTICONVULSANTS
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	QL	2	ANTICONVULSANTS
XDEMVY DROP (QL= 1 bottle/42 days (1 bottle= 10ml); Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Restricted to Ophthalmology or Optometry Specialist)	LD-QL-RS	4	OPHTHALMIC AGENTS
XELJANZ SOLN (QL= 10ml/day)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ TAB (QL= 2 tabs/day)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	LMSP-PA-QL	4	ANALGESICS - ANTI-INFLAMMATORY
XELPROS OPHTH EMULSION	-	NC	OPHTHALMIC AGENTS
XELSTRYM PAD	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
XEMBIFY INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	PASSIVE IMMUNIZING AND TREATMENT AGENTS
XENADERM OINT	-	3	DERMATOLOGICALS
XENAZINE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XENICAL CAP	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS - MISC.
XEPI CREAM	-	NC	DERMATOLOGICALS
XERESE CREAM	-	NC	DERMATOLOGICALS
XERMELO TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
XHANCE NASAL EXHALER	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 60 tabs/30 days)	QL	2	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 10-1000MG (Ql= 1 tab/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2	ANTIDIABETICS
XIIDRA OPHTH SOLN (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2	OPHTHALMIC AGENTS
XODOL TAB 10MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 5MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 7.5MG-300MG	-	NC	ANALGESICS - OPIOID
XOFLUZA TAB (QL= 2 tabs/fill)	QL	3	ANTIVIRALS
XOFLUZA TAB THERAPY PACK 40MG (QL= 1 tab/fill)	QL	3	ANTIVIRALS
XOFLUZA TAB THERAPY PACK 80MG (QL= 1 tab/fill)	QL	3	ANTIVIRALS
XOLAIR INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 150MG/ML (QL= 2 inj/28 days)	LMSP-PA-QL	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 300MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE (QL= 2 inj/21 days OR 6 inj/63 days)	LMSP-PA-QL	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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XOLAIR SYRINGE 150MG/ML (QL= 4 inj/21 days OR 12 inj/63 days)	LMSP-PA-QL	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE 300MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLEGEL	-	NC	DERMATOLOGICALS
XOPENEX NEB SOLN	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOSPATA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XPHOZAH TAB (QL= 2 tabs/day)	PA-QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
XPOVIO PAK (QL= 32 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XRYLIX PAK	-	NC	DERMATOLOGICALS
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	2	ANALGESICS - OPIOID
XTANDI CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 40MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 80MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XULTOPHY INJ (QL= 15ml/30 days)	QL	2	ANTIDIABETICS
XURIDEN POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XYOSTED INJ	-	NC	ANDROGENS-ANABOLIC
XYREM SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYWAV SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZAL SOLN	-	NC	ANTIHISTAMINES
XYZAL TAB	-	NC	ANTIHISTAMINES
XYZBAC TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
YAZ TAB, YASMIN 28 TAB	-	3	CONTRACEPTIVES
YBUPHEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YONSA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YOSPRALA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
YUFLYMA INJ KIT (adalimumab-aaty)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YUFLYMA KIT (aAdalimumab-aaty)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YUPELRI SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
YUSIMRY INJ (adalimumab-aqvh)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZADITOR OPHTH SOLN	OTC	NC	OPHTHALMIC AGENTS
zafemy patch (XULANE equiv)	ACA	$0	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZANAFLEX CAP	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ZANAFLEX TAB	-	3	MUSCULOSKELETAL THERAPY AGENTS

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Drug Name	Special Code	Tier	Category
ZANTAC CAP	-	NC	ULCER DRUGS
ZANTAC EFFER TAB	-	NC	ULCER DRUGS
ZANTAC SYRUP	-	NC	ULCER DRUGS
ZANTAC TAB	-	NC	ULCER DRUGS
ZARONTIN CAP	-	3	ANTICONVULSANTS
ZARONTIN SOLN	-	3	ANTICONVULSANTS
ZARXIO INJ	LMSP	4	HEMATOPOIETIC AGENTS
ZAVESCA CAP	-	NC	HEMATOPOIETIC AGENTS
ZAVZPRET NASAL SPRAY (QL= 6 units/fill; 60 units/365 days)	PA-QL	2	MIGRAINE PRODUCTS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
ZEGERID CAP	-	NC	ULCER DRUGS
ZEGERID CAP OTC	OTC	1	ULCER DRUGS
ZEGERID POWDER PACK	-	NC	ULCER DRUGS
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEJULA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	NC	ANTIPARKINSON AGENTS
ZELBORAF TAB (QL= 8 tabs/day)	LMSP-PA-QL	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELNORM TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ZEMPLAR CAP	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ZEPATIER TAB	-	NC	ANTIVIRALS
ZEPBOUND INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ZEPOSIA CAP (QL= 1 cap/day)	LMSP-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZEPOSIA STARTER PACK (QL= 1 cap/day)	LMSP-PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZERIT CAP	-	3	ANTIVIRALS
ZERVIATE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ZESTORETIC TAB	-	3	ANTIHYPERTENSIVES
ZETIA TAB	-	3	ANTIHYPERLIPIDEMICS
ZETONNA NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ZIAC TAB	-	3	ANTIHYPERTENSIVES
ZIAGEN SOLN	-	3	ANTIVIRALS
ZIAGEN TAB	-	3	ANTIVIRALS
ZIANA GEL	-	NC	DERMATOLOGICALS
zidovudine cap (RETROVIR equiv)	-	1	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	1	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	1	ANTIVIRALS
ZIEXTENZO INJ	-	NC	HEMATOPOIETIC AGENTS
ZILACAINE PAK	-	NC	DERMATOLOGICALS
ZILBRYSQ INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
zileuton ER tab (ZYFLO CR equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZILXI FOAM	-	NC	DERMATOLOGICALS
ZIMHI SOLN	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
ZINBRYTA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZIOPTAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIPSOR CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZIRGAN OPHTH GEL (QL= 2 bottles/fill)	QL	2	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	3	MACROLIDES
ZITHROMAX SUSP	-	3	MACROLIDES
ZITHROMAX TAB	-	3	MACROLIDES
ZITUVIO TAB	-	NC	ANTIDIABETICS
ZOCOR TAB (80mg is Not Covered)	-	3	ANTIHYPERLIPIDEMICS
ZOCOR TAB 80MG	-	NC	ANTIHYPERLIPIDEMICS
ZOFRAN ODT	-	3	ANTIEMETICS
ZOFRAN SOLN	-	3	ANTIEMETICS
ZOFRAN TAB	-	3	ANTIEMETICS
ZOHYDRO ER CAP	-	NC	ANALGESICS - OPIOID
ZOKINVY CAP (QL= 4 caps/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	4	MISCELLANEOUS THERAPEUTIC CLASSES
ZOLINZA CAP	LMSP-PA-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
ZOLOFT CONC	-	3	ANTIDEPRESSANTS
ZOLOFT TAB	-	NC	ANTIDEPRESSANTS
ZOLPAK KIT	-	NC	DERMATOLOGICALS
ZOLPIDEM CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIMIST SPRAY	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOMETA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ZOMIG TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ZOMIG ZMT (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ZONATUSS CAP 150MG	-	NC	COUGH/COLD/ALLERGY
ZONEGRAN CAP	-	3	ANTICONVULSANTS

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ZONISADE SUSP (PA required for members age 9 years or older)	PA	3	ANTICONVULSANTS
zonisamide cap (ZONEGRAN equiv)	-	1	ANTICONVULSANTS
ZONTIVITY TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ZORTRESS TAB	PA	4	MISCELLANEOUS THERAPEUTIC CLASSES
ZORVOLEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZORYVE CREAM (QL= 60 grams/30 days)	PA-QL	2	DERMATOLOGICALS
ZORYVE FOAM	-	NC	DERMATOLOGICALS
ZOVIRAX CAP	-	3	ANTIVIRALS
ZOVIRAX CREAM	-	NC	DERMATOLOGICALS
ZOVIRAX OINT	-	3	DERMATOLOGICALS
ZOVIRAX SUSP	-	3	ANTIVIRALS
ZOVIRAX TAB	-	3	ANTIVIRALS
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	4	ANTICONVULSANTS
ZUBSOLV SL TAB	-	1	ANALGESICS - OPIOID
ZUPLENZ SL FILM	-	NC	ANTIEMETICS
ZURAMPIC TAB	-	NC	GOUT AGENTS
ZURZUVAE CAP	-	NC	ANTIDEPRESSANTS
ZUTRIPRO LIQUID (QL= 120ml/fill, 2 fills/30 days)	QL	3	COUGH/COLD/ALLERGY
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZYCLARA CREAM	-	NC	DERMATOLOGICALS
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO CR TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYFLO TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 3 caps/day)	LMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day)	LMSP-PA-QL-SF	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2	OPHTHALMIC AGENTS
ZYLOPRIM TAB	-	3	GOUT AGENTS
ZYLOTROL-L KIT	-	NC	DERMATOLOGICALS
ZYMAXID OPHTH SOLN (QL= 2 bottles/fill)	QL	3	OPHTHALMIC AGENTS
ZYMFENTRA INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
ZYPITAMAG TAB	-	NC	ANTIHYPERLIPIDEMICS
ZYPREXA RELPREVV INJ	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYPREXA TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYPREXA ZYDIS TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYRTEC CHILD CHEW ALLERGY	OTC	NC	ANTIHISTAMINES
ZYRTEC CHILD CHEW TAB	OTC	EXC	ANTIHISTAMINES
ZYTIGA TAB 250MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYTIGA TAB 500MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYVOX SUSP (Restricted to Infectious Disease or Oncology Specialist)	RS	3	ANTI-INFECTIVE AGENTS - MISC.
ZYVOX TAB (Restricted to Infectious Disease or Oncology Specialist)	RS	3	ANTI-INFECTIVE AGENTS - MISC.

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	1
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1
dextroamphetamine ER cap (DEXEDRINE equiv)	-	1
dextroamphetamine tab (DEXEDRINE equiv)	-	1
lisdexamfetamine dimesylate cap (VYVANSE equiv)	-	1
methamphetamine tab (DESOXYN equiv)	-	1
dextroamphetamine soln (PROCENTRA equiv)	-	2
lisdexamfetamine dimesylate chew tab (VYVANSE equiv)	-	2
ADDERALL TAB	-	3
DESOXYN TAB	-	3
DEXEDRINE CAP	-	3
ADDERALL XR CAP	-	NC
ADZENYS ER SUSP	-	NC
ADZENYS XR TAB	-	NC
amphetamine tab (EVEKEO equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv)	-	NC
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv)	-	NC
DYANAVEL XR CHEW	-	NC
EVEKEO ODT	-	NC
EVEKEO TAB	-	NC
MYDAYIS CAP 12.5MG	-	NC
MYDAYIS CAP 25MG	-	NC
MYDAYIS CAP 37.5MG	-	NC
MYDAYIS CAP 50MG	-	NC
VYVANSE CAP	-	NC
VYVANSE CHEW TAB	-	NC
XELSTRYM PAD	-	NC
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
ANALEPTICS		
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	2
CAFCIT INJ	-	NC
ANOREXIANTS NON-AMPHETAMINE		
phentermine cap (ADIPEX equiv) (QL= 1 cap/day)	PA-QL	1
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	1
QSYMIA CAP (QL= 1 cap/day)	PA-QL	2
DIETHYLPROPION ER TAB	-	EXC
benzphetamine tab	-	NC

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ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
diethylpropion tab	-	NC
LOMAIRA TAB	-	NC
PHENDIMETRAZINE ER TAB	-	NC
phendimetrazine tab (BONTRIL PDM equiv)	-	NC
PLENITY CAP	-	NC
ANTI-OBESITY AGENTS		
CONTRAVE TAB (QL= 4 tabs/day)	PA-QL	2
IMCIVREE INJ (QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4
XENICAL CAP	-	EXC
SAXENDA INJ	-	NC
WEGOVY INJ	-	NC
WEGOVY INJ 1.7MG/0.75ML	-	NC
WEGOVY INJ 2.4MG/0.75ML	-	NC
ZEPBOUND INJ	-	NC
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine cap (STRATTERA equiv)	-	1
clonidine ER tab (KAPVAY equiv)	-	1
guanfacine ER tab (INTUNIV equiv)	-	1
INTUNIV TAB	-	3
STRATTERA CAP (QL= 2 caps/day)	QL	3
KAPVAY TAB	-	NC
QELBREE ER CAP	-	NC
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB (QL= 1 tab/day)	PA-QL	2
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB	-	NC
STIMULANTS - MISC.		
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	QL	1
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	1
dexmethylphenidate tab (FOCALIN equiv)	-	1
methylphenidate CD cap (METADATE CD equiv)	-	1
methylphenidate ER cap (RITALIN LA equiv)	-	1
METHYLPHENIDATE ER TAB	-	1
methylphenidate ER tab 10mg, 20mg (RITALIN equiv)	-	1
METHYLPHENIDATE HYDROCHLO	-	1
methylphenidate soln (METHYLIN equiv)	-	1
methylphenidate tab (RITALIN equiv)	-	1
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	1
METHYLIN SOLN	-	2
methylphenidate chew tab (METHYLIN equiv)	-	2
methylphenidate ER cap (APTENSIO XR equiv)	-	2
CONCERTA TAB, RITALIN SR TAB	-	3
FOCALIN TAB	-	3
FOCALIN XR CAP	-	3
NUVIGIL TAB (QL= 1 tab/day)	QL	3
PROVIGIL TAB (QL= 2 tabs/day)	QL	3

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ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
RITALIN LA CAP, APTENSIO XR CAP	-	3
RITALIN TAB	-	3
AZSTARYS CAP	-	NC
COTEMPLA XR ODT	-	NC
DAYTRANA PATCH	-	NC
METHYLPHENIDATE ER TAB	-	NC
methylphenidate td patch (DAYTRANA equiv)	-	NC
QUILLIVANT XR SUSP	-	NC
RELEXXII ER TAB	-	NC
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
ODACTRA SL TAB (QL= 1 tab/day)	QL	2
PALFORZIA POWDER PACK	-	NC
PALFORZIA SPRINKLE CAP	-	NC
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - R'S		
RESERVAPAK SYRUP	-	NC
AMEBICIDES		
AMEBICIDES		
SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	3
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin tab	-	1
tobramycin neb soln (TOBI equiv)	LMSP	1
paromomycin cap (HUMATIN equiv)	-	2
ARIKAYCE SUSP (QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046)	LD-PA-QL	4
TOBI PODHALER (Only available through Walgreens 888-347-3416)	LD-PA	4
BETHKIS NEB SOLN, TOBI NEB SOLN	-	NC
HUMATIN CAP	-	NC
KITABIS PAK NEB SOLN	-	NC
tobramycin neb soln (BETHKIS equiv)	-	NC
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB (QL= 1 tab/day)	LMSP-PA-QL	4
RINVOQ ER TAB (QL= 1 tab/day)	LMSP-PA-QL	4
XELJANZ SOLN (QL= 10ml/day)	LMSP-PA-QL	4
XELJANZ TAB (QL= 2 tabs/day)	LMSP-PA-QL	4
XELJANZ XR TAB (QL= 1 tab/day)	LMSP-PA-QL	4
ANTIRHEUMATIC ANTIMETABOLITES		
RHEUMATREX TAB	-	3
REDITREX INJ	-	NC
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	4

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
ADALIMUMAB-ADAZ PFS INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	4
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (QL= 2 inj/28 days)	LMSP-PA-QL	4
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (QL= 2 inj/28 days)	LMSP-PA-QL	4
HADLIMA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)	LMSP-PA-QL	4
HADLIMA PUSH INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)	LMSP-PA-QL	4
HUMIRA INJ 10MG (QL= 2 syringes/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	4
HUMIRA INJ 20MG (QL= 2 syringes/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	4
HUMIRA INJ 40MG (QL= 2 syringes/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	4
HUMIRA INJ 80MG (QL= 2 syringes/28 days)	LMSP-PA-QL	4
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year; Restricted to Gastroenterology Rheumatology or Dermatology Specialist)	LMSP-PA-QL	4
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	4
HUMIRA INJ PEDIATRIC UC STARTER PACK (QL= 1 pack/fill, 1 fill/plan year)	LMSP-PA-QL	4
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	4
HUMIRA PEN INJ 40MG (QL= 2 pens/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist)	LMSP-PA-QL	4
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)	LMSP-PA-QL	4
SIMPONI INJ 100MG (QL=1 inj/28 days)	LMSP-PA-QL	4
ABRILADA INJ	-	NC
AMJEVITA AUTO-INJECTOR (adalimumab-atto)	-	NC
AMJEVITA INJ (adalimumab-atto)	-	NC
CYLTEZO AUTO-INJECTOR KIT (aAdalimumab-adbm)	-	NC
CYLTEZO INJ (adalimumab-adbm)	-	NC
HULIO INJ (adalimumab-fkjp)	-	NC
HULIO KIT (adalimumab-fkjp)	-	NC
HYRIMOZ INJ (adalimumab-adaz)	-	NC
HYRIMOZ PFS INJ (adalimumab-adaz)	-	NC
IDACIO INJ (adalimumab-aacf)	-	NC
SIMLANDI INJ	-	NC
SIMPONI ARIA INJ	-	NC
SIMPONI AUTO-INJECTOR 50MG	-	NC
SIMPONI INJ 50MG	-	NC
YUFLYMA INJ KIT (adalimumab-aaty)	-	NC
YUFLYMA KIT (aAdalimumab-aaty)	-	NC
YUSIMRY INJ (adalimumab-aqvh)	-	NC
GOLD COMPOUNDS		
RIDAURA CAP	-	2
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ	-	NC
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
INTERLEUKIN-6 RECEPTOR INHIBITORS		

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4
ACTEMRA SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4
ACTEMRA IV INJ	-	NC
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap (CELEBREX equiv)	-	1
diclofenac potassium tab (CATAFLAM equiv)	-	1
diclofenac sodium EC tab (VOLTAREN equiv)	-	1
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1
etodolac cap (LODINE equiv)	-	1
etodolac tab	-	1
FLURBIPROFEN TAB	-	1
flurbiprofen tab (ANSAID equiv)	-	1
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1
ibuprofen tab	-	1
ibuprofen tab (Rx covered Only)	-	1
indomethacin cap (INDOCIN equiv)	-	1
indomethacin CR cap (INDOCIN SR equiv)	-	1
ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1
ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1
ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1
meloxicam tab (MOBIC equiv)	-	1
nabumetone tab (RELAFEN equiv)	-	1
naproxen tab (NAPROSYN equiv)	-	1
piroxicam cap (FELDENE equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	2
etodolac ER tab (LODINE XL equiv)	-	2
fenoprofen calcium tab	-	2
FENOPROFEN TAB	-	2
mefenamic acid cap (PONSTEL equiv)	-	2
naproxen EC tab (NAPROSYN EC equiv)	-	2
naproxen sodium tab (ANAPROX equiv)	-	2
oxaprozin tab (DAYPRO equiv)	-	2
tolmetin cap (TOLECTIN DS equiv)	-	2
ANAPROX TAB	-	3
ARTHROTEC TAB	-	3
DAYPRO TAB	-	3
FELDENE CAP	-	3
KETOPROFEN ER CAP	-	3
MOBIC TAB	-	3
MOTRIN SUSP	-	3
NAPROSYN EC TAB	-	3
NAPROSYN TAB	-	3
PONSTEL CAP	-	3

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
TOLMETIN CAP	-	3
TOLMETIN TAB	-	3
CELEBREX CAP	-	NC
DICLOFENAC CAP	-	NC
diclofenac potassium cap (ZIPSOR equiv)	-	NC
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC
DUEXIS TAB	-	NC
fenoprofen calcium cap (NALFON equiv)	-	NC
FENOPROFEN CAP, NAFLON CAP	-	NC
IBU 600-EZS KIT	-	NC
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC
INDOCIN SUPP	-	NC
INDOCIN SUSP	-	NC
INDOMETHACIN CAP, TIVORBEX CAP	-	NC
indomethacin suppository (INDOCIN equiv)	-	NC
indomethacin susp (INDOCIN equiv)	-	NC
INFLATHERM PAK	-	NC
KETOPROFEN CAP	-	NC
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
MECLOFENAMATE CAP	-	NC
meloxicam cap (VIVLODEX equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
MELOXICAM SUSP	-	NC
NAFLON CAP	-	NC
NAPRELAN CR TAB	-	NC
NAPROSYN EC TAB 500MG	-	NC
NAPROSYN SUSP	-	NC
naproxen EC tab 500mg (NAPROSYN EC equiv)	-	NC
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC
NAPROXEN SUSP	-	NC
naproxen susp (NAPROSYN equiv)	-	NC
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	NC
QMIIZ ODT TAB	-	NC
RELAFEN DS TAB	-	NC
SPRIX NASAL SPRAY	-	NC
VIMOVO TAB	-	NC
VIVLODEX CAP	-	NC
YBUPHEN TAB	-	NC
ZIPSOR CAP	-	NC
ZORVOLEX CAP	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	4
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	4
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	1

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
ARAVA TAB	-	3
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	4
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	4
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	4
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	4
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25MG (QL= 8 inj/28 days; Restricted to Dermatology or Rheumatology Specialist)	LMSP-QL-RS	4
ENBREL INJ 50MG (QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist)	LMSP-QL-RS	4
ENBREL MINI INJ (QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist)	LMSP-QL-RS	4
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist)	LMSP-QL-RS	4
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
ALLZITAL TAB	-	NC
butalbital/acetaminophen cap	-	NC
butalbital/acetaminophen/caffeine soln	-	NC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC
DOLGIC PLUS TAB	-	NC
ESGIC TAB	-	NC
FIORICET CAP	-	NC
FIORINAL CAP	-	NC
VTOL SOLN	-	NC
SALICYLATES		
aspirin chew tab 81mg (Covered for females (no age restriction))	ACA-OTC	$0
aspirin ec tab 81mg (Covered for females (no age restriction))	ACA-OTC	$0
diflunisal tab (DOLOBID equiv)	-	1
salsalate tab (DISALCID equiv)	-	2
ASPIRIN EC TAB 325MG	OTC	NC
aspirin tab 325mg	OTC	NC
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate tab	-	1
hydromorphone tab (DILAUDID equiv)	-	1
METHADONE SOLN	-	1
methadone tab (DOLOPHINE equiv)	-	1
methadose tab	-	1
MORPHINE SULF SOLN 10MG/5ML	-	1
morphine sulfate ER tab (MS CONTIN equiv)	-	1
morphine sulfate soln	-	1
MORPHINE SULFATE TAB	-	1
oxycodone cap (OXYIR equiv)	-	1
oxycodone tab (ROXICODONE equiv)	-	1
tramadol tab (ULTRAM equiv)	-	1
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	2

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
fentanyl patch (DURAGESIC equiv)	-	2
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day)	QL	2
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day)	QL	2
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	2
MORPHINE SULFATE SUPP	-	2
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2
oxycodone conc (ROXICODONE equiv)	-	2
OXYCODONE ER TAB (QL= 2 tabs/day)	QL	2
oxycodone soln (ROXICODONE equiv)	-	2
OXYIR CAP	-	2
oxymorphone tab (OPANA equiv)	-	2
tramadol ER tab (ULTRAM ER equiv)	-	2
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	2
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3
ACTIQ LOZENGE (QL= 120 units/30 days)	PA-QL	3
CODEINE SULFATE SOLN	-	3
DILAUDID TAB	-	3
DOLOPHINE TAB	-	3
DURAGESIC PATCH	-	3
FENTORA TAB, FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	3
hydromorphone ER tab (EXALGO equiv) (QL= 1 tab/day)	QL	3
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3
METHADOSE CONC	-	3
MS CONTIN TAB	-	3
NUCYNTA TAB	-	3
ROXICODONE TAB	-	3
TRAMADOL HCL ER TAB	-	3
ULTRAM TAB	-	3
ARYMO ER TAB	-	NC
DEMEROL TAB	-	NC
DSUVIA SL TAB	-	NC
EMBEDA CAP	-	NC
EXALGO TAB	-	NC
fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC
HYDROMORPHONE SUPP	-	NC
KADIAN CAP	-	NC
LEVORPHANOL TAB	-	NC
levorphanol tab (LEVORPHANOL equiv)	-	NC
meperidine tab (DEMEROL equiv)	-	NC
MORPHABOND TAB	-	NC
MORPHINE SULFATE ER CAP	-	NC
morphine sulfate ER cap (KADIAN equiv)	-	NC
OPANA ER TAB	-	NC
OPANA TAB	-	NC
OXYCONTIN CR TAB	-	NC
QDOLO SOLN, TRAMADOL SOLN	-	NC
ROXYBOND TAB	-	NC

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ANALGESICS - OPIOID Cont.		
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC
TRAMADOL ER CAP	-	NC
TRAMADOL HCL TAB	-	NC
tramadol hcl tab 100mg	-	NC
ZOHYDRO ER CAP	-	NC
OPIOID COMBINATIONS		
acetaminophen/codeine soln	-	1
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1
APAP/CODEINE SOLN	-	1
aspirin/codeine tab	-	1
hydrocodone/acetaminophen cap (LORCET equiv)	-	1
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1
oxycodone/acetaminophen cap (TYLOX equiv)	-	1
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1
OXYCODONE/ASPIRIN TAB	-	1
pentazocine/acetaminophen tab (TALACEN equiv)	-	1
tramadol/acetaminophen tab (ULTRACET equiv)	-	1
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	2
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	2
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	2
OXYCODONE/ACETAMINOPHEN SOLN	-	2
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	2
HYDROCODONE/IBUPROFEN TAB	-	3
HYDROCODONE/IBUPROFEN TAB 10-200MG	-	3
LORTAB	-	3
LORTAB ELIXIR	-	3
PERCOCET TAB	-	3
TYLENOL/CODEINE TAB	-	3
ULTRACET TAB	-	3
VICOPROFEN TAB	-	3
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC
APADAZ TAB	-	NC
FIORICET/CODEINE CAP	-	NC
FIORINAL/CODEINE CAP	-	NC
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	NC
PRIMLEV TAB 10-300MG	-	NC
PRIMLEV TAB 5-300MG	-	NC
PROLATE TAB 7.5-300MG	-	NC
SEGLENTIS TAB	-	NC
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
VERDROCET TAB 2.5MG-325MG	-	NC
XARTEMIS XR TAB	-	NC
XODOL TAB 10MG-300MG	-	NC
XODOL TAB 5MG-300MG	-	NC
XODOL TAB 7.5MG-300MG	-	NC
OPIOID PARTIAL AGONISTS		
buprenorphine SL tab (SUBUTEX equiv)	-	1
buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv)	-	1
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	1
SUBLOCADE INJ 100MG/0.5ML	MSP	1
SUBLOCADE INJ 300MG/1.5ML	MSP	1
ZUBSOLV SL TAB	-	1
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	2
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	2
pentazocine/naloxone tab (TALWIN NX equiv)	-	2
BUTRANS PATCH (QL= 4 patches/28 days)	QL	3
BRIXADI SOLN 128MG/0.36ML (Only available through Walgreens 888-347-3416)	LD	4
BRIXADI SOLN 16MG/0.32ML (Only available through Walgreens 888-347-3416)	LD	4
BRIXADI SOLN 24MG/0.48ML (Only available through Walgreens 888-347-3416)	LD	4
BRIXADI SOLN 32MG/0.64ML (Only available through Walgreens 888-347-3416)	LD	4
BRIXADI SOLN 64MG/0.18ML (Only available through Walgreens 888-347-3416)	LD	4
BRIXADI SOLN 8MG/0.18ML (Only available through Walgreens 888-347-3416)	LD	4
BRIXADI SOLN 96MG/0.27ML (Only available through Walgreens 888-347-3416)	LD	4
BELBUCA FILM	-	NC
BUNAVAIL FILM	-	NC
buprenorphine hcl buccal film (BELBUCA equiv)	-	NC
nalbuphine inj	-	NC
SUBOXONE SL FILM	-	NC
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
ANADROL TAB	-	NC
ANDROGENS		
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	2
danazol cap (DANOCRINE equiv)	-	2
methyltestosterone cap	PA	2
TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill)	QL	2
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	2
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	2
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2
testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	2
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	2
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	2
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	2
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	2

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DrugName	Special Code	Tier
ANDROGENS-ANABOLIC Cont.		
ANDROGEL 1% 25MG (QL= 1 packet/day)	PA-QL	3
ANDROGEL 1% 50MG, TESTIM GEL 1% (QL= 2 packets/day)	PA-QL	3
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	3
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	3
ANDROGEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	3
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	3
METHITEST TAB	PA	3
FORTESTA GEL 2%	-	NC
KYZATREX CAP, JATENZO CAP, TLANDO CAP	-	NC
NATESTO GEL	-	NC
NATESTO NASAL GEL	-	NC
STRIANT FILM	-	NC
testosterone gel 2% (FORTESTA equiv)	-	NC
TESTOSTERONE GEL, VOGELXO GEL	-	NC
VOGELXO PUMP	-	NC
XYOSTED INJ	-	NC
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	2
CORTENEMA	-	3
CORTIFOAM	-	3
RECTAL COMBINATIONS		
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	2
PROCTOFOAM HC FOAM	-	2
ANALPRAM-E KIT	-	3
ANALPRAM-HC CREAM	-	NC
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC
pramoxine/hydrocortisone cream (ANALPRAM-HC equiv)	-	NC
PROCORT CREAM	-	NC
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	1
ANUSOL-HC CREAM	-	3
ANUSOL-HC SUPP	-	NC
hydrocortisone supp (ANUSOL HC equiv)	-	NC
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide rectal foam (UCERIS RECTAL FOAM equiv)	PA	2
UCERIS RECTAL FOAM	PA	3
RECTAL COMBINATIONS		
ANALPRAM-HC CREAM	-	NC
HYDROCORTISONE/PRAMOXINE SUPP	-	NC
RECTAL LOCAL ANESTHETICS		
LIDOCAINE SUPP	-	NC
VASODILATING AGENTS		
nitroglycerin oint (RECTIV equiv)	-	3

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DrugName	Special Code	Tier
ANORECTAL AND RELATED PRODUCTS Cont.		
RECTIV OINT	-	3
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab (ALBENZA equiv)	-	2
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	2
ivermectin tab (STROMECTOL equiv)	PA	2
praziquantel tab (BILTRICIDE equiv)	-	2
ALBENZA TAB	-	3
BILTRICIDE TAB	-	3
STROMECTOL TAB	PA	3
EGATEN TAB	-	NC
EMVERM TAB	-	NC
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab (RANEXA equiv)	-	2
RANEXA TAB	-	3
ASPRUZYO SPRINKLE GRANULES	-	NC
NITRATES		
isosorbide dinitrate tab (ISORDIL equiv)	-	1
isosorbide mononitrate ER tab (IMDUR equiv)	-	1
ISOSORBIDE MONONITRATE TAB	-	1
isosorbide mononitrate tab (MONOKET equiv)	-	1
NITROGLYCERIN ER CAP	-	1
nitroglycerin patch (NITRO-DUR equiv)	-	1
nitroglycerin SL tab (NITROSTAT equiv)	-	1
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	2
NITRO-BID OINT	-	2
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	2
ISORDIL TITRADOSE TAB	-	3
NITRO-DUR PATCH	-	3
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3
NITROLINGUAL PUMP SPRAY	-	3
NITROMIST SPRAY	-	3
NITROSTAT SL TAB	-	3
GONITRO POWDER	-	NC
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone tab (BUSPAR equiv)	-	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	1
HYDROXYZINE PAMOATE CAP 100MG	-	1
hydroxyzine syrup (ATARAX equiv)	-	1
hydroxyzine tab (ATARAX equiv)	-	1
meprobamate tab (MILTOWN equiv)	-	3
VISTARIL CAP	-	3
BENZODIAZEPINES		

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DrugName	Special Code	Tier
ANTIANXIETY AGENTS Cont.		
alprazolam tab (XANAX equiv)	-	1
chlordiazepoxide cap (LIBRIUM equiv)	-	1
diazepam conc (VALIUM equiv)	-	1
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	1
diazepam tab (VALIUM equiv)	-	1
lorazepam conc (ATIVAN equiv)	-	1
lorazepam tab (ATIVAN equiv)	-	1
alprazolam ER tab (XANAX XR equiv)	-	2
alprazolam ODT (NIRAVAM equiv)	-	2
clorazepate tab (TRANXENE-T equiv)	-	2
oxazepam cap (SERAX equiv)	-	2
ATIVAN TAB	-	3
NIRAVAM ODT	-	3
TRANXENE-T TAB	-	3
VALIUM TAB	-	3
XANAX TAB	-	3
XANAX XR TAB	-	3
LOREEV XR CAP	-	NC
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	1
quinidine sulfate tab	-	1
NORPACE CR CAP	-	2
quinidine gluconate CR tab	-	2
NORPACE CAP	-	3
PROCAINAMIDE INJ	-	NC
QUINIDINE SULFATE TAB	-	NC
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap	-	2
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	1
propafenone tab (RYTHMOL equiv)	-	1
propafenone ER cap (RYTHMOL SR equiv)	-	2
RYTHMOL SR CAP	-	3
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	1
dofetilide cap (TIKOSYN equiv)	-	2
MULTAQ TAB (Restricted to Cardiology Specialist)	RS	2
CORDARONE TAB	-	3
TIKOSYN CAP	-	3
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
NUCALA INJ (QL= 1 inj/28 days)	LMSP-PA-QL	4
TEZSPIRE INJ (QL= 1 pen/28 days)	LMSP-PA-QL	4
XOLAIR INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
XOLAIR INJ 150MG/ML (QL= 2 inj/28 days)	LMSP-PA-QL	4
XOLAIR INJ 300MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	4
XOLAIR SYRINGE (QL= 2 inj/21 days OR 6 inj/63 days)	LMSP-PA-QL	4
XOLAIR SYRINGE 150MG/ML (QL= 4 inj/21 days OR 12 inj/63 days)	LMSP-PA-QL	4
XOLAIR SYRINGE 300MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	4
FASENRA PEN INJ	-	NC
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	NC
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	1
ATROVENT HFA INHALER (QL= 2 inhalers/fill)	QL	2
INCRUSE ELLIPTA INHALER	-	2
LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER)	ST	2
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL))	QL-ST	2
SEEBRI NEOHALER CAP	-	NC
SPIRIVA HANDIHALER	-	NC
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC
tiotropium bromide cap inhaler (SPIRIVA equiv)	-	NC
TUDORZA PRESSAIR INHALER	-	NC
YUPELRI SOLN	-	NC
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
montelukast granule pack (SINGULAIR equiv)	-	2
zafirlukast tab (ACCOLATE equiv)	-	2
ACCOLATE TAB	-	3
SINGULAIR CHEW TAB	-	3
SINGULAIR GRANULE PACK	-	3
SINGULAIR TAB	-	3
ZYFLO TAB	-	3
zileuton ER tab (ZYFLO CR equiv)	-	NC
ZYFLO CR TAB	-	NC
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab (DALIRESP equiv)	-	1
DALIRESP TAB	-	3
STEROID INHALANTS		
budesonide inh susp (PULMICORT equiv)	-	1
ALVESCO INHALER	-	2
ARNUITY ELLIPTA INHALER	-	2
ASMANEX HFA INHALER	-	2
ASMANEX INHALER	-	2
FLUTICASONE DISKUS INHALER	-	2
FLUTICASONE HFA INHALER	-	2
FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT	-	2

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT	-	2
FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT	-	2
QVAR REDIHALER	-	2
PULMICORT INH SUSP	-	3
AEROSPAN INH	-	NC
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC
FLOVENT DISKUS INHALER	-	NC
FLOVENT HFA INHALER	-	NC
PULMICORT FLEXHALER	-	NC
QVAR INHALER	-	NC
SYMPATHOMIMETICS		
albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	1
albuterol neb soln	-	1
ALBUTEROL NEBULIZER SOLN	-	1
albuterol sulfate syrup	-	1
albuterol/ipratropium neb soln (DUONEB equiv)	-	1
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT	-	1
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT	-	1
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT	-	1
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	1
ADVAIR HFA INHALER	-	2
albuterol sulfate tab	-	2
ANORO ELLIPTA INHALER	-	2
arformoterol tartrate neb soln (BROVANA equiv)	-	2
BREO ELLIPTA INHALER 50-25 MCG/ACT	-	2
BREZTRI AEROSPHERE INHALER	-	2
budesonide/formoterol inhaler (SYMBICORT equiv)	-	2
DULERA INHALER	-	2
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	2
FLUTICASONE-SALMETEROL INHALER 115-21 MCG/ACT	-	2
FLUTICASONE-SALMETEROL INHALER 230-21 MCG/ACT	-	2
FLUTICASONE-SALMETEROL INHALER 45-21 MCG/ACT	-	2
FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT	-	2
FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT	-	2
formoterol fumarate neb soln (PERFOROMIST equiv)	-	2
levalbuterol neb soln (XOPENEX equiv)	-	2
SEREVENT DISKUS INHALER (QL= 1 inhaler/fill)	QL	2
STIOLTO INHALER	-	2
terbutaline sulfate tab (BRETHINE equiv)	-	2
TRELEGY ELLIPTA INHALER	-	2
ARCAPTA NEOHALER (Step Therapy requires trial of Foradil or Serevent)	ST	3
BROVANA NEB SOLN	-	3
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA)	QL-ST	3
PERFOROMIST NEB SOLN	-	3

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3
XOPENEX NEB SOLN	-	3
ADVAIR DISKUS INHALER	-	NC
AIRDUO POWDER INHALER W/SENSOR	-	NC
AIRDUO RESPICLICK	-	NC
AIRSUPRA INH	-	NC
ALBUTEROL HFA INHALER	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
BREO ELLIPTA INHALER	-	NC
COMBIVENT RESPIMAT INHALER	-	NC
DUAKLIR INHALER	-	NC
PROAIR HFA INHALER, PROVENTIL HFA INHALER	-	NC
PROAIR RESPICLICK INHALER	-	NC
SYMBICORT INHALER	-	NC
UTIBRON NEOHALER CAP	-	NC
XANTHINES		
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
THEOPHYLLINE TAB ER	-	2
theophylline tab er (THEOPHYLLINE ER equiv)	-	2
THEO-24 CAP	-	3
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	1
COUMADIN TAB	-	3
DIRECT FACTOR XA INHIBITORS		
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2
XARELTO STARTER PACK	-	2
XARELTO SUSP	-	2
XARELTO TAB	-	2
SAVAYSA TAB	-	NC
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv)	-	2
fondaparinux inj (ARIXTRA equiv)	-	2
ARIXTRA INJ	-	3
FRAGMIN INJ	-	3
LOVENOX INJ	-	3
heparin porcine inj	-	NC
THROMBIN INHIBITORS		
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	2
PRADAXA CAP	-	3
PRADAXA PELLET PACK	-	NC
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
FYCOMPA TAB	-	NC
FYCOMPA SUSP	-	NC
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam tab (ONFI equiv)	-	1
clonazepam tab (KLONOPIN equiv)	-	1
clobazam susp (ONFI equiv) (Members age 9 or older require Prior Authorization)	PA	2
clonazepam ODT (KLONOPIN equiv)	-	2
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 2 packs/fill)	QL	2
DIAZEPAM GEL (QL= 2 packs/fill)	QL	2
diazepam rectal gel (QL=2 packs/fill)	QL	2
DIASTAT ACDL GEL (QL= 2 packs/fill)	QL	3
KLONOPIN TAB	-	3
NAYZILAM SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)	QL-RS	3
ONFI SUSP (Members age 9 or older require Prior Authorization)	PA	3
VALTOCO NASAL SPRAY (QL= 2 packs/fill; Restricted to Neurology Specialist)	QL-RS	3
ONFI TAB	-	NC
SYMPAZAN ORAL FILM	-	NC
ANTICONVULSANTS - MISC.		
carbamazepine chew tab (TEGRETOL equiv)	-	1
carbamazepine susp (TEGRETOL equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)	QL	1
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	1
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	1
lacosamide oral solution (VIMPAT equiv)	-	1
lacosamide tab (VIMPAT equiv)	-	1
lamotrigine chew tab (LAMICTAL equiv)	-	1
lamotrigine tab (LAMICTAL equiv)	-	1
levetiracetam soln (KEPPRA equiv)	-	1
levetiracetam tab (KEPPRA equiv)	-	1
oxcarbazepine susp (TRILEPTAL equiv)	-	1
oxcarbazepine tab (TRILEPTAL equiv)	-	1
pregabalin cap (LYRICA equiv) (QL= 3 caps/day)	QL	1
pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day)	QL	1
pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day)	QL	1
primidone tab (MYSOLINE equiv)	-	1
topiramate sprinkle cap (TOPAMAX equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
zonisamide cap (ZONEGRAN equiv)	-	1
carbamazepine ER cap (CARBATROL equiv)	-	2
carbamazepine ER tab (TEGRETOL XR equiv)	-	2
gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)	QL	2
lamotrigine ER tab (LAMICTAL XR equiv)	-	2
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	2
levetiracetam ER tab (KEPPRA XR equiv)	-	2
POTIGA TAB (QL= 3 tabs/day)	QL	2

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
POTIGA TAB 50MG (QL= 9 tabs/day)	QL	2
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	2
rufinamide susp (BANZEL equiv)	PA	2
rufinamide tab (BANZEL equiv)	PA	2
BANZEL SUSP	PA	3
CARBATROL CAP	-	3
EPRONTIA SOLN (Members age 9 or older require Prior Authorization)	PA	3
KEPPRA SOLN	-	3
KEPPRA TAB	-	3
KEPPRA XR TAB	-	3
LAMICTAL CHEW TAB	-	3
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3
LAMICTAL STARTER KIT	-	3
LAMICTAL TAB	-	3
LAMICTAL XR TAB	-	3
LYRICA CAP (QL= 3 caps/day)	QL	3
LYRICA CAP 225MG (QL= 2 caps/day)	QL	3
LYRICA CAP 300MG (QL= 2 caps/day)	QL	3
LYRICA SOLN	QL	3
MYSOLINE TAB	-	3
NEURONTIN CAP (QL= 9 caps/day)	QL	3
NEURONTIN SOLN (QL= 72 mls/day)	QL	3
NEURONTIN TAB 600MG (QL= 6 tabs/day)	QL	3
NEURONTIN TAB 800MG (QL= 4.5 tabs/day)	QL	3
TEGRETOL SUSP	-	3
TEGRETOL TAB	-	3
TEGRETOL XR TAB	-	3
TOPAMAX SPRINKLE CAP	-	3
TOPAMAX TAB	-	3
TRILEPTAL SUSP	-	3
TRILEPTAL TAB	-	3
ZONEGRAN CAP	-	3
ZONISADE SUSP (PA required for members age 9 years or older)	PA	3
DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	4
DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	4
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	4
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	4
APTIOM TAB	-	NC
BANZEL TAB	-	NC
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
ELEPSIA XR TAB	-	NC
LAMICTAL ODT	-	NC
LAMICTAL ODT KIT	-	NC
lamotrigine ODT (LAMICTAL equiv)	-	NC

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
lamotrigine ODT kit (LAMICTAL equiv)	-	NC
MOTPOLY XR CAP	-	NC
OXTELLAR XR TAB	-	NC
PRIMIDONE TAB	-	NC
QUDEXY XR CAP	-	NC
SPRITAM TAB	-	NC
topiramate ER cap (QUDEXY equiv)	-	NC
topiramate er cap (TROKENDI XR equiv)	-	NC
TROKENDI XR CAP	-	NC
VIMPAT SOLN	-	NC
VIMPAT TAB	-	NC
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	2
felbamate tab (FELBATOL equiv)	-	2
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	QL	2
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	QL	2
XCOPRI PAK 50-200MG (QL= 2 tabs/day)	QL	2
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	2
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	2
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)	QL	2
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	QL	2
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	QL	2
FELBATOL SUSP	-	3
FELBATOL TAB	-	3
GABA MODULATORS		
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553)	LD-PA	1
vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553)	LD-PA	1
vigadrone powder pack (Only available through PantheRx 855-726-8479)	LD-PA	1
tiagabine tab (GABITRIL equiv)	-	2
GABITRIL TAB	-	3
SABRIL POWDER PACK	-	NC
SABRIL TAB	-	NC
HYDANTOINS		
phenytoin cap (DILANTIN equiv)	-	1
phenytoin susp (DILANTIN equiv)	-	1
DILANTIN CAP 30MG	-	2
PEGANONE TAB	-	2
phenytoin chew tab (DILANTIN equiv)	-	2
DILANTIN CAP 100MG	-	3
DILANTIN INFATABS	-	3
DILANTIN SUSP	-	3
SUCCINIMIDES		
ethosuximide soln (ZARONTIN equiv)	-	1
ethosuximide cap (ZARONTIN equiv)	-	2
methsuximide cap (CELONTIN equiv)	-	2
CELONTIN CAP	-	3

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
ZARONTIN CAP	-	3
ZARONTIN SOLN	-	3
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sodium DR tab (DEPAKOTE equiv)	-	1
divalproex sprinkle cap (DEPAKOTE equiv)	-	1
valproic acid cap (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
DEPAKENE CAP	-	3
DEPAKENE SYRUP	-	3
DEPAKOTE ER TAB	-	3
DEPAKOTE SPRINKLE CAP	-	3
DEPAKOTE TAB	-	3
DEPACON INJ	-	NC
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
REMERON SOLUTAB	-	3
REMERON TAB	-	3
ANTIDEPRESSANT COMBINATIONS		
AUVELITY TAB	-	NC
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	-	1
bupropion tab (WELLBUTRIN equiv)	-	1
bupropion XL tab (WELLBUTRIN XL equiv)	-	1
MAPROTILINE TAB	-	1
APLENZIN TAB	-	NC
FORFIVO XL TAB	-	NC
WELLBUTRIN SR TAB	-	NC
WELLBUTRIN XL TAB	-	NC
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAP	-	NC
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
PHENELZINE SULFATE TAB	-	1
phenelzine tab (NARDIL equiv)	-	1
MARPLAN TAB	-	2
tranylcypromine tab (PARNATE equiv)	-	2
EMSAM PATCH	-	3
NARDIL TAB 15MG	-	3
PARNATE TAB	-	3
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO NASAL SOLN (QL= 4 kits/28 days)	PA-QL	4

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	1
citalopram tab (CELEXA equiv)	-	1
escitalopram tab (LEXAPRO equiv)	-	1
fluoxetine cap (PROZAC equiv)	-	1
fluoxetine soln (PROZAC equiv)	-	1
fluoxetine tab (PROZAC equiv)	-	1
fluvoxamine tab (LUVOX equiv)	-	1
paroxetine tab (PAXIL equiv)	-	1
sertraline conc (ZOLOFT equiv)	-	1
sertraline tab (ZOLOFT equiv)	-	1
escitalopram soln (LEXAPRO equiv)	-	2
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	2
paroxetine ER tab (PAXIL CR equiv)	-	2
paroxetine oral susp (PAXIL equiv)	-	2
CELEXA TAB	-	3
FLUOXETINE TAB	-	3
PAXIL CR TAB	-	3
PAXIL ORAL SUSP	-	3
PAXIL TAB	-	3
ZOLOFT CONC	-	3
CITALOPRAM CAP	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
LEXAPRO TAB	-	NC
PEXEVA TAB	-	NC
PROZAC CAP	-	NC
PROZAC WEEKLY CAP	-	NC
SERTRALINE CAP	-	NC
ZOLOFT TAB	-	NC
SEROTONIN MODULATORS		
NEFAZODONE TAB	-	1
nefazodone tab 50mg, 250mg	-	1
trazodone tab (DESYREL equiv)	-	1
vilazodone hcl tab (VIIBRYD equiv)	PA	2
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL-TS	3
VIIBRYD TAB	PA	3
trazodone tab 300mg (DESYREL equiv)	-	NC
VIIBRYD STARTER KIT	-	NC
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine ER tab (PRISTIQ equiv)	-	1
duloxetine EC cap (CYMBALTA equiv)	-	1
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine tab (EFFEXOR equiv)	-	1
CYMBALTA CAP	-	3
PRISTIQ TAB	-	3

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
DESVENLAFAXINE ER TAB	-	NC
DRIZALMA DR CAP	-	NC
duloxetine cap 40mg (IRENKA equiv)	-	NC
EFFEXOR XR CAP	-	NC
FETZIMA CAP	-	NC
FETZIMA TITRATION PACK	-	NC
venlafaxine ER tab	-	NC
VENLAFAXINE TAB	-	NC
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	1
amoxapine tab (AMOXAPINE equiv)	-	1
doxepin cap (SINEQUAN equiv)	-	1
doxepin conc (SINEQUAN equiv)	-	1
imipramine tab (TOFRANIL equiv)	-	1
nortriptyline cap (PAMELOR equiv)	-	1
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1
clomipramine cap (ANAFRANIL equiv)	-	2
desipramine tab (NORPRAMIN equiv)	-	2
imipramine pamoate cap (TOFRANIL PM equiv)	-	2
protriptyline tab (VIVACTIL equiv)	-	2
trimipramine cap (SURMONTIL equiv)	-	2
NORPRAMIN TAB	-	3
PAMELOR CAP	-	3
SURMONTIL CAP	-	3
TOFRANIL TAB	-	3
ANAFRANIL CAP	-	NC
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	1
miglitol tab (MIGLITOL equiv)	-	2
MIGLITOL TAB	-	3
PRECOSE TAB	-	3
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN INJ	-	NC
ANTIDIABETIC COMBINATIONS		
glipizide/metformin tab (METAGLIP equiv)	-	1
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
GLYXAMBI TAB (QL= 1 tab/day)	QL	2
JANUMET TAB (QL= 2 tabs/day)	QL	2
JANUMET XR TAB (QL= 2 tabs/day)	QL	2
SOLIQUA INJ (QL= 15ml/25 days)	QL	2
SYNJARDY TAB (QL= 2 tabs/day)	QL	2
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG (QL= 1 tab/day)	QL	2
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG (QL= 2 tabs/day)	QL	2

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
XIGDUO XR TAB (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB 10-1000MG (Ql= 1 tab/day)	QL	2
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2
XULTOPHY INJ (QL= 15ml/30 days)	QL	2
ACTOPLUS MET TAB	-	NC
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC
ALOGLIPTIN-METFORMIN TAB	-	NC
ALOGLIPTIN-PIOGILTAZONE TAB	-	NC
DAPAGLIFLOZIN PROP-METFORMIN HCL 10-1000MG	-	NC
DAPAGLIFLOZIN PROP-METFORMIN HCL 5-1000MG	-	NC
DUETACT TAB	-	NC
INVOKAMET TAB	-	NC
INVOKAMET XR TAB	-	NC
JENTADUETO TAB	-	NC
JENTADUETO XR TAB	-	NC
KOMBIGLYZE XR TAB	-	NC
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC
PRANDIMET TAB	-	NC
QTERN TAB	-	NC
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)	-	NC
SEGLUROMET TAB	-	NC
STEGLUJAN TAB	-	NC
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
metformin soln (RIOMET equiv)	-	2
GLUCOPHAGE TAB	-	3
GLUCOPHAGE XR TAB	-	3
RIOMET SOLN	-	3
FORTAMET TAB	-	NC
GLUMETZA TAB 1000MG	-	NC
GLUMETZA TAB 500MG	-	NC
metformin ER osmotic tab (FORTAMET equiv)	-	NC
METFORMIN TAB	-	NC
DIABETIC OTHER		
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596))	LD-PA-QL	1
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2
diazoxide susp (PROGLYCEM equiv)	-	2
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill)	QL	2
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	2
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2
GLUCAGON KIT (QL= 2 inj/fill)	QL	2

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ANTIDIABETICS Cont.		
GVOKE INJ (QL= 2 inj/fill)	QL	2
GVOKE INJ KIT (QL= 2 inj/fill)	QL	2
GVOKE PFS INJ (QL= 2 inj/fill)	QL	2
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	2
PROGLYCEM SUSP	-	3
KORLYM TAB	-	NC
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB (QL= 1 tab/day)	QL-TS	2
ALOGLIPTIN TAB	-	NC
ALOGLIPTIN TAB, NESINA TAB	-	NC
ONGLYZA TAB	-	NC
saxagliptin hcl tab (ONGLYZA equiv)	-	NC
TRADJENTA TAB	-	NC
ZITUVIO TAB	-	NC
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB	-	3
INCRETIN MIMETIC AGENTS		
OZEMPIC INJ (QL= 1 pack/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	2
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
BYDUREON INJ (QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	2
BYDUREON PEN INJ (QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	2
MOUNJARO INJ (QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	2
OZEMPIC INJ (QL= 1 pack/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	2
RYBELSUS TAB (QL=1 tab/day; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	2
TRULICITY INJ (QL= 4 pens/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	2
VICTOZA INJ (QL= 9ml/30 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX-ST	2
ADLYXIN INJ	-	NC
BYETTA INJ	-	NC
TANZEUM INJ	-	NC
INSULIN		
FIASP FLEXTOUCH INJ	-	2
FIASP INJ	-	2
FIASP PENFILL INJ, FIASP PUMP CARTRIDGE	-	2
HUMULIN R INJ U-500	-	2
HUMULIN R U-500 KWIKPEN INJ	-	2
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	2
INSULIN ASPART INJ (NOVOLOG equiv)	-	2
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	2

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	2
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	2
INSULIN GLARGINE SOLN PEN-INJ	-	2
LEVEMIR FLEXTOUCH INJ	-	2
LEVEMIR INJ	-	2
NOVOLIN 70/30 FLEXPEN INJ	OTC	2
NOVOLIN 70/30 FLEXPEN RELION INJ	OTC	2
NOVOLIN 70/30 INJ	OTC	2
NOVOLIN 70/30 RELION INJ	OTC	2
NOVOLIN N FLEXPEN INJ	OTC	2
NOVOLIN N INJ	OTC	2
NOVOLIN R FLEXPEN INJ	OTC	2
NOVOLIN R INJ	OTC	2
NOVOLIN R RELION INJ	OTC	2
NOVOLOG FLEXPEN INJ	-	2
NOVOLOG INJ	-	2
NOVOLOG MIX FLEXPEN INJ	-	2
NOVOLOG MIX INJ	-	2
NOVOLOG PENFILL INJ	-	2
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ	-	2
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN	-	2
TOUJEO MAX SOLOSTAR INJ	-	2
TOUJEO SOLOSTAR INJ	-	2
TRESIBA FLEXTOUCH INJ	-	2
TRESIBA INJ	-	2
HUMULIN MIX INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN MIX PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN N INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN N PEN INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
HUMULIN R INJ (Step Therapy requires trial of NOVOLIN)	OTC-ST	3
ADMELOG INJ, HUMALOG INJ	-	NC
ADMELOG SOLOSTAR, HUMALOG TEMPO PEN	-	NC
APIDRA INJ	-	NC
APIDRA SOLOSTAR INJ	-	NC
BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR INJ	-	NC
DEGLUDEC FLEXTOUCH INJ	-	NC
DEGLUDEC INJ	-	NC
HUMALOG JR KWIKPEN INJ	-	NC
HUMALOG KWIKPEN INJ	-	NC
HUMALOG MIX INJ	-	NC
HUMALOG MIX KWIKPEN INJ	-	NC
HUMALOG PEN INJ	-	NC
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	NC
INSULIN LISPRO INJ (HUMALOG equiv)	-	NC
INSULIN LISPRO JR KWIKPEN INJ	-	NC
INSULIN LISPRO KWIKPEN INJ	-	NC
INSULIN LISPRO PROTAMINE PEN INJ (HUMALOG equiv)	-	NC

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ANTIDIABETICS Cont.		
LANTUS INJ, INSULIN GLARGINE INJ	-	NC
LYUMJEV INJ	-	NC
LYUMJEV KWIKPEN INJ	-	NC
LYUMJEV TEMPO PEN	-	NC
REZVOGLAR INJ	-	NC
SEMGLEE INJ (SINGLE PEN)	-	NC
SEMGLEE SOLN	-	NC
TOUJEO SOLOSTAR INJ	-	NC
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv)	-	1
ACTOS TAB	-	3
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	1
nateglinide tab (STARLIX equiv)	-	2
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB (QL= 1 tab/day)	QL	2
JARDIANCE TAB (QL= 1 tab/day)	QL	2
BEXAGLIFLOZN TAB	-	NC
DAPAGLIFLOZIN PROPRANEDIOL TAB 10MG	-	NC
DAPAGLIFLOZIN PROPRANEDIOL TAB 5MG	-	NC
INVOKANA TAB	-	NC
STEGLATRO TAB	-	NC
SULFONYLUREAS		
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
GLYBURID MCR TAB	-	1
glyburide tab (MICRONASE equiv)	-	1
TOLAZAMIDE TAB	-	1
TOLBUTAMIDE TAB	-	2
AMARYL TAB	-	3
GLUCOTROL TAB	-	3
GLUCOTROL XL TAB	-	3
GLYNASE TAB	-	3
GLIPIZIDE TAB	-	NC
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
DIPHENOXYLATE/ATROPINE LIQUID	-	3
loperamide hcl soln (LOPERAMIDE equiv)	OTC	NC
ANTIDIARRHEALS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TAB	-	NC
ANTIDIARRHEAL AGENTS - MISC.		
REZYST CHEW TAB	-	NC
VSL #3 CAP	-	NC

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DrugName	Special Code	Tier
ANTIDIARRHEALS Cont.		
ANTIDIARRHEAL COMBINATIONS		
EVIVO LIQUID	-	NC
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
opium tincture	-	2
LOMOTIL TAB	-	3
MOTOFEN TAB	-	3
loperamide cap (IMODIUM equiv)	-	NC
PAREGORIC TINCTURE	-	NC
ANTIDOTES		
ANTIDOTES		
VISTOGARD PAK	-	NC
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	2
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	4
OPIOID ANTAGONISTS		
naloxone inj	-	1
naltrexone tab (REVIA equiv)	-	1
VIVITROL INJ	LMSP	4
EVZIO INJ	-	NC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox granules packet (JADENU equiv)	LMSP	1
deferasirox tab (JADENU equiv)	LMSP	1
deferasirox tab for oral susp (EXJADE equiv)	LMSP	1
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	1
EXJADE TAB	-	NC
FERRIPROX TAB 1000MG (TWICE DAILY)	-	NC
JADENU SPRINKLE	-	NC
JADENU TAB 180MG	-	NC
JADENU TAB 90MG, 360MG	-	NC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
CETYLEV TAB	-	NC
OPIOID ANTAGONISTS		
naloxone hcl nasal spray (NARCAN equiv)	OTC	1
NALOXONE PREFILLED INJ	-	1
NARCAN NASAL SPRAY	OTC	1
RIVIVE SPRAY	OTC	1
KLOXXADO NASAL SPRAY	-	2
OPVEE NASAL SPRAY	-	2
ZIMHI SOLN	-	2
EVZIO INJ	-	NC
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		

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DrugName	Special Code	Tier
ANTIEMETICS Cont.		
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill)	QL	1
ondansetron ODT (ZOFRAN equiv)	-	1
ondansetron soln (ZOFRAN equiv)	-	1
ONDANSETRON TAB	-	1
ondansetron tab (ZOFRAN equiv)	-	1
ANZEMET TAB (QL= 9 tabs/fill)	QL	3
GRANISOL SOLN (QL= 60ml/fill)	QL	3
KYTRIL TAB (QL= 14 tabs/fill)	QL	3
SANCUSO PATCH (QL= 4 patches/fill)	QL	3
ZOFRAN ODT	-	3
ZOFRAN SOLN	-	3
ZOFRAN TAB	-	3
SUSTOL INJ	-	NC
ZUPLENZ SL FILM	-	NC
ANTIEMETICS - ANTICHOLINERGIC		
meclizine chew tab (BONINE equiv)	OTC	1
meclizine tab (ANTIVERT equiv)	OTC	1
trimethobenzamide cap (TIGAN equiv)	-	1
scopolamine patch (TRANSDERM-SCOP equiv)	-	2
TIGAN CAP	-	3
TRANSDERM-SCOP PATCH	-	3
ANTIVERT TAB, MECLIZINE TAB	-	NC
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2
dronabinol cap (MARINOL equiv)	PA	2
CESAMET CAP	-	3
MARINOL CAP	PA	3
DICLEGIS TAB	-	NC
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	NC
SYNDROS SOLN	-	NC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	QL	2
aprepitant pak (EMEND equiv) (QL= 3 caps/fill)	QL	2
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2
EMEND SUSP	-	NC
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
BREXAFEMME TAB	-	NC
ANTIFUNGALS		
nystatin powder	-	1
nystatin tab	-	1
terbinafine tab (LAMISIL equiv)	-	1
flucytosine cap (ANCOBON equiv)	-	2
griseofulvin micro tab (GRIFULVIN V equiv)	-	2
griseofulvin susp (GRIFULVIN equiv)	-	2

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ANTIFUNGALS Cont.		
griseofulvin tab (GRIS-PEG equiv)	-	2
ANCOBON CAP	-	3
GRIS-PEG TAB	-	3
LAMISIL TAB	-	3
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	1
fluconazole tab (DIFLUCAN equiv)	-	1
ketoconazole tab (NIZORAL equiv)	-	1
itraconazole cap (SPORANOX equiv)	-	2
itraconazole soln (SPORANOX equiv)	PA	2
posaconazole DR tab (NOXAFIL equiv)	-	2
posaconazole susp (NOXAFIL equiv)	-	2
voriconazole susp (VFEND equiv)	-	2
voriconazole tab (VFEND equiv)	-	2
DIFLUCAN SUSP	-	3
DIFLUCAN TAB	-	3
NOXAFIL PAK	-	3
NOXAFIL SUSP	-	3
SPORANOX CAP	-	3
SPORANOX SOLN	PA	3
VFEND SUSP	-	3
VFEND TAB	-	3
CRESEMBA CAP	-	NC
NOXAFIL TAB	-	NC
TOLSURA CAP	-	NC
VIVJOA CAP	-	NC
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
RYCLORA SOLN	-	3
DEXCHLORPHENIRAMINE SYRUP	-	NC
MICLARA LIQUID	-	NC
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
carbinoxamine tab (PALGIC equiv)	-	2
clemastine tab (TAVIST equiv)	-	2
diphenhydramine inj (BENADRYL equiv)	-	2
CARBINOXAMINE SOLN	-	3
CLEMASTINE TAB	-	3
KARBINAL ER SUSP	-	NC
RYVENT TAB	-	NC
ANTIHISTAMINES - NON-SEDATING		
ALLEGRA ODT	OTC	EXC
CLARINEX SYRUP	-	EXC
CLARINEX TAB	-	EXC
CLARITIN CHEW TAB	OTC	EXC
DESLORATADINE ODT	-	EXC

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ANTIHISTAMINES Cont.		
desloratadine tab (CLARINEX equiv)	-	EXC
loratadine cap (CLARITIN equiv)	OTC	EXC
ZYRTEC CHILD CHEW TAB	OTC	EXC
levocetirizine soln (XYZAL equiv)	-	NC
levocetirizine tab (XYZAL equiv)	-	NC
XYZAL SOLN	-	NC
XYZAL TAB	-	NC
ZYRTEC CHILD CHEW ALLERGY	OTC	NC
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1
promethazine supp (PHENERGAN equiv)	-	2
PROMETHEGAN SUPP	-	2
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB (QL= 1 tab/day)	PA-QL	2
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	2
NEXLIZET TAB (QL= 1 tab/day)	PA-QL	2
VYTORIN TAB (QL= 1 tab/day (10/80mg is Not Covered))	QL	3
EZETIMIBE/ATORVASTATIN TAB	-	NC
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)	-	NC
OMEGA-3 RX PAK COMPLETE	-	NC
ROSZET TAB	-	NC
ROSZET TAB, EZETIMIBE/ROSUVASTATIN TAB	-	NC
VYTORIN TAB 10-80MG	-	NC
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl cap (VASCEPA equiv) (QL= 4 caps/day)	QL	2
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2
LOVAZA CAP	-	3
KYNAMRO INJ	-	NC
VASCEPA CAP	-	NC
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1
cholestyramine powder (QUESTRAN equiv)	-	1
cholestyramine powder pack (QUESTRAN equiv)	-	1
colestipol tab (COLESTID equiv)	-	1
colesevelam pack (WELCHOL equiv)	-	2
colesevelam tab (WELCHOL equiv)	-	2
colestipol granule (COLESTID equiv)	-	2
colestipol powder (COLESTID equiv)	-	2

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DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
COLESTID GRANULE	-	3
COLESTID POWDER PACK	-	3
COLESTID TAB	-	3
QUESTRAN LITE POWDER	-	3
QUESTRAN POWDER	-	3
QUESTRAN POWDER PACK	-	3
WELCHOL PACK	-	NC
WELCHOL TAB	-	NC
FIBRIC ACID DERIVATIVES		
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1
fenofibric acid DR cap (TRILIPIX equiv)	-	1
gemfibrozil tab (LOPID equiv)	-	1
FENOFIBRIC TAB, FIBRICOR TAB	-	3
LOPID TAB	-	3
TRICOR TAB	-	3
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	NC
ANTARA CAP, LOFIBRA CAP	-	NC
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC
FENOFIBRATE CAP, LIPOFEN CAP	-	NC
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC
FENOGLIDE TAB	-	NC
TRIGLIDE TAB	-	NC
TRILIPIX CAP	-	NC
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab (LIPITOR equiv)	ACA	$0
lovastatin tab (MEVACOR equiv)	-	$0
pravastatin tab (PRAVACHOL equiv)	-	$0
rosuvastatin tab (CRESTOR equiv)	-	$0
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	$0
fluvastatin cap (LESCOL equiv)	-	2
fluvastatin ER tab (LESCOL XL equiv)	-	2
pitavastatin calcium tab (LIVALO equiv) (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	2
ATORVALIQ SUSP (Members age 9 or older require Prior Authorization)	PA	3
EZALLOR SPRINKLE CAP (Prior Authorization Required for members age 9 years and older)	PA	3
FLOLIPID SUSP (Members age 9 or older require Prior Authorization)	PA	3
LESCOL XL TAB	-	3
LIPITOR TAB	-	3
LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	3
ZOCOR TAB (80mg is Not Covered)	-	3
ADVICOR TAB	-	NC
ALTOPREV TAB	-	NC
CRESTOR TAB	-	NC
SIMCOR TAB	-	NC

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DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
simvastatin tab 80mg (ZOCOR equiv) (This strength excluded from coverage)	-	NC
ZOCOR TAB 80MG	-	NC
ZYPITAMAG TAB	-	NC
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab (ZETIA equiv)	-	1
ZETIA TAB	-	3
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP	-	NC
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv)	-	NC
NIACOR TAB	-	NC
NIASPAN ER TAB	-	NC
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	2
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	2
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	1
enalapril tab (VASOTEC equiv)	-	1
fosinopril tab (MONOPRIL equiv)	-	1
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1
moexipril tab (UNIVASC equiv)	-	1
PERINDOPRIL TAB	-	1
perindopril tab (ACEON equiv)	-	1
quinapril tab (ACCUPRIL equiv)	-	1
ramipril cap (ALTACE equiv)	-	1
trandolapril tab (MAVIK equiv)	-	1
captopril tab (CAPOTEN equiv)	-	2
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older)	PA	2
ACCUPRIL TAB	-	3
ALTACE CAP	-	3
LOTENSIN TAB	-	3
MAVIK TAB	-	3
PRINIVIL TAB, ZESTRIL TAB	-	3
QBRELIS SOLN (Prior Authorization required for members age 9 or older)	PA	3
VASOTEC TAB	-	3
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLINE equiv)	-	2
DIBENZYLINE CAP	-	3
DEMSER CAP	-	NC
metyrosine cap (DEMSER equiv)	-	NC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
irbesartan tab (AVAPRO equiv)	-	1
losartan tab (COZAAR equiv)	-	1
olmesartan tab (BENICAR equiv)	-	1

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ANTIHYPERTENSIVES Cont.		
telmisartan tab (MICARDIS equiv)	-	1
valsartan tab (DIOVAN equiv)	-	1
candesartan tab (ATACAND equiv)	-	2
ATACAND TAB	-	3
AVAPRO TAB	-	3
BENICAR TAB	-	3
COZAAR TAB	-	3
DIOVAN TAB	-	3
EDARBI TAB (Step therapy requires trial of losartan (hctz))	ST	3
MICARDIS TAB	-	3
VALSARTAN SOLN	-	NC
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
METHYLDOPA TAB	-	1
methyldopa tab (ALDOMET equiv)	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
clonidine patch (CATAPRES-TTS equiv)	-	2
CARDURA TAB	-	3
CATAPRES-TTS PATCH	-	3
MINIPRESS CAP	-	3
NEXICLON XR TAB	-	NC
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1
QUINAPRIL/HCTZ TAB	-	1
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
amlodipine/olmesartan tab (AZOR TAB equiv)	-	2
amlodipine/valsartan tab (EXFORGE equiv)	-	2
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	2
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	2
ACCURETIC TAB	-	3
AVALIDE TAB	-	3
BENICAR HCT TAB	-	3
DIOVAN HCT TAB	-	3

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ANTIHYPERTENSIVES Cont.		
EDARBYCLOR TAB (Step Therapy requires trial of losartan (hctz))	ST	3
EXFORGE TAB	-	3
HYZAAR TAB	-	3
LOTENSIN HCT TAB	-	3
LOTREL CAP	-	3
TEKTURNA HCT TAB	-	3
TENORETIC TAB	-	3
VASERETIC TAB	-	3
ZESTORETIC TAB	-	3
ZIAC TAB	-	3
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	NC
ATACAND HCT TAB	-	NC
BYVALSON TAB	-	NC
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	NC
DUTOPROL TAB	-	NC
MICARDIS HCT TAB	-	NC
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	NC
PRESTALIA TAB	-	NC
TARKA TAB	-	NC
TELMISARTAN/AMLODIPINE TAB	-	NC
telmisartan/amlodipine tab (TWYNSTA equiv)	-	NC
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	NC
TRANDOLAPRIL/VERAPAMIL ER TAB	-	NC
TRIBENZOR TAB	-	NC
TWYNSTA TAB	-	NC
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB	-	NC
DIRECT RENIN INHIBITORS		
aliskiren tab (TEKTURNA equiv)	-	2
TEKTURNA TAB	-	3
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv)	-	1
INSPRA TAB	-	3
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab (FLAGYL equiv)	-	1
tinidazole tab (TINDAMAX equiv)	-	1
TRIMETHOPRIM TAB	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
pentamidine neb soln (NEBUPENT equiv)	-	2
XIFAXAN TAB 550MG (QL= 60 tabs/30 days)	QL	2
FIRST METRONIDAZOLE SUSP	-	3

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DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
FLAGYL TAB	-	3
LIKMEZ SUSP (Prior Authorization required for members age 9 or older)	PA	3
NEBUPENT NEB SOLN	-	3
PRIMSOL SOLN	-	3
TINDAMAX TAB	-	3
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3
AEMCOLO TAB	-	NC
FLAGYL CAP	-	NC
IMPAVIDO CAP	-	NC
metronidazole cap (FLAGYL equiv)	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1
hyophen tab (PROSED DS equiv)	-	2
BACTRIM DS TAB	-	3
HYOPHEN TAB	-	NC
UTA cap	-	NC
ANTIPROTOZOAL AGENTS		
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2
atovaquone susp (MEPRON equiv)	-	2
LAMPIT TAB (Restricted to Infectious Disease Specialist)	RS	2
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	2
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	3
MEPRON SUSP	-	3
CARBAPENEMS		
meropenem inj (MERREM equiv)	-	3
GLYCOPEPTIDES		
FIRVANQ SOLN	-	1
FIRVANQ SOLN 50MG/ML	-	1
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	QL	1
VANCOCIN CAP (QL= 56 caps/fill)	QL	3
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC
VANCOMYCIN ORAL SOLN	-	NC
VANCOMYCIN SOLN	-	NC
LEPROSTATICS		
dapsone tab	-	1
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	2
CLEOCIN CAP	-	3
CLEOCIN SOLN	-	3
MONOBACTAMS		
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD	4
OXAZOLIDINONES		
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease or Oncology Specialist)	RS	2

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DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease or Oncology Specialist)	RS	2
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2
ZYVOX SUSP (Restricted to Infectious Disease or Oncology Specialist)	RS	3
ZYVOX TAB (Restricted to Infectious Disease or Oncology Specialist)	RS	3
PLEUROMUTILINS		
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	2
URINARY ANTI-INFECTIVES		
methenamine mandelate tab	-	1
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1
fosfomycin tromethamine powder pack (MONUROL equiv)	-	2
methenamine hippurate tab (HIPREX equiv)	-	2
nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization Required for members age 9 or older)	PA	2
HIPREX TAB	-	3
MACROBID CAP	-	3
MACRODANTIN CAP	-	3
MONUROL GRANULE PACK	-	3
MACRODANTIN CAP 25MG	-	NC
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC
NITROFURANTOIN SUSP	-	NC
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	1
MALARONE TAB	-	3
COARTEM TAB	-	NC
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
primaquine tab (PRIMAQUINE equiv)	-	1
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	1
quinine sulfate cap (QUALAQUIN equiv)	-	1
KRINTAFEL TAB	-	2
mefloquine tab (LARIAM equiv)	-	2
ARAKODA TAB	-	3
PLAQUENIL TAB	-	3
PRIMAQUINE TAB	-	3
DARAPRIM TAB	-	NC
QUALAQUIN CAP	-	NC
SOVUNA TAB	-	NC
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine tab (MESTINON equiv)	-	1
pyridostigmine CR tab (MESTINON equiv)	-	2
pyridstigmine soln (MESTINON equiv)	-	2

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DrugName	Special Code	Tier
ANTIMYASTHENIC/CHOLINERGIC AGENTS Cont.		
GUANIDINE TAB	-	3
MESTINON TAB	-	3
MESTINON TIMESPAN TAB	-	3
FIRDAPSE TAB (Only available through AnovoRx 844-288-5007)	LD-PA	4
PYRIDOSTIGMINE TAB 30MG	-	NC
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE CAP	-	2
RIFATER TAB	PA	3
ANTIMYCOBACTERIAL AGENTS		
ISONIAZID TAB	-	1
pyrazinamide tab	-	1
cycloserine cap (CYCLOSERINE equiv)	PA	2
ethambutol tab (MYAMBUTOL equiv)	-	2
isoniazid syrup (ISONIAZID equiv)	-	2
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	2
PRIFTIN TAB	-	2
rifabutin cap (MYCOBUTIN equiv)	-	2
rifampin cap (RIFADIN equiv)	-	2
MYAMBUTOL TAB	-	3
MYCOBUTIN CAP	-	3
RIFADIN CAP	-	3
TRECATOR TAB (Restricted to Infectious Disease Specialist)	RS	3
SIRTURO TAB (Restricted to Infectious Disease Specialist)	MSP-RS	4
CAPASTAT INJ	-	NC
PASER GRANULE	-	NC
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
temozolomide cap (TEMODAR equiv)	LMSP	1
cyclophosphamide cap	-	2
CYCLOPHOSPHAMIDE TAB	-	2
GLEOSTINE/LOMUSTINE CAP	-	2
HEXALEN CAP	-	2
LEUKERAN TAB	-	2
MELPHALAN TAB	-	2
ALKERAN TAB	-	3
CYCLOPHOSPHAMIDE CAP	-	3
MYLERAN TAB	LMSP	4
ALKERAN INJ	-	NC
melphalan inj (ALKERAN equiv)	-	NC
TEMODAR CAP	-	NC
TREANDA INJ	-	NC
ANTIMETABOLITES		
capecitabine tab (XELODA equiv)	LMSP	1
METHOTREXATE INJ	-	1

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
methotrexate tab (TREXALL equiv)	-	1
mercaptopurine tab (PURINETHOL equiv)	-	2
TABLOID TAB	-	2
JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 or older)	PA	3
PURIXAN SUSP (Members age 9 or older require Prior Authorization)	PA	3
FLUDARABINE INJ	-	NC
ONUREG TAB	-	NC
TREXALL TAB	-	NC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	4
FRUZAQLA CAP	-	NC
INLYTA TAB	-	NC
ANTINEOPLASTIC - ANTIBODIES		
RITUXAN INJ	-	NC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK	-	NC
VENCLEXTA TAB	-	NC
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib tab (TARCEVA equiv) (QL= 1 tab/day)	LMSP-PA-QL	1
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	LMSP-PA-QL	1
gefitinib tab (IRESSA equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	1
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
VIZIMPRO TAB (QL= 1 tab/day)	MSP-PA-QL-SF	4
TAGRISSO TAB	-	NC
TARCEVA TAB	-	NC
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP	LMSP-PA-SF	4
ODOMZO CAP (QL= 1 cap/day)	LMSP-PA-QL-SF	4
DAURISMO TAB	-	NC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
anastrozole tab (ARIMIDEX equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	ACA	$0
exemestane tab (AROMASIN equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	ACA	$0
tamoxifen tab (NOLVADEX equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	ACA	$0
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	LMSP-QL	1
bicalutamide tab (CASODEX equiv)	-	1
letrozole tab (FEMARA equiv)	-	1
megestrol susp (MEGACE equiv)	-	1
megestrol tab (MEGACE equiv)	-	1
nilutamide tab (NILANDRON equiv)	LMSP	1
EMCYT CAP	-	2
EULEXIN CAP	-	2

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
FLUTAMIDE CAP	-	2
flutamide cap (EULEXIN equiv)	-	2
toremifene tab (FARESTON equiv)	-	2
ARIMIDEX TAB	-	3
AROMASIN TAB	-	3
CASODEX TAB	-	3
FARESTON TAB	-	3
FEMARA TAB	-	3
ERLEADA TAB (QL= 4 tabs/day)	LMSP-PA-QL	4
ERLEADA TAB 240MG (QL= 1 tab/day)	LMSP-PA-QL	4
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	4
NUBEQA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	4
ORGOVYX TAB (QL= 30 tabs/28 days; Only available through Biologics 800-850-4306)	LD-QL	4
ORSERDU TAB (QL= 3 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	4
ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	4
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC
AKEEGA TAB	-	NC
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
leuprolide inj (LUPRON equiv)	-	NC
LUPRON DEPOT INJ	-	NC
XTANDI CAP	-	NC
XTANDI TAB 40MG	-	NC
XTANDI TAB 80MG	-	NC
YONSA TAB	-	NC
ZYTIGA TAB 250MG	-	NC
ZYTIGA TAB 500MG	-	NC
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP (QL= 21 caps/28 days)	MSP-PA-QL	4
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK (QL= 32 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	4
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB (QL= 5 tabs/28 days)	MSP-PA-QL	4
KISQALI PAK (QL= 91 tabs/28 days)	LMSP-PA-QL	4
LONSURF TAB	MSP-PA	4
ANTINEOPLASTIC ENZYME INHIBITORS		
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	LMSP-PA-QL	1
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	LMSP-PA-QL	1
imatinib tab (GLEEVEC equiv)	LMSP	1
lapatinib ditosylate tab (TYKERB equiv)	LMSP-PA	1
pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day)	LMSP-PA-QL	1
sorafenib tosylate tab (NEXAVAR equiv)	LMSP-PA	1

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
sunitinib malate cap (SUTENT equiv)	LMSP-PA	1
ALECENSA CAP (QL= 8 caps/day)	LMSP-PA-QL	4
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
BALVERSA TAB 3MG (QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	4
BALVERSA TAB 4MG (QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	4
BALVERSA TAB 5MG (QL= 1 tab/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL-SF	4
BOSULIF CAP	MSP-PA	4
BRAFTOVI CAP 75MG (QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
BRUKINSA CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	4
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	4
CAPRELSA 300MG TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
CAPRELSA TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
COPIKTRA CAP (QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
COTELLIC TAB (QL= 3 tabs/day)	LMSP-PA-QL	4
FOTIVDA CAP (QL= 21 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	4
GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	4
ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)	LD-PA-QL-SF	4
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	4
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	4
JAYPIRCA TAB (QL= 2 tabs/day)	LMSP-PA-QL	4
KISQALI TAB (QL= 63 tabs/28 days)	LMSP-PA-QL	4
KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	4
KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	4
KRAZATI TAB (QL= 6 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
LORBRENA TAB 100MG (QL= 1 tab/day)	MSP-PA-QL-SF	4
LORBRENA TAB 25MG (QL= 3 tabs/day)	MSP-PA-QL-SF	4
LUMAKRAS TAB (QL= 8 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
LUMAKRAS TAB 320MG (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
LYTGOBI THERAPY PACK (QL= 5 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL-SF	4
MEKINIST SOLN	LMSP-PA	4
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	LMSP-PA-QL	4
MEKINIST TAB 2MG (QL= 1 tab/day)	LMSP-PA-QL	4
MEKTOVI TAB (QL= 6 tabs/day)	MSP-PA-QL	4
NERLYNX TAB (QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL-SF	4
NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA	4
PEMAZYRE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
PIQRAY TAB	LMSP-PA-SF	4
QINLOCK TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
RETEVMO CAP (QL= 4 caps/day)	LMSP-PA-QL-SF	4

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
REZLIDHIA CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
ROZLYTREK CAP (QL= 3 caps/day)	LMSP-PA-QL	4
ROZLYTREK PAK (QL= 6 packs/day)	LMSP-PA-QL	4
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	4
RYDAPT CAP (QL= 56 caps/28 days)	LMSP-PA-QL	4
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	4
TABRECTA TAB (QL= 4 tabs/day)	LMSP-PA-QL-SF	4
TAFINLAR CAP (QL= 4 caps/day)	LMSP-PA-QL	4
TAFINLAR TAB	LMSP-PA	4
TALZENNA CAP 0.25MG (QL= 3 caps/day)	MSP-PA-QL-SF	4
TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)	MSP-PA-QL-SF	4
TASIGNA CAP	LMSP-PA-SF	4
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	4
TEPMETKO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
TIBSOVO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	4
VANFLYTA TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	4
VANFLYTA TAB 26.5MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	4
VERZENIO TAB (QL= 2 tabs/day)	LMSP-PA-QL	4
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	4
VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	4
VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	4
VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	4
XALKORI SPRINKLE CAP (QL= 4 caps/day)	MSP-PA-QL-SF	4
ZEJULA CAP (QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
ZEJULA TAB (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	4
ZELBORAF TAB (QL= 8 tabs/day)	LMSP-PA-QL	4
ZOLINZA CAP	LMSP-PA-SF	4
ZYDELIG TAB (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
ZYKADIA CAP (QL= 3 caps/day)	LMSP-PA-QL-SF	4
ZYKADIA TAB (QL= 3 tabs/day)	LMSP-PA-QL-SF	4
AFINITOR DISPERZ TAB	-	NC
AFINITOR TAB	-	NC
ALUNBRIG PAK	-	NC
AUGTYRO CAP	-	NC
BOSULIF TAB	-	NC
CALQUENCE CAP	-	NC
CALQUENCE TAB	-	NC
GLEEVEC TAB	-	NC
IBRANCE CAP	-	NC
IBRANCE TAB	-	NC
IMBRUVICA TAB 140MG	-	NC
IMBRUVICA TAB 280MG	-	NC
INREBIC CAP	-	NC
NEXAVAR TAB	-	NC
OGSIVEO TAB	-	NC

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
OJJAARA TAB	-	NC
SCEMBLIX TAB	-	NC
SPRYCEL TAB	-	NC
SUTENT CAP	-	NC
TALZENNA CAP 0.1MG	-	NC
TALZENNA CAP 0.35MG	-	NC
TRUQAP TAB	-	NC
TYKERB TAB	-	NC
VOTRIENT TAB	-	NC
XOSPATA TAB	-	NC
ANTINEOPLASTICS MISC.		
bexarotene cap (TARGRETIN equiv)	LMSP-PA	1
hydroxyurea cap (HYDREA equiv)	-	1
tretinoin cap (VESANOID equiv)	LMSP	1
MATULANE CAP	-	2
HYDREA CAP	-	3
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	4
INTRON-A INJ	MSP	4
ALFERON-N INJ	-	NC
BESREMI INJ	-	NC
SYLATRON INJ	-	NC
TARGRETIN CAP	-	NC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	1
MESNEX TAB	LMSP	4
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN TAB	-	NC
MITOTIC INHIBITORS		
ETOPOSIDE CAP	LMSP	4
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	LMSP-PA	4
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	2
LODOSYN TAB	-	3
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	2
tolcapone tab (TASMAR equiv)	-	2
COMTAN TAB	-	3
TASMAR TAB	-	3
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	1

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DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
amantadine syrup (SYMMETREL equiv)	-	1
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1
carbidopa/levodopa ODT (PARCOPA equiv)	-	1
carbidopa/levodopa tab (SINEMET equiv)	-	1
pramipexole tab (MIRAPEX equiv)	-	1
ropinirole tab (REQUIP equiv)	-	1
amantadine tab	-	2
bromocriptine cap (PARLODEL equiv)	-	2
bromocriptine tab (PARLODEL equiv)	-	2
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2
pramipexole ER tab (MIRAPEX ER equiv)	-	2
ropinirole ER tab (REQUIP XL equiv)	-	2
MIRAPEX ER TAB	-	3
MIRAPEX TAB	-	3
NEUPRO PATCH	-	3
PARLODEL CAP	-	3
PARLODEL TAB	-	3
REQUIP TAB	-	3
REQUIP XL TAB	-	3
SINEMET CR TAB	-	3
SINEMET TAB	-	3
DUOPA ENTERAL SUSP	-	NC
GOCOVRI CAP	-	NC
RYTARY CAP	-	NC
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
rasagiline tab (AZILECT equiv)	TS	2
AZILECT TAB	-	3
ELDEPYRL CAP	-	3
XADAGO TAB (QL= 1 tab/day)	PA-QL	3
ZELAPAR ODT	-	NC
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUVANTS		
NOURIANZ TAB	-	NC
ANTIPARKINSON ANTICHOLINERGICS		
trihexyphenidyl elixir (ARTANE equiv)	-	1
TRIHEXYPHENIDYL SOLN	-	1
ANTIPARKINSON DOPAMINERGICS		
CARBIDOPA/LEVODOPA ODT	-	1
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	2
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL	3
STALEVO TAB	-	3
APOKYN INJ	-	NC
apomorphine inj (APOKYN equiv)	-	NC
DHIVY TAB	-	NC

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DrugName	Special Code	Tier
ANTIPARKINSON AND RELATED THERAPY AGENTS Cont.		
KYNMOBI FILM	-	NC
KYNMOBI TITRATION KIT	-	NC
OSMOLEX ER TAB	-	NC
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
LITHIUM CARBONATE CAP	-	1
lithium carbonate cap (ESKALITH ER equiv)	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1
LITHOBID TAB	-	3
ANTIPSYCHOTICS - MISC.		
lurasidone hcl tab (LATUDA TAB equiv) (QL= 1 tab/day)	QL-TS	1
ziprasidone cap (GEODON equiv)	-	1
EQUETRO CAP	-	2
GEODON CAP	-	3
CAPLYTA CAP	-	NC
LATUDA TAB	-	NC
NUPLAZID CAP	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC
BENZISOXAZOLES		
paliperidone ER tab (INVEGA equiv) (Step Therapy requires trial of risperidone, ziprasidone, quetiapine or olanzapine)	ST	1
risperidone soln (RISPERDAL equiv)	-	1
risperidone tab (RISPERDAL equiv)	-	1
risperidone microspheres inj (RISPERDAL equiv)	-	2
RISPERIDONE ODT	-	2
risperidone ODT (RISPERDAL M equiv)	-	2
FANAPT TAB (QL= 2 tabs/day)	PA-QL	3
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	3
INVEGA INJ	-	3
PERSERIS INJ	-	3
RISPERDAL INJ	-	3
RISPERDAL M ODT	-	3
RISPERDAL SOLN	-	3
RISPERDAL TAB	-	3
INVEGA HAFYERA INJ	-	NC
INVEGA TAB	-	NC
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1
haloperidol decanoate inj	-	2
DIBENZAPINES		
loxapine cap (LOXITANE equiv)	-	1
olanzapine tab (ZYPREXA equiv)	-	1

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ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
quetiapine tab (SEROQUEL equiv)	-	1
quetiapine XR tab (SEROQUEL XR equiv)	-	1
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	QL	2
clozapine tab (CLOZARIL equiv)	-	2
olanzapine ODT (ZYPREXA equiv)	-	2
CLOZARIL TAB	-	3
SAPHRIS SL TAB (QL= 2 tabs/day)	QL	3
SEROQUEL TAB	-	3
SEROQUEL XR TAB	-	3
ZYPREXA RELPREVV INJ	-	3
ZYPREXA TAB	-	3
ZYPREXA ZYDIS TAB	-	3
ADASUVE INHALER	-	NC
CLOZAPINE ODT	-	NC
clozapine odt tab (CLOZAPINE, FAZACLO equiv)	-	NC
CLOZAPINE ODT, FAZACLO ODT	-	NC
FAZACLO ODT 12.5MG, 25MG, 100MG	-	NC
QUETIAPINE TAB	-	NC
SECUADO PATCH	-	NC
VERSACLOZ SUSP	-	NC
DIHYDROINDOLONES		
MOLINDONE TAB	-	NC
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	1
fluphenazine tab (PROLIXIN equiv)	-	1
perphenazine tab (TRILAFON equiv)	-	1
prochlorperazine supp (COMPAZINE equiv)	-	1
prochlorperazine tab (COMPAZINE equiv)	-	1
thioridazine tab (MELLARIL equiv)	-	1
trifluoperazine tab (STELAZINE equiv)	-	1
fluphenazine decanoate inj	-	2
CHLORPROMAZINE CONC	-	NC
QUINOLINONE DERIVATIVES		
aripiprazole tab (ABILIFY equiv)	-	1
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	PA-QL	2
aripiprazole soln (ABILIFY equiv)	-	2
ABILIFY MAINTENA INJ	-	3
ARISTADA INJ	-	3
ABILIFY ASIMTUFII INJ 720MG/2.4ML (aripiprazole im er susp prefilled syringe equiv)	-	NC
ABILIFY ASIMTUFII INJ 960MG/3.2ML (aripiprazole im er susp prefilled syringe equiv)	-	NC
ABILIFY MYCITE PACK	-	NC
ABILIFY MYCITE TAB	-	NC
ABILIFY TAB	-	NC
REXULTI TAB	-	NC
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	1

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DrugName	Special Code	Tier
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
HYLAMEND GEL FIRST AID	-	NC
IODINE ANTISEPTICS		
IODOFLEX PAD	-	2
ANTIVIRALS		
ANTIRETROVIRALS		
DESCOVY TAB	ACA-PA	$0
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	ACA	$0
didanosine DR cap (VIDEX EC equiv)	-	1
DIDANOSINE DR CAP, VIDEX EC CAP	-	1
lamivudine soln (EPIVIR equiv)	-	1
lamivudine tab (EPIVIR equiv)	-	1
nevirapine tab (VIRAMUNE equiv)	-	1
STAVUDINE CAP	-	1
stavudine cap (ZERIT equiv)	-	1
zidovudine cap (RETROVIR equiv)	-	1
zidovudine syrup (RETROVIR equiv)	-	1
zidovudine tab (RETROVIR equiv)	-	1
abacavir soln (ZIAGEN equiv)	-	2
abacavir tab (ZIAGEN equiv)	-	2
abacavir/lamivudine tab (EPZICOM equiv)	-	2
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	2
APTIVUS CAP	-	2
APTIVUS SOLN	-	2
atazanavir cap (REYATAZ equiv)	-	2
BIKTARVY TAB	-	2
CIMDUO TAB	-	2
COMPLERA TAB	-	2
CRIXIVAN CAP	-	2
darunavir tab (PREZISTA equiv)	-	2
DELSTRIGO TAB	-	2
DOVATO TAB	-	2
EDURANT TAB	-	2
EFAVIRENZ CAP	-	2
efavirenz tab (SUSTIVA equiv)	-	2
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	2
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	2
EMTRIVA SOLN	-	2
etravirine tab (INTELENCE equiv)	-	2
EVOTAZ TAB	-	2
fosamprenavir tab (LEXIVA equiv)	-	2
GENVOYA TAB	-	2
INTELENCE TAB	-	2
INVIRASE CAP	-	2
INVIRASE TAB	-	2
ISENTRESS (HD) TAB	-	2

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
ISENTRESS CHEW TAB	-	2
ISENTRESS POWDER PACK	-	2
JULUCA TAB	-	2
lamivudine/zidovudine tab (COMBIVIR equiv)	-	2
LEXIVA SUSP	-	2
lopinavir/ritonavir soln (KALETRA equiv)	-	2
lopinavir/ritonavir tab (KALETRA equiv)	-	2
maraviroc tab (SELZENTRY equiv)	-	2
NEVIRAPINE ER TAB	-	2
nevirapine ER tab (VIRAMUNE XR equiv)	-	2
NEVIRAPINE SUSP	-	2
NORVIR CAP	-	2
NORVIR POWDER PACK	-	2
NORVIR SOLN	-	2
ODEFSEY TAB	-	2
PIFELTRO TAB	-	2
PREZCOBIX TAB	-	2
PREZISTA SUSP	-	2
PREZISTA TAB	-	2
RESCRIPTOR TAB	-	2
REYATAZ POWDER PACK	-	2
ritonavir tab (NORVIR equiv)	-	2
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	2
SELZENTRY SOLN	-	2
SELZENTRY TAB	-	2
STRIBILD TAB	-	2
SYMTUZA TAB	-	2
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	2
TIVICAY PD TAB	-	2
TIVICAY TAB	-	2
TRIUMEQ PD TAB	-	2
TRIUMEQ TAB	-	2
TRIZIVIR TAB	-	2
VIDEX SOLN	-	2
VIRACEPT TAB	-	2
VIREAD TAB	-	2
COMBIVIR TAB	-	3
EMTRIVA CAP	-	3
EPIVIR SOLN	-	3
EPIVIR TAB	-	3
EPZICOM TAB	-	3
INTELENCE TAB	-	3
KALETRA SOLN	-	3
KALETRA TAB	-	3
LEXIVA TAB	-	3
NORVIR TAB	-	3
PREZISTA TAB	-	3

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
RETROVIR CAP	-	3
RETROVIR SYRUP	-	3
RETROVIR TAB	-	3
REYATAZ CAP	-	3
SELZENTRY TAB	-	3
SUSTIVA CAP	-	3
SUSTIVA TAB	-	3
SYMFI (LO) TAB	-	3
VIDEX EC CAP	-	3
VIRAMUNE SUSP	-	3
VIRAMUNE TAB	-	3
VIRAMUNE XR TAB	-	3
VIREAD TAB	-	3
ZERIT CAP	-	3
ZIAGEN SOLN	-	3
ZIAGEN TAB	-	3
emtricitabine cap (EMTRIVA equiv)	-	4
FUZEON INJ	LMSP	4
ATRIPLA TAB	-	NC
CABENUVA IM SUSP	-	NC
SUNLENCA TAB	-	NC
TYBOST TAB	-	NC
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100MG (QL= 20 tabs/fill)	QL	2
PAXLOVID TAB 300-100MG (QL= 30 tabs/fill)	QL	2
CMV AGENTS		
valganciclovir soln (VALCYTE equiv) (Restricted to Infectious Disease or Transplant Specialist)	RS	2
valganciclovir tab (VALCYTE equiv) (Restricted to Infectious Disease or Transplant Specialist)	RS	2
VALCYTE SOLN (Restricted to Infectious Disease or Transplant Specialist)	RS	3
VALCYTE TAB (Restricted to Infectious Disease or Transplant Specialist)	RS	3
LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
PREVYMIS TAB (QL= 1 tab/day; Limit 200 tabs/365 days)	LMSP-PA-QL	4
HEPATITIS AGENTS		
lamivudine tab 100mg (EPIVIR HBV equiv)	-	1
RIBAVIRIN CAP	LMSP	1
ribavirin cap (REBETOL equiv)	LMSP	1
RIBAVIRIN TAB	LMSP	1
adefovir dipivoxil tab (HEPSERA equiv)	-	2
VEMLIDY TAB	-	2
BARACLUDE SOLN (Members age 9 or older require Prior Authorization)	PA	3
HEPSERA TAB	-	3
BARACLUDE TAB (QL= 1 tab/day)	QL	4
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	MSP-QL	4
EPIVIR HBV SOLN	-	4
EPIVIR HBV TAB	-	4
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	4

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
MAVYRET PAK (QL= 5 packs/day)	LMSP-PA-QL	4
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	4
PEGASYS INJ	LMSP	4
PEG-INTRON INJ	LMSP	4
REBETOL SOLN	LMSP	4
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	4
VOSEVI TAB (QL= 1 tab/day)	LMSP-PA-QL	4
DAKLINZA TAB	-	NC
EPCLUSA PAK	-	NC
EPCLUSA TAB	-	NC
HARVONI PELLET PAK	-	NC
HARVONI TAB	-	NC
MODERIBA TAB	-	NC
OLYSIO CAP	-	NC
RIBAPAK TAB	-	NC
RIBAVIRIN TAB 400MG	-	NC
SOVALDI PELLET PAK	-	NC
SOVALDI TAB	-	NC
TECHNIVIE TAB	-	NC
VIEKIRA PAK TAB	-	NC
VIEKIRA XR TAB	-	NC
ZEPATIER TAB	-	NC
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir susp (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1
valacyclovir tab (VALTREX equiv)	-	1
famciclovir tab (FAMVIR equiv)	-	2
VALTREX TAB	-	3
ZOVIRAX CAP	-	3
ZOVIRAX SUSP	-	3
ZOVIRAX TAB	-	3
SITAVIG TAB	-	NC
INFLUENZA AGENTS		
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	1
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	1
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	2
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2
FLUMADINE TAB	-	3
RIMANTADINE TAB	-	3
TAMIFLU CAP (QL= 10 caps/fill)	QL	3
TAMIFLU CAP 30MG (QL= 20 caps/fill)	QL	3
XOFLUZA TAB (QL= 2 tabs/fill)	QL	3
XOFLUZA TAB THERAPY PACK 40MG (QL= 1 tab/fill)	QL	3
XOFLUZA TAB THERAPY PACK 80MG (QL= 1 tab/fill)	QL	3
MISC. ANTIVIRALS		

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
LAGEVRIO CAP (EUA) (QL= 40 caps/fill)	QL	$0
LAGEVRIO CAP 200MG (QL= 40 caps/fill)	QL	2
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin inh soln (VIRAZOLE equiv)	-	NC
ASSORTED CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB	-	2
IMMUNOMODULATORS		
THALOMID CAP	MSP	4
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab (IMURAN equiv)	-	1
tacrolimus cap (PROGRAF equiv)	-	1
IMURAN TAB	-	3
CELLCEPT CAP	-	4
CELLCEPT SUSP	-	4
CELLCEPT TAB	-	4
cyclosporine cap (SANDIMMUNE equiv)	-	4
cyclosporine modified cap (NEORAL equiv)	-	4
cyclosporine modified soln (NEORAL equiv)	-	4
mycophenolate DR tab (MYFORTIC equiv)	-	4
mycophenolate mofetil cap (CELLCEPT equiv)	-	4
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	4
mycophenolate mofetil tab (CELLCEPT equiv)	-	4
MYFORTIC TAB	-	4
NEORAL CAP	-	4
NEORAL SOLN	-	4
PROGRAF CAP	-	4
RAPAMUNE TAB	-	4
SANDIMMUNE CAP	-	4
SANDIMMUNE SOLN 100MG/ML	-	4
sirolimus tab (RAPAMUNE equiv)	-	4
ENVARSUS XR TAB	-	NC
POTASSIUM REMOVING RESINS		
sodium polystyrene susp (SPS equiv)	-	1
sodium polystyrene powder (KAYEXALATE equiv)	-	2
VELTASSA POWDER	PA	2
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
carvedilol phosphate ER cap (COREG CR equiv)	-	2
COREG TAB	-	3
COREG CR CAP	-	NC
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol cap (SECTRAL equiv)	-	1

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DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
atenolol tab (TENORMIN equiv)	-	1
betaxolol tab (KERLONE equiv)	-	1
bisoprolol tab (ZEBETA equiv)	-	1
metoprolol ER tab (TOPROL XL equiv)	-	1
metoprolol tab (LOPRESSOR equiv)	-	1
nebivolol hcl tab (BYSTOLIC equiv)	TS	2
KERLONE TAB	-	3
LOPRESSOR TAB	-	3
TENORMIN TAB	-	3
TOPROL XL TAB	-	3
KAPSPARGO CAP	-	NC
BETA BLOCKERS NON-SELECTIVE		
pindolol tab (VISKEN equiv)	-	1
propranolol ER cap (INDERAL LA equiv)	-	1
propranolol oral soln 20mg/5ml (PROPRANOLOL equiv)	-	1
PROPRANOLOL SOLN	-	1
propranolol tab (INDERAL equiv)	-	1
sotalol AF tab (BETAPACE AF equiv)	-	1
sotalol tab (BETAPACE equiv)	-	1
timolol maleate tab (BLOCADREN equiv)	-	1
nadolol tab (CORGARD equiv)	-	2
BETAPACE AF TAB	-	3
BETAPACE TAB	-	3
CORGARD TAB	-	3
INDERAL LA CAP	-	3
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 or older)	PA	3
HEMANGEOL SOLN	-	NC
INDERAL XL CAP, INNOPRAN XL CAP	-	NC
SOTYLIZE SOLN	-	NC
BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SL TAB (QL= 1 tab/day)	QL	2
ORALAIR SL TAB (QL= 1 tab/day)	QL	2
RAGWITEK SL TAB (QL= 1 tab/day)	QL	2
BIOLOGICALS MISC		
ADAGEN INJ	-	NC
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKER COMBINATIONS		
CONSENSI TAB	-	NC
CALCIUM CHANNEL BLOCKERS		
amlodipine tab (NORVASC equiv)	-	1
diltiazem ER cap (CARDIZEM CD equiv)	-	1
diltiazem ER cap (DILACOR XR equiv)	-	1
diltiazem ER cap (TIAZAC equiv)	-	1
diltiazem tab (CARDIZEM equiv)	-	1

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DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
felodipine ER tab (PLENDIL equiv)	-	1
isradipine cap (DYNACIRC equiv)	-	1
nifedipine cap (PROCARDIA equiv)	-	1
nifedipine ER tab (ADALAT CC equiv)	-	1
verapamil SR cap (VERELAN equiv)	-	1
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1
verapamil tab (CALAN equiv)	-	1
diltiazem ER cap (CARDIZEM SR equiv)	-	2
diltiazem ER tab (CARDIZEM LA equiv)	-	2
nicardipine cap (CARDENE equiv)	-	2
nimodipine cap (NIMOTOP equiv)	-	2
nisoldipine ER tab (SULAR equiv)	-	2
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	2
VERAPAMIL SR CAP 360mg	-	2
ADALAT CC TAB	-	3
CALAN SR TAB	-	3
CARDIZEM CD CAP	-	3
CARDIZEM LA TAB	-	3
CARDIZEM TAB	-	3
DILACOR XR CAP	-	3
KATERZIA SUSP (Prior Authorization required for members age 9 or older)	PA	3
NISOLDIPINE ER TAB 25.5MG	-	3
NORLIQVA ORAL SOLN (Members age 9 or older require Prior Authorization)	PA	3
NORVASC TAB	-	3
SULAR TAB	-	3
TIAZAC CAP	-	3
VERAPAMIL ER CAP, VERELAN CAP	-	3
VERELAN CAP	-	3
VERELAN PM CAP	-	3
VERELAN PM ER CAP 200MG, 300MG	-	3
VERELAN SR CAP 360mg	-	3
CONJUPRI TAB, LEVAMLODIPINE TAB	-	NC
NYMALIZE SOLN	-	NC
VERAPAMIL ER CAP 100MG	-	NC
VERAPAMIL ER CAP 200MG	-	NC
VERAPAMIL ER CAP 300MG	-	NC
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin soln (LANOXIN equiv)	-	1
DIGOXIN SOLN 0.05MG/ML	-	1
digoxin tab (LANOXIN equiv)	-	1
LANOXIN TAB	-	3
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC
LANOXIN TAB 62.5MCG	-	NC
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
CAMZYOS CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	4
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
ENTRESTO TAB (QL= 2 tabs/day)	QL	2
amlodipine/atorvastatin tab (CADUET equiv)	-	NC
BIDIL TAB	-	NC
CADUET TAB	-	NC
isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	NC
OPSYNVI TAB	-	NC
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS		
LODOCO TAB	-	NC
CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS		
INPEFA TAB	-	NC
IMPOTENCE AGENTS		
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap)	QL-ST	1
CIALIS TAB 2.5MG, 5MG (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap)	QL-ST	3
CIALIS TAB	-	NC
LEVITRA TAB	-	NC
sildenafil tab (VIAGRA equiv)	-	NC
tadalafil tab (CIALIS equiv)	-	NC
vardenafil ODT (STAXYN equiv)	-	NC
vardenafil tab (LEVITRA equiv)	-	NC
PERIPHERAL VASODILATORS		
isoxsuprine tab	-	2
PROSTAGLANDIN VASODILATORS		
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4
TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4
TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
ORENITRAM TAB	-	NC
ORENITRAM TAB MONTH PAK	-	NC
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR INJ	-	NC
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	1
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	1
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
LETAIRIS TAB	-	NC

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
TRACLEER TAB 62.5MG, 125MG	-	NC
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab 20mg (REVATIO equiv)	PA	1
tadalafil tab (PAH) (ADCIRCA equiv)	PA	1
sildenafil susp (REVATIO equiv) (Members age 9 or older require Prior Authorization)	PA	2
REVATIO SUSP (Members age 9 or older require Prior Authorization)	PA	3
REVATIO TAB	PA	3
TADLIQ SUSP (Members age 9 or older require Prior Authorization)	PA	3
ADCIRCA TAB	-	NC
LIQREV SUSP	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
UPTRAVI INJ	-	NC
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
SINUS NODE INHIBITORS		
CORLANOR SOLN	PA	3
CORLANOR TAB	PA	3
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	4
VYNDAQEL CAP (QL= 4 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	4
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist)	QL-RS	2
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	1
cefadroxil susp (DURICEF equiv)	-	1
CEFADROXIL TAB	-	1
cefadroxil tab (DURICEF equiv)	-	1
cephalexin cap (KEFLEX equiv)	-	1
cephalexin susp (KEFLEX equiv)	-	1
KEFLEX CAP	-	3
cephalexin cap 750mg (KEFLEX equiv)	-	NC
CEPHALEXIN TAB	-	NC
KEFLEX CAP 750MG	-	NC
CEPHALOSPORINS - 2ND GENERATION		
cefprozil susp (CEFZIL equiv)	-	1
cefprozil tab (CEFZIL equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1
cefaclor cap (CECLOR equiv)	-	2
CEFACLOR CAP	-	3
CEFACLOR ER TAB	-	3
CEFACLOR SUSP	-	3
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	1

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DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
cefdinir susp (OMNICEF equiv)	-	1
cefixime cap (SUPRAX equiv)	-	2
cefixime susp (SUPRAX equiv)	-	2
cefpodoxime proxetil susp (VANTIN equiv)	-	2
cefpodoxime proxetil tab (VANTIN equiv)	-	2
CEFDITOREN TAB	-	3
OMNICEF SUSP	-	3
SPECTRACEF TAB	-	3
SUPRAX CAP	-	3
SUPRAX CHEW TAB	-	3
SUPRAX SUSP	-	3
SUPRAX SUSP 500MG/5ML	-	3
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	ACA	$0
aranelle tab (TRI-NORINYL equiv)	ACA	$0
aviane tab (ALESSE equiv)	ACA	$0
BALCOLTRA TAB	-	$0
cesia tab (CYCLESSA equiv)	ACA	$0
cryselle tab	ACA	$0
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	ACA	$0
enpresse tab (TRI-LEVELEN equiv)	ACA	$0
gianvi tab, ocella tab (YASMIN, YAZ equiv)	ACA	$0
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	ACA	$0
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	ACA	$0
kelnor tab (DEMULEN equiv)	ACA	$0
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	$0
LO LOESTRIN TAB	-	$0
loestrin 21 tab	-	$0
loestrin tab	-	$0
NATAZIA TAB	-	$0
NEXTSTELLIS TAB	-	$0
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	$0
norethindrone acetate/ethinyl estradial FE chew tab (MINASTRIN equiv)	-	$0
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	ACA	$0
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	ACA	$0
nortrel tab (OVCON 35 equiv)	ACA	$0
sprintec 28 tab (ORTHO-CYCLEN equiv)	ACA	$0
tri-legest tab (ESTROSTEP FE equiv)	ACA	$0
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	ACA	$0
TYBLUME TAB	ACA	$0
VELIVET PAK	ACA	$0
viorele tab, kariva tab (MIRCETTE equiv)	ACA	$0
wymzya FE tab (FEMCON FE equiv)	ACA	$0
BEYAZ TAB	-	3
DESOGEN TAB	-	3

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CONTRACEPTIVES Cont.		
ESTROSTEP FE TAB	-	3
FEMCON FE CHEW TAB	-	3
MINASTRIN CHEW TAB	-	3
MIRCETTE TAB	-	3
ORTHO TRI-CYCLEN (LO) TAB	-	3
ORTHO-CYCLEN TAB	-	3
OVCON 35 TAB	-	3
SAFYRAL TAB	-	3
SEASONIQUE TAB	-	3
TAYTULLA CAP	-	3
TRI-NORINYL TAB	-	3
YAZ TAB, YASMIN 28 TAB	-	3
FALESSA KIT	-	NC
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
TWIRLA PATCH	-	$0
zafemy patch (XULANE equiv)	ACA	$0
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA RING (QL= 1 ring/year)	QL	$0
eluryng vaginal ring (NUVARING equiv)	ACA	$0
NUVARING	-	NC
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD	ACA	$0
EMERGENCY CONTRACEPTIVES		
ELLA TAB	ACA	$0
levonorgestrel tab (PLAN B equiv)	ACA-OTC	$0
PLAN B TAB	ACA-OTC	$0
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMPLANT	ACA	$0
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	ACA-QL	$0
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	ACA-QL	$0
DEPO-PROVERA INJ (QL= 1 inj/90 days)	QL	3
PROGESTIN CONTRACEPTIVES - IUD		
MIRENA IUD	ACA	$0
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	ACA	$0
SLYND TAB	-	$0
NOR-QD TAB	-	3
OPILL TAB	OTC	NC
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
DEXAMETHASONE CONC	-	1
dexamethasone elixir	-	1
dexamethasone sodium phosphate inj	-	1
DEXAMETHASONE SOLN	-	1

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DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
dexamethasone tab (DECADRON equiv)	-	1
hydrocortisone tab (CORTEF equiv)	-	1
methylprednisolone acetate inj (DEPO-MEDROL equiv)	-	1
methylprednisolone dose pack (MEDROL equiv)	-	1
methylprednisolone tab (MEDROL equiv)	-	1
methylprenisolone sod succinate inj (SOLU-MEDROL equiv)	-	1
prednisolone soln	-	1
prednisolone soln (PEDIAPRED equiv)	-	1
prednisone tab (DELTASONE equiv)	-	1
triamcinolone acetate inj (KENALOG equiv)	-	1
budesonide ER tab (QL=1 tab/day)	PA-QL	2
budesonide SR cap (ENTOCORT EC equiv)	-	2
CORTISONE ACETATE TAB	-	2
MEDROL TAB	-	2
prednisolone ODT (ORAPRED equiv)	-	2
PREDNISOLONE ODT TAB	-	2
PREDNISONE SOLN	-	2
SOLU-CORTEF INJ (QL= 1 vial/fill)	QL	2
SOLU-CORTEF INJ 100MG (QL= 2 vials/fill)	QL	2
SOLU-MEDROL INJ 2GM	-	2
ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)	PA-QL	3
ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Members age 9 or older require Prior Authorization)	PA-QL	3
CORTEF TAB	-	3
DEPO-MEDROL INJ	-	3
DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ	-	3
KENALOG INJ	-	3
MEDROL TAB	-	3
ORAPRED ODT TAB	-	3
ORAPRED SOLN	-	3
PREDNISOLONE SOLN	-	3
SOLU-MEDROL INJ	-	3
SOLU-MEDROL PF INJ	-	3
UCERIS TAB (QL= 1 tab/day)	PA-QL	3
AGAMREE SUSP	-	NC
ALKINDI SPRINKLE CAP	-	NC
deflazacort tab (EMFLAZA equiv)	-	NC
dexamethasone pak (DEXPAK equiv)	-	NC
DEXAMETHASONE TAB	-	NC
DEXPAK TAB	-	NC
DXEVO 11-DAY PAK	-	NC
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
ENTOCORT EC CAP	-	NC
EOHILIA SUSP	-	NC
FLO-PRED SUSP	-	NC
KENALOG INJ, TRIAMCINOLONE ACE INJ	-	NC
LIDOLOG KIT	-	NC

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CORTICOSTEROIDS Cont.		
MEDROL DOSE PACK	-	NC
MILLIPRED DP PAK	-	NC
MILLIPRED TAB	-	NC
ORTIKOS ER CAP	-	NC
prednisolone tab (MILLIPRED equiv)	-	NC
prednisone pack	-	NC
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC
RAYOS TAB	-	NC
TARPEYO CAP	-	NC
MINERALOCORTICOIDS		
fludrocortisone tab (FLORINEF equiv)	-	1
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap (TESSALON equiv)	-	1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1
tussigon tab (HYCODAN equiv)	-	1
HYCODAN SYRUP	-	3
TESSALON CAP	-	3
benzonatate cap 150mg (ZONATUSS equiv)	-	NC
ZONATUSS CAP 150MG	-	NC
COUGH/COLD/ALLERGY COMBINATIONS		
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	1
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1
promethazine DM syrup	-	1
PROMETHAZINE VC SYRUP	-	1
promethazine VC syrup (PHENERGAN VC equiv)	-	1
PROMETHAZINE VC/CODEINE SYRUP	-	1
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	1
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	1
HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	2
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	2
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	2
ZUTRIPRO LIQUID (QL= 120ml/fill, 2 fills/30 days)	QL	3
BROVEX PEB LIQUID	OTC	EXC
CLARINEX-D TAB	-	EXC
lohist liquid (DECON-A equiv)	OTC	EXC
SEMPREX-D CAP	-	EXC
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC
HYCOFENIX SOLN	-	NC
INTENSE COUGH LIQUID	-	NC
MUCINEX LIQUID	-	NC
POLY-TUSSIN DM SYRUP	-	NC
TUSSICAPS	-	NC
TUXARIN ER TAB	-	NC
TUZISTRA XR SUSP	-	NC
EXPECTORANTS		

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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
potassium iodide oral soln (SSKI equiv)	-	2
SSKI ORAL SOLN	-	3
GUAIFENESEN SYRUP	-	NC
guaifenesin tab (ALLFEN JR equiv)	-	NC
MUCINEX TAB	-	NC
MISC. RESPIRATORY INHALANTS		
sodium chloride neb soln (HYPER-SAL equiv)	-	1
NEBUSAL NEB SOLN	-	2
HYPER-SAL NEB SOLN	-	3
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	1
DERMATOLOGICALS		
ACNE PRODUCTS		
clindamycin gel (CLEOCIN GEL equiv)	-	1
clindamycin lotion (CLEOCIN- T equiv)	-	1
clindamycin pad (CLEOCIN-T equiv)	-	1
clindamycin topical soln (CLEOCIN-T equiv)	-	1
DIFFERIN OTC GEL 0.1% (Acne Only – members age 35 or older require Prior Authorization)	OTC-PA	1
erythromycin gel	-	1
erythromycin pad	-	1
erythromycin soln	-	1
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	2
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)	-	2
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	2
AVAR GEL	-	2
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	2
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	2
clindamycin/tretinoin gel (ZIANA equiv)	-	2
ERY PAD	-	2
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	2
PRASCION RA CREAM	-	2
sodium sulfacetamide lotion (KLARON equiv)	-	2
sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)	-	2
sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)	-	2
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	2
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	2
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	2
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	2
sodium sulfacetamide/sulfur susp (SUMAXIN equiv)	-	2
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	2
tretinoin cream (Acne Only – members age 35 or older require Prior Authorization)	PA	2
tretinoin gel (Acne Only – members age 35 or older require Prior Authorization)	PA	2
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
tretinoin gel 0.08% (RETIN-A MICRO equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ATRALIN GEL, RETIN-A GEL	PA	3
BENZACLIN GEL	-	3
BENZAMYCIN GEL	-	3
CLARIFOAM EF FOAM	-	3
CLEOCIN-T LOTION	-	3
CLEOCIN-T PAD	-	3
CLEOCIN-T SOLN	-	3
DIFFERIN CREAM	PA	3
DIFFERIN GEL	PA	3
DUAC GEL	-	3
EPIDUO GEL 0.1-2.5%	-	3
KLARON LOTION	-	3
RETIN-A CREAM	PA	3
ROSULA EMULSION	-	3
ROSULA GEL	-	3
SUMADAN WASH 9-4.5%	-	3
ABSORICA CAP	-	NC
ABSORICA LD CAP	-	NC
ACZONE GEL	-	NC
ADAPALENE SOLN	-	NC
ADAPALENE LOTION	-	NC
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC
AKLIEF CREAM	-	NC
ALTRENO LOTION	-	NC
AMZEEQ FOAM	-	NC
ARAZLO LOTION	-	NC
AVAR AEROSOL FOAM	-	NC
AVAR PAD	-	NC
AVAR-E LS CREAM 10-2%	-	NC
AZELEX CREAM	-	NC
BENZAC WASH	-	NC
BENZAMYCIN GEL PACK	-	NC
BENZOYL PEROXIDE CREAM	OTC	NC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC
CABTREO GEL	-	NC
CLENIA PLUS SUSP	-	NC
CLEOCIN-T GEL	-	NC
CLINDACIN KIT	-	NC
clindamycin foam (EVOCLIN equiv)	-	NC
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv)	-	NC
CLINDAVIX KIT	-	NC
dapsone gel (ACZONE equiv)	-	NC
DAPSONE GEL 7.5%	-	NC
DIFFERIN LOTION	-	NC
EPIDUO FORTE GEL 0.3-2.5%	-	NC
EPSOLAY CREAM	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
EVOCLIN FOAM	-	NC
FABIOR AEROSOL FOAM	-	NC
isotretinoin cap 25mg (ABSORICA equiv)	-	NC
isotretinoin cap 35mg (ABSORICA equiv)	-	NC
NUCARACLINPA KIT	-	NC
NUCARARXPAK KIT	-	NC
ONEXTON GEL1.2-3.75%	-	NC
PLEXION CREAM 9.8-4.8%	-	NC
PLEXION LOTION	-	NC
RETIN-A MICRO GEL 0.04%, 0.1%	-	NC
RETIN-A MICRO GEL 0.08%, 0.06%	-	NC
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	NC
sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)	-	NC
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	NC
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC
sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)	-	NC
sulfacetamide sodium/sulfur cream 9.8-4.8% (PLEXION equiv)	-	NC
SUMADEN XLT KIT	-	NC
SUMAXIN WASH	-	NC
TRETIN-X CREAM	-	NC
TWYNEO CREAM	-	NC
WINLEVI CREAM	-	NC
ZIANA GEL	-	NC
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT	-	NC
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
RENOVA CREAM	-	EXC
KYBELLA INJ	-	NC
ANALGESICS - TOPICAL		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	1
gentamicin sulfate oint	-	1
mupirocin oint (BACTROBAN OINT equiv)	-	1
CENTANY OINT	-	3
CORTISPORIN CREAM	-	3
CORTISPORIN OINT	-	3
ALTABAX OINT	-	NC
BACTROBAN CREAM	-	NC
mupirocin cream (BACTROBAN equiv)	-	NC
NEO-SYNALAR CREAM	-	NC
XEPI CREAM	-	NC

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DERMATOLOGICALS Cont.

ANTIFUNGALS - TOPICAL

DrugName	Special Code	Tier
ciclopirox cream (LOPROX CREAM equiv)	-	1
ciclopirox gel (LOPROX GEL equiv)	-	1
ciclopirox nail soln (PENLAC equiv)	-	1
ciclopirox topical susp (LOPROX SUSP equiv)	-	1
clotrimazole cream (LOTRIMIN AF equiv)	OTC	1
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1
econazole cream (SPECTAZOLE equiv)	-	1
ketoconazole cream (NIZORAL CREAM equiv)	-	1
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1
nystatin cream (MYCOSTATIN CREAM equiv)	-	1
nystatin oint	-	1
nystatin topical powder	-	1
nystatin/triamcinolone cream	-	1
nystatin/triamcinolone oint	-	1
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	2
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	2
naftifine cream (NAFTIN equiv)	-	2
naftifine gel (NAFTIN equiv)	-	2
oxiconazole nitrate cream (OXISTAT equiv)	-	2
tavaborole soln (KERYDIN equiv) (QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab)	QL-ST	2
EXELDERM SOLN	-	3
LOPROX CREAM	-	3
LOPROX SHAMPOO	-	3
LOTRISONE CREAM	-	3
MENTAX CREAM	-	3
NAFTIFINE CREAM	-	3
NAFTIN CREAM	-	3
NAFTIN GEL	-	3
NIZORAL SHAMPOO	-	3
ALCORTIN A GEL	-	NC
ALOQUIN GEL	-	NC
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	NC
ECONASIL KIT	-	NC
ECOZA FOAM	-	NC
ERTACZO CREAM	-	NC
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC
HIXDEFRIMA SOLN	-	NC
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	NC
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC
JUBLIA SOLN	-	NC
KERYDIN SOLN	-	NC
LOTRIMIN AF CREAM	-	NC
LULICONAZOLE CREAM, LUZU CREAM	-	NC
naftifine hcl gel 2% (NAFTIN equiv)	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
NAFTIN GEL 2%	-	NC
NIZORAL A-D SHAMPOO	OTC	NC
nizoral a-d shampoo (NIZORAL equiv)	OTC	NC
NYATA KIT	-	NC
ONYCHO-MED KIT	-	NC
OXISTAT CREAM	-	NC
OXISTAT LOTION	-	NC
PEDIZOLPAK THERAPY PACK	-	NC
PENLAC SOLN	-	NC
VYTONE CREAM 1.9-1%	-	NC
XOLEGEL	-	NC
ZOLPAK KIT	-	NC
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	1
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	2
DICLOFENAC PATCH, FLECTOR PATCH	-	NC
diclofenac sodium gel kit (VENNGEL equiv)	-	NC
diclofenac sodium soln (XRYLIX equiv)	-	NC
diclofenac sodium soln 2% (PENNSAID equiv)	-	NC
DICLONA GEL	-	NC
DICLOTREX PAK	-	NC
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC
INFLAMMA-K KIT	-	NC
LICART PATCH	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
PENNSAID SOLN	-	NC
REXAPHENAC CREAM	-	NC
VAROPHEN KIT	-	NC
VENNGEL ONE KIT	-	NC
VOLTAREN GEL	OTC	NC
VOPAC 5 CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
XRYLIX PAK	-	NC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene gel (TARGRETIN equiv)	LMSP-PA	1
fluorouracil cream (EFUDEX CREAM equiv)	-	1
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	2
fluorouracil soln (FLUOROURACIL equiv)	-	2
EFUDEX CREAM	-	3
FLUOROURACIL CREAM 0.5%	-	3
PICATO GEL (QL= 1 box/fill)	QL	3
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874)	LD-PA-QL	4
CARAC CREAM	-	NC
FLUORAC CREAM	-	NC
FLUOROPLEX CREAM	-	NC

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DERMATOLOGICALS Cont.		
KLISYRI OINT	-	NC
PANRETIN GEL	-	NC
ROAOXIA GEL	-	NC
SOLARAVIX PAK	-	NC
TARGRETIN GEL	-	NC
ANTIPRURITICS - TOPICAL		
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	PA	3
DOXEPIN HCL CREAM	PA	3
ANTIPSORIATICS		
acitretin cap (SORIATANE equiv)	-	2
calcipotriene cream (DOVONEX CREAM equiv)	-	2
calcipotriene oint	-	2
calcipotriene soln (DOVONEX SOLN equiv)	-	2
METHOXSALEN CAP	-	2
methoxsalen cap (OXSORALEN ULTRA equiv)	-	2
tazarotene cream 0.1% (TAZORAC equiv)	-	2
ZORYVE CREAM (QL= 60 grams/30 days)	PA-QL	2
CALCITRIOL OINT	-	3
DOVONEX CREAM	-	3
DRITHO-SCALP CREAM	-	3
OXSORALEN ULTRA CAP	-	3
SORIATANE CAP	-	3
TAZORAC CREAM	-	3
TAZORAC CREAM 0.05%	-	3
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	LMSP-PA-QL	4
SKYRIZI INJ 75MG/0.83ML (QL= 2 inj/84 days)	LMSP-PA-QL	4
STELARA INJ (QL= 1 inj/84 days)	LMSP-PA-QL	4
TALTZ INJ (QL= 1 inj/28 days)	LMSP-PA-QL	4
TREMFYA INJ (QL= 1 inj/56 days)	LMSP-PA-QL	4
BIMZELX INJ	-	NC
calcipotriene cream (TRIONEX equiv)	-	NC
CALCIPOTRIENE FOAM	-	NC
CALCIPOTRIENE FOAM, SORILUX FOAM	-	NC
CALSODORE PAK	-	NC
COSENTYX INJ (1-PACK)	-	NC
COSENTYX INJ (2-PACK)	-	NC
COSENTYX INJ 300MG/2ML	-	NC
NUDERMRXPAK PAK	-	NC
SILIQ INJ	-	NC
SOTYKTU TAB	-	NC
SPEVIGO INJ	-	NC
tazarotene gel (TAZORAC equiv)	-	NC
TAZORAC GEL	-	NC
TRIONEX PAK	-	NC
VECTICAL OINT	-	NC
VTAMA CREAM	-	NC

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DrugName	Special Code	Tier
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion	OTC	1
selenium sulfide lotion 2.5% (SELSUN equiv)	-	1
selenium sulfide shampoo (SELSEB equiv)	-	2
sodium sulfacetamide wash (OVACE WASH equiv)	-	2
OVACE PLUS CREAM	-	3
OVACE WASH	-	3
ESKATA SOLN	-	NC
OVACE PLUS GEL	-	NC
OVACE PLUS LOTION	-	NC
OVACE PLUS SHAMPOO	-	NC
OVACE PLUS FOAM	-	NC
PROMISEB CREAM	-	NC
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC
SELRX SHAMPOO 2.3%	-	NC
sodium sulfacetamide gel (OVACE equiv)	-	NC
sodium sulfacetamide shampoo (OVACE equiv)	-	NC
ZORYVE FOAM	-	NC
ANTIVIRALS - TOPICAL		
acyclovir oint (ZOVIRAX equiv)	-	1
DENAVIR CREAM	-	3
penciclovir cream (DENAVIR equiv)	-	3
ZOVIRAX OINT	-	3
acyclovir cream (ZOVIRAX equiv)	-	NC
XERESE CREAM	-	NC
ZOVIRAX CREAM	-	NC
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
SULFAMYLON CREAM	-	2
SILVADENE CREAM	-	3
SULFAMYLON PACK	-	NC
CORTICOSTEROIDS - TOPICAL		
alclometasone cream (ACLOVATE equiv)	-	1
alclometasone oint (ACLOVATE equiv)	-	1
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1
betamethasone augmented gel	-	1
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1
betamethasone diproprionate cream (DIPROSONE CREAM equiv)	-	1
betamethasone diproprionate lotion	-	1
betamethasone valerate cream	-	1
betamethasone valerate lotion	-	1
betamethasone valerate oint	-	1
clobetasol propionate cream (TEMOVATE equiv)	-	1
clobetasol propionate oint (TEMOVATE equiv)	-	1
clobetasol propionate soln (TEMOVATE equiv)	-	1
FLUOCINOLONE ACET CREAM	-	1

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
fluocinolone acetonide cream	-	1
fluocinolone acetonide oil (DERMA SMOOTH/FS equiv)	-	1
fluocinolone acetonide oint	-	1
fluocinolone acetonide soln	-	1
fluocinonide cream 0.05% (LIDEX equiv)	-	1
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	1
fluocinonide emollient cream	-	1
fluocinonide gel	-	1
fluocinonide oint	-	1
fluocinonide soln	-	1
fluticasone propionate cream (CUTIVATE equiv)	-	1
fluticasone propionate oint (CUTIVATE equiv)	-	1
hydrocortisone cream (PROCTOCORT equiv)	-	1
hydrocortisone lotion (HYTONE equiv)	-	1
hydrocortisone oint	-	1
mometasone cream (ELOCON equiv)	-	1
mometasone oint (ELOCON equiv)	-	1
mometasone soln (ELOCON equiv)	-	1
triamcinolone cream	-	1
triamcinolone lotion	-	1
triamcinolone oint	-	1
BETAMETHASONE AUGMENTED GEL	-	2
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	2
betamethasone diproprionate oint (DIPROSONE OINT equiv)	-	2
clobetasol foam (OLUX equiv)	-	2
clobetasol lotion (CLOBEX equiv)	-	2
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	2
clobetasol propionate gel (TEMOVATE GEL equiv)	-	2
clobetasol shampoo (CLOBEX equiv)	-	2
clobetasol spray (CLOBEX equiv)	-	2
DERMA-SMOOTH/FS OIL	-	2
desonide cream (DESOWEN equiv)	-	2
desonide oint	-	2
desoximetasone cream (TOPICORT CREAM equiv)	-	2
EPIFOAM AEROSOL	-	2
halobetasol propionate cream (ULTRAVATE equiv)	-	2
halobetasol propionate oint (ULTRAVATE equiv)	-	2
AMCINONIDE LOTION	-	3
CLOBEX LOTION	-	3
CLOBEX SHAMPOO	-	3
CLOBEX SPRAY	-	3
DIPROLENE AF CREAM	-	3
DIPROLENE OINT	-	3
ELOCON CREAM	-	3
ELOCON OINT	-	3
NUCORT LOTION	-	3
OLUX FOAM	-	3

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
PROCTOCORT CREAM	-	3
TEMOVATE CREAM	-	3
TEMOVATE OINT	-	3
TOPICORT CREAM	-	3
ULTRAVATE CREAM	-	3
ULTRAVATE OINT	-	3
ALA-SCALP LOTION	-	NC
AMCINONIDE CREAM 0.1%	-	NC
amcinonide oint 0.1% (AMCINONIDE OINT equiv)	-	NC
AMCINONIDE OINTMENT	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
BESER KIT 0.05%	-	NC
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC
BRYHALI LOTION	-	NC
calcipotriene/betamethasone dipropionate susp	-	NC
calcipotriene/betamethasone oint (TACLONEX equiv)	-	NC
CAPEX SHAMPOO	-	NC
clobetasol E foam (OLUX E equiv)	-	NC
CLOBETAVIX KIT	-	NC
CLOCORTOLONE CREAM	-	NC
clocortolone pivalate cream	-	NC
CLODERM CREAM	-	NC
CORDRAN CREAM	-	NC
CORDRAN CREAM 0.025%	-	NC
CORDRAN LOTION	-	NC
CORDRAN OINTMENT	-	NC
CORDRAN TAPE	-	NC
CUTIVATE LOTION	-	NC
DERMACINRX KIT	-	NC
DESONATE GEL	-	NC
desonide gel	-	NC
desonide lotion	-	NC
DESOWEN CREAM	-	NC
DESOWEN CREAM KIT	-	NC
DESOWEN LOTION	-	NC
DESOWEN LOTION KIT	-	NC
DESOWEN OINT	-	NC
DESOWEN OINT KIT	-	NC
desoximetasone cream 0.05% (TOPICORT equiv)	-	NC
desoximetasone gel (TOPICORT equiv)	-	NC
desoximetasone oint (TOPICORT equiv)	-	NC
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC
DIFLORASONE CREAM, PSORCON CREAM	-	NC
diflorasone oint	-	NC
DUOBRII LOTION	-	NC
ENSTILAR FOAM	-	NC
FLUOPAR KIT	-	NC

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DERMATOLOGICALS Cont.		
FLUOVIX PAK	-	NC
FLURANDRENOL LOTION	-	NC
flurandrenolide cream (CORDRAN equiv)	-	NC
flurandrenolide lotion (CORDRAN equiv)	-	NC
flurandrenolide oint (CORDRAN equiv)	-	NC
FLUTICASONE LOTION	-	NC
fluticasone propionate lotion (CUTIVATE equiv)	-	NC
halcinonide cream (HALOG equiv)	-	NC
HALOBETASOL AER	-	NC
halobetasol propionate foam (HALOBETASOL equiv)	-	NC
HALOG CREAM	-	NC
HALOG OINT	-	NC
HALOG SOLN	-	NC
halonate pac kit (ULTRAVATE KIT equiv)	-	NC
HC BUTYRATE CREAM	-	NC
HC BUTYRATE SOLN	-	NC
HC/PRAMOXINE CREAM 1-2.35%	-	NC
HC-LIDOCAINE CREAM	-	NC
hydrocortisone butyrate cream (LOCOID equiv)	-	NC
HYDROCORTISONE BUTYRATE LIPO CREAM	-	NC
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC
hydrocortisone butyrate oint (LOCOID equiv)	-	NC
hydrocortisone butyrate soln (LOCOID equiv)	-	NC
hydrocortisone lotion (LOCOID equiv)	-	NC
hydrocortisone lotion 2% (ALA SCALP equiv)	-	NC
HYDROCORTISONE PAK	-	NC
hydrocortisone valerate cream	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC
HYDROXYM GEL	-	NC
IMPEKLO LOTION	-	NC
IMPOYZ CREAM	-	NC
KENALOG SPRAY	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID LOTION	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC
LUXIQ FOAM	-	NC
MEXPAROX HC CREAM	-	NC
MICORT-HC CREAM	-	NC
NOVACORT GEL	-	NC
OLUX E FOAM	-	NC
PANDEL CREAM	-	NC
paramox hc gel (NOVACORT GEL equiv)	-	NC
PRAMOSONE CREAM 1%	-	NC
PRAMOSONE CREAM 2.5-1%	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
PRAMOSONE E CREAM	-	NC
PRAMOSONE LOTION	-	NC
PRAMOSONE OINT	-	NC
PREDNICARBATE CREAM	-	NC
PREDNICARBATE OIN	-	NC
QUINIXIL PAK	-	NC
QUINOSONE KIT	-	NC
SERNIVO SPRAY	-	NC
SILALITE PAK MIS	-	NC
TACLONEX OINT	-	NC
TASOPROL CREAM KIT	-	NC
TEXACORT SOLN	-	NC
TOPICORT CREAM 0.05%	-	NC
TOPICORT GEL	-	NC
TOPICORT OINT	-	NC
TOPICORT OINT 0.05%	-	NC
TOVET KIT	-	NC
triamcinolone acetonide oint (TRIANEX equiv)	-	NC
triamcinolone spray (KENALOG equiv)	-	NC
TRIANEX OINT	-	NC
TRILOCICLO KIT	-	NC
ULTRAVATE LOTION	-	NC
ULTRAVATE PAC KIT	-	NC
VANOS CREAM	-	NC
VERDESO FOAM	-	NC
WESTCORT OINT	-	NC
WYNZORA CREAM	-	NC
ECZEMA AGENTS		
OPZELURA CREAM (QL= 12 tubes/year)	PA-QL	3
ADBRY INJ (QL= 4 inj/28 days)	LMSP-PA-QL	4
CIBINQO TAB (QL= 1 tab/day)	LMSP-PA-QL	4
DUPIXENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4
DUPIXENT PEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4
EMOLLIENT/KERATOLYTIC AGENTS		
CARMOL LOTION	-	NC
GORDON'S UREA OINT 40%	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC
UMECTA EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC
URAMAXIN GEL	-	NC
urea cream	-	NC
urea emulsion	-	NC
urea gel (URAMAXIN equiv)	-	NC
UREA NAIL KIT	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
UREA SUSP	-	NC
urea susp 40% (UMECTA equiv)	-	NC
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	1
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	1
LACTIC ACID LOTION	-	1
LAC-HYDRIN CREAM	-	2
LAC-HYDRIN LOTION	-	3
HYLINATE LOTION	-	NC
ENZYMES - TOPICAL		
vasolex oint (XENADERM equiv)	-	1
SANTYL OINT (QL= 90gm/30 days)	QL	2
XENADERM OINT	-	3
HAIR GROWTH AGENTS		
LITFULO CAP (QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	4
bimatoprost ophth soln	-	EXC
finasteride tab (PROPECIA equiv)	-	EXC
HAIR REDUCTION AGENTS		
VANIQA CREAM	-	EXC
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	1
ALDARA CREAM	-	3
IMIQUIMOD CREAM 3.75%	-	NC
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC
ZYCLARA CREAM	-	NC
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus oint (PROTOPIC OINT equiv)	-	1
pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)	-	2
ELIDEL CREAM (Covered for members 2 years or older)	-	3
PROTOPIC OINT	-	3
HYFTOR GEL (QL= 10 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
OXIANUJO CREAM	-	NC
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOCON SOLN	-	2
PODOFILOX SOLN	-	2
podofilox soln (CONDYLOX equiv)	-	2
salicylic acid shampoo (SALEX equiv)	-	2
CONDYLOX GEL	-	3
podofilox gel (CONDYLOX equiv)	-	3
SALEX SHAMPOO	-	3
ATRIX SYSTEM KIT	-	NC
GEAMETDRAY GEL	-	NC
METDRAY GEL	-	NC
SALEX LOTION KIT	-	NC
SALICATE LIQUID	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
salicyclic acid soln	-	NC
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC
SALIMEZ FORTE CREAM	-	NC
XALIX SOL	-	NC
LOCAL ANESTHETICS - TOPICAL		
lidocaine cream 3% (LIDAMANTLE equiv)	-	1
lidocaine gel (GLYDO equiv)	-	1
lidocaine gel (XYLOCAINE equiv)	-	1
lidocaine oint (QL= 107gm/30 days)	QL	1
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
LIDOCAINE GEL	-	2
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	2
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	2
LIDODERM PATCH (QL= 3 patches/day)	QL	3
SOLARCAINE EXTRA GEL	-	3
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
APRIZIO PAK KIT	-	NC
BENZOCAINE/LIDOCAINE/TETRACAINE OINT	-	NC
capsaicin/menthol topical patch (SINELEE equiv)	-	NC
DERMALID PAK	-	NC
GEN7T LOTION	-	NC
GEN7T PAD 3.5%	-	NC
GEN7T PLUS LOTION	-	NC
GEN7T PLUS PAD	-	NC
L.E.T. GEL	-	NC
LIDAMANTLE LOTION	-	NC
LIDO/MENTHOL SPRAY	-	NC
LIDO/RAC/TET GEL	-	NC
LIDOCAINE CREAM	-	NC
lidocaine cream 3.88% (LIDOTRAL equiv)	-	NC
lidocaine lotion (LIDAMANTLE equiv)	-	NC
lidocaine oint/transparent dressing kit (LIDOPAC equiv)	-	NC
lidocaine patch 3.5% (GEN7T equiv)	-	NC
LIDOCAINE/TETRACAINE CREAM	-	NC
LIDOCIN GEL	-	NC
LIDOSTREAM KIT	-	NC
LIDOTRAL CREAM	-	NC
LIDOTREX GEL	-	NC
LIDOVEX CREAM	-	NC
LMR PLUS KIT	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
MENTHOREAL10 THERAPY PACK	-	NC
MICROVIX LP PAK	-	NC
NENDRUX GEL	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
nulido pad (NULIDO equiv)	-	NC
NUVAKAAN II KIT	-	NC
PLIAGLIS CREAM	-	NC
PLIAGLIS KIT	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNERA PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
WPR PLUS	-	NC
ZILACAINE PAK	-	NC
ZYLOTROL-L KIT	-	NC
MISC. DERMATOLOGICAL PRODUCTS		
EPICERAM EMULSION	-	NC
NEOSALUS FOAM	-	NC
NEOSALUS LOTION	-	NC
MISC. TOPICAL		
DRYSOL SOLN	-	1
DERMACINRX CREAM	-	NC
HYCLODEX SOLN	-	NC
QBREXZA PAD	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OINT	-	NC
PIGMENTING-DEPIGMENTING AGENTS		
hydroquinone cream (LUSTRA equiv)	-	EXC
TRI-LUMA CREAM	-	EXC
ROSACEA AGENTS		
metronidazole cream (METROCREAM equiv)	-	1
metronidazole gel 0.75% (METROGEL equiv)	-	1
azelaic acid gel (FINACEA equiv)	-	2
FINACEA FOAM	-	2
metronidazole gel (METROGEL equiv)	-	2
metronidazole lotion (METROLOTION equiv)	-	2
FINACEA GEL	-	3
METROCREAM	-	3
METROGEL 1%	-	3
METROLOTION	-	3
brimonidine tartrate gel (MIRVASO equiv)	-	EXC
MIRVASO GEL	-	EXC
RHOFADE CREAM	-	EXC
DAZOMON GEL	-	NC
doxycycline (rosacea) cap delayed release (ORACEA equiv)	-	NC
IVERMECTIN CREAM	-	NC
ivermectin cream (SOOLANTRA equiv)	-	NC
NORITATE CREAM	-	NC
ORACEA CAP	-	NC
ROSADAN KIT	-	NC

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
SOOLANTRA CREAM	-	NC
ZILXI FOAM	-	NC
SCABICIDES & PEDICULICIDES		
permethrin cream (ELIMITE CREAM equiv)	-	1
ELIMITE CREAM	-	2
LINDANE SHAMPOO	-	2
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	2
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2
CROTAN LOTION	-	3
NATROBA SUSP (QL= 1 bottle/fill)	QL	3
OVIDE LOTION (QL= 2 bottles/fill)	QL	3
IVERMECTIN LOTION	-	NC
SKLICE LOTION	-	NC
SCAR TREATMENT PRODUCTS		
SCARCIN GEL	-	NC
scarcin gel (SCARCIN equiv)	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
WOUND CARE PRODUCTS		
REGRANEX GEL (QL= 30gm/fill)	QL	2
ALEVICYN SOLN DERMAL	-	NC
BIAFINE EMULSION	-	NC
cicatrace kit (REXASIL equiv)	-	NC
COLLANEX	-	NC
FILSUVEZ GEL	-	NC
KERAMATRIX	-	NC
KERASTAT CREAM	-	NC
KERASTAT GEL	-	NC
WOUND-DRESSING GELS	-	NC
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC BIOLOGICALS		
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC
DIAGNOSTIC DRUGS		
GLUCAGEN INJ	-	2
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP	OTC	NC
DIAGNOSTIC TESTS		
CLINISTIX TEST STRIP	OTC	1
KETO-DIASTIX TEST STRIP	OTC	1
KETOSTIX	OTC	1
ACCU-CHEK AVIVA PLUS TEST STRIP	OTC	2
ACCU-CHEK GUIDE TEST STRIP	OTC	2
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	2

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DrugName	Special Code	Tier
DIAGNOSTIC PRODUCTS Cont.		
ACCU-CHEK TEST STRIP	OTC	2
COVID-19 TEST	OTC	EXC
CUE COVID-19 TEST CARTRIDGE	OTC	EXC
CUE HEALTH MONITOR	OTC	EXC
FREESTYLE INSULINX TEST STRIP	OTC	NC
FREESTYLE PRECISION NEO TEST STRIP	OTC	NC
FREESTYLE TEST STRIP	OTC	NC
ONETOUCH TEST STRIP	OTC	NC
ONETOUCH VERIO TEST STRIP	OTC	NC
PRECISION XTRA KETONE TEST STRIP	OTC	NC
PRECISION XTRA TEST STRIP	OTC	NC
TEST STRIP (all other test strips)	OTC	NC
RADIOGRAPHIC CONTRAST MEDIA		
OMNIPAQUE SOLN	-	NC
SITZMARKS CAP	-	NC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
ASTAMED MYO CAP	-	EXC
DEPLIN CAP	-	EXC
ELIGEN B12 TAB	-	EXC
FALESSA TAB	-	EXC
FOLTANX TAB	-	EXC
GLYGEST PAK	-	EXC
L-METHYLFOLATE TAB	-	EXC
LUVIRA CAP	-	EXC
METANX CAP	-	EXC
OLLIZAC POWDER	-	EXC
PODIAPN CAP	-	EXC
XAQUIL XR TAB	-	EXC
XYZBAC TAB	-	EXC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	2
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC
SUCRAID SOLN	-	NC
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide tab	-	1
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	2
methazolamide tab (NEPTAZANE equiv)	-	2
NEPTAZANE TAB	-	3
dichlorphenamide tab (KEVEYIS equiv)	-	NC
KEVEYIS TAB	-	NC
DIURETIC COMBINATIONS		
AMILORIDE/HCTZ TAB	-	1

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DrugName	Special Code	Tier
DIURETICS Cont.		
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
ALDACTAZIDE TAB	-	3
ALDACTAZIDE TAB 50-50MG	-	3
MAXZIDE TAB	-	3
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	1
FUROSEMIDE SOLN	-	1
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
torsemide tab (DEMADEX equiv)	-	1
ethacrynic tab (EDECRIN equiv)	-	2
EDECRIN TAB	-	3
LASIX TAB	-	3
FUROSCIX KIT (QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679)	LD-QL	4
SOAANZ TAB	-	NC
OSMOTIC DIURETICS		
mannitol soln (OSMITROL equiv)	-	NC
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1
spironolactone susp (CAROSPIR equiv)	PA	2
triamterene cap (DYRENIUM equiv)	-	2
ALDACTONE TAB	-	3
CAROSPIR SUSP	PA	3
DYRENIUM CAP	-	3
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
CHLOROTHIAZIDE TAB	-	1
chlorothiazide tab (DIURIL equiv)	-	1
chlorthalidone tab	-	1
hydrochlorothiazide cap (MICROZIDE equiv)	-	1
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1
indapamide tab (LOZOL equiv)	-	1
metolazone tab (ZAROXOLYN equiv)	-	1
DIURIL SUSP	-	2
THALITONE TAB	-	NC
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4
ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4
ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4
RECORLEV TAB	-	NC
BONE DENSITY REGULATORS		

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
alendronate tab (FOSAMAX equiv)	-	1
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1
alendronate sodium oral soln (FOSAMAX equiv)	-	2
ALENDRONATE TAB 40MG	-	2
calcitonin nasal spray (MIACALCIN equiv)	-	2
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	2
risedronate tab (ACTONEL equiv)	-	2
ATELVIA TAB (Step Therapy requires trial of alendronate)	ST	3
BONIVA TAB 150MG (QL= 1 tab/30 days)	QL	3
FOSAMAX TAB	-	3
NATPARA INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	4
TERIPARATIDE INJ 620MCG/2.48ML	LMSP	4
TYMLOS INJ	LMSP	4
ACTONEL TAB	-	NC
BINOSTO TAB	-	NC
calcitonin inj (MIACALCIN equiv)	-	NC
FORTEO INJ	-	NC
FOSAMAX+D TAB	-	NC
MIACALCIN INJ	-	NC
pamidronate inj	-	NC
PROLIA INJ	-	NC
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv)	-	NC
ZOMETA INJ	-	NC
CORTICOTROPIN		
ACTHAR GEL INJ (QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	4
CORTROPHIN INJ GEL	-	NC
FERTILITY REGULATORS		
CLOMID TAB (QL= 30 days supply/fill)	INF-PA-QL	4
CLOMIPHENE TAB (QL= 30 days supply/fill)	INF-PA-QL	4
FOLLISTIM AQ INJ (QL= 30 days supply/fill)	INF-PA-QL	4
GONAL-F RFF INJ (QL= 30 days supply/fill)	INF-PA-QL	4
GONAL-F RFF INJ, GONAL-F INJ (QL= 30 days supply/fill)	INF-PA-QL	4
MENOPUR INJ (QL= 30 days supply/fill)	INF-PA-QL	4
OVIDREL INJ (QL= 30 days supply/fill)	INF-PA-QL	4
PREGNYL INJ, NOVAREL INJ (QL= 30 days supply/fill)	INF-PA-QL	4
GNRH/LHRH ANTAGONISTS		
ORILISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2
ORILISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	2
cetrorelix acetate for inj kit (CETROTIDE equiv) (QL= 30 days supply/fill)	INF-PA-QL	4
CETROTIDE KIT (QL= 30 days supply/fill)	INF-PA-QL	4
ganirelix ac inj (GANIRELIX equiv) (QL= 30 days supply/fill)	INF-PA-QL	4
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	4
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	EXC

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
GROWTH HORMONES		
GENOTROPIN INJ	LMSP-PA	4
OMNITROPE INJ	LMSP-PA	4
SKYTROFA INJ	LMSP-PA	4
SOGROYA INJ	LMSP-PA	4
HUMATROPE INJ, ZOMACTON INJ	-	NC
NGENLA INJ	-	NC
NORDITROPIN INJ, NUTROPIN AQ INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
ZOMACTON INJ	-	NC
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	ACA	$0
EVISTA TAB	-	3
OSPHENA TAB	-	3
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD	4
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	-	2
LUPANETA PACK	-	NC
LUPRON DEPOT PED INJ	-	NC
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	1
calcitriol soln (ROCALTROL equiv)	-	1
carglumic acid tab (CARBAGLU equiv) (Only available through AnovoRx 844-288-5007)	LD-PA	1
levocarnitine soln (CARNITOR equiv)	-	1
levocarnitine tab (CARNITOR equiv)	-	1
cinacalcet tab (SENSIPAR equiv) (Restricted to Endocrinology or Nephrology Specialist)	RS	2
doxercalciferol cap (HECTOROL equiv)	-	2
paricalcitol cap (ZEMPLAR equiv)	-	2
sapropterin dihydrochloride powder packet (KUVAN equiv)	LMSP-PA	2
sapropterin dihydrochloride soluble tab (KUVAN equiv)	LMSP-PA	2
sodium phenylbutyrate powder (BUPHENYL equiv)	-	2
sodium phenylbutyrate tab (BUPHENYL equiv)	-	2
BUPHENYL POWDER	-	3
CARNITOR SOLN	-	3
CARNITOR TAB	-	3
HECTOROL CAP	-	3
ROCALTROL CAP	-	3
ROCALTROL SOLN	-	3
XPHOZAH TAB (QL= 2 tabs/day)	PA-QL	3
ZEMPLAR CAP	-	3
betaine powder for oral solution (CYSTADANE equiv) (Only available through Walgreens 888-347-3416)	LD	4
GALAFOLD CAP (QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	4
PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	4
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523)	LD	4
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	4

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
ALDURAZYME INJ	-	NC
BUPHENYL TAB	-	NC
CALCITRIOL INJ	-	NC
CARBAGLU TAB	-	NC
CITRULLINE EASY TAB	-	NC
CYSTADANE POWDER	-	NC
FABRAZYME INJ	-	NC
KUVAN POWDER PACK	-	NC
KUVAN TAB	-	NC
MYALEPT INJ	-	NC
nitisinone cap (ORFADIN equiv)	-	NC
NITYR TAB	-	NC
OLPRUVA PACK	-	NC
OPFOLDA CAP	-	NC
ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC
RAVICTI LIQUID	-	NC
RAYALDEE CAP	-	NC
SENSIPAR TAB	-	NC
XURIDEN POWDER	-	NC
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB (QL= 1 tab/day)	PA-QL	3
NATRIURETIC PEPTIDES		
VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376)	LD-PA-QL	4
POSTERIOR PITUITARY HORMONES		
desmopressin acetate nasal spray (DDAVP equiv)	-	2
desmopressin acetate tab (DDAVP equiv)	-	2
STIMATE NASAL SOLN	-	2
DDAVP NASAL SOLN	-	3
DDAVP NASAL SPRAY	-	3
DDAVP TAB	-	3
vasopressin iv inj (VASOSTRICT equiv)	-	3
VASOSTRICT INJ	-	3
DDAVP INJ	-	NC
NOCDURNA SL TAB	-	NC
NOCTIVA EMULSION SPRAY	-	NC
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab (MIFIPREX equiv)	-	EXC
MIFIPREX TAB	-	EXC
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	1
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv)	LMSP	1
OCTREOTIDE INJ 100MCG	LMSP	4
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	4

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ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
BYNFEZIA PEN INJ	-	NC
MYCAPSSA CAP	-	NC
SANDOSTATIN INJ	-	NC
SANDOSTATIN LAR INJ KIT	-	NC
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
TOLVAPTAN TAB	MSP	4
SAMSCA TAB	-	NC
tolvaptan tab (SAMSCA equiv)	-	NC
ESTROGENS		
ESTROGEN COMBINATIONS		
estradiol/norethindrone tab (ACTIVELLA equiv)	-	1
jinteli tab (FEMHRT equiv)	-	1
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	2
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	2
PREMPHASE TAB, PREMPRO TAB	-	2
ACTIVELLA TAB	-	3
FEMHRT TAB	-	3
PREFEST TAB	-	3
ANGELIQ TAB	-	NC
BIJUVA CAP	-	NC
CLIMARA PRO PATCH	-	NC
COMBIPATCH	-	NC
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC
ESTRATEST TAB	-	NC
ESTROGENS		
estradiol patch (CLIMARA equiv)	-	1
estradiol patch (VIVELLE-DOT equiv)	-	1
estradiol tab (ESTRACE equiv)	-	1
estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill)	QL	2
PREMARIN TAB	-	2
ALORA PATCH	-	3
CLIMARA PATCH	-	3
DELESTROGEN INJ (QL= 5ml/fill)	QL	3
ESTRACE TAB	-	3
MENEST TAB	-	3
VIVELLE-DOT PATCH	-	3
DIVIGEL GEL	-	NC
DIVIGEL GEL, ELESTRIN GEL	-	NC
estradiol td gel (DIVIGEL equiv)	-	NC
EVAMIST SPRAY	-	NC
MENOSTAR PATCH	-	NC
FLUOROQUINOLONES		
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FLUOROQUINOLONES Cont.		
ciprofloxacin tab (CIPRO equiv)	-	1
levofloxacin soln (LEVAQUIN equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
ofloxacin tab (FLOXIN equiv)	-	1
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	2
ciprofloxacin susp (CIPRO equiv)	-	2
moxifloxacin tab (AVELOX equiv)	-	2
AVELOX TAB	-	3
CIPRO SUSP	-	3
CIPRO TAB	-	3
CIPROFLOXACIN 100MG TAB	-	3
LEVAQUIN TAB	-	3
FACTIVE TAB	-	NC
PROQUIN XR TAB	-	NC
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
MOTEGRITY TAB (QL= 1 tab/day)	PA-QL	3
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB (QL= 1 tab/day)	PA-QL	2
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	4
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-SF-TS	4
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	1
ACTIGALL CAP	-	3
URSO FORTE TAB	-	3
RELTONE CAP	-	NC
URSODIOL CAP	-	NC
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	2
GASTROCROM CONC	-	3
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day)	PA-QL	2
AMITIZA CAP	-	NC
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
REGLAN TAB	-	3
GIMOTI NASAL SPRAY	-	NC
METOZOLV ODT	-	NC
HEPATOTROPICS		
REZDIFFRA TAB	-	NC

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	4
BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	4
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	4
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	4
LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana 866-849-4481)	LD-PA-QL	4
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	1
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
DIPENTUM CAP	-	2
mesalamine DR cap (DELZICOL equiv)	-	2
mesalamine DR tab (LIALDA equiv)	-	2
mesalamine enema (ROWASA equiv)	-	2
mesalamine ER cap (APRISO equiv)	-	2
mesalamine supp (CANASA equiv)	-	2
mesalamine tab (ASACOL equiv)	-	2
AZULFIDINE EN TAB	-	3
AZULFIDINE TAB	-	3
COLAZAL CAP	-	3
MESALAMINE TAB DR	-	3
SFROWASA ENEMA	-	3
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	4
CIMZIA STARTER INJ KIT (QL= 1 kit/plan year)	LMSP-PA-QL	4
SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days)	LMSP-PA-QL	4
SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days)	LMSP-PA-QL	4
APRISO CAP	-	NC
ASACOL HD TAB	-	NC
ASACOL HD TAB, MESALAMINE TAB	-	NC
CIMZIA INJ	-	NC
DELZICOL CAP	-	NC
ENTYVIO INJ	-	NC
LIALDA TAB	-	NC
mesalamine ER cap (PENTASA CR equiv)	-	NC
OMVOH INJ	-	NC
PENTASA CR CAP	-	NC
PENTASA CR CAP 250MG	-	NC
ROWASA KIT	-	NC
VELSIPITY TAB	-	NC
ZYMFENTRA INJ	-	NC
INTESTINAL ACIDIFIERS		
lactulose soln	-	1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron tab (LOTRONEX equiv)	-	2
LINZESS CAP (QL= 1 cap/day)	PA-QL	3
LOTRONEX TAB	-	3

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GASTROINTESTINAL AGENTS - MISC. Cont.		
IBSRELA TAB	-	NC
VIBERZI TAB	-	NC
ZELNORM TAB	-	NC
LIVE FECAL MICROBIOTA		
VOWST CAP (QL= 12 caps/fill; Only available through Orsini 800-410-8575)	LD-PA-QL	4
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB	PA	2
SYMPROIC TAB	PA	2
alvimopan cap (ENTEREG equiv)	-	NC
ENTEREG CAP	-	NC
RELISTOR INJ	-	NC
RELISTOR INJ KIT	-	NC
RELISTOR TAB	-	NC
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	1
calcium acetate tab (ELIPHOS equiv)	-	1
FOSRENOL POWDER PACK	-	2
lanthanum carbonate chew tab (FOSRENOL equiv)	-	2
PHOSLYRA SOLN	-	2
SEVELAMER CARBONATE TAB	-	2
sevelamer powder pak (RENVELA equiv)	-	2
sevelamer tab (RENVELA TAB equiv)	-	2
AURYXIA TAB	-	3
ELIPHOS TAB	-	3
FOSRENOL CHEW TAB	-	3
PHOSLO CAP	-	3
VELPHORO CHEW TAB	-	3
RENAGEL TAB 800MG	-	NC
RENVELA TAB	-	NC
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT	-	NC
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB	-	NC
GENERAL ANESTHETICS		
ANESTHETICS - MISC.		
KETAMINE HCL TROCHES	-	NC
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
CYTRA K CRYSTALS	-	1
CYTRA-3 SYRUP	-	1
ORACIT SOLN	-	1
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1
sodium citrate/citric acid soln (BICITRA equiv)	-	1

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DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
tricitrates soln (POLYCITRA-LC equiv)	-	1
potassium citrate CR tab (UROCIT-K TAB equiv)	-	2
UROCIT-K TAB	-	3
CYSTINOSIS AGENTS		
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	4
PROCYSBI GRANULES PACKET	-	NC
GENITOURINARY IRRIGANTS		
RENACIDIN SOLN	-	NC
sodium chloride 0.9% irr soln	-	NC
HYPEROXALURIA AGENTS		
RIVFLOZA INJ	-	NC
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	2
PENTOSAN CAP	-	NC
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	1
dutasteride cap (AVODART equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
silodosin cap (RAPAFLO equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
AVODART CAP	-	3
FLOMAX CAP	-	3
PROSCAR TAB	-	3
UROXATRAL TAB	-	3
CARDURA XL TAB	-	NC
dutasteride/tamsulosin cap (JALYN equiv)	-	NC
ENTADFI CAP	-	NC
JALYN CAP	-	NC
RAPAFLO CAP	-	NC
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIUM equiv)	-	1
phenazopyridine tab 95mg (AZO equiv)	OTC	1
phenazopyridine tab 97.5mg (AZO equiv)	OTC	1
phenazopyridine tab 99.5mg (AZO equiv)	OTC	1
AZO URINARY TAB	OTC	3
URINARY STONE AGENTS		
tiopronin tab (THIOLA equiv)	LMSP-PA	1
LITHOSTAT TAB	-	3
THIOLA EC TAB	-	NC
THIOLA TAB	-	NC
tiopronin tab delayed release (THIOLA EC equiv)	-	NC
GOUT AGENTS		
GOUT AGENT COMBINATIONS		

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GOUT AGENTS Cont.		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
DUZALLO TAB	-	NC
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	1
colchicine tab (COLCRYS equiv)	-	2
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST-TS	2
GLOPERBA SOLN (Prior Authorization required for members age 9 or older)	PA	3
ZYLOPRIM TAB	-	3
ALLOPURINOL TAB	-	NC
COLCHICINE CAP	-	NC
colchicine cap (COLCHICINE equiv)	-	NC
COLCRYS TAB	-	NC
ULORIC TAB	-	NC
ZURAMPIC TAB	-	NC
URICOSURICS		
probenecid tab (BENEMID equiv)	-	1
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA INJ	LMSP-PA	4
AFSTYLA KIT	-	NC
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant inj (FIRAZYR equiv)	PA-SP	2
FIRAZYR INJ	-	NC
COMPLEMENT INHIBITORS		
BERINERT INJ (Only available through Accredo 800-803-2523)	LD-PA	4
CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	4
RUCONEST INJ (Only available through Accredo 800-803-2523)	LD-PA	4
TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	4
FABHALTA CAP	-	NC
HAEGARDA INJ	-	NC
VOYDEYA TAB	-	NC
VOYDEYA TAB THERAPY PACK	-	NC
ZILBRYSQ INJ	-	NC
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB	-	NC
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	1
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4
ORLADEYO CAP	-	NC
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	1
cilostazol tab (PLETAL equiv)	-	1

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HEMATOLOGICAL AGENTS - MISC. Cont.		
clopidogrel tab 75mg (PLAVIX equiv)	-	1
dipyridamole tab (PERSANTINE equiv)	-	1
prasugrel tab (EFFIENT equiv)	-	1
aspirin/dipyridamole cap (AGGRENOX equiv)	-	2
BRILINTA TAB	-	2
AGRYLIN CAP	-	3
EFFIENT TAB	-	3
PLAVIX TAB 75MG	-	3
ASPIRIN/OMEPRAZOLE ER TAB	-	NC
CABLIVI INJ KIT	-	NC
CLOPIDOGREL THERAPY PACK	-	NC
PLAVIX TAB 300MG	-	NC
YOSPRALA TAB	-	NC
ZONTIVITY TAB	-	NC
PYRUVATE KINASE ACTIVATORS		
PYRUKYND TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	1
CERDELGA CAP	-	NC
ZAVESCA CAP	-	NC
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	2
SIKLOS TAB	-	NC
AGENTS FOR SICKLE CELL DISEASE		
ENDARI POWDER PACK (QL= 6 packets/day)	LMSP-PA-QL	4
OXBRYTA TAB	-	NC
OXBRYTA TAB FOR ORAL SUSP	-	NC
COBALAMINS		
cyanocobalamin inj	-	1
cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv)	-	3
NASCOBAL SPRAY	-	3
FOLIC ACID/FOLATES		
folic acid tab 1mg (Covered at $0 for females only; All other members covered at generic copay)	ACA	$0
folic acid tab 400mcg (Covered for females only)	ACA-OTC	$0
folic acid tab 800mcg (Covered for females only)	ACA-OTC	$0
HEMATOPOIETIC GROWTH FACTORS		
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
FULPHILA INJ	LMSP	4
NIVESTYM INJ	LMSP	4
NYVEPRIA INJ	LMSP	4
PROMACTA POWDER (QL= 1 packet/day)	LMSP-PA-QL	4
PROMACTA TAB 12.5MG, 25MG (QL= 1 tab/day)	LMSP-PA-QL	4
PROMACTA TAB 50MG (QL= 2 tabs/day)	LMSP-PA-QL	4

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization
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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	SP	Available through Specialty Pharmacy Program

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HEMATOPOIETIC AGENTS Cont.		
PROMACTA TAB 75MG (QL= 2 tabs/day)	LMSP-PA-QL	4
RETACRIT INJ	MSP-PA	4
ZARXIO INJ	LMSP	4
ALVAIZ TAB	-	NC
ARANESP INJ	-	NC
FYLNETRA INJ	-	NC
GRANIX INJ	-	NC
JESDUVROQ TAB	-	NC
LEUKINE INJ	-	NC
MIRCERA INJ	-	NC
MULPLETA TAB	-	NC
NEULASTA INJ	-	NC
NEUPOGEN INJ	-	NC
PROCRIT INJ	-	NC
REBLOZYL INJ	-	NC
RELEUKO INJ	-	NC
RELEUKO PREFILLED SYRINGE INJ	-	NC
STIMUFEND INJ	-	NC
UDENYCA INJ	-	NC
ZIEXTENZO INJ	-	NC
HEMATOPOIETIC MIXTURES		
ferrex 150 forte cap	-	1
folbee tab	-	1
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	1
MULTIGEN FOLIC TAB	-	1
MULTIGEN PLUS TAB	-	1
MULTIGEN TAB	-	1
tricon cap (TRINSICON equiv)	-	1
multivitamin tab	-	2
NEPHRON FA TAB	-	2
FERREX 28 TAB	-	3
MULTIVITAMIN TAB	-	3
BENTIVITE TAB	-	NC
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC
CORVITE TAB	-	NC
CYFOLEX CAP	-	NC
FEONYX TAB	-	NC
FERRO-PLEX TAB	-	NC
FOLITE TAB	-	NC
FOLVITE-FE TAB	-	NC
OVEEZA CAP	-	NC
PUREFOLIX TAB	-	NC
IRON		
ACCRUFER CAP	-	NC
ferrous sulfate elixir	ACA-OTC	NC

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HEMATOPOIETIC AGENTS Cont.		
FERROUS SULFATE LIQUID	OTC	NC
ferrous sulfate soln	ACA-OTC	NC
STEM CELL MOBILIZERS		
MOZOBIL INJ	-	NC
plerixafor subcutaneous inj (MOZOBIL equiv)	-	NC
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid soln (AMICAR equiv)	-	2
aminocaproic acid tab (AMICAR equiv)	-	2
tranexamic acid tab (LYSTEDA equiv)	-	2
AMICAR SOLN	-	3
AMICAR TAB	-	3
LYSTEDA TAB	-	3
CYKLOKAPRON INJ	-	NC
tranexamic acid inj (CYKLOKAPRON equiv)	-	NC
HYPNOTICS		
NON-BARBITURATE HYPNOTICS		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB	-	NC
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	1
PHENOBARBITAL TAB	-	1
SECONAL CAP	-	2
HYPNOTICS - TRICYCLIC AGENTS		
doxepin tab (SILENOR equiv)	-	2
SILENOR TAB	-	3
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	1
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	1
temazepam cap 15mg (RESTORIL equiv)	-	1
temazepam cap 30mg (RESTORIL equiv)	-	1
triazolam tab (HALCION equiv)	-	1
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	1
midazolam syrup	-	2
temazepam cap 22.5mg (RESTORIL equiv)	-	2
temazepam cap 7.5mg (RESTORIL equiv)	-	2
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	2
AMBIEN CR TAB (QL= 1 tab/day)	QL	3
AMBIEN TAB (QL= 1 tab/day)	QL	3

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DrugName	Special Code	Tier
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
FLURAZEPAM CAP	-	3
HALCION TAB	-	3
LUNESTA TAB (QL= 1 tab/day)	QL	3
RESTORIL CAP 15MG	-	3
RESTORIL CAP 22.5MG	-	3
RESTORIL CAP 30MG	-	3
RESTORIL CAP 7.5MG	-	3
DORAL TAB	-	NC
EDLUAR SL TAB	-	NC
INTERMEZZO SL TAB	-	NC
ZOLPIDEM CAP	-	NC
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC
ZOLPIMIST SPRAY	-	NC
OREXIN RECEPTOR ANTAGONISTS		
DAYVIGO TAB	-	NC
QUVIVIQ TAB	-	NC
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	2
ROZEREM TAB (QL= 1 tab/day)	QL	3
HETLIOZ CAP	-	NC
HETLIOZ SUSP	-	NC
tasimelteon cap (HETLIOZ equiv)	-	NC
LAXATIVES		
LAXATIVE COMBINATIONS		
GAVILYTE-C SOLN (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	ACA-QL	$0
GOLYTELY SOLN (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	ACA-QL	$0
NULYTELY SOLN (Covered at $0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	ACA-QL	$0
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/year; $0 for members 45-75 years, all other members covered at generic copay)	QL	$0
peg 3350/electrolytes soln (GOLYTELY/COLYTE equiv) (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	ACA-QL	$0
peg 3350/electrolytes soln (NULYTELY equiv) (Covered at $0 for members 45-75 years, all other members covered at generic copay; Limited to 2 fills/calendar year)	ACA-QL	$0
sodium/magnesium/potassium soln (SUPREP equiv) (QL= 2 fills/calendar year; $0 for members 45-75 years, all other members covered at generic copay)	QL	$0
SUFLAVE SOLN (QL= 2 fills/calendar year)	QL	2
CLENPIQ SOLN	-	NC
MOVIPREP SOLN	-	NC
PEG-PREP KIT	-	NC
PLENVU SOLN	-	NC
SUPREP BOWEL PREP PACK	-	NC
SUTAB TAB	-	NC
LAXATIVES - MISCELLANEOUS		
lactulose soln	-	1

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DrugName	Special Code	Tier
LAXATIVES Cont.		
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	1
MIRALAX PACKET	OTC	3
MIRALAX POWDER	OTC	3
GIALAX KIT	-	NC
KRISTALOSE PACK, LACTULOSE PACK	-	NC
KRISTALOSE PACKET	-	NC
SALINE LAXATIVES		
OSMOPREP TAB	-	NC
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC
MACROLIDES		
AZITHROMYCIN		
azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
ZITHROMAX POWDER PACK	-	3
ZITHROMAX SUSP	-	3
ZITHROMAX TAB	-	3
CLARITHROMYCIN		
clarithromycin tab (BIAXIN equiv)	-	1
clarithromycin ER tab (BIAXIN XL equiv)	-	2
CLARITHROMYCIN SUSP	-	2
BIAXIN TAB	-	3
ERYTHROMYCINS		
erythromycin DR cap (ERYC equiv)	-	2
ERYTHROMYCIN EC CAP	-	2
erythromycin ethylsuccinate susp (ERYPED equiv)	-	2
erythromycin tab (ERY-TAB equiv)	-	2
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	2
PCE TAB	-	2
ERYPED SUSP	-	3
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3
FIDAXOMICIN		
DIFICID SUSP (QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	2
DIFICID TAB (QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN)	QL-ST	2
MEDICAL DEVICES		
PARENTERAL THERAPY SUPPLIES		
INPEN INSULIN INJECTION DEVICE	-	NC
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CERVICAL CAP	ACA	$0
DIAPHRAGM	ACA	$0
FEMALE CONDOMS (QL= 12 condoms/fill)	ACA-OTC-QL	$0

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	$0
DIABETIC SUPPLIES		
ACCU-CHEK GUIDE CARE METER	OTC	$0
ACCU-CHEK GUIDE ME KIT	OTC	$0
CALIBRATION LIQUID	OTC	1
LANCET DEVICE	OTC	1
LANCET KIT	OTC	1
LANCETS	OTC	1
DEXCOM G6 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
FREESTYLE LIBRE 3 READER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	2
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	2
OMNIPOD 5 G7 MIS PODS (QL= 10 pods/30 days)	QL	2
OMNIPOD 5 INTRO KIT (QL= 1 kit/year)	QL	2
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	2
OMNIPOD DASH INTRO KIT (QL= 1 kit/year)	QL	2
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	2
OMNIPOD GO KIT (QL= 10 pods/month)	QL	2
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	2
V-GO INJ KIT (QL= 1 kit/day)	QL	2
ACCU-CHEK AVIVA PLUS METER	OTC	NC
ACCU-CHEK NANO METER	OTC	NC
DIABETIC METER (all other diabetic meters)	OTC	NC
FREESTLY LITE METER	OTC	NC
FREESTYLE FREEDOM LITE METER	OTC	NC
FREESTYLE INSULINX METER	OTC	NC
FREESTYLE PRECISION NEO METER	OTC	NC
OMNIPOD DASH PDM KIT	-	NC
ONETOUCH DELICA LANCETS	OTC	NC

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
ONETOUCH DELICA PLUS LANCETS	OTC	NC
ONETOUCH DELICA ULTRASOFT LANCETS	OTC	NC
ONETOUCH METER	OTC	NC
ONETOUCH VERIO FLEX METER	OTC	NC
ONETOUCH VERIO IQ METER	OTC	NC
ONETOUCH VERIO METER	OTC	NC
ONETOUCH VERIO REFLECT METER	OTC	NC
PRECISION XTRA METER	OTC	NC
MISC. DEVICES		
ALCOHOL SWABS	OTC	1
ORAL HYGIENE PRODUCTS		
HURRISEAL MIS SNAP	-	NC
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE	--OTC	1
B-D PEN NEEDLE	OTC	1
CARETOUCH MIS	OTC	1
NOVOFINE PEN NEEDLE	OTC	1
NOVOTWIST PEN NEEDLE	OTC	1
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1
CEQUR SIMPLICITY	-	NC
INSULIN SYRINGE	OTC	NC
PEN NEEDLE	OTC	NC
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER	OTC	2
AEROCHAMBER SUPPLIES	-	2
PEAK FLOW METER	-	NC
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
ZAVZPRET NASAL SPRAY (QL= 6 units/fill; 60 units/365 days)	PA-QL	2
QULIPTA TAB	-	NC
UBRELVY TAB	-	NC
MIGRAINE COMBINATIONS		
ergotamine tartrate/caffeine tab (CAFERGOT equiv)	-	2
ERGOTAMINE/CAFFEINE TAB	-	2
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	NC
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	NC
MIGERGOT SUPP	-	NC
PRODRIN TAB	-	NC
SUMANSETRON PAK	-	NC
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
TREXIMET TAB	-	NC
MIGRAINE PRODUCTS		
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8 sprays/fill)	QL	3

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MIGRAINE PRODUCTS Cont.		
MIGRANAL SPRAY (QL= 8 sprays/fill)	QL	3
D.H.E. INJ	-	NC
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC
ERGOMAR SL TAB	-	NC
TRUDHESA NASAL SPRAY	-	NC
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2
EMGALITY INJ	-	NC
EMGALITY INJ 100MG/ML	-	NC
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POWDER	-	NC
diclofenac potassium (migraine) packet (CAMBIA equiv)	-	NC
ELYXYB SOLN	-	NC
SEROTONIN AGONISTS		
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
almotriptan tab (AXERT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
eletriptan tab (RELPAX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	2
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	2
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	2
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	2
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	2
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	2
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
AMERGE TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3
IMITREX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
IMITREX VIAL INJ (QL= 5 inj/fill, 2 fills/30 days)	QL	3
MAXALT MLT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	3
MAXALT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	3
RELPAX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
ZOMIG TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
ZOMIG ZMT (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC
AXERT TAB	-	NC
FROVA TAB	-	NC

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DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
ONZETRA XSAIL	-	NC
SUMAVEL DOSEPRO INJ	-	NC
TOSYMRA SOLN	-	NC
ZECUITY PAD	-	NC
MINERALS & ELECTROLYTES		
FLUORIDE		
FLUORABON SOLN (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	ACA	$0
sodium fluoride chew tab (LURIDE equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	ACA	$0
sodium fluoride soln (LURIDE equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	ACA	$0
SODIUM FLUORIDE TAB (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	ACA	$0
MAGNESIUM		
magnesium sulfate inj	-	NC
PHOSPHATE		
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1
potassium phosphate monobasic tab (K-PHOS equiv)	-	2
K-PHOS NEUTRAL TAB	-	3
K-PHOS TAB	-	3
POTASSIUM		
K-TAB	-	1
POT/CHLORIDE EFFER TAB	-	1
potassium bicarbonate effer tab (K-LYTE equiv)	-	1
potassium chloride effer tab (K-LYTE/CL equiv)	-	1
potassium chloride ER cap (MICRO-K equiv)	-	1
potassium chloride ER tab (K-TAB equiv)	-	1
potassium chloride micro tab (K-DUR equiv)	-	1
POTASSIUM CHLORIDE TAB ER	-	1
potassium chloride powder packet (KLOR-CON equiv)	-	2
potassium chloride soln	-	2
POKONZA POWDER	-	NC
SODIUM		
SOD CHLORIDE INJ	M	M
sodium chloride inj	-	NC
ZINC		
GALZIN CAP	-	2
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
trientine cap (SYPRINE equiv)	LMSP-PA	1
penicillamine tab (DEPEN TITRATAB equiv)	-	2
DEPEN TITRATAB	-	3
CUPRIMINE CAP	-	NC
CUVRIOR TAB	-	NC
penicilliamine cap (CUPRIMINE equiv)	-	NC

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DrugName	Special Code	Tier
MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
SYPRINE CAP	-	NC
TRIENTINE CAP	-	NC
IMMUNOMODULATORS		
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	1
JOENJA TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	4
REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist)	LD-QL-RS	4
REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	4
IMMUNOSUPPRESSIVE AGENTS		
ENSPRYNG INJ (QL= 1 inj/28 days)	LMSP-PA-QL	4
everolimus tab (ZORTRESS equiv)	PA	4
LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479)	LD-PA-QL	4
RAPAMUNE SOLN	-	4
sirolimus soln (RAPAMUNE equiv)	-	4
ZORTRESS TAB	PA	4
ASTAGRAF XL CAP	-	NC
azathioprine tab 100mg (AZASAN equiv)	-	NC
azathioprine tab 75mg (AZASAN equiv)	-	NC
PROGRAF PACKET	-	NC
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE TAB (QL= 1 tab/day)	MSP-PA-QL	4
VIJOICE TAB 250MG (QL= 2 tabs/day)	MSP-PA-QL	4
POTASSIUM REMOVING AGENTS		
SPS SUSP	-	1
LOKELMA PAK	PA	2
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP (QL= 4 caps/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	4
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	LMSP-PA-QL	4
BENLYSTA INJ (QL= 4 inj/28 day)	LMSP-PA-QL	4
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln (LIDOCAINE HCL (MOUTH-THROAT) equiv)	-	1
FIRST MOUTHWASH BLM	-	3
LIDOCAINE ORAL SOLN 4%	-	NC
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
nystatin susp	-	1
ORAVIG TAB	-	3
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
PERIDEX SOLN	-	3
DEBACTEROL SOLN	-	NC
DENTAL PRODUCTS		

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DrugName	Special Code	Tier
MOUTH/THROAT/DENTAL AGENTS Cont.		
PREVIDENT 5000 PLUS CREAM (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	ACA	$0
sodium fluoride cream (PREVIDENT 5000 PLUS equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	ACA	$0
FLUORIDEX SENSITIVITY PASTE	-	1
sodium fluoride gel (PREVIDENT equiv)	-	1
sodium fluoride paste (PREVIDENT equiv)	-	1
sodium fluoride rinse (PREVIDENT equiv)	-	1
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	1
PREVIDENT GEL	-	2
PREVIDENT PASTE	-	2
PREVIDENT SOLN	-	2
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1
THROAT PRODUCTS - MISC.		
pilocarpine tab (SALAGEN equiv)	-	1
cevimeline cap (EVOXAC equiv)	-	2
GELCLAIR GEL	-	2
SALAGEN TAB	-	2
EVOXAC CAP	-	3
PROTHELIAL PASTE	-	NC
SILATRIX GEL	-	NC
MULTIVITAMINS		
B-COMPLEX VITAMINS		
EB-N3 DR CAP	-	NC
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	1
dialyvite tab (NEPHRO-VITE equiv)	-	1
DIALYVITE/ZINC TAB	-	1
FOLBEE PLUS CZ TAB	-	1
renaphro cap (NEPHROCAP equiv)	-	1
NEPHROCAP	-	3
FIBRIK CAP	-	NC
MULTIPLE VITAMINS W/ MINERALS		
multivitamin/minerals tab (STROVITE equiv)	-	1
V-C FORTE CAP	-	3
v-c forte cap (V-C FORTE equiv)	-	3
DEXATRAN CAP	-	NC
FOLAGENT DHA CAP	-	NC
FOLAMED DHA CAP	-	NC
REMEDIENT CAP	-	NC
VITRECYL IRON TAB	-	NC
VITRECYL TAB	-	NC
MULTIVITAMINS		
FOLIKA-V TAB	-	NC

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MULTIVITAMINS Cont.

DrugName	Special Code	Tier
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins/fluoride/iron soln	-	1
ESCAVITE CHEW TAB	-	3
POLY-VI-FLOR CHEW W/IRON	-	NC
PED MV W/ FLUORIDE		
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	1
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	1
MULTIVITAMIN/FLUORIDE CHEW TAB	-	1
pediatric multiple vitamins/fluoride soln	-	1
FLORIVA PLUS DROPS	-	2
DAVIMET/FLUORIDE CHEW 0.75MG	-	NC
MULTIVITAMIN/FLUORIDE CHEW 0.25MG	-	NC
MULTIVITAMIN/FLUORIDE CHEW 0.5MG	-	NC
MULTIVITAMIN/FLUORIDE CHEW 1MG	-	NC
MULTI-VIT-FLOR CHEW 0.25MG	-	NC
MULTI-VIT-FLOR CHEW 0.5MG	-	NC
MULTI-VIT-FLOR CHEW 1MG	-	NC
POLY-VI-FLOR CHEW 0.25MG	-	NC
POLY-VI-FLOR CHEW 0.5MG	-	NC
POLY-VI-FLOR CHEW 1MG	-	NC
POLY-VI-FLOR SUSP	-	NC
QUFLORA PEDIATRIC CHEW 0.25MG	-	NC
QUFLORA PEDIATRIC CHEW 0.5MG	-	NC
QUFLORA PEDIATRIC CHEW 1MG	-	NC
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW TAB	-	NC
PRENATAL VITAMINS		
CONCEPT DHA CAP	-	1
PRENATABS RX TAB	-	1
PRENATAL 19 CHEW TAB	-	1
PRENATAL 19 TAB	-	1
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	1
VP-PNV-DHA CAP	-	1
MYNATAL-Z TAB	-	3
NEONATAL 19 TAB	-	3
NEONATAL FE TAB	-	3
PRENATAL VITAMINS (NON-PREFERRED)	-	3
VITAFOL STRIPS	-	3
AZESCHEW TAB 13-1MG	-	NC
AZESCO TAB	-	NC
CITRANATAL CAP MEDLEY	-	NC
JENLIVA CAP	-	NC
MULTI-MAC TAB	-	NC
PREGEN DHA CAP	-	NC
PREGENNA TAB	-	NC
PRENARA CAP	-	NC

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MULTIVITAMINS Cont.		
PRENATRIX TAB	-	NC
PRENATRYL TAB	-	NC
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab (BACLOFEN equiv)	-	1
carisoprodol tab (SOMA equiv)	-	1
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1
methocarbamol tab (ROBAXIN equiv)	-	1
orphenadrine citrate ER tab (NORFLEX equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
baclofen susp (BACLOFEN equiv) (Prior Authorization required for members age 9 or older)	PA	2
chlorzoxazone tab 500mg	-	2
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	2
metaxalone tab (SKELAXIN equiv)	-	2
tizanidine cap (ZANAFLEX equiv)	-	2
BACLOFEN ORAL SOLN 10 MG/5ML (Prior Authorization Required for members age 9 and older)	PA	3
BACLOFEN ORAL SOLN 5 MG/5ML (Prior Authorization Required for members age 9 and older)	PA	3
BACLOFEN SUSP (Prior Authorization Required for members age 9 or older)	PA	3
FLEQSUVY SUSP (Prior Authorization required for members age 9 or older)	PA	3
LYVISPAH GRANULE PACKET (Members age 9 or older require Prior Authorization)	PA	3
METAXALONE TAB 400MG	-	3
ROBAXIN TAB	-	3
SOMA TAB	-	3
ZANAFLEX TAB	-	3
AMRIX CAP	-	NC
BACLOFEN TAB	-	NC
BACLOFEN TAB 5MG	-	NC
carisoprodol tab 250mg (SOMA equiv)	-	NC
chlorzoxazone tab	-	NC
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
cyclobenzaprine ER cap (AMRIX equiv)	-	NC
METHOCARBAMOL TAB	-	NC
SKELAXIN TAB	-	NC
SOMA TAB 250MG	-	NC
ZANAFLEX CAP	-	NC
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	2
DANTRIUM CAP	-	3
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS CAP 1.5MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	4
SOHONOS CAP 10MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	4
SOHONOS CAP 1MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	4
SOHONOS CAP 2.5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	4
SOHONOS CAP 5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	4

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DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS Cont.		
MUSCLE RELAXANT COMBINATIONS		
CARISOPRODOL/ASPIRIN TAB	-	NC
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	NC
LORVATUS PHARMAPAK KIT	-	NC
NORGESIC TAB FORTE	-	NC
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	NC
TIZANIDINE COMFORT KIT	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC
AZENASE PAK	-	NC
DYMISTA SPRAY	-	NC
RYALTRIS SPRAY	-	NC
NASAL AGENTS - MISC.		
ALCOHOL SWABS	OTC	1
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC
NASAL ANESTHETICS		
COCAINE HCL SOLN	-	NC
NASAL ANTIALLERGY		
azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 2 bottles/fill)	QL	1
azelastine nasal spray 0.15% (ASTEPRO equiv) (QL= 2 bottles/fill)	QL	2
olopatadine nasal spray (PATANASE equiv)	-	2
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY (QL= 2 bottles/fill)	QL	3
PATANASE NASAL SPRAY	-	3
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	1
NASAL STEROIDS		
budesonide nasal spray (RHINOCORT AQUA equiv) (QL= 2 bottles/fill)	OTC-QL	1
flunisolide nasal soln (QL= 2 bottles/fill)	QL	1
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1
FLONASE SENSIMIST NASAL SPRAY	OTC	2
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	3
BECONASE AQ NASAL SPRAY	-	NC
mometasone nasal spray (NASONEX equiv)	-	NC
OMNARIS NASAL SPRAY	-	NC
QNASL NASAL SPRAY	-	NC
RHINOCORT AQUA NASAL SPRAY	-	NC
XHANCE NASAL EXHALER	-	NC
ZETONNA NASAL SPRAY	-	NC
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN NASAL SOLN	-	NC

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NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	-	2
RADICAVA ORS STARTER KIT (QL= 70ml/365 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4
RADICAVA ORS SUSP (QL= 50mL/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4
RELYVRIO PAK (QL= 2 packets/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
EXSERVAN FILM	-	NC
RILUTEK TAB	-	NC
TIGLUTIK SUSP	-	NC
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP (QL= 3 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	4
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ	M-PA	M
RETT SYNDROME AGENTS		
DAYBUE SOLN (QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	4
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
NUTRIENTS		
LIPIDS		
DOJOLVI ORAL LIQUID	-	NC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT OPHTH INSERT	-	NC
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	1
betaxolol ophth soln (BETOPTIC-S equiv) (QL= 2 bottles/fill)	QL	1
CARTEOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	1
carteolol ophth soln (OCUPRESS equiv) (QL= 2 bottles/fill)	QL	1
dorzolamide/timolol (pf) ophth soln (COSOPT equiv) (QL= 60 units/30 days)	QL	1
LEVOBUNOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	1
levobunolol ophth soln (BETAGAN equiv) (QL= 2 bottles/fill)	QL	1
timolol maleate ophth soln (TIMOPTIC equiv) (QL= 2 bottles/fill)	QL	1
BETIMOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
BETOPTIC-S OPHTH SOLN (QL= 2 bottles/fill)	QL	2
brimonidine/timolol ophth soln (COMBIGAN equiv)	-	2
DORZOLAMIDE/TIMOLOL OPHTH SOLN (QL= 60 units/30 days)	QL	2
ISTALOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
METIPRANOLOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2 bottles/fill)	QL	2
timolol maleate ophth gel (TIMOPTIC-XE equiv) (QL= 2 bottles/fill)	QL	2
timolol maleate ophth soln 0.5% (ISTALOL equiv) (QL= 2 bottles/fill)	QL	2
timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv) (QL= 2 bottles/fill)	QL	2
BETAGAN OPHTH SOLN (QL= 2 bottles/fill)	QL	3

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DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
COSOPT (PF) OPHTH SOLN (QL= 60 units/30 days)	QL	3
TIMOPTIC OCUDOSE OPHTH SOLN 0.5% (QL= 2 bottles/fill)	QL	3
TIMOPTIC OPHTH SOLN (QL= 2 bottles/fill)	QL	3
TIMOPTIC-XE OPHTH GEL (QL= 2 bottles/fill)	QL	3
COMBIGAN OPHTH SOLN	-	NC
CHOLINERGIC AGONISTS		
TYRVAYA NASAL SPRAY (QL= 2 bottles/30 days (1 bottle= 4.2ml); Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint (QL= 2 bottles/fill)	QL	1
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 2 bottles/fill)	QL	1
ATROPINE SULFATE OPHTH OINT (QL= 2 tubes/fill)	QL	1
cyclopentolate ophth soln (CYCLOGYL equiv) (QL= 2 bottles/fill)	QL	1
phenylephrine ophth soln (MYDFRIN equiv) (QL= 2 bottles/fill)	QL	1
tropicamide ophth soln (MYDRIACYL equiv) (QL= 2 bottles/fill)	QL	1
CYCLOMYDRIL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
HOMATROPINE OPHTH SOLN (QL= 2 bottles/fill)	QL	2
ATROPINE SUL SOLN 1% OPHTH (QL= 2 bottles/fill)	QL	3
CYCLOGYL OPHTH SOLN (QL= 2 bottles/fill)	QL	3
MYDRIACYL OPHTH SOLN (QL= 2 bottles/fill)	QL	3
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv) (QL= 2 bottles/fill)	QL	1
ISOPTO CARBACHOL OPHTH SOLN (QL= 2 bottles/fill)	QL	2
ISOPTO CARPINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3
MIOSTAT INJ	-	NC
PHOSPHOLINE OPHTH SOLN	-	NC
VUITY OPHTH SOLN	-	NC
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine ophth soln 0.2% (QL= 2 bottles/fill)	QL	1
APRACLONIDINE OPHTH SOLN (QL= 2 bottles/fill)	QL	2
apraclonidine ophth soln (IOPIDINE equiv) (QL= 2 bottles/fill)	QL	2
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (QL= 2 bottles/fill)	QL	2
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv) (QL= 2 bottles/fill)	QL	2
IOPIDINE OPHTH SOLN (QL= 2 bottles/fill)	QL	2
SIMBRINZA OPHTH SUSP (QL= 2 bottles/fill)	QL	2
ALPHAGAN P OPHTH SOLN 0.15% (QL= 2 bottles/fill)	QL	3
IOPIDINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3
OPHTHALMIC ANTI-INFECTIVES		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) (QL= 2 bottles/fill)	QL	1
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) (QL= 2 bottles/fill)	QL	1
ciprofloxacin ophth soln (CILOXAN equiv) (QL= 2 bottles/fill)	QL	1
erythromycin ophth oint (QL= 2 bottles/fill)	QL	1
GENTAK OPHTH OINT (QL= 2 tubes/fill)	QL	1
gentamicin ophth soln (GARAMYCIN equiv) (QL= 2 bottles/fill)	QL	1
levofloxacin ophth soln (QUIXIN equiv) (QL= 2 bottles/fill)	QL	1
LEVOFLOXACIN OPHTH SOLN 0.5% (QL= 2 bottles/fill)	QL	1

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OPHTHALMIC AGENTS Cont.		
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) (QL= 2 bottles/fill)	QL	1
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN (QL= 2 bottles/fill)	QL	1
ofloxacin ophth soln (OCUFLOX equiv) (QL= 2 bottles/fill)	QL	1
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) (QL= 2 bottles/fill)	QL	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv) (QL= 2 bottles/fill)	QL	1
tobramycin ophth soln (TOBREX equiv) (QL= 2 bottles/fill)	QL	1
AZASITE SOLN (QL= 2 bottles/fill)	QL	2
BACITRACIN OPHTH OINT (QL= 2 bottles/fill)	QL	2
gatifloxacin ophth soln (ZYMAXID equiv) (QL= 2 bottles/fill)	QL	2
NATACYN OPHTH SUSP (QL= 15ml/fill)	QL	2
TRIFLURIDINE OPHTH SOLN (QL= 2 bottles/fill)	QL	2
ZIRGAN OPHTH GEL (QL= 2 bottles/fill)	QL	2
BLEPH-10 OPHTH SOLN (QL= 2 bottles/fill)	QL	3
CILOXAN OPHTH OINT (QL= 2 bottles/fill)	QL	3
CILOXAN OPHTH SOLN (QL= 2 bottles/fill)	QL	3
NEOSPORIN OPHTH SOLN (QL= 2 bottles/fill)	QL	3
OCUFLOX OPHTH SOLN (QL= 2 bottles/fill)	QL	3
POLYTRIM OPHTH SOLN (QL= 2 bottles/fill)	QL	3
TOBREX OPHTH OINT (QL= 2 bottles/fill)	QL	3
TOBREX OPHTH SOLN (QL= 2 bottles/fill)	QL	3
VIGAMOX OPHTH SOLN (QL= 2 bottles/fill)	QL	3
ZYMAXID OPHTH SOLN (QL= 2 bottles/fill)	QL	3
XDEMVY DROP (QL= 1 bottle/42 days (1 bottle= 10ml); Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Restricted to Ophthalmology or Optometry Specialist)	LD-QL-RS	4
BESIVANCE OPHTH SUSP	-	NC
ERYTHROMYCIN OPHTH OINT	-	NC
LEVOFLOXACIN OPHTH SOLN	-	NC
MOXEZA OPHTH SOLN 0.5%	-	NC
MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN	-	NC
MOXIFLOXACIN SOLN	-	NC
VANCOMYCIN SOLN	-	NC
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	1
CEQUA (PF) OPHTH SOLN, VEVYE OPHTH SOLN	-	NC
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC
RESTASIS MULTIDOSE	-	NC
RESTASIS OPHTH EMULSION	-	NC
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPHTH SOLN (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA OPHTH SOLN	PA	3
ROCKLATAN OPHTH SOLN	-	NC
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv) (QL= 2 bottles/fill)	QL	1
ALCAINE OPHTH SOLN (QL= 2 bottles/fill)	QL	3

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OPHTHALMIC AGENTS Cont.		
IHEEZO GEL	-	NC
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPHTH SOLN	-	NC
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPHTH SOLN	-	NC
OPHTHALMIC STEROIDS		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	1
fluorometholone ophth soln (FML LIQUIFILM equiv) (QL= 2 bottles/fill)	QL	1
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) (QL= 2 bottles/fill)	QL	1
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) (QL= 2 bottles/fill)	QL	1
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN (QL= 2 bottles/fill)	QL	1
PREDNISOLONE OPHTH SUSP (QL= 2 bottles/fill)	QL	1
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN (QL= 2 bottles/fill)	QL	1
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) (QL= 2 bottles/fill)	QL	1
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN (QL= 2 bottles/fill)	QL	1
tobramycin/dexamethasone ophth soln (TOBRADEX equiv) (QL= 2 bottles/fill)	QL	1
ALREX OPHTH SUSP (QL= 2 bottles/fill)	QL	2
BLEPHAMIDE OPHTH SOLN (QL= 2 bottles/fill)	QL	2
DEXAMETHASONE OPHTH SOLN (QL= 2 bottles/fill)	QL	2
difluprednate ophth emulsion (DUREZOL equiv) (QL= 2 bottles/fill)	QL	2
LOTEMAX OPHTH OINT (QL= 2 tubes/fill)	QL	2
loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 2 bottles/fill)	QL	2
loteprednol ophth susp (LOTEMAX, ALREX equiv) (QL= 2 bottles/fill)	QL	2
MAXIDEX OPHTH SOLN (QL= 2 bottles/fill)	QL	2
PRED MILD OPHTH SOLN (QL= 2 bottles/fill)	QL	2
PRED-G OPHTH SOLN (QL= 2 bottles/fill)	QL	2
TOBRADEX OPHTH OINT (QL= 2 bottles/fill)	QL	2
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2
ALREX OPHTH SUSP 0.2%	-	3
BLEPHAMIDE S.O.P. OPHTH OINT (QL= 2 bottles/fill)	QL	3
DUREZOL OPHTH EMULSION (QL= 2 bottles/fill)	QL	3
FLAREX OPHTH SUSP (QL= 2 bottles/fill)	QL	3
FML FORTE OPHTH SUSP (QL= 2 bottles/fill)	QL	3
FML LIQUIFLIM OPHTH SUSP (QL= 2 bottles/fill)	QL	3
FML S.O.P. OPHTH OINT (QL= 2 bottles/fill)	QL	3
LOTEMAX GEL (QL= 2 bottle/fill)	QL	3
MAXITROL OPHTH OINT (QL= 2 bottles/fill)	QL	3
MAXITROL OPHTH SUSP (QL= 2 bottles/fill)	QL	3
PRED FORTE OPHTH SUSP (QL= 2 bottles/fill)	QL	3
TOBRADEX OPHTH SOLN (QL= 2 bottles/fill)	QL	3
TOBRADEX ST OPHTH SUSP (QL= 2 bottles/fill)	QL	3
DEXTENZA OPHTH INSERT	-	NC
EYSUVIS OPHTH SUSP	-	NC
INVELTYS OPHTH SUSP	-	NC
KLARITY-B DROPS	-	NC

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OPHTHALMIC AGENTS Cont.		
KLARITY-L DROPS	-	NC
LOTEMAX OPHTH SUSP	-	NC
LOTEMAX SM GEL 0.38%	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC
OPHTHALMIC SURGICAL AIDS		
DUOVISC KIT	-	NC
OPHTHALMICS - MISC.		
azelastine ophth soln (OPTIVAR equiv) (QL= 2 bottles/fill)	QL	1
cromolyn ophth soln (CROLOM equiv) (QL= 2 bottles/fill)	QL	1
CROMOLYN SODIUM OPHTH SOLN (QL= 2 bottles/fill)	QL	1
diclofenac sodium ophth soln (VOLTAREN equiv) (QL= 2 bottles/fill)	QL	1
dorzolamide ophth soln (TRUSOPT equiv) (QL= 2 bottles/fill)	QL	1
epinastine opthth soln (ELESTAT equiv) (QL= 2 bottles/fill)	QL	1
ketorolac ophth soln (ACULAR (LS) equiv) (QL= 10ml/fill)	QL	1
ketotifen ophth soln (ZADITOR equiv) (QL= 2 bottles/fill)	OTC-QL	1
olopatadine ophth soln 0.1% (PATANOL equiv) (QL= 2 bottles/fill)	OTC-QL	1
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	OTC-QL	1
bepotastine ophth soln (BEPREVE equiv) (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	2
brinzolamide ophth susp (AZOPT equiv) (QL= 2 bottles/fill)	QL	2
bromfenac ophth soln (BROMDAY equiv) (QL= 2 bottles/fill)	QL	2
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY) (QL= 2 bottles/fill)	QL	2
FLURBIPROFEN OPHTH SOLN (QL= 2 bottles/fill)	QL	2
MIEBO OPHTH SOLN (QL= 1 bottle/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2
NEVANAC OPHTH SUSP (QL= 2 bottles/fill)	QL	2
PROLENSA OPHTH SOLN (QL= 2 bottles/fill)	QL	2
ACULAR (LS) OPHTH SOLN (QL= 2 bottles/fill)	QL	3
ACUVAIL OPHTH SOLN (QL= 2 bottles/fill)	QL	3
ALOCRIL OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3
ALOMIDE OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3
AZOPT OPHTH SUSP (QL= 2 bottles/fill)	QL	3
BEPREVE OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3
ELESTAT OPHTH SOLN (QL= 2 bottles/fill)	QL	3
EMADINE OPHTH SOLN (QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3
LASTACAFT OPHTH SOLN (QL= 3ml/30 days; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln)	QL-ST	3
PATANOL OPHTH SOLN (QL= 2 bottles/fill)	QL	3
TRUSOPT OPHTH SOLN (QL= 2 bottles/fill)	QL	3
CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-QL-RS	4

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OPHTHALMIC AGENTS Cont.		
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	4
UPNEEQ SOLN	-	EXC
bromfenac sodium ophth soln 0.07%	-	NC
bromfenac sodium ophth soln 0.075% (BROMSITE equiv)	-	NC
BROMSITE DROP 0.075%	-	NC
ILEVRO OPHTH SUSP	-	NC
PAZEO OPHTH SOLN 0.7%	-	NC
ZADITOR OPHTH SOLN	OTC	NC
ZERVIATE OPHTH SOLN	-	NC
PROSTAGLANDINS - OPHTHALMIC		
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	2
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	2
TRAVATAN Z DROPS (QL= 2.5ml/30 days)	QL	3
VYZULTA SOLN (QL= 2.5ml/30 days)	PA-QL	3
XALATAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	3
IYUZEH OPHTH DROPS	-	NC
tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv)	-	NC
XELPROS OPHTH EMULSION	-	NC
ZIOPTAN OPHTH SOLN	-	NC
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv) (QL= 2 bottles/fill)	QL	1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN (QL= 2 bottles/fill)	QL	1
OTIC ANTI-INFECTIVES		
ofloxacin otic soln (FLOXIN equiv) (QL= 2 bottles/fill)	QL	1
CIPROFLOXACIN OTIC SOLN	-	2
OTIC COMBINATIONS		
antipyrine/ benzocaine/ polycosanol otic soln (TREAGAN OTIC equiv) (QL= 2 bottles/fill)	QL	1
CORTIC-ND DROPS (QL= 2 bottles/fill)	QL	1
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv) (QL= 2 bottles/fill)	QL	1
neomycin/polymixin/hydrocoritisone otic susp (QL= 2 bottles/fill)	QL	1
otomax-HC otic soln (CORTANE-B equiv) (QL= 2 bottles/fill)	QL	1
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv) (QL= 2 bottles/fill)	QL	2
COLY-MYCIN S OTIC SUSP (QL= 2 bottles/fill)	QL	2
AURALGAN OTIC SOLN (QL= 2 bottles/fill)	QL	3
CIPRO HC OTIC SUSP (QL= 2 bottles/fill)	QL	3
CIPRODEX OTIC SUSP (QL= 2 bottles/fill)	QL	3
CORTANE-B OTIC SOLN (QL= 2 bottles/fill)	QL	3
TREAGAN OTIC (QL= 2 bottles/fill)	QL	3
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv) (QL= 2 bottles/fill)	QL	1

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OTIC AGENTS Cont.		
fluocinolone otic oil (DERMOTIC equiv) (QL= 2 bottles/fill)	QL	2
DERMOTIC OIL (QL= 2 bottles/fill)	QL	3
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
MPM PAK	-	NC
OXYTOCICS		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	2
oxytocin inj	-	3
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ	MSP-PA	4
CUVITRU INJ	-	NC
MONOCLONAL ANTIBODIES		
SYNAGIS INJ	-	NC
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ	MSP-PA	4
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ	MSP-PA	4
XEMBIFY INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	4
CUTAQUIG INJ	-	NC
MONOCLONAL ANTIBODIES		
BEYFORTUS INJ	VAC	NC
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	1
AMOXICILLIN CHEW TAB	-	1
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab (AMOXIL equiv)	-	1
ampicillin cap (AMPICILLIN equiv)	-	1
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
NATURAL PENICILLINS		
PENICILLIN VK SOLN	-	1
penicillin vk tab (VEETIDS equiv)	-	1
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
AMOXICILLIN/CLAVULANATE ER TAB	-	3
AUGMENTIN ES-600 SUSP	-	3
AUGMENTIN SUSP	-	3
AUGMENTIN TAB	-	3
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	1

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PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
TRICHOSOL SOLN	-	NC
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	2
PROGESTINS		
PROGESTINS		
medroxyprogesterone tab (PROVERA equiv)	-	1
norethindrone tab (AYGESTIN equiv)	-	1
progesterone cap (PROMETRIUM equiv)	-	1
progesterone oil inj	-	1
megestrol ES susp (MEGACE ES equiv)	-	2
AYGESTIN TAB	-	3
MEGACE ES SUSP	-	3
PROMETRIUM CAP	-	3
PROVERA TAB	-	3
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
DISULFIRAM TAB	-	1
disulfiram tab (ANTABUSE equiv)	-	1
acamprosate calcium DR tab (CAMPRAL equiv)	-	2
ANTABUSE TAB	-	3
LUCEMYRA TAB (QL= 96 tabs/7 days)	PA-QL	3
ANTI-CATAPLECTIC AGENTS		
LUMRYZ PACK (QL= 1 pack/day; Only available through Accredo 800-803-2523)	LD-PA-QL	4
SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	4
XYREM SOLN	-	NC
XYWAV SOLN	-	NC
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1
galantamine tab (RAZADYNE equiv)	-	1
memantine tab (NAMENDA equiv)	-	1
rivastigmine cap (EXELON equiv)	-	1
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	2
galantamine ER cap (RAZADYNE ER equiv)	-	2
GALANTAMINE SOLN	-	2
memantine ER cap (NAMENDA XR equiv)	-	2
memantine sol (NAMENDA equiv)	-	2
NAMENDA XR TITRATION PACK	-	2
rivastigmine patch (EXELON equiv)	-	2
ARICEPT TAB (QL= 2 tabs/day)	QL	3
ARICEPT TAB 23MG (QL= 1 tab/day)	QL	3
EXELON PATCH	-	3
NAMENDA TAB	-	3
RAZADYNE ER CAP	-	3

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
RAZADYNE SOLN	-	3
RAZADYNE TAB	-	3
ADLARITY PATCH	-	NC
NAMENDA XR CAP	-	NC
NAMZARIC CAP	-	NC
NAMZARIC STARTER PACK	-	NC
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	1
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	2
SYMBYAX CAP	-	3
DULOXICAINE PACK	-	NC
LYBALVI TAB	-	NC
FIBROMYALGIA AGENTS		
SAVELLA PAK	-	2
SAVELLA TAB (QL= 2 tabs/day)	QL	2
HYPOACTIVE SEXUAL DESIRE DISORDER (HSDD) AGENTS		
ADDYI TAB	-	NC
VYLEESI INJ	-	NC
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv)	LMSP	1
AUSTEDO XR TAB (QL= 2 tabs/day)	LMSP-PA-QL	4
AUSTEDO XR TAB 6MG (QL= 3 tabs/day)	LMSP-PA-QL	4
AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days)	LMSP-PA-QL	4
INGREZZA PACK 40-80MG (QL= 1 pack/28 days; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	4
AUSTEDO TAB	-	NC
AUSTEDO TITRATION PACK	-	NC
INGREZZA CAP	-	NC
XENAZINE TAB	-	NC
MULTIPLE SCLEROSIS AGENTS		
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	LMSP-QL-RS	1
dimethyl fumarate DR cap (TECFIDERA equiv)	LMSP	1
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	MSP	1
fingolimod hcl cap 0.5mg (GILENYA equiv)	LMSP	1
glatiramer inj (COPAXONE equiv)	LMSP	1
teriflunomide tab (AUBAGIO TAB equiv)	LMSP	1
AVONEX INJ	LMSP	4
GILENYA CAP 0.25MG	LMSP	4
MAVENCLAD PAK (Only available through Walgreens 888-347-3416)	LD	4
MAYZENT TAB	LMSP	4
MAYZENT TAB STARTER PACK	LMSP	4
ZEPOSIA CAP (QL= 1 cap/day)	LMSP-PA-QL	4
ZEPOSIA STARTER PACK (QL= 1 cap/day)	LMSP-PA-QL	4
AMPYRA TAB	-	NC
AUBAGIO TAB	-	NC
BAFIERTAM CAP	-	NC

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
BETASERON INJ	-	NC
COPAXONE INJ	-	NC
EXTAVIA INJ	-	NC
GILENYA CAP 0.5MG	-	NC
KESIMPTA INJ	-	NC
PLEGRIDY INJ	-	NC
PLEGRIDY PEN INJ	-	NC
PLEGRIDY STARTER PACK	-	NC
PONVORY TAB	-	NC
PONVORY TAB STARTER PACK	-	NC
REBIF INJ	-	NC
TASCENSO ODT TAB	-	NC
TECFIDERA CAP	-	NC
TECFIDERA STARTER PACK	-	NC
TYSABRI INJ	-	NC
VUMERITY CAP	-	NC
ZINBRYTA INJ	-	NC
POSTHERPETIC NEURALGIA (PHN) AGENTS		
GRALISE TAB	-	NC
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
gabapentin (once-daily) tab (GRALISE equiv)	-	NC
GRALISE STARTER PACK	-	NC
GRALISE TAB	-	NC
LIDOTIN PAK	-	NC
LYRICA CR TAB	-	NC
pregabalin ER tab (LYRICA CR equiv)	-	NC
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE CAP (PMDD)	-	NC
SARAFEM TAB	-	NC
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	2
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
PIMOZIDE TAB	-	2
ERGOLOID MESYLATES TAB	-	3
ORAP TAB	-	3
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB	-	NC
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	$0
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	$0
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	$0
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	$0
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	$0
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	$0
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	$0

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	$0
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	$0
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	$0
VARENICLINE TAB (Limited to 180 days/plan year)	QL-SMKG	$0
varenicline tartrate tab (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	$0
varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year)	QL-SMKG	$0
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	$0
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ (QL= 4 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	4
WAINUA INJ	-	NC
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP	-	NC
paroxetine cap (BRISDELLE equiv)	-	NC
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST/PROLASTIN/ZEMAIRA INJ	-	NC
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
PULMOZYME INH SOLN	LMSP	4
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
TRIKAFTA THERAPY PACK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	4
BRONCHITOL CAP	-	NC
PULMONARY FIBROSIS AGENTS		
pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)	LMSP-PA-QL	1
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	LMSP-PA-QL	1
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	LMSP-PA-QL	1
ESBRIET CAP (QL= 9 caps/day)	LMSP-PA-QL-SF	4
ESBRIET TAB 267MG (QL= 9 tabs/day)	LMSP-PA-QL-SF	4
ESBRIET TAB 801MG (QL= 3 tabs/day)	LMSP-PA-QL-SF	4
OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF	4
PIRFENIDONE TAB	-	NC
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab	-	2
SULFADIAZINE TAB	-	NC
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB	-	NC
TETRACYCLINES		
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1

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DrugName	Special Code	Tier
TETRACYCLINES Cont.		
doxycycline hyclate tab (VIBRATAB equiv)	-	1
doxycycline monohydrate cap 100mg (MONODOX equiv)	-	1
doxycycline monohydrate cap 50mg (MONODOX equiv)	-	1
doxycycline monohydrate tab (ADOXA equiv)	-	1
minocycline cap (MINOCIN equiv)	-	1
demeclocycline tab (DECLOMYCIN equiv)	-	2
doxycycline susp (VIBRAMYCIN equiv)	-	2
minocycline tab (DYNACIN equiv)	-	2
tetracycline cap	-	2
DYNACIN TAB	-	3
MINOCIN CAP	-	3
MONODOX CAP	-	3
VIBRAMYCIN CAP	-	3
VIBRAMYCIN SUSP	-	3
VIBRAMYCIN SYRUP	-	3
ACTICLATE TAB 75MG, 150MG	-	NC
DORYX MPC TAB	-	NC
DORYX TAB	-	NC
doxycycline hyclate DR tab (DORYX equiv)	-	NC
doxycycline hyclate tab (TARGADOX equiv)	-	NC
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC
MINOCYCLINE ER CAP	-	NC
minocycline ER tab (SOLODYN equiv)	-	NC
MINOLIRA TAB	-	NC
SEYSARA TAB	-	NC
SOLODYN TAB	-	NC
TETRACYCLINE TAB	-	NC
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1
TAPAZOLE TAB	-	3
SODIUM IODIDE I-131 SOLN	-	NC
THYROID HORMONES		
ARMOUR THYROID TAB, NATURE THROID TAB	-	1
levothyroxine tab (SYNTHROID equiv)	-	1
liothyronine tab (CYTOMEL equiv)	-	1
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1
THYROLAR TAB	-	2
CYTOMEL TAB	-	3
SYNTHROID TAB	-	3
ERMEZA SOLN 150 MCG/5ML	-	NC
LEVOTHYROXINE INJ	-	NC

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DrugName	Special Code	Tier
THYROID AGENTS Cont.		
LEVOTHYROXINE INJ 100MCG/ML	-	NC
THYQUIDITY SOLN	-	NC
TIROSINT CAP	-	NC
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL/BOOSTRIX INJ	VAC	$0
DAPTACEL INJ, INFANRIX INJ	VAC	$0
DIPTHERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	$0
KINRIX INJ, QUADRACEL DTAP-IPV INJ	VAC	$0
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE	VAC	$0
PEDIARIX INJ	VAC	$0
PENTACEL INJ	VAC	$0
TETANUS/DIPHTHERIA TOXOID INJ	VAC	$0
VAXELIS INJ	VAC	$0
ULCER DRUGS		
ANTISPASMODICS		
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1
hyoscyamine sulfate elixir (LEVSIN equiv)	-	1
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1
hyoscyamine sulfate soln (LEVSIN equiv)	-	1
hyoscyamine tab (LEVSIN equiv)	-	1
BELLADONNA ALKALOID/OPIUM SUPP	-	2
dicyclomine soln (BENTYL equiv)	-	2
glycopyrrolate tab (ROBINUL equiv)	-	2
methscopolamine tab (PAMINE equiv)	-	2
PROPANTHELINE TAB	-	2
ANASPAZ ODT	-	3
BENTYL CAP	-	3
BENTYL SYRUP	-	3
LEVBID TAB	-	3
LEVSIN SL TAB	-	3
LEVSIN TAB	-	3
ROBINUL TAB	-	3
SYMAX DUOTAB	-	3
b-donna tab (DONNATAL equiv)	-	NC
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC
DONNATAL ELIXIR	-	NC
DONNATAL TAB	-	NC
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC
LEVSIN INJ	-	NC
LIBRAX CAP	-	NC
pb-belladonna elixir (DONNATAL equiv)	-	NC
H-2 ANTAGONISTS		

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ULCER DRUGS Cont.		
cimetidine soln (CIMETIDINE equiv)	-	1
cimetidine tab (TAGAMET equiv)	OTC	1
famotidine tab (PEPCID equiv)	OTC	1
nizatidine cap (AXID equiv)	-	1
famotidine susp (PEPCID equiv)	-	2
AXID CAP	-	3
NIZATIDINE SOLN (Members age 9 or older require Prior Authorization)	PA	3
PEPCID SUSP	-	3
PEPCID TAB	OTC	3
TAGAMET TAB	-	3
ranitidine cap (ZANTAC equiv)	-	NC
ranitidine syrup (ZANTAC equiv)	-	NC
ranitidine tab (Rx Only) (ZANTAC equiv)	-	NC
ZANTAC CAP	-	NC
ZANTAC EFFER TAB	-	NC
ZANTAC SYRUP	-	NC
ZANTAC TAB	-	NC
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	1
CARAFATE TAB	-	3
PROTON PUMP INHIBITORS		
esomeprazole cap (NEXIUM equiv)	OTC	1
lansoprazole cap (PREVACID equiv)	OTC	1
omeprazole DR cap (PRILOSEC equiv)	-	1
pantoprazole EC tab (PROTONIX equiv)	-	1
rabeprazole EC tab (ACIPHEX equiv)	-	1
FIRST OMEPRAZOLE SUSP (Covered for members 7 years or younger)	-	2
LANSOPRAZOLE SUSP (Covered for members 7 years or younger)	-	2
ACIPHEX TAB	-	3
PREVACID CAP	OTC	3
PREVACID OTC CAP	OTC	3
ACIPHEX SPRINKLE CAP	-	NC
NEXIUM GRANULE PACK	-	NC
PRILOSEC CAP	-	NC
PRILOSEC OTC DR TAB	OTC	NC
PROTONIX EC TAB	-	NC
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	1
CYTOTEC TAB	-	3
ULCER THERAPY COMBINATIONS		
ZEGERID CAP OTC	OTC	1
HELIDAC PACK	-	NC
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC
ZEGERID CAP	-	NC
ZEGERID POWDER PACK	-	NC

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ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
glycopyrrolate oral soln (CUVPOSA equiv)	-	2
CUVPOSA SOLN	-	3
DARTISLA ODT TAB	-	NC
GLYCATE TAB	-	NC
HYOSCYAMINE INJ	-	NC
H-2 ANTAGONISTS		
CIMETIDINE SOLN	-	1
NIZATIDINE CAP	-	1
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	2
CARAFATE SUSP	-	3
PROTON PUMP INHIBITORS		
omeprazole tab	OTC	1
esomeprazole magnesium DR tab (NEXIUM equiv)	OTC	2
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	2
NEXIUM 24HR TAB	OTC	3
PRILOSEC OTC DR TAB	OTC	3
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	-	NC
DEXILANT DR CAP	-	NC
dexlansoprazole DR cap (DEXILANT equiv)	-	NC
esomeprazole DR granule pack (NEXIUM equiv)	-	NC
FIRST PANTOPRAZOLE SUSP	-	NC
lansoprazole odt (PREVACID SOLUTAB equiv)	-	NC
NEXIUM GRANULE PACK	-	NC
pantoprazole sodium packet (PROTONIX PAK equiv)	-	NC
PREVACID SOLUTAB	-	NC
VOQUEZNA TAB	-	NC
ULCER THERAPY COMBINATIONS		
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	2
bismuth/metro/tetra cap (PYLERA equiv)	-	NC
KONVOMEP SUSP	-	NC
LANSOPRAZOLE/AMOXICILLIN/CLARITHTHROMYCIN KIT	-	NC
PYLERA CAP	-	NC
TALICIA CAP	-	NC
VOQUEZNA DUAL PAK	-	NC
VOQUEZNA TRIP PAK	-	NC
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVE COMBINATIONS		
PROSED DS TAB	-	3
URITACT DS TAB	-	3
URITACT EC TAB	-	3
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
trospium chloride SR cap (SANCTURA XR equiv)	-	2

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DrugName	Special Code	Tier
URINARY ANTISPASMODICS Cont.		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
oxybutynin syrup	-	1
oxybutynin tab (DITROPAN equiv)	-	1
OXYTROL PATCH (OTC)	OTC	1
solifenacin tab (VESICARE equiv)	-	1
tolterodine tab (DETROL equiv)	-	1
trospium tab (SANCTURA equiv)	-	1
darifenacin SR tab (ENABLEX equiv)	-	2
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	2
oxybutynin ER tab (DITROPAN XL equiv) (QL= 2 tabs/day)	QL	2
tolterodine SR cap (DETROL LA equiv)	-	2
DETROL LA CAP	-	3
DETROL TAB	-	3
DITROPAN XL TAB	-	3
ENABLEX TAB	-	3
TOVIAZ TAB	-	3
VESICARE TAB	-	3
GELNIQUE	-	NC
OXYBUTYNIN TAB	-	NC
VESICARE LS SUSP	-	NC
URINARY ANTISPASMODIC COMBINATIONS		
URELIEF PLUS TAB	-	NC
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TAB	-	NC
MYRBETRIQ SUSP	-	NC
MYRBETRIQ TAB	-	NC
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	1
URECHOLINE TAB	-	3
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv)	-	3
VACCINES		
BACTERIAL VACCINES		
ACTHIB INJ, HIBERIX INJ	VAC	$0
BEXSERO INJ	VAC	$0
MENACTRA INJ	VAC	$0
MENQUADFI INJ	VAC	$0
MENVEO INJ	VAC	$0
PEDVAXHIB INJ	VAC	$0
PENBRAYA INJ	VAC	$0
PNEUMOVAX INJ	VAC	$0
PREVNAR 13 INJ	VAC	$0
PREVNAR 20 INJ (Covered for members age 19 years or older)	VAC	$0
TRUMENBA INJ	VAC	$0
VAXNEUVANCE INJ	VAC	$0

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DrugName	Special Code	Tier
VACCINES Cont.		
BCG INJ	VAC	EXC
VIRAL VACCINES		
ABRYSVO INJ	VAC	$0
AFLURIA INJ (QL= 1 inj/28 days)	QL-VAC	$0
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	$0
AREXVY INJ	VAC	$0
COMIRNATY INJ (QL= 1 dose/17 days)	QL-VAC	$0
COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days)	QL-VAC	$0
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL= 1 inj/fill)	QL-VAC	$0
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL-VAC	$0
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL-VAC	$0
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL-VAC	$0
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL-VAC	$0
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL-VAC	$0
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL-VAC	$0
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	$0
COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days)	QL-VAC	$0
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	$0
DENGVAXIA SUSP	VAC	$0
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	$0
FLUAD INJ (QL= 1 inj/28 days)	QL-VAC	$0
FLUAD QUAD INJ (QL= 1 inj/28 days)	QL-VAC	$0
FLUBLOK QUAD PF INJ (QL= 1 inj/28 days)	QL-VAC	$0
FLUCELVAX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	$0
FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 1 inj/28 days)	QL-VAC	$0
FLUMIST QUADRIVALENT NASAL SUSP (QL= 1 inj/28 days)	QL-VAC	$0
FLUZONE HD PF INJ (QL= 1 inj/28 days)	QL-VAC	$0
FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days)	QL-VAC	$0
FLUZONE/FLUARIX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	$0
GARDASIL 9 INJ	VAC	$0
HAVRIX INJ, VAQTA INJ	VAC	$0
HEPLISAV-B INJ	VAC	$0
IPOL INJ	VAC	$0
M-M-R II INJ	VAC	$0
PREHEVBRIO SUSP	VAC	$0
PRIORIX INJ	VAC	$0
ROTARIX SUSP	VAC	$0
ROTATEQ INJ	VAC	$0
SHINGRIX INJ (Covered for members age 19 years or older)	VAC	$0
SPIKEVAX INJ (QL= 1 dose/24 days)	QL-VAC	$0
SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days)	QL-VAC	$0
TWINRIX INJ	VAC	$0
VARIVAX INJ	VAC	$0
IMOVAX INJ	VAC	EXC
IXCHIQ INJ	VAC	EXC
RABAVERT INJ	VAC	EXC

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DrugName	Special Code	Tier
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill)	QL	2
XACIATO GEL (QL= 1 applicator/fill)	QL	2
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL (QL= 1 box/fill)	QL	$0
VAGINAL PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
FEM PH GEL	-	3
INTRAROSA SUPP	-	NC
SPERMICIDES		
CONCEPTROL GEL	ACA-OTC	$0
CONTRACEPTIVE FILM	ACA-OTC	$0
CONTRACEPTIVE FOAM	ACA-OTC	$0
CONTRACEPTIVE GEL	ACA-OTC	$0
CONTRACEPTIVE SUPP	ACA-OTC	$0
TODAY SPONGE	ACA-OTC	$0
VAGINAL ANTI-INFECTIVES		
clindamycin vaginal cream (CLEOCIN equiv) (QL=1 tube/fill)	QL	1
metronidazole vaginal gel (METROGEL equiv)	-	1
terconazole cream (TERAZOL equiv)	-	1
TERCONAZOLE CREAM 0.8%	-	1
terconazole supp (TERAZOL equiv)	-	1
CLEOCIN VAGINAL CREAM	-	3
CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill)	QL	3
GYNAZOLE CREAM	-	3
METROGEL VAGINAL GEL	-	3
MICONAZOLE 3 SUPP 200MG	-	3
TERAZOL CREAM	-	3
VAGINAL ESTROGENS		
estradiol cream (ESTRACE equiv)	-	1
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	2
ESTRING (3 copays per Rx)	-	2
PREMARIN VAGINAL CREAM	-	2
ESTRACE VAGINAL CREAM	-	3
FEMRING (3 copays per Rx)	-	3
VAGIFEM TAB (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3
IMVEXXY SUPP	-	NC
VAGINAL PROGESTINS		
CRINONE GEL	PA	2
ENDOMETRIN INSERT	PA	2
PROGESTERONE SUPP	PA	3
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	1
ADRENACLICK INJ, EPINEPHRINE INJ	-	NC

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DrugName	Special Code	Tier
VASOPRESSORS Cont.		
AUVI-Q INJ	-	NC
EPIPEN (JR) INJ	-	NC
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap (NORTHERA equiv)	-	NC
NORTHERA CAP	-	NC
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	1
VITAMINS		
MISC. NUTRITIONAL FACTORS		
PRENATAL VITAMINS (NON-PREFERRED)	-	3
OIL SOLUBLE VITAMINS		
vitamin D cap (Rx covered Only)	-	1
phytonadione tab (MEPHYTON equiv)	-	2
DRISDOL CAP	-	3
MEPHYTON TAB	-	3
cholecalciferol cap 50000 unit	-	NC
ERGOCAL CAP	-	NC
vitamin D cap 1000unit	OTC	NC
vitamin D cap 400unit	OTC	NC
VITAMIN D TAB 400UNIT	OTC	NC
WATER SOLUBLE VITAMINS		
niacin tab	OTC	1
POTABA POWDER PACKET	-	2
POTABA CAP	-	3
niacin cap	OTC	NC
niacin CR tab (SLO-NIACIN equiv)	OTC	NC
NIACIN TR TAB	OTC	NC
niacinamide tab	OTC	NC

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Prime 4 Tier Formulary
Prior Authorization Drug List
Last Updated* 5/1/2024

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ABSTRAL SL TAB	3
ACTEMRA ACTPEN INJ	4
ACTEMRA SC INJ	4
ACTHAR GEL INJ	4
ACTIMMUNE INJ	4
ACTIQ LOZENGE	3
ADALIMUMAB-ADAZ INJ	4
ADALIMUMAB-ADAZ PFS INJ	4
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	4
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	4
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	4
adapalene cream	2
adapalene gel	2
ADBRY INJ	4
ADEMPAS TAB	4
AIMOVIG INJ	2
AJOVY INJ	2
ALECENSA CAP	4
ALINIA SUSP	2
ALINIA TAB	3
ALKINDI SPRINKLE CAP 0.5MG	3
ALKINDI SPRINKLE CAP 1MG	3
ALUNBRIG TAB 30MG	4
ALUNBRIG TAB 90MG, 180MG	4
ambrisentan tab	1
ANDRODERM PATCH	2
ANDROGEL 1% 25MG	3
ANDROGEL 1% 50MG, TESTIM GEL 1%	3
ANDROGEL 1.62% 1.25GM	3
ANDROGEL 1.62% 2.5GM	3
ANDROGEL PUMP 1%	3
ANDROGEL PUMP 1.62%	3
ARIKAYCE SUSP	4
aripiprazole ODT	2
ATORVALIQ SUSP	3
ATRALIN GEL, RETIN-A GEL	3
AUSTEDO XR TAB	4
AUSTEDO XR TAB 6MG	4
AUSTEDO XR TAB TITRATION KIT	4
AYVAKIT TAB	4
BACLOFEN ORAL SOLN 10 MG/5ML	3
BACLOFEN ORAL SOLN 5 MG/5ML	3

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
baclofen susp	2
BALVERSA TAB 3MG	4
BALVERSA TAB 4MG	4
BALVERSA TAB 5MG	4
BANZEL SUSP	3
BARACLUDE SOLN	3
BENLYSTA AUTO-INJECTOR	4
BENLYSTA INJ	4
BERINERT INJ	4
bexarotene cap	1
bexarotene gel	1
bosentan tab	1
BOSULIF CAP	4
BOTOX INJ	M
BRAFTOVI CAP 75MG	4
BRUKINSA CAP	4
budesonide ER tab	2
budesonide rectal foam	2
BYLVAY CAP 1200MCG	4
BYLVAY CAP 400MCG	4
BYLVAY SPRINKLE CAP 200MCG	4
BYLVAY SPRINKLE CAP 600MCG	4
CABOMETYX TAB	4
CAMZYOS CAP	4
CAPRELSA 300MG TAB	4
CAPRELSA TAB	4
carglumic acid tab	1
CAROSPIR SUSP	3
cetrorelix acetate for inj kit	4
CETROTIDE KIT	4
CHOLBAM CAP	4
CIBINQO TAB	4
CIMZIA INJ	4
CIMZIA STARTER INJ KIT	4
CINRYZE INJ	4
clobazam susp	2
CLOMID TAB	4
CLOMIPHENE TAB	4
COMETRIQ KIT	4
CONTRAVE TAB	2
COPIKTRA CAP	4
CORLANOR SOLN	3

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
CORLANOR TAB	3
COTELLIC TAB	4
CRINONE GEL	2
cycloserine cap	2
DAYBUE SOLN	4
deferiprone tab	1
DESCOVY TAB	$0
DIACOMIT CAP	4
DIACOMIT POWDER PACK	4
diclofenac gel	2
DIFFERIN CREAM	3
DIFFERIN GEL	3
DIFFERIN OTC GEL 0.1%	1
DOPTELET TAB	4
DOXEPIN CREAM, PRUDOXIN CREAM, ZONALON CREAM	3
DOXEPIN HCL CREAM	3
dronabinol cap	2
DUPIXENT INJ	4
DUPIXENT PEN INJ	4
EMPAVELI INJ	4
enalapril maleate oral soln	2
ENDARI POWDER PACK	4
ENDOMETRIN INSERT	2
ENSPRYNG INJ	4
EPIDIOLEX SOLN	4
EPRONTIA SOLN	3
ERIVEDGE CAP	4
ERLEADA TAB	4
ERLEADA TAB 240MG	4
erlotinib tab	1
erlotinib tab 25mg	1
ESBRIET CAP	4
ESBRIET TAB 267MG	4
ESBRIET TAB 801MG	4
everolimus tab	1
everolimus tab (ZORTRESS equiv)	4
everolimus tab for oral susp	1
EVRYSDI SOLN	4
EZALLOR SPRINKLE CAP	3
FANAPT TAB	3
FANAPT TITRATION PACK	3
fentanyl citrate lollipop	2

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
FENTORA TAB, FENTANYL BUCCAL TAB	3
FERRIPROX SOLN	4
FILSPARI TAB	4
FINTEPLA SOLN	4
FIRDAPSE TAB	4
FLEQSUVY SUSP	3
FLOLIPID SUSP	3
FOLLISTIM AQ INJ	4
FOTIVDA CAP	4
GALAFOLD CAP	4
ganirelix ac inj	4
GAVRETO CAP	4
gefitinib tab	1
GENOTROPIN INJ	4
GILOTRIF TAB	4
GLOPERBA SOLN	3
GONAL-F RFF INJ	4
GONAL-F RFF INJ, GONAL-F INJ	4
HADLIMA INJ	4
HADLIMA INJ 40MG/0.8ML	4
HADLIMA PUSH INJ	4
HADLIMA PUSH INJ 40MG/0.8ML	4
HEMLIBRA INJ	4
HIZENTRA INJ	4
HUMIRA INJ 10MG	4
HUMIRA INJ 20MG	4
HUMIRA INJ 40MG	4
HUMIRA INJ 80MG	4
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	4
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	4
HUMIRA INJ PEDIATRIC UC STARTER PACK	4
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	4
HUMIRA PEN INJ 40MG	4
HYCAMTIN CAP	4
HYFTOR GEL	4
HYQVIA INJ	4
icatibant inj	2
ICLUSIG TAB	4
IDHIFA TAB	4
IMBRUVICA CAP 140MG	4
IMBRUVICA CAP 70MG	4
IMBRUVICA SUSP	4

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
IMBRUVICA TAB 420MG, 560MG	4
IMCIVREE INJ	4
INBRIJA INH POWDER	3
INGREZZA PACK 40-80MG	4
INQOVI TAB	4
ISTURISA TAB 10MG	4
ISTURISA TAB 1MG	4
ISTURISA TAB 5MG	4
itraconazole soln	2
ivermectin tab	2
JAKAFI TAB	4
JAYPIRCA TAB	4
JOENJA TAB	4
JYLAMVO SOLN, XATMEP SOLN	3
JYNARQUE PAK	4
JYNARQUE TAB	4
KALYDECO PAK	4
KALYDECO TAB	4
KATERZIA SUSP	3
KERENDIA TAB	3
KEVZARA INJ	4
KINERET INJ	4
KISQALI PAK	4
KISQALI TAB	4
KOSELUGO CAP	4
KOSELUGO CAP 10MG	4
KRAZATI TAB	4
lapatinib ditosylate tab	1
LAZANDA NASAL SPRAY	3
LEDIPASVIR/SOFOSBUVIR TAB	4
LENVIMA CAP	4
LIKMEZ SUSP	3
LINZESS CAP	3
LITFULO CAP	4
LIVMARLI SOLN	4
LIVTENCITY TAB	4
LOKELMA PAK	2
LONSURF TAB	4
LORBRENA TAB 100MG	4
LORBRENA TAB 25MG	4
lubiprostone cap	2
LUCEMYRA TAB	3

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
LUMAKRAS TAB	4
LUMAKRAS TAB 320MG	4
LUMRYZ PACK	4
LUPKYNIS CAP	4
LYNPARZA TAB	4
LYTGOBI THERAPY PACK	4
LYVISPAH GRANULE PACKET	3
MARINOL CAP	3
MAVYRET PAK	4
MAVYRET TAB	4
MEKINIST SOLN	4
MEKINIST TAB 0.5MG	4
MEKINIST TAB 2MG	4
MEKTOVI TAB	4
MENOPUR INJ	4
METHITEST TAB	3
methyltestosterone cap	2
mifepristone tab	1
miglustat cap	1
MOTEGRITY TAB	3
MOVANTIK TAB	2
MYFEMBREE TAB	2
NATPARA INJ	4
NERLYNX TAB	4
NEXLETOL TAB	2
NEXLIZET TAB	2
NINLARO CAP	4
nitazoxanide tab	2
nitrofurantoin susp	2
NIZATIDINE SOLN	3
NORLIQVA ORAL SOLN	3
NUBEQA TAB	4
NUCALA INJ	4
NUEDEXTA CAP	2
OCALIVA TAB	4
ODOMZO CAP	4
OFEV CAP	4
OLUMIANT TAB	4
OMNITROPE INJ	4
ONFI SUSP	3
OPSUMIT TAB	4
OPZELURA CREAM	3

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
ORENCIA CLICK INJ	4
ORENCIA SC INJ 125MG/ML	4
ORENCIA SC INJ 50MG/0.4ML	4
ORENCIA SC INJ 87.5MG/0.7ML	4
ORIAHNN CAP	2
ORILISSA TAB 150MG	2
ORILISSA TAB 200MG	2
ORKAMBI GRANULES PACKET	4
ORKAMBI TAB	4
ORSERDU TAB	4
ORSERDU TAB 345MG	4
OTEZLA STARTER PACK	4
OTEZLA TAB	4
OVIDREL INJ	4
PALYNZIQ INJ	4
pazopanib tab	1
PEMAZYRE TAB	4
phentermine cap	1
phentermine tab	1
PIQRAY TAB	4
pirfenidone cap	1
pirfenidone tab 267mg	1
pirfenidone tab 801mg	1
POMALYST CAP	4
PREGNYL INJ, NOVAREL INJ	4
PREVYMIS TAB	4
PROGESTERONE SUPP	3
PROMACTA POWDER	4
PROMACTA TAB 12.5MG, 25MG	4
PROMACTA TAB 50MG	4
PROMACTA TAB 75MG	4
PURIXAN SUSP	3
pyrimethamine tab	1
PYRUKYND TAB	4
PYRUKYND TAPER PACK	4
QBRELIS SOLN	3
QINLOCK TAB	4
QSYMIA CAP	2
RADICAVA ORS STARTER KIT	4
RADICAVA ORS SUSP	4
RELYVRIO PAK	4
REPATHA INJ	2

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.

Prime 4 Tier Formulary cont.
Prior Authorization Drug List
Last Updated* 5/1/2024

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)
REPATHA PUSHTRONEX INJ	2
RETACRIT INJ	4
RETEVMO CAP	4
RETIN-A CREAM	3
REVATIO SUSP	3
REVATIO TAB	3
REYVOW TAB	2
REZLIDHIA CAP	4
REZUROCK TAB	4
RHOPRESSA OPHTH SOLN	3
RIFATER TAB	3
RINVOQ ER TAB	4
ROZLYTREK CAP	4
ROZLYTREK PAK	4
RUBRACA TAB	4
RUCONEST INJ	4
rufinamide susp	2
rufinamide tab	2
RYDAPT CAP	4
sapropterin dihydrochloride powder packet	2
sapropterin dihydrochloride soluble tab	2
SIGNIFOR INJ	4
sildenafil susp	2
sildenafil tab 20mg	1
SIMPONI AUTO-INJECTOR 100MG	4
SIMPONI INJ 100MG	4
SKYCLARYS CAP	4
SKYRIZI INJ 150MG/ML	4
SKYRIZI INJ 180 MG/1.2ML	4
SKYRIZI INJ 360MG/2.4ML	4
SKYRIZI INJ 75MG/0.83ML	4
SKYTROFA INJ	4
SODIUM OXYBATE SOLN	4
SOFOSBUVIR/VELPATASVIR TAB	4
SOGROYA INJ	4
SOHONOS CAP 1.5MG	4
SOHONOS CAP 10MG	4
SOHONOS CAP 1MG	4
SOHONOS CAP 2.5MG	4
SOHONOS CAP 5MG	4
SOLOSEC GRANULES PACKET	3
SOMAVERT INJ	4

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Prime 4 Tier Formulary cont.
Prior Authorization Drug List
Last Updated* 5/1/2024

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)
sorafenib tosylate tab	1
SOTYLIZE SOLN 5MG/ML	3
spironolactone susp	2
SPORANOX SOLN	3
SPRAVATO NASAL SOLN	4
STELARA INJ	4
STIVARGA TAB	4
STRENSIQ INJ	4
STROMECTOL TAB	3
sunitinib malate cap	1
SUNOSI TAB	2
SYMDEKO TAB	4
SYMPROIC TAB	2
TABRECTA TAB	4
tadalafil tab (PAH)	1
TADLIQ SUSP	3
TAFINLAR CAP	4
TAFINLAR TAB	4
TAKHZYRO INJ	4
TAKHZYRO INJ 150MG/ML	4
TALTZ INJ	4
TALZENNA CAP 0.25MG	4
TALZENNA CAP 0.5MG, 0.75MG, 1MG	4
TASIGNA CAP	4
TAVNEOS CAP	4
TAZVERIK TAB	4
TEGSEDI INJ	4
TEPMETKO TAB	4
TESTOSTERONE GEL 1% 25MG	2
testosterone gel 1% 50mg	2
testosterone gel 1% pump	2
testosterone gel 1.62% 1.25gm	2
testosterone gel 1.62% 2.5gm	2
TESTOSTERONE GEL PUMP	2
testosterone gel pump 1.62%	2
testosterone soln	2
TEZSPIRE INJ	4
TIBSOVO TAB	4
tiopronin tab	1
TOBI PODHALER	4
TRACLEER TAB 32MG	4
TREMFYA INJ	4

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Prime 4 Tier Formulary cont.
Prior Authorization Drug List
Last Updated* 5/1/2024

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)
tretinoin cream	2
tretinoin gel	2
tretinoin gel 0.08%	2
trientine cap	1
TRIKAFTA TAB	4
TRIKAFTA THERAPY PACK	4
TRINTELLIX TAB	3
TRULANCE TAB	2
TUKYSA TAB	4
TURALIO CAP	4
TYVASO DPI POWDER	4
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	4
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	4
TYVASO DPI POWDER TITRATION KIT 16-32MCG	4
TYVASO INH SOLN 0.6 MG/ML	4
UCERIS RECTAL FOAM	3
UCERIS TAB	3
UPTRAVI TAB	4
VALCHLOR GEL	4
VANFLYTA TAB	4
VANFLYTA TAB 26.5MG	4
VELTASSA POWDER	2
VENTAVIS INH SOLN	4
VERZENIO TAB	4
vigabatrin powder pack	1
vigabatrin tab	1
vigadrone powder pack	1
VIIBRYD TAB	3
VIJOICE TAB	4
VIJOICE TAB 250MG	4
vilazodone hcl tab	2
VITRAKVI CAP 100MG	4
VITRAKVI CAP 25MG	4
VITRAKVI SOLN	4
VIZIMPRO TAB	4
VONJO CAP	4
VOSEVI TAB	4
VOWST CAP	4
VOXZOGO INJ	4
VYNDAMAX CAP	4
VYNDAQEL CAP	4
VYZULTA SOLN	3

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Prime 4 Tier Formulary cont.
Prior Authorization Drug List
Last Updated* 5/1/2024

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)
WELIREG TAB	4
XADAGO TAB	3
XALKORI CAP	4
XALKORI SPRINKLE CAP	4
XELJANZ SOLN	4
XELJANZ TAB	4
XELJANZ XR TAB	4
XEMBIFY INJ	4
XOLAIR INJ	4
XOLAIR INJ 150MG/ML	4
XOLAIR INJ 300MG/2ML	4
XOLAIR SYRINGE	4
XOLAIR SYRINGE 150MG/ML	4
XOLAIR SYRINGE 300MG/2ML	4
XPHOZAH TAB	3
XPOVIO PAK	4
ZAVZPRET NASAL SPRAY	2
ZEJULA CAP	4
ZEJULA TAB	4
ZELBORAF TAB	4
ZEPOSIA CAP	4
ZEPOSIA STARTER PACK	4
ZOKINVY CAP	4
ZOLINZA CAP	4
ZONISADE SUSP	3
ZORTRESS TAB	4
ZORYVE CREAM	2
ZTALMY SUSP	4
ZYDELIG TAB	4
ZYKADIA CAP	4
ZYKADIA TAB	4

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.

Prime 4 Tier Formulary
Last Updated* 5/1/2024
Tablet Splitting Program

Tablet splitting helps control prescription drug benefit costs and can provide significant savings for members. Participation in the program is voluntary. Through this program, members pay up to one-half of their usual copayment on a select group of prescription drugs. Drugs included in this program are based on the following criteria:

• The drug product is on the formulary.
• The drug product is recognized as an appropriate product to split by the Pharmacy & Therapeutics Committee.
• The drug is flat priced (i.e. various strengths of the medication must be comparably priced).
• The medication must have once-daily dosing.

An example of the savings that can be realized through this program is illustrated below:

	Product & Strength	Quantity	Member Copay	Member Annual Savings
Without Tablet Splitting	Drug A 40 mg tab	30	$15.00	
With Tablet Splitting	Drug A 80 mg tab	15	$7.50	$90

As the example illustrates, tablet splitting allows members to receive the same dose in a fewer number of tablets; thus, the overall

Tablet Splitting Program Medications

febuxostat tab	JANUVIA TAB	lurasidone hcl tab	nebivolol hcl tab
OCALIVA TAB	rasagiline tab	TRINTELLIX TAB	

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

Over-the-Counter (OTC) Medications

ACCU-CHEK AVIVA PLUS TEST STRIP	ACCU-CHEK GUIDE CARE METER	ACCU-CHEK GUIDE ME KIT	ACCU-CHEK GUIDE TEST STRIP
ACCU-CHEK SMARTVIEW TEST STRIP	ACCU-CHEK TEST STRIP	AEROCHAMBER	ALCOHOL SWABS
ammonium lactate cream	ammonium lactate lotion	aspirin chew tab 81mg	aspirin ec tab 81mg
AZO URINARY TAB	B-D INSULIN SYRINGE	B-D PEN NEEDLE	budesonide nasal spray
CALIBRATION LIQUID	CARETOUCH MIS	cimetidine tab	CLINISTIX TEST STRIP
clotrimazole cream	CONCEPTROL GEL	CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM
CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP	DIFFERIN OTC GEL 0.1%	esomeprazole cap
esomeprazole magnesium DR tab	famotidine tab	FEMALE CONDOMS	FLONASE SENSIMIST NASAL SPRAY
folic acid tab 400mcg	folic acid tab 800mcg	guaifenesin/codeine syrup	HUMULIN MIX INJ
HUMULIN MIX PEN INJ	HUMULIN N INJ	HUMULIN N PEN INJ	HUMULIN R INJ
KETO-DIASTIX TEST STRIP	KETOSTIX	ketotifen ophth soln	LANCET DEVICE
LANCET KIT	LANCETS	lansoprazole cap	levonorgestrel tab
MALE CONDOMS	meclizine chew tab	meclizine tab	MIRALAX PACKET
MIRALAX POWDER	naloxone hcl nasal spray	NARCAN NASAL SPRAY	NASACORT OTC NASAL SPRAY
NEXIUM 24HR TAB	niacin tab	NICODERM PATCH	NICORETTE GUM
NICORETTE LOZENGE	nicotine gum	NICOTINE KIT	nicotine lozenge
nicotine patch	NOVOFINE PEN NEEDLE	NOVOLIN 70/30 FLEXPEN INJ	NOVOLIN 70/30 FLEXPEN RELION INJ
NOVOLIN 70/30 INJ	NOVOLIN 70/30 RELION IN	NOVOLIN N FLEXPEN INJ	NOVOLIN N INJ
NOVOLIN R FLEXPEN INJ	NOVOLIN R INJ	NOVOLIN R RELION INJ	NOVOTWIST PEN NEEDLE
NOVOTWIST/NOVOFINE PEN NEEDLE	olopatadine ophth soln 0.1%	olopatadine ophth soln 0.2%	omeprazole magnesium DR tab 20mg
omeprazole tab	OXYTROL PATCH (OTC)	PEPCID TAB	phenazopyridine tab 95mg
phenazopyridine tab 97.5mg	phenazopyridine tab 99.5mg	PLAN B TAB	polyethylene glycol 3350 powder
PREVACID CAP	PREVACID OTC CAP	PRILOSEC OTC DR TAB	RIVIVE SPRAY
selenium sulfide lotion	TODAY SPONGE	triamcinolone OTC nasal spray	ZEGERID CAP OTC

- 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

abiraterone tab 250mg	ACTEMRA ACTPEN INJ	ACTEMRA SC INJ	ACTHAR GEL INJ
ACTIMMUNE INJ	ADALIMUMAB-ADAZ INJ	ADALIMUMAB-ADAZ PFS INJ	ADALIMUMAB-FKJP AUTO-INJECTOR KIT
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	ADBRY INJ	ADEMPAS TAB
ALECENSA CAP	ALUNBRIG TAB 30MG	ALUNBRIG TAB 90MG, 180MG	ambrisentan tab
ARIKAYCE SUSP	AUSTEDO XR TAB	AUSTEDO XR TAB 6MG	AUSTEDO XR TAB TITRATION KIT
AVONEX INJ	AYVAKIT TAB	BALVERSA TAB 3MG	BALVERSA TAB 4MG
BALVERSA TAB 5MG	BENLYSTA AUTO-INJECTOI	BENLYSTA INJ	BERINERT INJ
betaine powder for oral solution	bexarotene cap	bexarotene gel	bosentan tab
BOSULIF CAP	BRAFTOVI CAP 75MG	BRIXADI SOLN 128MG/0.36ML	BRIXADI SOLN 16MG/0.32ML
BRIXADI SOLN 24MG/0.48ML	BRIXADI SOLN 32MG/0.64ML	BRIXADI SOLN 64MG/0.18ML	BRIXADI SOLN 8MG/0.18ML
BRIXADI SOLN 96MG/0.27ML	BRUKINSA CAP	BYLVAY CAP 1200MCG	BYLVAY CAP 400MCG
BYLVAY SPRINKLE CAP 200MCG	BYLVAY SPRINKLE CAP 600MCG	CABOMETYX TAB	CAMZYOS CAP
capecitabine tab	CAPRELSA 300MG TAB	CAPRELSA TAB	carglumic acid tab
CAYSTON INH SOLN	CHOLBAM CAP	CIBINQO TAB	CIMZIA INJ
CIMZIA STARTER INJ KIT	CINRYZE INJ	COMETRIQ KIT	COPIKTRA CAP
COTELLIC TAB	CYSTADROPS SOLN	CYSTAGON CAP	CYSTARAN OPHTH SOLN
dalfampridine ER tab	DAYBUE SOLN	deferasirox granules packet	deferasirox tab
deferasirox tab for oral susp	deferiprone tab	DIACOMIT CAP	DIACOMIT POWDER PACK
dimethyl fumarate DR cap	dimethyl fumarate DR starter pack	DOPTELET TAB	DUPIXENT INJ
DUPIXENT PEN INJ	EMPAVELI INJ	ENBREL INJ 25MG	ENBREL INJ 50MG
ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG	ENDARI POWDER PACK	ENSPRYNG INJ
entecavir tab	EPIDIOLEX SOLN	ERIVEDGE CAP	ERLEADA TAB
ERLEADA TAB 240MG	erlotinib tab	erlotinib tab 25mg	ESBRIET CAP
ESBRIET TAB 267MG	ESBRIET TAB 801MG	ETOPOSIDE CAP	everolimus tab
everolimus tab for oral susp	EVRYSDI SOLN	FERRIPROX SOLN	FILSPARI TAB
fingolimod hcl cap 0.5mg	FINTEPLA SOLN	FIRDAPSE TAB	FOTIVDA CAP
FULPHILA INJ	FUROSCIX KIT	FUZEON INJ	GALAFOLD CAP

GAVRETO CAP
GILOTRIF TAB
HADLIMA PUSH INJ
gefitinib tab
glatiramer inj
HADLIMA PUSH INJ 40MG/0.8ML
GENOTROPIN INJ
HADLIMA INJ
HEMLIBRA INJ
GILENYA CAP 0.25MG
HADLIMA INJ 40MG/0.8ML
HIZENTRA INJ
HUMIRA INJ 10MG
HUMIRA INJ
CROHNS/UC/HIDRADENITI STARTER PACK
HUMIRA PEN INJ 40MG
ICLUSIG TAB
IMBRUVICA CAP 70MG
HUMIRA INJ 20MG
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK
HYCAMTIN CAP
IDHIFA TAB
IMBRUVICA SUSP
HUMIRA INJ 40MG
HUMIRA INJ PEDIATRIC UC STARTER PACK
HYFTOR GEL
imatinib tab
IMBRUVICA TAB 420MG, 560MG
HUMIRA INJ 80MG
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK
HYQVIA INJ
IMBRUVICA CAP 140MG
IMCIVREE INJ
INCRELEX INJ
ISTURISA TAB 10MG
JAYPIRCA TAB
KALYDECO PAK
KISQALI PAK
KRAZATI TAB
INGREZZA PACK 40-80MG
ISTURISA TAB 1MG
JOENJA TAB
KALYDECO TAB
KISQALI TAB
lapatinib ditosylate tab
INQOVI TAB
ISTURISA TAB 5MG
JYNARQUE PAK
KEVZARA INJ
KOSELUGO CAP
LEDIPASVIR/SOFOSBUVIR TAB
INTRON-A INJ
JAKAFI TAB
JYNARQUE TAB
KINERET INJ
KOSELUGO CAP 10MG
lenalidomide cap
LENVIMA CAP
LONSURF TAB
LUMAKRAS TAB 320MG
LYSODREN TAB
MAVYRET TAB
LITFULO CAP
LORBRENA TAB 100MG
LUMRYZ PACK
LYTGOBI THERAPY PACK
MAYZENT TAB
LIVMARLI SOLN
LORBRENA TAB 25MG
LUPKYNIS CAP
MAVENCLAD PAK
MAYZENT TAB STARTER PACK
LIVTENCITY TAB
LUMAKRAS TAB
LYNPARZA TAB
MAVYRET PAK
MEKINIST SOLN
MEKINIST TAB 0.5MG
mifepristone tab
NERLYNX TAB
NUBEQA TAB
octreotide inj
OLUMIANT TAB
ORENCIA SC INJ 125MG/ML
MEKINIST TAB 2MG
miglustat cap
nilutamide tab
NUCALA INJ
OCTREOTIDE INJ 100MCG
OMNITROPE INJ
ORENCIA SC INJ 50MG/0.4ML
MEKTOVI TAB
MYLERAN TAB
NINLARO CAP
NYVEPRIA INJ
ODOMZO CAP
OPSUMIT TAB
ORENCIA SC INJ 87.5MG/0.7ML
MESNEX TAB
NATPARA INJ
NIVESTYM INJ
OCALIVA TAB
OFEV CAP
ORENCIA CLICK INJ
ORGOVYX TAB
ORKAMBI GRANULES PACKET
OTEZLA STARTER PACK
PEGASYS INJ
ORKAMBI TAB
OTEZLA TAB
PEG-INTRON INJ
ORSERDU TAB
PALYNZIQ INJ
PEMAZYRE TAB
ORSERDU TAB 345MG
pazopanib tab
PHEBURANE ORAL PELLETS
PIQRAY TAB
POMALYST CAP
pirfenidone cap
PREVYMIS TAB
pirfenidone tab 267mg
PROMACTA POWDER
pirfenidone tab 801mg
PROMACTA TAB 12.5MG, 25MG
PROMACTA TAB 50MG
PYRUKYND TAB
PROMACTA TAB 75MG
PYRUKYND TAPER PACK
PULMOZYME INH SOLN
QINLOCK TAB
pyrimethamine tab
RADICAVA ORS STARTER KIT
RADICAVA ORS SUSP
RETEVMO CAP
RIBAVIRIN CAP
ROZLYTREK PAK
sapropterin dihydrochloride powder packet
SIMPONI INJ 100MG
REBETOL SOLN
REVLIMID CAP
RIBAVIRIN TAB
RUBRACA TAB
sapropterin dihydrochloride soluble tab
SIRTURO TAB
RELYVRIO PAK
REZLIDHIA CAP
RINVOQ ER TAB
RUCONEST INJ
SIGNIFOR INJ
SKYCLARYS CAP
RETACRIT INJ
REZUROCK TAB
ROZLYTREK CAP
RYDAPT CAP
SIMPONI AUTO-INJECTOR 100MG
SKYRIZI INJ 150MG/ML

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SKYRIZI INJ 180 MG/1.2ML
SKYRIZI INJ 360MG/2.4ML
SKYRIZI INJ 75MG/0.83ML
SKYTROFA INJ
SODIUM OXYBATE SOLN
SOFOSBUVIR/VELPATASVIR TAB
SOGROYA INJ
SOHONOS CAP 1.5MG
SOHONOS CAP 10MG
SOHONOS CAP 1MG
SOHONOS CAP 2.5MG
SOHONOS CAP 5MG
SOMAVERT INJ
sorafenib tosylate tab
STELARA INJ
STIVARGA TAB
STRENSIQ INJ
SUBLOCADE INJ 100MG/0.5ML
SUBLOCADE INJ 300MG/1.5ML
sunitinib malate cap
SYMDEKO TAB
TABRECTA TAB
TAFINLAR CAP
TAFINLAR TAB
TAKHZYRO INJ
TAKHZYRO INJ 150MG/ML
TALTZ INJ
TALZENNA CAP 0.25MG
TALZENNA CAP 0.5MG, 0.75MG, 1MG
TASIGNA CAP
TAVNEOS CAP
TAZVERIK TAB
TEGSEDI INJ
temozolomide cap
TEPMETKO TAB
teriflunomide tab
TERIPARATIDE INJ 620MCG/2.48ML
tetrabenazine tab
TEZSPIRE INJ
THALOMID CAP
TIBSOVO TAB
tiopronin tab
TOBI PODHALER
tobramycin neb soln
TOLVAPTAN TAB
TRACLEER TAB 32MG
TREMFYA INJ
tretinoin cap
trientine cap
TRIKAFTA TAB
TRIKAFTA THERAPY PACK
TUKYSA TAB
TURALIO CAP
TYMLOS INJ
TYVASO DPI POWDER
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG
TYVASO DPI POWDER TITRATION KIT 16-32-48MC
TYVASO DPI POWDER TITRATION KIT 16-32MCG
TYVASO INH SOLN 0.6 MG/ML
UPTRAVI TAB
VALCHLOR GEL
VANFLYTA TAB
VANFLYTA TAB 26.5MG
VENTAVIS INH SOLN
VERZENIO TAB
vigabatrin powder pack
vigabatrin tab
vigadrone powder pack
VIJOICE TAB
VIJOICE TAB 250MG
VITRAKVI CAP 100MG
VITRAKVI CAP 25MG
VITRAKVI SOLN
VIVITROL INJ
VIZIMPRO TAB
VONJO CAP
VOSEVI TAB
VOWST CAP
VOXZOGO INJ
VYNDAMAX CAP
VYNDAQEL CAP
WELIREG TAB
XALKORI CAP
XALKORI SPRINKLE CAP
XDEMVY DROP
XELJANZ SOLN
XELJANZ TAB
XELJANZ XR TAB
XEMBIFY INJ
XOLAIR INJ
XOLAIR INJ 150MG/ML
XOLAIR INJ 300MG/2ML
XOLAIR SYRINGE
XOLAIR SYRINGE 150MG/ML
XOLAIR SYRINGE 300MG/2ML
XPOVIO PAK
ZARXIO INJ
ZEJULA CAP
ZEJULA TAB
ZELBORAF TAB
ZEPOSIA CAP
ZEPOSIA STARTER PACK
ZOKINVY CAP
ZOLINZA CAP
ZTALMY SUSP
ZYDELIG TAB
ZYKADIA CAP
ZYKADIA TAB

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
ALOCRIL OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
ALOMIDE OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
ARCAPTA NEOHALER	Step Therapy requires trial of Foradil or Serevent
ATELVIA TAB	Step Therapy requires trial of alendronate
bepotastine ophth soln	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
BEPREVE OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
BYDUREON INJ	QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ	QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)
CIALIS TAB 2.5MG, 5MG	QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not curren utilizing insulin
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not curren utilizing insulin
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DIFICID SUSP	QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYC SOLN, or FIRVANQ SOLN
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCI SOLN, or FIRVANQ SOLN
EDARBI TAB	Step therapy requires trial of losartan (hctz)
EDARBYCLOR TAB	Step Therapy requires trial of losartan (hctz)
EMADINE OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
febuxostat tab	Step Therapy requires trial of allopurinol
fluvoxamine ER cap	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not curren utilizing insulin
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin

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Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
FREESTYLE LIBRE 3 READER	QL= 1 receiver/year; Prior authorization (exception) required if member is not curren utilizing insulin
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not curren utilizing insulin
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
HUMULIN MIX INJ	Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ	Step Therapy requires trial of NOVOLIN
HUMULIN N INJ	Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ	Step Therapy requires trial of NOVOLIN
HUMULIN R INJ	Step Therapy requires trial of NOVOLIN
LASTACAFT OPHTH SOLN	QL= 3ml/30 days; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
LIVALO TAB	Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
LONHALA MAGNAIR SOLN	Step Therapy requires trial of INCRUSE ELLIPTA INHALER
MOUNJARO INJ	QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC INJ	QL= 1 pack/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)
paliperidone ER tab	Step Therapy requires trial of risperidone, ziprasidone, quetiapine or olanzapine
pitavastatin calcium tab	Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
risedronate DR tab	Step Therapy requires trial of alendronate
RYBELSUS TAB	QL=1 tab/day; Step Therapy requires trial of metformin IR, metformin ER or metform soln; Diagnosis Restricted – Type 2 Diabetes (E11)
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL
tadalafil tab 2.5mg, 5mg	QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap
tavaborole soln	QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab
TRULICITY INJ	QL= 4 pens/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)

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Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
VICTOZA INJ	QL= 9ml/30 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)

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Prime 4 Tier Formulary
Smoking Cessation Agents
Last Updated* 5/1/2024

Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/plan year)	$0
NICODERM PATCH(Limited to 180 days/plan year)	$0
NICORETTE GUM(Limited to 180 days/plan year)	$0
NICORETTE LOZENGE(Limited to 180 days/plan year)	$0
nicotine gum(Limited to 180 days/plan year)	$0
NICOTINE KIT(Limited to 180 days/plan year)	$0
nicotine lozenge(Limited to 180 days/plan year)	$0
nicotine patch(Limited to 180 days/plan year)	$0
NICOTROL INHALER(Limited to 180 days/plan year)	$0
NICOTROL NASAL SPRAY(Limited to 180 days/plan year)	$0
VARENICLINE TAB(Limited to 180 days/plan year)	$0
varenicline tartrate tab(Limited to 180 days/plan year)	$0
varenicline tartrate tab starter pack(Limited to 180 days/plan year)	$0
ZYBAN TAB(Limited to 180 days/plan year)	$0

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Prime 4 Tier Formulary
Infertility Drug List
Last Updated* 5/1/2024

Drug Name	Tier # for Drug Copay
cetrorelix acetate for inj kit	4
CETROTIDE KIT	4
CLOMID TAB	4
CLOMIPHENE TAB	4
FOLLISTIM AQ INJ	4
ganirelix ac inj	4
GONAL-F RFF INJ	4
GONAL-F RFF INJ, GONAL-F INJ	4
MENOPUR INJ	4
OVIDREL INJ	4
PREGNYL INJ, NOVAREL INJ	4

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
abiraterone tab 250mg	QL= 4 tabs/day
ABSTRAL SL TAB	QL= 120 tabs/30 days
acetic acid otic soln	QL= 2 bottles/fill
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	QL= 2 bottles/fill
acetic acid/hydrocortisone otic soln	QL= 2 bottles/fill
ACTEMRA ACTPEN INJ	QL= 2 inj/28 days
ACTEMRA SC INJ	QL= 2 inj/28 days
ACTHAR GEL INJ	QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
ACTIQ LOZENGE	QL= 120 units/30 days
ACULAR (LS) OPHTH SOLN	QL= 2 bottles/fill
ACUVAIL OPHTH SOLN	QL= 2 bottles/fill
ADALIMUMAB-ADAZ INJ	QL= 2 inj/28 days
ADALIMUMAB-ADAZ PFS INJ	QL= 2 inj/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	QL= 2 inj/28 days
ADBRY INJ	QL= 4 inj/28 days
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 800-803-2523
AFLURIA INJ	QL= 1 inj/28 days
AFLURIA INJ, FLUZONE INJ	QL= 1 inj/28 days
AIMOVIG INJ	QL= 1 pack/28 days
AJOVY INJ	QL= 1 pack/28 days
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
albuterol HFA inhaler	QL= 2 inhalers/30 days
ALCAINE OPHTH SOLN	QL= 2 bottles/fill
ALECENSA CAP	QL= 8 caps/day
ALINIA SUSP	QL= 60ml/3 days
ALINIA TAB	QL= 6 tabs/3 days
ALKINDI SPRINKLE CAP 0.5MG	QL= 3 caps/day; Members age 9 or older require Prior Authorization
ALKINDI SPRINKLE CAP 1MG	QL= 3 caps/day; Members age 9 or older require Prior Authorization
almotriptan tab	QL= 9 tabs/fill, 2 fills/30 days
ALOCRIL OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
ALOMIDE OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
ALPHAGAN P OPHTH SOLN 0.15%	QL= 2 bottles/fill
ALREX OPHTH SUSP	QL= 2 bottles/fill
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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
AMBIEN CR TAB	QL= 1 tab/day
AMBIEN TAB	QL= 1 tab/day
ambrisentan tab	QL= 1 tab/day; Only available through Lumicera 855-847-3553
AMERGE TAB	QL= 9 tabs/fill, 2 fills/30 days
ANDRODERM PATCH	QL= 1 patch/day
ANDROGEL 1% 25MG	QL= 1 packet/day
ANDROGEL 1% 50MG, TESTIM GEL 1%	QL= 2 packets/day
ANDROGEL 1.62% 1.25GM	QL= 1 packet/day
ANDROGEL 1.62% 2.5GM	QL= 2 packets/day
ANDROGEL PUMP 1%	QL= 4 bottles/30 days
ANDROGEL PUMP 1.62%	QL= 2 bottles/30 days
ANNOVERA RING	QL= 1 ring/year
antipyrine/ benzocaine/ polycosanol otic soln	QL= 2 bottles/fill
ANZEMET TAB	QL= 9 tabs/fill
apraclonidine ophth soln	QL= 2 bottles/fill
aprepitant cap	QL= 3 caps/fill
aprepitant pak	QL= 3 caps/fill
ARICEPT TAB	QL= 2 tabs/day
ARICEPT TAB 23MG	QL= 1 tab/day
ARIKAYCE SUSP	QL= 1 vial/day; Only available through Maxor Pharmacy 800-658-6046
aripiprazole ODT	QL= 2 tabs/day
armodafinil tab	QL= 1 tab/day
asenapine maleate SL tab	QL= 2 tabs/day
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY	QL= 2 bottles/fill
atropine ophth oint	QL= 2 bottles/fill
atropine ophth soln	QL= 2 bottles/fill
ATROPINE SUL SOLN 1% OPHTH	QL= 2 bottles/fill
ATROPINE SULFATE OPHTH OINT	QL= 2 tubes/fill
ATROVENT HFA INHALER	QL= 2 inhalers/fill
AURALGAN OTIC SOLN	QL= 2 bottles/fill
AUSTEDO XR TAB	QL= 2 tabs/day
AUSTEDO XR TAB 6MG	QL= 3 tabs/day
AUSTEDO XR TAB TITRATION KIT	QL= 1 pack/28 days
AYVAKIT TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306
AZASITE SOLN	QL= 2 bottles/fill
azelastine nasal spray 0.1%	QL= 2 bottles/fill
azelastine nasal spray 0.15%	QL= 2 bottles/fill
azelastine ophth soln	QL= 2 bottles/fill
AZOPT OPHTH SUSP	QL= 2 bottles/fill
BACITRACIN OPHTH OINT	QL= 2 bottles/fill
bacitracin/neomycin/polymyxin b ophth oint	QL= 2 bottles/fill

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
bacitracin/polymyxin b ophth oint	QL= 2 bottles/fill
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint	QL= 2 bottles/fill
BALVERSA TAB 3MG	QL= 3 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 4MG	QL= 2 tabs/day; Only available through CVS Specialty 800-237-2767
BALVERSA TAB 5MG	QL= 1 tab/day; Only available through CVS Specialty 800-237-2767
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill
BARACLUDE TAB	QL= 1 tab/day
BAXDELA TAB	QL= 2 tabs/day; Restricted to Infectious Disease Specialist
BENLYSTA AUTO-INJECTOR	QL= 4 inj/28 day
BENLYSTA INJ	QL= 4 inj/28 day
bepotastine ophth soln	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
BEPREVE OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
BETAGAN OPHTH SOLN	QL= 2 bottles/fill
betaxolol ophth soln	QL= 2 bottles/fill
BETIMOL OPHTH SOLN	QL= 2 bottles/fill
BETOPTIC-S OPHTH SOLN	QL= 2 bottles/fill
bimatoprost ophth soln	QL= 2.5ml/30 days
BLEPH-10 OPHTH SOLN	QL= 2 bottles/fill
BLEPHAMIDE OPHTH SOLN	QL= 2 bottles/fill
BLEPHAMIDE S.O.P. OPHTH OINT	QL= 2 bottles/fill
BONIVA TAB 150MG	QL= 1 tab/30 days
bosentan tab	QL= 2 tabs/day; Only available through Lumicera 855-847-3553
BRAFTOVI CAP 75MG	QL= 6 caps/day; Only available through Diplomat Pharmacy 877-977-9118
brimonidine ophth soln 0.15%	QL= 2 bottles/fill
brimonidine ophth soln 0.2%	QL= 2 bottles/fill
brimonidine tartrate ophth soln 0.1%	QL= 2 bottles/fill
brinzolamide ophth susp	QL= 2 bottles/fill
bromfenac ophth soln	QL= 2 bottles/fill
BROMFENAC OPHTH SOLN 0.09% (TWICE DAILY)	QL= 2 bottles/fill
BRUKINSA CAP	QL= 4 caps/day; Only available through Lumicera 855-847-3553
budesonide ER tab	QL=1 tab/day
budesonide nasal spray	QL= 2 bottles/fill
buprenorphine patch	QL= 4 patches/28 days
bupropion SR tab	Limited to 180 days/plan year
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BUTRANS PATCH	QL= 4 patches/28 days
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ	QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
BYDUREON PEN INJ	QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)
BYLVAY CAP 1200MCG	QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY CAP 400MCG	QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 200MCG	QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479
BYLVAY SPRINKLE CAP 600MCG	QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479
CABOMETYX TAB	QL= 1 tab/day
CAMZYOS CAP	QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
CAPRELSA 300MG TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306
CAPRELSA TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306
carteolol ophth soln	QL= 2 bottles/fill
cetrorelix acetate for inj kit	QL= 30 days supply/fill
CETROTIDE KIT	QL= 30 days supply/fill
CIALIS TAB 2.5MG, 5MG	QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap
CIBINQO TAB	QL= 1 tab/day
CILOXAN OPHTH OINT	QL= 2 bottles/fill
CILOXAN OPHTH SOLN	QL= 2 bottles/fill
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA STARTER INJ KIT	QL= 1 kit/plan year
CINRYZE INJ	QL= 16 vials/28 days; Only available through Accredo 800-803-2523
CIPRO HC OTIC SUSP	QL= 2 bottles/fill
CIPRODEX OTIC SUSP	QL= 2 bottles/fill
ciprofloxacin ophth soln	QL= 2 bottles/fill
ciprofloxacin/dexamethasone otic susp	QL= 2 bottles/fill
CLEOCIN VAGINAL SUPP	QL= 3 suppositories/fill
clindamycin vaginal cream	QL=1 tube/fill
CLINDESSE VAGINAL CREAM	QL= 1 applicator/fill
CLOMID TAB	QL= 30 days supply/fill
CLOMIPHENE TAB	QL= 30 days supply/fill
COLY-MYCIN S OTIC SUSP	QL= 2 bottles/fill
COMIRNATY INJ	QL= 1 dose/17 days
COMIRNATY INJ 30MCG/0.3ML	QL= 1 dose/17 days
CONTRAVE TAB	QL= 4 tabs/day
COPIKTRA CAP	QL= 2 caps/day; Only available through Diplomat Pharmacy 877-977-9118
CORTANE-B OTIC SOLN	QL= 2 bottles/fill
CORTIC-ND DROPS	QL= 2 bottles/fill
COSOPT (PF) OPHTH SOLN	QL= 60 units/30 days
COTELLIC TAB	QL= 3 tabs/day
COVID-19 VACCINE BIVALENT BOOSTEF INJ (MODERNA)	QL= 1 inj/fill

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA)	QL= 1 inj/fill
COVID-19 VACCINE INJ (JANSSEN)	QL= 1 dose/45 days
COVID-19 VACCINE INJ (NOVAVAX)	QL= 1 dose/17 days
COVID-19 VACCINE INJ 5-11Y (PFIZER)	QL= 1 dose/17 days
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	QL= 1 dose/24 days
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	QL= 1 dose/17 days
cromolyn ophth soln	QL= 2 bottles/fill
CROMOLYN SODIUM OPHTH SOLN	QL= 2 bottles/fill
CYCLOGYL OPHTH SOLN	QL= 2 bottles/fill
CYCLOMYDRIL OPHTH SOLN	QL= 2 bottles/fill
cyclopentolate ophth soln	QL= 2 bottles/fill
cyclosporine ophth emulsion	QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist
CYSTADROPS SOLN	QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007
CYSTARAN OPHTH SOLN	QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416
dalfampridine ER tab	QL= 2 tabs/day; Restricted to Neurology Specialist
DAYBUE SOLN	QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007
DELESTROGEN INJ	QL= 5ml/fill
DEPO-PROVERA INJ	QL= 1 inj/90 days
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
DERMOTIC OIL	QL= 2 bottles/fill
DEXAMETHASONE OPHTH SOLN	QL= 2 bottles/fill
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DIASTAT ACDL GEL	QL= 2 packs/fill

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	QL= 2 packs/fill
DIAZEPAM GEL	QL= 2 packs/fill
diazepam rectal gel	QL=2 packs/fill
diclofenac gel	QL= 300gm/30 days
diclofenac gel 1%	QL= 5 tubes/fill
diclofenac sodium ophth soln	QL= 2 bottles/fill
diclofenac soln 1.5%	QL= 3 bottles/fill
DIFICID SUSP	QL= 136 mL/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
DIFICID TAB	QL= 20 tabs/fill; Step Therapy requires trial of vancomycin cap, FIRST-VANCOMYCIN SOLN, or FIRVANQ SOLN
difluprednate ophth emulsion	QL= 2 bottles/fill
dihydroergotamine mesylate nasal spray	QL= 8 sprays/fill
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/day
donepezil tab 23mg	QL= 1 tab/day
DOPTELET TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
dorzolamide ophth soln	QL= 2 bottles/fill
dorzolamide/timolol (pf) ophth soln	QL= 60 units/30 days
DORZOLAMIDE/TIMOLOL OPHTH SOLN	QL= 60 units/30 days
DUPIXENT INJ	QL= 2 inj/28 days
DUPIXENT PEN INJ	QL= 2 inj/28 days
DUREZOL OPHTH EMULSION	QL= 2 bottles/fill
ELESTAT OPHTH SOLN	QL= 2 bottles/fill
eletriptan tab	QL= 9 tabs/fill, 2 fills/30 days
EMADINE OPHTH SOLN	QL= 2 bottles/fill; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
EMPAVELI INJ	QL= 160ml/28 days; Only available through PantheRx 855-726-8479
ENBREL INJ 25MG	QL= 8 inj/28 days; Restricted to Dermatology or Rheumatology Specialist
ENBREL INJ 50MG	QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist
ENBREL MINI INJ	QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days; Restricted to Dermatology or Rheumatology Specialist
ENDARI POWDER PACK	QL= 6 packets/day
ENSPRYNG INJ	QL= 1 inj/28 days
entecavir tab	QL= 1 tab/day
ENTRESTO TAB	QL= 2 tabs/day
epinastine opthth soln	QL= 2 bottles/fill
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/fill
ERLEADA TAB	QL= 4 tabs/day
ERLEADA TAB 240MG	QL= 1 tab/day
erlotinib tab	QL= 1 tab/day
erlotinib tab 25mg	QL= 3 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
erythromycin ophth oint	QL= 2 bottles/fill
ESBRIET CAP	QL= 9 caps/day
ESBRIET TAB 267MG	QL= 9 tabs/day
ESBRIET TAB 801MG	QL= 3 tabs/day
estradiol vaginal tab, yuvafem vaginal tab	QL= 8 tabs/28 days (18 tabs on first fill)
estradiol valerate inj	QL= 5ml/fill
eszopiclone tab	QL= 1 tab/day
everolimus tab	QL= 1 tab/day
everolimus tab for oral susp	QL= 1 tab/day
EVRYSDI SOLN	QL= 6.67ml/day; Only available through Accredo 800-803-2523
ezetimibe/simvastatin tab	QL= 1 tab/day (10-80mg is Not Covered)
FANAPT TAB	QL= 2 tabs/day
FANAPT TITRATION PACK	QL= 1 pack/plan year
FARXIGA TAB	QL= 1 tab/day
FEMALE CONDOMS	QL= 12 condoms/fill
fentanyl citrate lollipop	QL= 120 lozenges/30 days
FENTORA TAB, FENTANYL BUCCAL TAB	QL= 120 tabs/30 days
FILSPARI TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
FINTEPLA SOLN	QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
FLAREX OPHTH SUSP	QL= 2 bottles/fill
FLUAD INJ	QL= 1 inj/28 days
FLUAD QUAD INJ	QL= 1 inj/28 days
FLUBLOK QUAD PF INJ	QL= 1 inj/28 days
FLUCELVAX QUAD INJ	QL= 1 inj/28 days
FLULAVAL QUAD INJ, FLUZONE QUAD IN	QL= 1 inj/28 days
FLUMIST QUADRIVALENT NASAL SUSP	QL= 1 inj/28 days
flunisolide nasal soln	QL= 2 bottles/fill
fluocinolone otic oil	QL= 2 bottles/fill
fluorometholone ophth soln	QL= 2 bottles/fill
FLURBIPROFEN OPHTH SOLN	QL= 2 bottles/fill
fluticasone nasal spray	QL= 2 bottles/fill
FLUZONE HD PF INJ	QL= 1 inj/28 days
FLUZONE HIGH DOSE PF INJ	QL= 1 inj/28 days
FLUZONE/FLUARIX QUAD INJ	QL= 1 inj/28 days
FML FORTE OPHTH SUSP	QL= 2 bottles/fill
FML LIQUIFLIM OPHTH SUSP	QL= 2 bottles/fill
FML S.O.P. OPHTH OINT	QL= 2 bottles/fill
FOLLISTIM AQ INJ	QL= 30 days supply/fill
FOTIVDA CAP	QL= 21 caps/28 days; Only available through Biologics 800-850-4306
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FREESTYLE LIBRE 3 READER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
frovatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
FUROSCIX KIT	QL= 8 inj/fill; Only available through BioMatrix Specialty Pharmacy 855-359-9679
gabapentin cap	QL= 9 caps/day
gabapentin soln	QL= 72 mls/day
gabapentin tab 600mg	QL= 6 tabs/day
gabapentin tab 800mg	QL= 4.5 tabs/day
GALAFOLD CAP	QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
ganirelix ac inj	QL= 30 days supply/fill
gatifloxacin ophth soln	QL= 2 bottles/fill
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= 4 caps/day; Only available through Lumicera 855-847-3553
gefitinib tab	QL= 1 tab/day; Only available through Lumicera 855-847-3553
GENTAK OPHTH OINT	QL= 2 tubes/fill
gentamicin ophth soln	QL= 2 bottles/fill
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
GLUCAGEN HYPOKIT INJ	QL= 2 inj/fill
GLUCAGON EMR INJ	QL= 2 inj/fill
GLUCAGON INJ KIT	QL= 2 inj/fill
GLUCAGON KIT	QL= 2 inj/fill
GLYXAMBI TAB	QL= 1 tab/day
GOLYTELY SOLN	Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
GONAL-F RFF INJ	QL= 30 days supply/fill
GONAL-F RFF INJ, GONAL-F INJ	QL= 30 days supply/fill
granisetron tab	QL= 14 tabs/fill
GRANISOL SOLN	QL= 60ml/fill
GRASTEK SL TAB	QL= 1 tab/day
GUAIFENESIN/CODEINE SYRUP	QL= 240ml/fill
GVOKE INJ	QL= 2 inj/fill
GVOKE INJ KIT	QL= 2 inj/fill
GVOKE PFS INJ	QL= 2 inj/fill
HADLIMA INJ	QL= 2 inj/28 days
HADLIMA INJ 40MG/0.8ML	QL= 2 inj/28 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
HADLIMA PUSH INJ	QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.8ML	QL= 2 inj/28 days
HOMATROPINE OPHTH SOLN	QL= 2 bottles/fill
HUMIRA INJ 10MG	QL= 2 syringes/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist
HUMIRA INJ 20MG	QL= 2 syringes/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist
HUMIRA INJ 40MG	QL= 2 syringes/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist
HUMIRA INJ 80MG	QL= 2 syringes/28 days
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	QL= 1 pack/fill, 1 fill/plan year; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist
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; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist
HUMIRA PEN INJ 40MG	QL= 2 pens/28 days; Restricted to Gastroenterology, Rheumatology or Dermatology Specialist
HYD POL/CPM SUSP	QL= 120ml/fill; 2 fills/30 days
hydrocodone bitartrate ER cap	QL= 2 caps/day
hydrocodone bitartrate er tab	QL= 1 tab/day
hydrocodone/chlorpheniramine CR susp	QL= 120ml/fill; 2 fills/30 days
hydrocodone/chlorpheniramine/pseudoephedrine liquid	QL= 120ml/fill; 2 fills/30 days
hydromorphone ER tab	QL= 1 tab/day
HYFTOR GEL	QL= 10 grams/30 days; Only available through Walgreens 888-347-3416
ibandronate tab 150mg	QL= 1 tab/30 days
ICLUSIG TAB	QL= 1 tab/day; Only available through AcariaHealth 800-511-5144
icosapent ethyl cap	QL= 4 caps/day
IDHIFA TAB	QL= 1 tab/day
IMBRUVICA CAP 140MG	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA CAP 70MG	QL= 1 cap/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA SUSP	QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 420MG, 560MG	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
IMCIVREE INJ	QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479
IMITREX INJ	QL= 4 inj/fill, 2 fills/30 days
IMITREX TAB	QL= 9 tabs/fill, 2 fills/30 days
IMITREX VIAL INJ	QL= 5 inj/fill, 2 fills/30 days
INBRIJA INH POWDER	QL= 10 caps/day
INGREZZA PACK 40-80MG	QL= 1 pack/28 days; Only available through PantheRx Pharmacy 855-726-8479
INQOVI TAB	QL= 5 tabs/28 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
IOPIDINE OPHTH SOLN	QL= 2 bottles/fill
ISOPTO CARBACHOL OPHTH SOLN	QL= 2 bottles/fill
ISOPTO CARPINE OPHTH SOLN	QL= 2 bottles/fill
ISTALOL OPHTH SOLN	QL= 2 bottles/fill
ISTURISA TAB 10MG	QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
ISTURISA TAB 1MG	QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
ISTURISA TAB 5MG	QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007
JAKAFI TAB	QL= 2 tabs/day
JANUMET TAB	QL= 2 tabs/day
JANUMET XR TAB	QL= 2 tabs/day
JANUVIA TAB	QL= 1 tab/day
JARDIANCE TAB	QL= 1 tab/day
JAYPIRCA TAB	QL= 2 tabs/day
JOENJA TAB	QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
JYNARQUE PAK	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
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
KERENDIA TAB	QL= 1 tab/day
ketorolac inj 15mg/ml	QL= 20ml/5 days
ketorolac inj 30mg/ml	QL= 20ml/5 days
ketorolac inj 60mg/2ml	QL= 20ml/5 days
ketorolac ophth soln	QL= 10ml/fill
ketorolac tab	QL= 20 tabs/5 days
ketotifen ophth soln	QL= 2 bottles/fill
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
KOSELUGO CAP	QL= 4 caps/day; Only available through Onco360 877-662-6633
KOSELUGO CAP 10MG	QL= 8 caps/day; Only available through Onco360 877-662-6633
KRAZATI TAB	QL= 6 tabs/day; Only available through Biologics 800-850-4306
KYTRIL TAB	QL= 14 tabs/fill
LAGEVRIO CAP (EUA)	QL= 40 caps/fill
LAGEVRIO CAP 200MG	QL= 40 caps/fill
LASTACAFT OPHTH SOLN	QL= 3ml/30 days; Step Therapy requires trial of epinastine ophth soln or olopatadine ophth soln
latanoprost ophth soln	QL= 2.5ml/30 days
LAZANDA NASAL SPRAY	QL= 15 bottles/30 days
LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/day
lenalidomide cap	QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416
LENVIMA CAP	QL= 3 caps/day; Only available through Optum 877-445-6874

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA
LEVOBUNOLOL OPHTH SOLN	QL= 2 bottles/fill
levofloxacin ophth soln	QL= 2 bottles/fill
LEVOFLOXACIN OPHTH SOLN 0.5%	QL= 2 bottles/fill
lidocaine oint	QL= 107gm/30 days
lidocaine patch	QL= 3 patches/day
lidocaine patch 5%	QL= 3 patches/day
LIDODERM PATCH	QL= 3 patches/day
LINZESS CAP	QL= 1 cap/day
LITFULO CAP	QL= 1 cap/day; Only available through Caremark/CVS Specialty 800-378-0695
LIVMARLI SOLN	QL= 90ml/30 days; Only available through Eversana 866-849-4481
LIVTENCITY TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
LORBRENA TAB 100MG	QL= 1 tab/day
LORBRENA TAB 25MG	QL= 3 tabs/day
LOTEMAX GEL	QL= 2 bottle/fill
LOTEMAX OPHTH OINT	QL= 2 tubes/fill
loteprednol etabonate ophth gel	QL= 2 bottles/fill
loteprednol ophth susp	QL= 2 bottles/fill
lubiprostone cap	QL= 2 caps/day
LUCEMYRA TAB	QL= 96 tabs/7 days
LUMAKRAS TAB	QL= 8 tabs/day; Only available through Biologics 800-850-4306
LUMAKRAS TAB 320MG	QL= 3 tabs/day; Only available through Biologics 800-850-4306
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days
LUMRYZ PACK	QL= 1 pack/day; Only available through Accredo 800-803-2523
LUNESTA TAB	QL= 1 tab/day
LUPKYNIS CAP	QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479
lurasidone hcl tab	QL= 1 tab/day
LYNPARZA TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
LYRICA CAP	QL= 3 caps/day
LYRICA CAP 225MG	QL= 2 caps/day
LYRICA CAP 300MG	QL= 2 caps/day
LYRICA SOLN	
LYTGOBI THERAPY PACK	QL= 5 tabs/day; Only available through Onco360 877-662-6633
malathion lotion	QL= 2 bottles/fill
MALE CONDOMS	QL= 12 condoms/fill
MAVYRET PAK	QL= 5 packs/day
MAVYRET TAB	QL= 3 tabs/day
MAXALT MLT TAB	QL= 12 tabs/fill, 3 fills/60 days
MAXALT TAB	QL= 12 tabs/fill, 3 fills/60 days
MAXIDEX OPHTH SOLN	QL= 2 bottles/fill
MAXITROL OPHTH OINT	QL= 2 bottles/fill

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
MAXITROL OPHTH SUSP	QL= 2 bottles/fill
medroxyprogesterone inj	QL= 1 inj/90 days
MEKINIST TAB 0.5MG	QL= 3 tabs/day
MEKINIST TAB 2MG	QL= 1 tab/day
MEKTOVI TAB	QL= 6 tabs/day
MENOPUR INJ	QL= 30 days supply/fill
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
METIPRANOLOL OPHTH SOLN	QL= 2 bottles/fill
MIEBO OPHTH SOLN	QL= 1 bottle/30 days; Restricted to Ophthalmology or Optometry Specialist
mifepristone tab	QL= 4 tabs/day; Only available through Korlym SPARK program 855-4Korlym (855-456-7596)
MIGRANAL SPRAY	QL= 8 sprays/fill
modafinil tab	QL= 2 tabs/day
MOTEGRITY TAB	QL= 1 tab/day
MOUNJARO INJ	QL= 4 inj/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)
moxifloxacin ophth soln	QL= 2 bottles/fill
MYDRIACYL OPHTH SOLN	QL= 2 bottles/fill
MYFEMBREE TAB	QL= 1 tab/day
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NASACORT OTC NASAL SPRAY	QL= 2 bottles/fill
NATACYN OPHTH SUSP	QL= 15ml/fill
NATROBA SUSP	QL= 1 bottle/fill
NAYZILAM SPRAY	QL= 2 packs/fill; Restricted to Neurology Specialist
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	QL= 2 bottles/fill
neomycin/polymixin/hydrocoritisone otic soln	QL= 2 bottles/fill
neomycin/polymixin/hydrocoritisone otic susp	QL= 2 bottles/fill
neomycin/polymyxin/dexamethasone ophth oint	QL= 2 bottles/fill
neomycin/polymyxin/dexamethasone ophth soln	QL= 2 bottles/fill
NEOMYCIN/POLYMYXIN/HYDROCORTIS NE OPHTH SOLN	QL= 2 bottles/fill
NEOSPORIN OPHTH SOLN	QL= 2 bottles/fill
NERLYNX TAB	QL= 6 tabs/day; Only available through Diplomat Pharmacy 877-977-9118
NEURONTIN CAP	QL= 9 caps/day
NEURONTIN SOLN	QL= 72 mls/day
NEURONTIN TAB 600MG	QL= 6 tabs/day
NEURONTIN TAB 800MG	QL= 4.5 tabs/day
NEVANAC OPHTH SUSP	QL= 2 bottles/fill

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
NEXLETOL TAB	QL= 1 tab/day
NEXLIZET TAB	QL= 1 tab/day
NICODERM PATCH	Limited to 180 days/plan year
NICORETTE GUM	Limited to 180 days/plan year
NICORETTE LOZENGE	Limited to 180 days/plan year
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	Limited to 180 days/plan year
nicotine lozenge	Limited to 180 days/plan year
nicotine patch	Limited to 180 days/plan year
NICOTROL INHALER	Limited to 180 days/plan year
NICOTROL NASAL SPRAY	Limited to 180 days/plan year
nitazoxanide tab	QL= 6 tabs/3 days
NUBEQA TAB	QL= 4 tabs/day
NUCALA INJ	QL= 1 inj/28 days
NUCYNTA ER TAB	QL= 2 tabs/day
NUEDEXTA CAP	QL= 2 caps/day
NULYTELY SOLN	Covered at $0 for members 45-75 years, all other members covered at generic copay Limited to 2 fills/calendar year
NUVIGIL TAB	QL= 1 tab/day
OCALIVA TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
OCUFLOX OPHTH SOLN	QL= 2 bottles/fill
ODACTRA SL TAB	QL= 1 tab/day
ODOMZO CAP	QL= 1 cap/day
OFEV CAP	QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
ofloxacin ophth soln	QL= 2 bottles/fill
ofloxacin otic soln	QL= 2 bottles/fill
olopatadine ophth soln 0.1%	QL= 2 bottles/fill
olopatadine ophth soln 0.2%	QL= 2.5ml/30 days
OLUMIANT TAB	QL= 1 tab/day
OMNIPOD 5 G7 KIT INTRO	QL= 1 kit/year
OMNIPOD 5 G7 MIS PODS	QL= 10 pods/30 days
OMNIPOD 5 INTRO KIT	QL= 1 kit/year
OMNIPOD 5 PACK PODS	QL= 10 pods/month
OMNIPOD DASH INTRO KIT	QL= 1 kit/year
OMNIPOD DASH PODS	QL= 10 pods/month
OMNIPOD GO KIT	QL= 10 pods/month
OMNIPOD STARTER KIT	QL= 1 kit/year
OPSUMIT TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
OPZELURA CREAM	QL= 12 tubes/year
ORALAIR SL TAB	QL= 1 tab/day
ORENCIA CLICK INJ	QL= 4 inj/28 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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/28 days; Only available through Biologics 800-850-4306
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
ORSERDU TAB	QL= 3 tabs/day; Only available through Onco360 877-662-6633
ORSERDU TAB 345MG	QL= 1 tab/day; Only available through Onco360 877-662-6633
oseltamivir cap	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill
oseltamivir susp	QL= 250ml/fill
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
otomax-HC otic soln	QL= 2 bottles/fill
OVIDE LOTION	QL= 2 bottles/fill
OVIDREL INJ	QL= 30 days supply/fill
oxybutynin ER tab	QL= 2 tabs/day
OXYCODONE ER TAB	QL= 2 tabs/day
OZEMPIC INJ	QL= 1 pack/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)
PALYNZIQ INJ	QL= 1 inj/day; Only available through Accredo 800-803-2523
PATANOL OPHTH SOLN	QL= 2 bottles/fill
PAXLOVID TAB 150-100MG	QL= 20 tabs/fill
PAXLOVID TAB 300-100MG	QL= 30 tabs/fill
pazopanib tab	QL= 4 tabs/day
peg 3350 soln (100 gram Moviprep equiv)	QL= 2 fills/year; $0 for members 45-75 years, all other members covered at generic copay
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= 1 tab/day; Only available through Biologics 800-850-4306
phentermine cap	QL= 1 cap/day
phentermine tab	QL= 1 tab/day
phenylephrine ophth soln	QL= 2 bottles/fill
PHEXXI GEL	QL= 1 box/fill
PICATO GEL	QL= 1 box/fill
pilocarpine ophth soln	QL= 2 bottles/fill
pirfenidone cap	QL= 9 caps/day
pirfenidone tab 267mg	QL= 9 tabs/day
pirfenidone tab 801mg	QL= 3 tabs/day
polymyxin b/trimethoprim ophth soln	QL= 2 bottles/fill

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
POLYTRIM OPHTH SOLN	QL= 2 bottles/fill
POMALYST CAP	QL= 21 caps/28 days
POTIGA TAB	QL= 3 tabs/day
POTIGA TAB 50MG	QL= 9 tabs/day
PRED FORTE OPHTH SUSP	QL= 2 bottles/fill
PRED MILD OPHTH SOLN	QL= 2 bottles/fill
PRED-G OPHTH SOLN	QL= 2 bottles/fill
PREDNISOLONE OPHTH SUSP	QL= 2 bottles/fill
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	QL= 2 bottles/fill
pregabalin cap	QL= 3 caps/day
pregabalin cap 225mg	QL= 2 caps/day
pregabalin cap 300mg	QL= 2 caps/day
pregabalin soln	QL= 30ml/day
PREGNYL INJ, NOVAREL INJ	QL= 30 days supply/fill
PRETOMANID TAB	QL= 1 tab/day; Restricted to Infectious Disease Specialist
PREVYMIS TAB	QL= 1 tab/day; Limit 200 tabs/365 days
PROLENSA OPHTH SOLN	QL= 2 bottles/fill
PROMACTA POWDER	QL= 1 packet/day
PROMACTA TAB 12.5MG, 25MG	QL= 1 tab/day
PROMACTA TAB 50MG	QL= 2 tabs/day
PROMACTA TAB 75MG	QL= 2 tabs/day
proparacaine ophth soln	QL= 2 bottles/fill
PROVIGIL TAB	QL= 2 tabs/day
pyrimethamine tab	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
PYRUKYND TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306
PYRUKYND TAPER PACK	QL= 1 tab/day; Only available through Biologics 800-850-4306
QINLOCK TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306
QSYMIA CAP	QL= 1 cap/day
RADICAVA ORS STARTER KIT	QL= 70ml/365 days; Only available through Accredo 800-803-2523
RADICAVA ORS SUSP	QL= 50mL/28 days; Only available through Accredo 800-803-2523
RAGWITEK SL TAB	QL= 1 tab/day
ramelteon tab	QL= 1 tab/day
REGRANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill
RELPAX TAB	QL= 9 tabs/fill, 2 fills/30 days
RELYVRIO PAK	QL= 2 packets/day; Only available through Accredo 800-803-2523
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days
RETEVMO CAP	QL= 4 caps/day
REVLIMID CAP	QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist
REYVOW TAB	QL= 8 tabs/30 days, 6 fills/year

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
REZLIDHIA CAP	QL= 2 caps/day; Only available through Biologics 800-850-4306
REZUROCK TAB	QL= 1 tab/day; Only available through Lumicera 855-847-3553
RINVOQ ER TAB	QL= 1 tab/day
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days
ROZEREM TAB	QL= 1 tab/day
ROZLYTREK CAP	QL= 3 caps/day
ROZLYTREK PAK	QL= 6 packs/day
RUBRACA TAB	QL= 4 tabs/day; Only available through Optum 877-445-6874
RYBELSUS TAB	QL=1 tab/day; Step Therapy requires trial of metformin IR, metformin ER or metformir soln; Diagnosis Restricted – Type 2 Diabetes (E11)
RYDAPT CAP	QL= 56 caps/28 days
SANCUSO PATCH	QL= 4 patches/fill
SANTYL OINT	QL= 90gm/30 days
SAPHRIS SL TAB	QL= 2 tabs/day
SAVELLA TAB	QL= 2 tabs/day
SEREVENT DISKUS INHALER	QL= 1 inhaler/fill
SIGNIFOR INJ	QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
SIMBRINZA OPHTH SUSP	QL= 2 bottles/fill
SIMPONI AUTO-INJECTOR 100MG	QL=1 inj/28 days
SIMPONI INJ 100MG	QL=1 inj/28 days
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SKYCLARYS CAP	QL= 3 caps/day; Only available through Biologics 800-850-4306
SKYRIZI INJ 150MG/ML	QL= 1 inj/84 days
SKYRIZI INJ 180 MG/1.2ML	QL= 1 inj/56 days
SKYRIZI INJ 360MG/2.4ML	QL= 1 inj/56 days
SKYRIZI INJ 75MG/0.83ML	QL= 2 inj/84 days
SODIUM OXYBATE SOLN	QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-368
sodium/magnesium/potassium soln	QL= 2 fills/calendar year; $0 for members 45-75 years, all other members covered at generic copay
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day
SOHONOS CAP 1.5MG	QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 10MG	QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 1MG	QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 2.5MG	QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
SOHONOS CAP 5MG	QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828
SOLIQUA INJ	QL= 15ml/25 days
SOLOSEC GRANULES PACKET	QL= 1 packet/fill
SOLU-CORTEF INJ	QL= 1 vial/fill
SOLU-CORTEF INJ 100MG	QL= 2 vials/fill
SPIKEVAX INJ	QL= 1 dose/24 days
SPIKEVAX INJ 50MCG/0.5ML	QL= 1 dose/24 days
SPINOSAD SUSP	QL= 1 bottle/fill

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL)
SPRAVATO NASAL SOLN	QL= 4 kits/28 days
STELARA INJ	QL= 1 inj/84 days
STIVARGA TAB	QL= 4 tabs/day
STRATTERA CAP	QL= 2 caps/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
SUFLAVE SOLN	QL= 2 fills/calendar year
sulfacetamide sodium ophth soln	QL= 2 bottles/fill
sulfacetamide sodium/prednisolone ophth soln	QL= 2 bottles/fill
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	QL= 2 bottles/fill
SUMATRIPTAN INJ	QL= 4 inj/fill, 2 fills/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 4 inj/fill, 2 fills/30 days
sumatriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
sumatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
sumatriptan vial inj	QL= 5 inj/fill, 2 fills/30 days
SUNOSI TAB	QL= 1 tab/day
SYMDEKO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
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
TABRECTA TAB	QL= 4 tabs/day
tadalafil tab 2.5mg, 5mg	QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap
TAFINLAR CAP	QL= 4 caps/day
TAKHZYRO INJ	QL= 2 inj/28 days; Only available through Accredo 800-803-2523
TAKHZYRO INJ 150MG/ML	QL= 2 inj/28 days; Only available through Accredo 800-803-2523
TALTZ INJ	QL= 1 inj/28 days
TALZENNA CAP 0.25MG	QL= 3 caps/day
TALZENNA CAP 0.5MG, 0.75MG, 1MG	QL= 1 cap/day
TAMIFLU CAP	QL= 10 caps/fill
TAMIFLU CAP 30MG	QL= 20 caps/fill
tavaborole soln	QL= 10ml/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab
TAVNEOS CAP	QL= 6 caps/day; Only available through PantheRx 855-726-8479
TAZVERIK TAB	QL= 8 tabs/day; Only available through Onco360 877-662-6633
TEGSEDI INJ	QL= 4 inj/28 days; Only available through Accredo 800-803-2523

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TEPMETKO TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306
TESTOSTERONE ENANTHATE INJ 200MG/ML	QL= 5ml/fill
testosterone gel 1% 25mg	QL= 1 packet/day
testosterone gel 1% 50mg	QL= 2 packets/day
testosterone gel 1% pump	QL= 4 bottles/30 days
testosterone gel 1.62% 1.25gm	QL= 1 packet/day
testosterone gel 1.62% 2.5gm	QL= 2 packets/day
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 2 bottles/30 days
testosterone soln	QL= 2 bottles/30 days
TEZSPIRE INJ	QL= 1 pen/28 days
TIBSOVO TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306
timolol maleate (pf) ophth soln 0.5%	QL= 2 bottles/fill
timolol maleate ophth gel	QL= 2 bottles/fill
timolol maleate ophth soln	QL= 2 bottles/fill
timolol maleate ophth soln 0.5%	QL= 2 bottles/fill
timolol maleate preservative free ophth soln 0.25%	QL= 2 bottles/fill
TIMOPTIC OCUDOSE OPHTH SOLN 0.5%	QL= 2 bottles/fill
TIMOPTIC OPHTH SOLN	QL= 2 bottles/fill
TIMOPTIC-XE OPHTH GEL	QL= 2 bottles/fill
TOBRADEX OPHTH OINT	QL= 2 bottles/fill
TOBRADEX OPHTH SOLN	QL= 2 bottles/fill
TOBRADEX ST OPHTH SUSP	QL= 2 bottles/fill
tobramycin ophth soln	QL= 2 bottles/fill
tobramycin/dexamethasone ophth soln	QL= 2 bottles/fill
TOBREX OPHTH OINT	QL= 2 bottles/fill
TOBREX OPHTH SOLN	QL= 2 bottles/fill
TRACLEER TAB 32MG	QL= 4 tabs/day; Only available through Accredo 800-803-2523
TRAVATAN Z DROPS	QL= 2.5ml/30 days
travoprost ophth soln	QL= 2.5ml/30 days
TREAGAN OTIC	QL= 2 bottles/fill
TREMFYA INJ	QL= 1 inj/56 days
triamcinolone OTC nasal spray	QL= 2 bottles/fill
TRIFLURIDINE OPHTH SOLN	QL= 2 bottles/fill
TRIJARDY XR TAB 10-5-1000MG, 25-5-1000MG	QL= 1 tab/day
TRIJARDY XR TAB 5-25-1000MG, 12.5-2.5-1000MG	QL= 2 tabs/day
TRIKAFTA TAB	QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416
TRIKAFTA THERAPY PACK	QL= 2 packets/day; Only available through Walgreens 888-347-3416
TRINTELLIX TAB	QL= 1 tab/day

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
tropicamide ophth soln	QL= 2 bottles/fill
TRULANCE TAB	QL= 1 tab/day
TRULICITY INJ	QL= 4 pens/28 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)
TRUSOPT OPHTH SOLN	QL= 2 bottles/fill
TUKYSA TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
TURALIO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
TYRVAYA NASAL SPRAY	QL= 2 bottles/30 days (1 bottle= 4.2ml); Restricted to Ophthalmology or Optometry Specialist
TYVASO DPI POWDER	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KIT 16-32MCG	QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523
TYVASO INH SOLN 0.6 MG/ML	QL= 1 ampule/day; Only available through Accredo 800-803-2523
UCERIS TAB	QL= 1 tab/day
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
VAGIFEM TAB	QL= 8 tabs/28 days (18 tabs on first fill)
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Optum Pharmacy 877-445-6874
VALTOCO NASAL SPRAY	QL= 2 packs/fill; Restricted to Neurology Specialist
VANCOCIN CAP	QL= 56 caps/fill
vancomycin cap	QL= 56 caps/fill
VANFLYTA TAB	QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
VANFLYTA TAB 26.5MG	QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
VARENICLINE TAB	Limited to 180 days/plan year
varenicline tartrate tab	Limited to 180 days/plan year
varenicline tartrate tab starter pack	Limited to 180 days/plan year
VARUBI TAB	QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 800-803-2523
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days
VERQUVO TAB	QL= 1 tab/day; Restricted to Cardiology Specialist
VERZENIO TAB	QL= 2 tabs/day
V-GO INJ KIT	QL= 1 kit/day
VICTOZA INJ	QL= 9ml/30 days; Step Therapy requires trial of metformin IR, metformin ER or metformin soln; Diagnosis Restricted – Type 2 Diabetes (E11)
VIGAMOX OPHTH SOLN	QL= 2 bottles/fill
VIJOICE TAB	QL= 1 tab/day
VIJOICE TAB 250MG	QL= 2 tabs/day
VITRAKVI CAP 100MG	QL= 2 caps/day; Only available through Accredo 800-803-2523

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
VITRAKVI CAP 25MG	QL= 6 caps/day; Only available through Accredo 800-803-2523
VITRAKVI SOLN	QL= 10ml/day; Only available through Accredo 800-803-2523
VIZIMPRO TAB	QL= 1 tab/day
VONJO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
VOSEVI TAB	QL= 1 tab/day
VOWST CAP	QL= 12 caps/fill; Only available through Orsini 800-410-8575
VOXZOGO INJ	QL= 1 vial/day; Only available through Accredo 888-773-7376
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 (10/80mg is Not Covered)
VYZULTA SOLN	QL= 2.5ml/30 days
WELIREG TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306
XACIATO GEL	QL= 1 applicator/fill
XADAGO TAB	QL= 1 tab/day
XALATAN OPHTH SOLN	QL= 2.5ml/30 days
XALKORI CAP	QL= 2 caps/day
XALKORI SPRINKLE CAP	QL= 4 caps/day
XCOPRI PAK 100-150MG	QL= 2 tabs/day
XCOPRI PAK 150-200MG	QL= 2 tabs/day
XCOPRI PAK 50-200MG	QL= 2 tabs/day
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
XCOPRI TITRATION PAK 150-200MG	QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG	QL= 1 tab/day
XDEMVY DROP	QL= 1 bottle/42 days (1 bottle= 10ml); Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416; Restricted to Ophthalmology or Optometry Specialist
XELJANZ SOLN	QL= 10ml/day
XELJANZ TAB	QL= 2 tabs/day
XELJANZ XR TAB	QL= 1 tab/day
XENLETA TAB	QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
XIFAXAN TAB 200MG	QL= 9 tabs/3 days
XIFAXAN TAB 550MG	QL= 60 tabs/30 days
XIGDUO XR TAB	QL= 2 tabs/day
XIGDUO XR TAB 10-1000MG	Ql= 1 tab/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	QL= 1 tab/day
XIIDRA OPHTH SOLN	QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist
XOFLUZA TAB	QL= 2 tabs/fill

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Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XOFLUZA TAB THERAPY PACK 40MG	QL= 1 tab/fill
XOFLUZA TAB THERAPY PACK 80MG	QL= 1 tab/fill
XOLAIR INJ	QL= 2 inj/28 days
XOLAIR INJ 150MG/ML	QL= 2 inj/28 days
XOLAIR INJ 300MG/2ML	QL= 1 inj/28 days
XOLAIR SYRINGE	QL= 2 inj/21 days OR 6 inj/63 days
XOLAIR SYRINGE 150MG/ML	QL= 4 inj/21 days OR 12 inj/63 days
XOLAIR SYRINGE 300MG/2ML	QL= 1 inj/28 days
XPHOZAH TAB	QL= 2 tabs/day
XPOVIO PAK	QL= 32 tabs/day; Only available through Onco360 877-662-6633
XTAMPZA ER CAP	QL= 120 caps/30 days
XULTOPHY INJ	QL= 15ml/30 days
zaleplon cap	QL= 1 cap/day
ZAVZPRET NASAL SPRAY	QL= 6 units/fill; 60 units/365 days
ZEGALOGUE INJ	QL= 2 inj/fill
ZEJULA CAP	QL= 3 caps/day; Only available through Diplomat Pharmacy 877-977-9118
ZEJULA TAB	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
ZELBORAF TAB	QL= 8 tabs/day
ZEPOSIA CAP	QL= 1 cap/day
ZEPOSIA STARTER PACK	QL= 1 cap/day
ZIRGAN OPHTH GEL	QL= 2 bottles/fill
ZOKINVY CAP	QL= 4 caps/day; Only available through CVS Specialty 800-237-2767
zolmitriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
zolmitriptan ODT	QL= 9 tabs/fill, 2 fills/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/fill, 2 fills/30 days
zolpidem ER tab	QL= 1 tab/day
zolpidem tab	QL= 1 tab/day
ZOMIG SPRAY	QL= 6 sprays/fill, 2 fills/30 days
ZOMIG TAB	QL= 9 tabs/fill, 2 fills/30 days
ZOMIG ZMT	QL= 9 tabs/fill, 2 fills/30 days
ZORYVE CREAM	QL= 60 grams/30 days
ZTALMY SUSP	QL= 1100ml/30 days; Only available through Orsini 800-410-8575
ZUTRIPRO LIQUID	QL= 120ml/fill, 2 fills/30 days
ZYBAN TAB	Limited to 180 days/plan year
ZYKADIA CAP	QL= 3 caps/day
ZYKADIA TAB	QL= 3 tabs/day
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)
ZYMAXID OPHTH SOLN	QL= 2 bottles/fill

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