

**Search Tip:**

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

**University of Rochester Formulary  
Alphabetical Index  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
abacavir soln (ZIAGEN equiv)	-	1	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	-	1	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	1	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	1	ANTIVIRALS
ABILIFY MYCITE PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE 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)	MSP-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABRILADA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ABRYSVO INJ (QL= 1 dose/lifetime)	QL-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)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	1	ANTIDIABETICS
ACCRUFER CAP (QL= 2 caps/day)	PA-QL	3	HEMATOPOIETIC AGENTS
ACCU-CHEK AVIVA PLUS METER	OTC	\$0	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	\$0	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK SMARTVIEW TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ACCU-CHEK TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
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)	-	1	DIURETICS
acetazolamide tab	-	1	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	1	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	1	COUGH/COLD/ALLERGY
ACIPHEX SPRINKLE CAP (QL= 1 cap/day)	QL	3	ULCER DRUGS
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG (QI cap/day)	QL	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
acitretin cap (SORIATANE equiv)	-	1	DERMATOLOGICALS
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY

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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	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

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ACTEMRA SC INJ (QL= 2 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ACTHAR GEL AUTO-INJECTOR	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHAR GEL INJ (QL= 4 vials/fill)	MSP-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHIB INJ, HIBERIX INJ	VAC	\$0	VACCINES
ACTICLATE TAB 75MG, 150MG	-	NC	TETRACYCLINES
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	2	ANTINEOPLASTICS
ACTOPLUS MET TAB	-	NC	ANTIDIABETICS
ACUVAIL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir cream (ZOVIRAX equiv)	-	NC	DERMATOLOGICALS
acyclovir oint (ZOVIRAX OINT equiv)	-	1	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	1	ANTIVIRALS
ADACEL/BOOSTRIX INJ	VAC	\$0	TOXOIDS
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ PFS INJ (HYRIMOZ equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADAPALENE SOLN	-	NC	DERMATOLOGICALS
adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	1	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	1	DERMATOLOGICALS
ADAPALENE LOTION (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	1	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)	-	1	DERMATOLOGICALS
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ADAZIN CREAM	-	NC	DERMATOLOGICALS
ADBRY INJ (QL= 2 inj/28 days)	MSP-PA-QL	2	DERMATOLOGICALS
ADBRY INJ (QL= 4 inj/28 days)	MSP-PA-QL	2	DERMATOLOGICALS
ADCIRCA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.

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ADDYI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
adefovir dipivoxil tab (HEPSERA equiv)	-	1	ANTIVIRALS
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
ADLARITY PATCH	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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	ANTIHYPERTENSIVES
ADZENYS ER SUSP	PA	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ADZENYS XR TAB	PA	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
AEMCOLO TAB (QL= 12 tabs/fill)	QL	3	ANTI-INFECTIVE AGENTS - MISC.
AEROCHAMBER	OTC	2	MEDICAL DEVICES AND SUPPLIES
AFINITOR DISPERZ TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFINITOR TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
AGAMREE SUSP (Only available through AnovoRx 844-288-5007)	LD-PA	3	CORTICOSTEROIDS
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
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2	MIGRAINE PRODUCTS
AKEEGA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AKLIEF CREAM	PA	3	DERMATOLOGICALS
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
ALA-SCALP LOTION	-	1	DERMATOLOGICALS
ALA-SCALP LOTION	-	NC	DERMATOLOGICALS
albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL NEBULIZER SOLN	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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albuterol sulfate syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	1	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	1	DERMATOLOGICALS
ALCOHOL SWABS	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC	DERMATOLOGICALS
ALECENSA CAP (QL= 8 caps/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv)	-	1	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	MSP	2	ANTINEOPLASTICS
alfuzosin SR tab (UROXATRAL equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2	ANTI-INFECTIVE AGENTS - MISC.
aliskiren tab (TEKTURNA equiv)	-	1	ANTIHYPERTENSIVES
ALKINDI SPRINKLE CAP (QL= 3 caps/day; Members age 9 or older require Prior Authorization)	PA-QL	3	CORTICOSTEROIDS
allopurinol tab (ZYLOPRIM equiv)	-	1	GOUT AGENTS
allopurinol tab 200mg	-	NC	GOUT AGENTS
ALLZITAL TAB	-	NC	ANALGESICS - NONNARCOTIC
almotriptan tab (AXERT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
ALOCRILOPHTH SOLN	-	2	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	-	2	OPHTHALMIC AGENTS
ALOQUIN GEL	-	NC	DERMATOLOGICALS
ALORA PATCH	-	3	ESTROGENS
alosetron tab (LOTROXEX equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
alprazolam ER tab (XANAX XR equiv)	-	1	ANTI-ANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	1	ANTI-ANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	1	ANTI-ANXIETY AGENTS
ALREX OPHTH SUSP	-	2	OPHTHALMIC AGENTS
ALREX OPHTH SUSP 0.2%	-	3	OPHTHALMIC AGENTS
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC	MIGRAINE PRODUCTS
ALTABAX OINT	-	3	DERMATOLOGICALS
ALTOPREV TAB	-	3	ANTIHYPERLIPIDEMICS
ALTRENO LOTION	-	NC	DERMATOLOGICALS

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ALUNBRIG PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG (QL= 4 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day)	MSP-PA-QL-SF	2	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
amantadine tab	-	1	ANTIPARKINSON AGENTS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day)	MSP-PA-QL	1	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	1	DERMATOLOGICALS
AMCINONIDE LOTION	-	3	DERMATOLOGICALS
AMCINONIDE OINTMENT	-	2	DERMATOLOGICALS
amethyst tab (LYBREL equiv)	-	\$0	CONTRACEPTIVES
amiloride tab (MIDAMOR equiv)	-	1	DIURETICS
AMILORIDE/HCTZ TAB	-	1	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1	DIURETICS
aminocaproic acid soln (AMICAR equiv)	-	1	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	1	HEMOSTATICS
amiodarone tab (CORDARONE equiv)	-	1	ANTIARRHYTHMICS
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)	-	1	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	NC	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	EXC	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	EXC	DERMATOLOGICALS
amnesteam cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	1	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 ER SUSP, DYANAVAL XR SUSP	PA	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
amphetamine tab (EVEKEO equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS

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amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv)	PA	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv)	PA	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv)	PA	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv)	PA	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
ampicillin cap (AMPICILLIN equiv)	-	1	PENICILLINS
AMZEEQ FOAM	-	3	DERMATOLOGICALS
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM ADVANCED KIT	-	3	ANORECTAL AGENTS
ANALPRAM-E KIT	-	3	ANORECTAL AGENTS
ANALPRAM-HC CREAM	-	3	ANORECTAL AND RELATED PRODUCTS
ANASTIA LOTION	-	NC	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	2	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	3	ESTROGENS
ANNOVERA RING (QL= 1 ring/year)	QL	\$0	CONTRACEPTIVES
ANORO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	3	ANTIHYPERLIPIDEMICS
ANTARA CAP, LOFIBRA CAP	-	3	ANTIHYPERLIPIDEMICS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC	OTIC AGENTS
ANTIVERT TAB, MECLIZINE TAB	-	NC	ANTIEMETICS
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)	-	1	DERMATOLOGICALS
APIDRA INJ (Step Therapy requires trial of NOVLOG or INSULIN ASPART)	ST	3	ANTIDIABETICS
APIDRA SOLOSTAR INJ (Step Therapy requires trial of NOVLOG or INSULIN ASPART)	ST	3	ANTIDIABETICS
APLENZIN TAB	-	NC	ANTIDEPRESSANTS
APOKYN INJ (Only available through Accredo 800-803-2523)	LD-PA	3	ANTIPARKINSON AND RELATED THERAPY AGENTS
apomorphine inj (APOKYN equiv) (Only available through Lumicera 855-847-3553)	LD-PA	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
apraclonidine ophth soln (IOPIDINE equiv)	-	1	OPHTHALMIC AGENTS
APRACLONIDINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	QL	1	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill)	QL	1	ANTIEMETICS
APRISO CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
APRIZIO PAK KIT	-	NC	DERMATOLOGICALS
APTiom TAB	-	2	ANTICONVULSANTS
APTIVUS CAP	-	2	ANTIVIRALS
APTIVUS SOLN	-	2	ANTIVIRALS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
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	ST Step Therapy
VAC Vaccine Program	¢ RxCENTS	

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ARAKODA TAB	-	3	ANTIMALARIALS
ARANESP INJ (Step Therapy requires trial of EPOGEN or PROCRIT)	ST	2	HEMATOPOIETIC AGENTS
ARAZLO LOTION	-	NC	DERMATOLOGICALS
ARCALYST INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ARCAPTA NEOHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AREXVY INJ (QL= 1 dose/lifetime; Covered for members age 60 years or older)	QL-VAC	\$0	VACCINES
arformoterol tartrate neb soln (BROVANA equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARIKAYCE SUSP (QL= 1 vial/day)	MSP-PA-QL	2	AMINOGLYCOSIDES
aripiprazole ODT (ABILIFY equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//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
ARNUIITY ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARYMO ER TAB	-	NC	ANALGESICS - OPIOID
ASACOL HD TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	QL	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	\$0	CONTRACEPTIVES
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))	OTC	\$0	ANALGESICS - NONNARCOTIC
ASPIRIN EC TAB 325MG	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for females (no age restriction))	OTC	\$0	ANALGESICS - NONNARCOTIC
aspirin tab 325mg	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin/codeine tab	-	1	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENOX equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
ASPIRIN/OMEPRAZOLE ER TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ASPRUZYO SPRINKLE GRANULES	PA	3	ANTIANGINAL AGENTS
ASTAGRAF XL CAP	PA	3	MISCELLANEOUS THERAPEUTIC CLASSES
ASTAMED MYO CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
atazanavir cap (REYATAZ equiv)	-	1	ANTIVIRALS
atenolol tab (TENORMIN equiv)	-	1	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1	ANTIHYPERTENSIVES
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)	-	\$0	ANTIHYPERLIPIDEMICS

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atovaquone susp (MEPRON equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	1	ANTIMALARIALS
ATRIPLA TAB	-	NC	ANTIVIRALS
ATRIX SYSTEM KIT	-	NC	DERMATOLOGICALS
atropine ophth oint	-	1	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1	OPHTHALMIC AGENTS
ATROPINE SUL SOLN 1% OPHTH	-	1	OPHTHALMIC AGENTS
ATROPINE SULFATE OPHTH OINT	-	1	OPHTHALMIC AGENTS
ATROVENT HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AUBAGIO TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUGTYRO CAP (QL= 8 caps/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AURYXIA TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB (QL= 4 tabs/day)	MSP-PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO TITRATION PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB (QL= 1 tab/day)	MSP-PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days)	MSP-PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TITRATION PACK (QL= 1 pack/28 days)	MSP-PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUVELITY TAB	-	NC	ANTIDEPRESSANTS
AUVI-Q INJ	-	NC	VASOPRESSORS
AVAR AEROSOL FOAM	-	3	DERMATOLOGICALS
AVAR GEL	-	2	DERMATOLOGICALS
AVAR PAD	-	3	DERMATOLOGICALS
AVONEX INJ	MSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AYVAKIT TAB (QL= 1 tab/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZASITE SOLN	-	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)	-	1	DERMATOLOGICALS
azelastine nasal spray 0.1% (ASTELIN equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	1	OPHTHALMIC AGENTS
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZELEX CREAM	PA	3	DERMATOLOGICALS
AZENASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZESCHEW TAB 13-1MG	-	NC	MULTIVITAMINS
AZESCO TAB	-	NC	MULTIVITAMINS
azithromycin susp (ZITHROMAX equiv)	-	1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES
AZOPT OPHTH SUSP	-	3	OPHTHALMIC AGENTS
AZOR TAB	-	3	ANTIHYPERTENSIVES

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AZSTARYS CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
BACITRACIN OPHTH OINT	-	2	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	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 (Prior Authorization Required for members age 9 or older)	PA	1	MUSCULOSKELETAL THERAPY AGENTS
baclofen susp (BACLOFEN equiv) (Prior Authorization Required for members age 9 or older)	PA	1	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab (BACLOFEN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab 15mg	-	NC	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB 5MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
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)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 4MG (QL= 2 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 5MG (QL= 1 tab/day)	MSP-PA-QL-SF	2	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
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 (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)	QL-ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
BELBUCA FILM (QL= 2 films/day)	QL	3	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	2	ULCER DRUGS
BELSOMRA TAB (QL= 1 tab/day)	PA-QL	3	HYPNOTICS
benazepril tab (LOTENSIN equiv)	-	1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1	ANTIHYPERTENSIVES
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	MSP-PA-QL	2	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ (QL= 4 inj/28 day)	MSP-PA-QL	2	MISCELLANEOUS THERAPEUTIC CLASSES
BENTIVITE TAB	-	NC	HEMATOPOIETIC AGENTS
BENZAC WASH	-	3	DERMATOLOGICALS
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	2	ANTHELMINTICS

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benzonatate cap (TESSALON equiv)	-	1	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)	-	1	OPHTHALMIC AGENTS
BERINERT INJ (Only available through Accredo 800-803-2523)	LD-PA	2	HEMATOLOGICAL AGENTS - MISC.
BESER KIT 0.05%	-	NC	DERMATOLOGICALS
BESIVANCE OPHTH SUSP (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	ST	3	OPHTHALMIC AGENTS
BESREMI INJ (QL= 2 inj/28 days)	MSP-PA-QL	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
betaine powder for oral solution (CYSTADANE equiv) (Only available through Walgreens 888-347-3416)	LD	1	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)	-	1	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone dipropionate lotion	-	1	DERMATOLOGICALS
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone valerate cream	-	1	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ FOAM equiv)	-	1	DERMATOLOGICALS
betamethasone valerate lotion	-	1	DERMATOLOGICALS
betamethasone valerate oint	-	1	DERMATOLOGICALS
BETASERON INJ	MSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BETASERON INJ (Client exception for publishing only)	MSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BETAXOLOL OPHTH SOLN	-	1	OPHTHALMIC AGENTS
betaxolol ophth soln (BETOPTIC-S equiv)	-	1	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	1	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	1	URINARY ANTISPASMODICS
BETIMOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	PA	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BEXAGLIFLOZN TAB	-	NC	ANTIDIABETICS
bexarotene cap (TARGRETIN equiv)	MSP-PA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bexarotene gel (TARGRETIN equiv)	MSP-PA	1	DERMATOLOGICALS
BEYAZ TAB	-	3	CONTRACEPTIVES
BEYFORTUS INJ	VAC	\$0	PASSIVE IMMUNIZING AND TREATMENT AGENTS
BIAFINE EMULSION	-	NC	DERMATOLOGICALS
bicalutamide tab (CASODEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIFERARX TAB	-	3	HEMATOPOIETIC AGENTS

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BIJUVA CAP	-	NC	ESTROGENS
BIKTARVY TAB	-	2	ANTIVIRALS
BILTRICIDE TAB	-	3	ANTHELMINTICS
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
bimatoprost ophth soln	-	EXC	DERMATOLOGICALS
BIMZELX INJ (QL= 2 inj/28 days)	MSP-PA-QL	2	DERMATOLOGICALS
BINOSTO TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bismuth/metro/tetra cap (PYLERA equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
bisoprolol tab (ZEBETA equiv)	-	1	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1	ANTIHYPERTENSIVES
BLEPHAMIDE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
BLEPHAMIDE S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day)	MSP-PA-QL	1	CARDIOVASCULAR AGENTS - MISC.
BOSULIF CAP	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOSULIF TAB	MSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRAFTOVI CAP 75MG (QL= 6 caps/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREO ELLIPTA INHALER	-	2	ASTHMATIC AND BRONCHODILATOR AGENTS
BREO ELLIPTA INHALER 50-25 MCG/ACT	-	2	ASTHMATIC AND BRONCHODILATOR AGENTS
BREXAFEMME TAB (QL= 4 tabs/30 days)	PA-QL	3	ANTIFUNGALS
BREZTRI AEROSPHERE INHALER	-	2	ASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB	-	2	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	1	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2%	-	1	OPHTHALMIC AGENTS
brimonidine tartrate gel (MIRVASO equiv)	-	EXC	DERMATOLOGICALS
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv)	-	1	OPHTHALMIC AGENTS
brimonidine/timolol ophth soln (COMBIGAN equiv)	-	1	OPHTHALMIC AGENTS
brinzolamide ophth susp (AZOPT equiv)	-	1	OPHTHALMIC AGENTS
BRISDELLE CAP	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BRIVIACT INJ 50MG/5ML	-	NC	ANTICONSULTANTS
BRIVIACT SOLN 10MG/ML	-	NC	ANTICONSULTANTS
BRIVIACT TAB	-	NC	ANTICONSULTANTS
BRIXADI SOLN 128MG/0.36ML (Only available through Walgreens 888-347-3416)	LD	2	ANALGESICS - OPIOID
BRIXADI SOLN 16MG/0.32ML (Only available through Walgreens 888-347-3416)	LD	2	ANALGESICS - OPIOID
BRIXADI SOLN 24MG/0.48ML (Only available through Walgreens 888-347-3416)	LD	2	ANALGESICS - OPIOID
BRIXADI SOLN 32MG/0.64ML (Only available through Walgreens 888-347-3416)	LD	2	ANALGESICS - OPIOID
BRIXADI SOLN 64MG/0.18ML (Only available through Walgreens 888-347-3416)	LD	2	ANALGESICS - OPIOID

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
BRIXADI SOLN 8MG/0.18ML (Only available through Walgreens 888-347-3416)	LD	2	ANALGESICS - OPIOID
BRIXADI SOLN 96MG/0.27ML (Only available through Walgreens 888-347-3416)	LD	2	ANALGESICS - OPIOID
bromfenac ophth soln (BROMDAY equiv)	-	1	OPHTHALMIC AGENTS
bromfenac sodium ophth soln 0.07% (PROLENSA equiv)	-	1	OPHTHALMIC AGENTS
bromfenac sodium ophth soln 0.075% (BROMSITE equiv)	-	NC	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	1	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	1	ANTIPARKINSON AGENTS
BRONCHITOL CAP	-	NC	RESPIRATORY AGENTS - MISC.
BRUKINSA CAP (QL= 4 caps/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRYHALI LOTION	-	3	DERMATOLOGICALS
B-SERENE PAD	-	NC	HEMATOPOIETIC AGENTS
budesonide ER tab (UCERIS equiv) (QL=1 tab/day)	PA-QL	1	CORTICOSTEROIDS
budesonide inh susp (PULMICORT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide rectal foam (UCERIS RECTAL FOAM equiv)	PA	1	ANORECTAL AND RELATED PRODUCTS
budesonide SR cap (ENTOCORT EC equiv)	-	1	CORTICOSTEROIDS
budesonide/formoterol inhaler (SYMBICORT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bumetanide tab (BUMEX equiv)	-	1	DIURETICS
BUNAVAIL FILM	-	NC	ANALGESICS - OPIOID
buprenorphine hcl buccal film (BELBUCA equiv) (QL=2 films/day)	QL	1	ANALGESICS - OPIOID
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	1	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
bupirone tab (BUSPAR equiv)	-	1	ANTIANKXIETY AGENTS
butalbital/acetaminophen cap	-	NC	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine soln	-	NC	ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC	ANALGESICS - NONNARCOTIC
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	1	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; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
BYDUREON PEN INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
BYETTA INJ (QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3	ANTIDIABETICS
BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	2	GASTROINTESTINAL 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
SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

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BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
BYNFEZIA PEN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BYVALSON TAB	-	3	ANTIHYPERTENSIVES
CABENUVA IM SUSP	-	NC	ANTIVIRALS
cabergoline tab (DOSTINEX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABLIVI INJ KIT (QL= 1 vial/day)	MSP-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAFECIT INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
caffeine citrate soln (CAFECIT equiv) (Only covered for members less than 1 year old)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv)	-	1	DERMATOLOGICALS
calcipotriene cream (TRIONEX equiv)	-	NC	DERMATOLOGICALS
CALCIPOTRIENE FOAM	-	NC	DERMATOLOGICALS
CALCIPOTRIENE FOAM, SORILUX FOAM	-	NC	DERMATOLOGICALS
calcipotriene oint	-	1	DERMATOLOGICALS
CALCIPOTRIENE SOLN	-	1	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	1	DERMATOLOGICALS
calcipotriene/betamethasone dipropionate susp	-	1	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	1	DERMATOLOGICALS
calcitonin inj (MIACALCIN equiv)	MSP	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitonin nasal spray (MIACALCIN equiv)	-	1	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.
CALIBRATION LIQUID	OTC	1	MEDICAL DEVICES AND SUPPLIES
CALQUENCE CAP (QL= 2 caps/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALQUENCE TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALSODORE PAK	-	NC	DERMATOLOGICALS
CAMZYOS CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
candesartan tab (ATACAND equiv)	-	1	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	1	ANTIHYPERTENSIVES
capecitabine tab (XELODA equiv)	MSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	3	DERMATOLOGICALS

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CAPLYTA CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CAPRELSA TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin/menthol topical patch (SINELEE equiv)	-	NC	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	1	ANTIHYPERTENSIVES
CAPVAXIVE INJ	VAC	\$0	VACCINES
CARAC CREAM	-	2	DERMATOLOGICALS
CARAC CREAM	-	NC	DERMATOLOGICALS
CARBAGLU TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	1	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	1	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	1	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)	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
CARBINOXAMINE SOLN	-	1	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	1	ANTIHISTAMINES
CARDURA XL TAB	-	3	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)	-	1	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	-	1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	NC	DERMATOLOGICALS
CAROSPIR SUSP (Prior Authorization required for members age 9 or older)	PA	3	DIURETICS
CARTEOLOL OPHTH SOLN	-	1	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	1	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	1	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	1	BETA BLOCKERS
CATAPRES-TTS PATCH	-	3	ANTIHYPERTENSIVES
CAVERJECT INJ (QL= 6 inj/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	2	ANTI-INFECTIVE AGENTS - MISC.
CEFACLOR CAP	-	1	CEPHALOSPORINS

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cefaclor cap (CECLOR equiv)	-	1	CEPHALOSPORINS
CEFACTOR ER TAB	-	3	CEPHALOSPORINS
CEFACTOR 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)	-	1	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	1	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	1	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	1	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
CELEBREX CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
celecoxib cap (CELEBREX equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
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	-	1	CEPHALOSPORINS
CEQUA OPHTH SOLN (QL= 60 vials/30 days)	PA-QL	3	OPHTHALMIC AGENTS
CEQUR SIMPLICITY	-	NC	MEDICAL DEVICES AND SUPPLIES
CERDELGA CAP	MSP-PA	3	HEMATOPOIETIC AGENTS
CERVICAL CAP	-	\$0	MEDICAL DEVICES AND SUPPLIES
CESAMET CAP	-	3	ANTIEMETICS
cetrotirelix acetate for inj kit (CETROTIDE equiv)	INF	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETROTIDE KIT	INF	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETYLEV TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
CHEMET CAP	-	2	ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	1	ANTIANKXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	1	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	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthiazide tab (THORAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	1	DIURETICS
chlorzoxazone tab	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOAZONE TAB 250MG, LORZONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	1	MUSCULOSKELETAL THERAPY AGENTS

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CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	2	GASTROINTESTINAL AGENTS - MISC.
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1	ANTIHYPERTENSIVES
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1	ANTIHYPERTENSIVES
cholestyramine powder (QUESTRAN equiv)	-	1	ANTIHYPERTENSIVES
cholestyramine powder pack (QUESTRAN equiv)	-	1	ANTIHYPERTENSIVES
CIALIS TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
CIBINQO TAB (QL= 1 tab/day)	MSP-PA-QL	2	DERMATOLOGICALS
cicatrace kit (REXASIL equiv)	-	NC	DERMATOLOGICALS
CICLODAN KIT	-	NC	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	1	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	1	DERMATOLOGICALS
ciclopirox nail soln (PENLAC SOLN equiv)	-	1	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	1	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	1	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPHTH OINT	-	3	OPHTHALMIC AGENTS
CIMDUO TAB	-	2	ANTIVIRALS
cimetidine soln (CIMETIDINE equiv)	-	1	ULCER DRUGS
CIMETIDINE SOLN	-	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
cimetidine tab (TAGAMET equiv)	OTC	1	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	MSP-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
CIMZIA INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab (SENSIPAR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
CIPRO HC OTIC SUSP	-	3	OTIC AGENTS
CIPRO SUSP	-	3	FLUOROQUINOLONES
CIPROFLOXACIN 100MG TAB	-	3	FLUOROQUINOLONES
ciprofloxacin ophth soln (CILOXAN equiv)	-	1	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	2	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	1	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	1	FLUOROQUINOLONES
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	1	OTIC AGENTS
CITALOPRAM CAP	-	NC	ANTIDEPRESSANTS
citalopram soln (CELEXA equiv)	-	1	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	1	ANTIDEPRESSANTS
CITRULLINE EASY TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLARINEX SYRUP	-	EXC	ANTIHISTAMINES
CLARINEX-D TAB	-	EXC	COUGH/COLD/ALLERGY
CLARITHROMYC SUSP	-	2	MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	1	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	1	MACROLIDES
CLARITIN CAP	OTC	EXC	ANTIHISTAMINES
CLARITIN CHEW TAB	OTC	EXC	ANTIHISTAMINES
CLEMASTINE SYRUP	-	NC	ANTIHISTAMINES
CLENIA PLUS SUSP	-	3	DERMATOLOGICALS

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CLENPIQ SOLN	-	3	LAXATIVES
CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill)	QL	3	VAGINAL PRODUCTS
CLIMARA PRO PATCH	-	3	ESTROGENS
CLINDACIN KIT	-	3	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv)	-	1	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)	-	1	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	1	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)	-	1	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	1	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv)	-	1	DERMATOLOGICALS
CLINDAVIX KIT	-	NC	DERMATOLOGICALS
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	1	ANTICONVULSANTS
clobazam tab (ONFI equiv)	-	1	ANTICONVULSANTS
clobetasol E foam (OLUX E equiv)	-	1	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	-	1	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	-	1	DERMATOLOGICALS
CLOBETASOL OPHTH SUSP (QL= 7ml/30 days)	QL	3	OPHTHALMIC AGENTS
clobetasol propionate cream (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	1	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	1	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	1	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	-	1	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	-	1	DERMATOLOGICALS
CLOBETAVIX KIT	-	NC	DERMATOLOGICALS
CLOCORTOLONE CREAM	-	3	DERMATOLOGICALS
clocortolone pivalate cream	-	1	DERMATOLOGICALS
CLODERM CREAM	-	3	DERMATOLOGICALS
CLOMID TAB	INF	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLOMIPHENE TAB	INF	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomipramine cap (ANAFRANIL equiv)	-	1	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	1	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	1	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CLOPIDOGREL THERAPY PACK	-	NC	HEMATOLOGICAL AGENTS - MISC.

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clorazepate tab (TRANXENE-T equiv)	-	1	ANTIANKXIETY AGENTS
clotrimazole cream (LOTRIMIN AF equiv)	OTC	EXC	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1	DERMATOLOGICALS
CLOTRIMAZOLE/BETAMETHASONE LOTION	-	NC	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE 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)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COCAINE HCL SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
CODEINE SULFATE SOLN	-	3	ANALGESICS - OPIOID
CODEINE SULFATE TAB	-	1	ANALGESICS - OPIOID
colchicine cap (MITIGARE equiv)	-	NC	GOUT AGENTS
colchicine tab (COLCRYS equiv)	-	1	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	1	GOUT AGENTS
COLCRYS TAB	-	NC	GOUT AGENTS
colesevelam pack (WELCHOL equiv)	-	1	ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	1	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
colistimethate inj (COLY-MYCIN M equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
COLLANEX EXTERNAL POWDER	-	NC	DERMATOLOGICALS
COLY-MYCIN S OTIC SUSP	-	2	OTIC AGENTS
COMBIGAN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
COMBIPATCH	-	3	ESTROGENS
COMBIVENT RESPIMAT INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	2	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
CONCEPT DHA CAP	-	1	MULTIVITAMINS
CONDYLOX GEL	-	3	DERMATOLOGICALS
CONJUPRI TAB, LEVAMLODIPINE TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONSENSI TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONTRACEPTIVE FILM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	\$0	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	\$0	VAGINAL PRODUCTS
CONTRAVE TAB (QL= 4 tabs/day)	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
COPIKTRA CAP (QL= 2 caps/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CORDRAN CREAM 0.025%	-	3	DERMATOLOGICALS
CORDRAN OINTMENT	-	3	DERMATOLOGICALS
CORDRAN TAPE	-	NC	DERMATOLOGICALS
CORLANOR SOLN	PA	3	CARDIOVASCULAR AGENTS - MISC.

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CORLANOR TAB	PA	3	CARDIOVASCULAR AGENTS - MISC.
CORTANE-B OTIC SOLN	-	NC	OTIC AGENTS
CORTIC-ND DROPS	-	NC	OTIC AGENTS
CORTIFOAM	-	3	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	2	CORTICOSTEROIDS
CORTISPORIN CREAM	-	3	DERMATOLOGICALS
CORTISPORIN OINT	-	3	DERMATOLOGICALS
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	MSP-PA-QL	2	DERMATOLOGICALS
COSENTYX INJ (2-PACK) (QL= 2 inj/28 days)	MSP-PA-QL	2	DERMATOLOGICALS
COSENTYX INJ 300MG/2ML (QL= 2 inj/28 days)	MSP-PA-QL	2	DERMATOLOGICALS
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR ODT	PA	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
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)	VAC	\$0	VACCINES
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/24 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
COXANTO CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
CREON CAP	-	2	DIGESTIVE AIDS
CRESEMBA CAP (Restricted to Infectious Disease Specialist)	RS	3	ANTIFUNGALS
CRESTOR TAB	-	3	ANTHYPERLIPIDEMICS
CREXONT CAP, RYTARY CAP (Step Therapy requires trial of carbidopa/levodopa ER)	ST	3	ANTIPARKINSON AGENTS
CRINONE GEL	PA	2	VAGINAL PRODUCTS
CRIXIVAN CAP	-	2	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	1	OPHTHALMIC AGENTS
CROMOLYN SODIUM OPTH SOLN	-	1	OPHTHALMIC AGENTS
CROTAN LOTION	-	NC	DERMATOLOGICALS
cryselle tab	-	\$0	CONTRACEPTIVES
CUE COVID-19 INJ TEST CARTRIDGE	OTC	EXC	DIAGNOSTIC PRODUCTS
CUE HEALTH MONITOR	OTC	EXC	DIAGNOSTIC PRODUCTS
CUTAQUIG INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUVITRU INJ	-	NC	PASSIVE IMMUNIZING AGENTS
CUVRIOR TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
cyanocobalamin inj	-	1	HEMATOPOIETIC AGENTS
cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv)	-	1	HEMATOPOIETIC AGENTS
CYCLOBENZAPRINE COMPOUND KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS

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cyclobenzaprine ER cap (AMRIX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
CYCLOGYL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
CYCLOMYDRIL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1	OPHTHALMIC AGENTS
cyclophosphamide cap	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE TAB	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cycloserine cap (CYCLOSERINE equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	3	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	1	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	1	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	1	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%, VERKAZIA OPHTH EMULSION (QL= 120 vials/30 days)	PA-QL	3	OPHTHALMIC AGENTS
CYFOLEX CAP	-	NC	HEMATOPOIETIC AGENTS
CYLTEZO AUTO-INJECTOR KIT (adalimumab-adbm)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO INJ (adalimumab-adbm)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
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	2	OPHTHALMIC AGENTS
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	2	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	2	OPHTHALMIC AGENTS
CYTRA K CRYSTALS	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	1	ANTICOAGULANTS
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	MSP-QL-RS	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	1	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	1	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)	-	1	DERMATOLOGICALS
DAPSONE GEL 7.5%	-	NC	DERMATOLOGICALS
dapsone tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
darifenacin SR tab (ENABLEX equiv)	-	1	URINARY ANTISPASMODICS

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DARTISLA ODT TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
darunavir tab (PREZISTA equiv)	-	1	ANTIVIRALS
dasatinib tab (SPRYCEL equiv)	MSP-PA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAURISMO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAVIMET/FLUORIDE CHEW 0.75MG	-	NC	MULTIVITAMINS
DAVIMET-M CHEW MULTIVIT	-	NC	MULTIVITAMINS
DAYBUE SOLN (QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	2	NEUROMUSCULAR AGENTS
DAYVIGO TAB (QL= 1 tab/day)	PA-QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DAZOMON GEL	-	NC	DERMATOLOGICALS
DDAVP NASAL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
deferasirox granules packet (JADENU equiv)	MSP	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (JADENU equiv)	MSP	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab for oral susp (EXJADE equiv)	MSP	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv)	MSP-PA	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
deflazacort susp (EMFLAZA equiv) (Only available through Accredo 800-803-2523 or Orsini 800-410-8575)	LD-PA	1	CORTICOSTEROIDS
deflazacort tab (EMFLAZA equiv)	MSP-PA	1	CORTICOSTEROIDS
DEGLUDEC FLEXTOUCH INJ	-	NC	ANTIDIABETICS
DEGLUDEC INJ	-	NC	ANTIDIABETICS
DELSTRIGO TAB	-	2	ANTIVIRALS
DELZICOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	1	TETRACYCLINES
DEMSEER CAP	-	NC	ANTIHYPERTENSIVES
DENAVIR CREAM	-	3	DERMATOLOGICALS
DENGXAXIA SUSP	VAC	\$0	VACCINES
DEPACON INJ	-	NC	ANTICONVULSANTS
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	3	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
DERMACINRX CREAM	-	NC	DERMATOLOGICALS
DERMACINRX KIT	-	NC	DERMATOLOGICALS
DERMALID PAK	-	NC	DERMATOLOGICALS
DESCOVY TAB	PA	\$0	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	1	ANTIDEPRESSANTS
DESLORATADINE ODT	-	EXC	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	-	EXC	ANTIHISTAMINES
desmopressin acetate nasal spray (DDAVP equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESONATE GEL	-	3	DERMATOLOGICALS

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desonide cream	-	1	DERMATOLOGICALS
desonide gel	-	1	DERMATOLOGICALS
desonide lotion	-	1	DERMATOLOGICALS
desonide oint	-	1	DERMATOLOGICALS
DESOWEN CREAM	-	NC	DERMATOLOGICALS
DESOWEN CREAM KIT	-	3	DERMATOLOGICALS
DESOWEN LOTION	-	NC	DERMATOLOGICALS
DESOWEN LOTION KIT	-	3	DERMATOLOGICALS
DESOWEN OINT	-	NC	DERMATOLOGICALS
DESOWEN OINT KIT	-	3	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	1	DERMATOLOGICALS
desoximetasone cream 0.05% (TOPICORT equiv)	-	1	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	1	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	1	DERMATOLOGICALS
desvenlafaxine ER tab (PRISTIQ equiv)	-	1	ANTIDEPRESSANTS
DESVENLAFAXINE ER TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3	ANTIDEPRESSANTS
DEXAMETHASONE CONC	-	1	CORTICOSTEROIDS
dexamethasone elixir	-	1	CORTICOSTEROIDS
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
DEXATLAN 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
dexlansoprazole DR cap (DEXILANT equiv) (QL= 1 cap/day; Step Therapy requires trial of omeprazole, pantoprazole, or rabeprazole)	QL-ST	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dexmethylphenidate tab (FOCALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DEXPAK TAB	-	NC	CORTICOSTEROIDS
DEXTENZA OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS

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dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// 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	2	ANTICONVULSANTS
DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	2	ANTICONVULSANTS
DIALYVITE TAB	-	1	MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	-	1	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	1	MULTIVITAMINS
DIAPHRAGM	-	\$0	MEDICAL DEVICES AND SUPPLIES
DIASTAT ACDL GEL (QL= 4 doses/fill)	QL	3	ANTICONVULSANTS
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 4 doses/fill)	QL	2	ANTICONVULSANTS
diazepam conc (VALIUM equiv)	-	1	ANTIAXIETY AGENTS
DIAZEPAM GEL (QL= 4 doses/fill)	QL	2	ANTICONVULSANTS
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	1	ANTIAXIETY AGENTS
diazepam rectal gel (QL= 4 doses/fill)	QL	1	ANTICONVULSANTS
diazepam tab (VALIUM equiv)	-	1	ANTIAXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	1	ANTIDIABETICS
dichlorphenamide tab (KEVEYIS equiv) (QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	1	DIURETICS
DICLOFENAC CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	1	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	1	DERMATOLOGICALS
DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill)	QL	3	DERMATOLOGICALS
diclofenac potassium (migraine) packet (CAMBIA equiv)	-	1	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)	-	1	OPHTHALMIC AGENTS
diclofenac sodium soln 2% (PENNSAID equiv)	-	1	DERMATOLOGICALS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	1	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
DICLONA GEL	-	NC	DERMATOLOGICALS
DICLOTREX PAK	-	NC	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	1	PENICILLINS

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
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	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

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dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	1	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	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
diethylpropion tab	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
DIFFERIN LOTION	PA	3	DERMATOLOGICALS
DIFFERIN OTC GEL 0.1%	OTC	EXC	DERMATOLOGICALS
DIFICID SUSP (QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	2	MACROLIDES
DIFICID TAB (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	2	MACROLIDES
DIFLORASONE CREAM, PSORCON CREAM	-	2	DERMATOLOGICALS
diflorasone oint	-	1	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	1	ANALGESICS - NONNARCOTIC
diffuprednate ophth emulsion (DUREZOL equiv)	-	1	OPHTHALMIC AGENTS
DIGITAL THERAPY APPLICATION	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
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, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
DILANTIN CAP 30MG	-	2	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR 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 tab (CARDIZEM LA equiv)	-	1	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	1	CALCIUM CHANNEL BLOCKERS
dimethyl fumarate DR cap (TECFIDERA equiv)	MSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	MSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIPENTUM CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1	ANTIHISTAMINES
DIPHENOXYLATE/ATROPINE LIQUID	-	3	ANTIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	\$0	TOXOIDS
dipyridamole tab (PERSANTINE equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	1	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	2	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	1	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	1	ANTICONVULSANTS

<b>EXC</b>	<b>NC</b> = Not Covered <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion	<b>INF</b>	Infertility	<b>LD</b>	Limited Distribution
<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter	<b>PA</b>	Prior Authorization
<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis	<b>RS</b>	Restricted to Specialist
<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation	<b>ST</b>	Step Therapy
<b>VAC</b>	Vaccine Program	<b>¢</b>	RxCENTS		

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divalproex sprinkle cap (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
DIVIGEL GEL, ELESTRIN GEL	-	3	ESTROGENS
dofetilide cap (TIKOSYN equiv)	-	1	ANTIARRHYTHMICS
DOJOLVI ORAL LIQUID (Only available through Accredo 800-803-2523)	LD-PA	3	NUTRIENTS
DOLGIC PLUS TAB	-	NC	ANALGESICS - NONNARCOTIC
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	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL TAB	-	NC	ULCER DRUGS
DOPTELET TAB (QL= 2 tabs/day)	MSP-PA-QL	2	HEMATOPOIETIC AGENTS
DORAL TAB	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DORYX MPC TAB	-	NC	TETRACYCLINES
DORYX TAB 200MG	-	NC	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	1	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	1	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
DOVATO TAB	-	2	ANTIVIRALS
doxazosin tab (CARDURA equiv)	-	1	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	1	ANTIDEPRESSANTS
doxepin hcl cream	PA	1	DERMATOLOGICALS
doxepin tab (SILENOR equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
doxercalciferol cap (HECTOROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxycycline (rosacea) cap delayed release (ORACEA equiv)	-	1	DERMATOLOGICALS
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	1	TETRACYCLINES
doxycycline hyclate DR tab 200mg (DORYX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	1	TETRACYCLINES
doxycycline hyclate tab (TARGADOX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg	-	NC	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 50mg, 100mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	1	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	1	ANTIEMETICS
D-PENAMINE TAB	-	2	ASSORTED CLASSES
DRIZALMA DR CAP	-	NC	ANTIDEPRESSANTS
dronabinol cap (MARINOL equiv)	PA	1	ANTIEMETICS
drosiprenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	\$0	CONTRACEPTIVES
DROXIA CAP	-	2	HEMATOPOIETIC AGENTS

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droxidopa cap (NORTHERA equiv) (Only available through Lumicera 855-847-3553)	LD	1	VASOPRESSORS
DRYSOL SOLN	-	1	DERMATOLOGICALS
DSUVIA SL TAB	-	NC	ANALGESICS - OPIOID
DUAKLIR INHALER	PA	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUETACT TAB	-	NC	ANTIDIABETICS
DULERA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv) (QL= 2 caps/day)	QL	1	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)	MSP-PA-QL	2	DERMATOLOGICALS
DURLAZA CAP	PA	3	HEMATOLOGICAL AGENTS - MISC.
dutasteride cap (AVODART equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv)	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB	-	2	ANTIHYPERTENSIVES
DUVYZAT ORAL SUSP	-	NC	NEUROMUSCULAR AGENTS
DUZALLO TAB	-	NC	GOUT AGENTS
DXEVO 11-DAY PAK	-	NC	CORTICOSTEROIDS
DYRENIUM CAP	-	3	DIURETICS
EBGLYSS INJ	-	NC	DERMATOLOGICALS
EB-N3 DR CAP	-	NC	MULTIVITAMINS
ECONASIL KIT	-	NC	DERMATOLOGICALS
econazole cream (SPECTAZOLE equiv)	-	1	DERMATOLOGICALS
ECOZA FOAM	-	3	DERMATOLOGICALS
EDARBI TAB	-	3	ANTIHYPERTENSIVES
EDARBYCLOR TAB	-	3	ANTIHYPERTENSIVES
EDEX INJ (QL= 6 inj/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
EDLUAR SL TAB	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
EDURANT TAB	-	2	ANTIVIRALS
EFAVIRENZ CAP	-	1	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	1	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	1	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	1	ANTIVIRALS
EGATEN TAB	-	NC	ANTHELMINTICS
EGRIFTA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ELEPSIA XR TAB	-	NC	ANTICONVULSANTS
eletriptan tab (RELPAK equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
ELIGEN B12 TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2	ANTICOAGULANTS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
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	ST Step Therapy
VAC Vaccine Program	¢ RxCENTS	

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ELIXOPHYLLIN ELIXIR	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	\$0	CONTRACEPTIVES
ELMIRON CAP	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
eluryng vaginal ring (NUVARING equiv)	-	\$0	CONTRACEPTIVES
ELYXYB SOLN	-	NC	MIGRAINE PRODUCTS
EMADINE OPTH SOLN	-	3	OPHTHALMIC AGENTS
EMBEDA CAP	-	3	ANALGESICS - OPIOID
EMCYT CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND SUSP (QL= 3 doses/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	3	ANTIEMETICS
EMFLAZA SUSP	-	NC	CORTICOSTEROIDS
EMFLAZA TAB	-	NC	CORTICOSTEROIDS
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2	MIGRAINE PRODUCTS
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	2	MIGRAINE PRODUCTS
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
EMSAM PATCH	-	3	ANTIDEPRESSANTS
emtricitabine cap (EMTRIVA equiv)	-	1	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0	ANTIVIRALS
EMTRIVA CAP	-	3	ANTIVIRALS
EMTRIVA SOLN	-	2	ANTIVIRALS
EMVERM TAB	-	3	ANTHELMINTICS
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older)	PA	1	ANTIHYPERTENSIVES
enalapril tab (VASOTEC equiv)	-	1	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1	ANTIHYPERTENSIVES
ENBREL INJ 25MG (QL= 8 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACKET	-	NC	HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	PA	2	VAGINAL PRODUCTS
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	\$0	VACCINES
enoxaparin inj (LOVENOX equiv)	-	1	ANTICOAGULANTS
enpresse tab (TRI-LEVELLEN equiv)	-	\$0	CONTRACEPTIVES
ENSPRYNG INJ (QL= 1 inj/28 days)	MSP-PA-QL	2	MISCELLANEOUS THERAPEUTIC CLASSES
ENSTILAR FOAM	-	NC	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	1	ANTIPARKINSON AGENTS
ENTADFI CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	1	ANTIVIRALS
ENTERAL FORMULA	OTC-PA	3	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ENTEREG CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ENTRESTO CAP	-	NC	CARDIOVASCULAR AGENTS - MISC.
ENTRESTO TAB (QL= 2 tabs/day)	QL	2	CARDIOVASCULAR AGENTS - MISC.
ENVARUSUS XR TAB	PA	3	ASSORTED CLASSES

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VAC Vaccine Program	¢ RxCENTS	

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EOHILIA SUSP	-	NC	CORTICOSTEROIDS
EPCLUSA PAK	-	NC	ANTIVIRALS
EPCLUSA TAB	-	NC	ANTIVIRALS
EPIDIOLEX SOLN	MSP-PA	2	ANTICONVULSANTS
EPIDUO FORTE GEL 0.3-2.5%	-	NC	DERMATOLOGICALS
EPIFOAM AEROSOL	-	2	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	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	-	2	ANTIVIRALS
eplerenone tab (INSPRA equiv)	-	1	ANTIHYPERTENSIVES
EPONTIA SOLN (Members age 9 or older require Prior Authorization)	PA	3	ANTICONVULSANTS
EPSOLAY CREAM	-	NC	DERMATOLOGICALS
EQUETRO CAP	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERGOCAL CAP	-	NC	VITAMINS
ERGOLOID MESYLATES TAB	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ERGOTAMINE/CAFFEINE TAB	-	1	MIGRAINE PRODUCTS
ergotamine/caffeine tab (CAFERGOT equiv)	-	1	MIGRAINE PRODUCTS
ERIVEDGE CAP	MSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB 240MG (QL= 1 tab/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab (TARCEVA equiv) (QL= 1 tab/day)	MSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	MSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERMEZA SOLN 150 MCG/5ML	-	NC	THYROID AGENTS
ERTACZO CREAM	-	3	DERMATOLOGICALS
ERY PAD	-	2	DERMATOLOGICALS
erythromycin DR cap (ERYC equiv)	-	1	MACROLIDES
ERYTHROMYCIN EC CAP	-	2	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	1	MACROLIDES
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3	MACROLIDES
erythromycin gel	-	1	DERMATOLOGICALS
erythromycin ophth oint	-	1	OPHTHALMIC AGENTS
ERYTHROMYCIN OPHTH OINT	-	NC	OPHTHALMIC AGENTS
erythromycin pad	-	1	DERMATOLOGICALS
erythromycin soln	-	1	DERMATOLOGICALS
erythromycin tab (ERY-TAB equiv)	-	1	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	1	MACROLIDES
erythromycin/benzoyl peroxide gel	-	1	DERMATOLOGICALS
escitalopram soln (LEXAPRO equiv)	-	1	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	1	ANTIDEPRESSANTS
ESGIC TAB	-	NC	ANALGESICS - NONNARCOTIC
ESKATA SOLN	-	NC	DERMATOLOGICALS
esomeprazole cap (NEXIUM equiv)	OTC	1	ULCER DRUGS

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	<b>NC/3P</b> = Not Covered, Third Party Reviewer				
EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
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	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
esomeprazole DR granule pack (NEXIUM equiv)	-	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
esomeprazole magnesium DR tab (NEXIUM equiv)	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
estazolam tab (PROSOM equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1	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)	-	1	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days, 18 tabs on first fill)	QL	1	VAGINAL PRODUCTS
estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill)	QL	1	ESTROGENS
estradiol/norethindrone tab (ACTIVEVELLA equiv)	-	1	ESTROGENS
ESTRING (3 copays per Rx)	-	2	VAGINAL PRODUCTS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ethacrynic tab (EDECIN equiv)	-	1	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	1	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	1	ANTICONVULSANTS
etodolac cap (LODINE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ETOPOSIDE CAP	MSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etravirine tab (INTELENCE equiv)	-	1	ANTIVIRALS
EUCRISA OINT	PA	3	DERMATOLOGICALS
EULEXIN CAP	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVAMIST SPRAY	-	3	ESTROGENS
EVEKEO ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	MSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab (ZORTRESS equiv)	PA	1	MISCELLANEOUS THERAPEUTIC CLASSE
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	MSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVIVO LIQUID	-	NC	ANTIDIARRHEALS
EVOTAZ TAB	-	2	ANTIVIRALS
EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2	NEUROMUSCULAR AGENTS
EVZIO INJ	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
EVZIO INJ	-	NC	ANTIDOTES
EXALGO TAB	-	3	ANALGESICS - OPIOID
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC	DERMATOLOGICALS

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

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EXELDERM SOLN	-	3	DERMATOLOGICALS
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC	DERMATOLOGICALS
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXKIVITY CAP (QL= 4 caps/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXSERVAN FILM	PA	3	NEUROMUSCULAR AGENTS
EXTAVIA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EYSUVIS OPHTH SUSP	-	3	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	1	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC	ANTIHYPERLIPIDEMICS
FABHALTA CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
FABIOR AEROSOL FOAM	-	3	DERMATOLOGICALS
FACTIVE TAB	-	3	FLUOROQUINOLONES
FALESSA KIT	-	3	CONTRACEPTIVES
FALESSA TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	1	ANTIVIRALS
famotidine susp (PEPCID equiv)	-	1	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
FARXIGA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
FASENRA PEN INJ (QL= 1 inj/56 days)	MSP-PA-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST	1	GOUT AGENTS
felbamate susp (FELBATOL equiv)	-	1	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	1	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	1	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	3	VAGINAL PRODUCTS
FEMALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
FEMLYV TAB	-	NC	CONTRACEPTIVES
FEMRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	1	ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP	-	3	ANTIHYPERLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	1	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
fenopropfen calcium cap (NALFON equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
fenopropfen calcium tab	-	1	ANALGESICS - ANTI-INFLAMMATORY

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FENOPROFEN CAP, NAFLON CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN TAB	-	1	ANALGESICS - ANTI-INFLAMMATORY
FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID
FENTANYL CITRATE LOLLIPOP (QL= 120 lozenges/30 days)	PA-QL	1	ANALGESICS - OPIOID
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	1	ANALGESICS - OPIOID
fentanyl patch (DURAGESIC equiv)	-	1	ANALGESICS - OPIOID
fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC	ANALGESICS - OPIOID
FENTORA TAB (QL= 120 tabs/30 days)	PA-QL	3	ANALGESICS - OPIOID
FEONYX TAB	-	NC	HEMATOPOIETIC AGENTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	2	ANTIDOTES
FERRIPROX TAB 1000MG (TWICE DAILY)	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
FERRO-PLEX TAB	-	NC	HEMATOPOIETIC AGENTS
ferrous sulfate elixir	OTC	NC	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID	OTC	NC	HEMATOPOIETIC AGENTS
ferrous sulfate soln	OTC	NC	HEMATOPOIETIC AGENTS
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	1	URINARY ANTISPASMODICS
FETZIMA CAP (QL= 1 cap/day)	PA-QL	3	ANTIDEPRESSANTS
FETZIMA TITRATION PACK (QL= 1 cap/day)	PA-QL	3	ANTIDEPRESSANTS
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 Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	2	GENITOURINARY AGENTS - MISCELLANEOUS
FILSUVEZ GEL	-	NC	DERMATOLOGICALS
FINACEA FOAM	-	2	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	EXC	DERMATOLOGICALS
fingolimod hcl cap 0.5mg (GILENYA equiv)	MSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	2	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	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
FIRST METRONIDAZOLE SUSP	-	3	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	3	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	3	ULCER DRUGS
FIRST PANTOPRAZOLE SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
FIRVANQ SOLN 25MG/ML	-	1	ANTI-INFECTIVE AGENTS - MISC.
FIRVANQ SOLN 50MG/ML	-	1	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP	-	3	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	1	URINARY ANTISPASMODICS

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VAC	Vaccine Program	¢	RxCENTS		

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flecainide tab (TAMBOCOR equiv)	-	1	ANTIARRHYTHMICS
FLEQSUVY SUSP (Prior Authorization required for members age 9 or older)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
FLOLIPID SUSP	PA	3	ANTIHYPERTENSIVES
FLONASE SENSIMIST NASAL SPRAY	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
FLO-PRED SUSP	-	3	CORTICOSTEROIDS
FLORAFOL CHEW TAB	-	NC	MULTIVITAMINS
FLORAFOL PED CHEW TAB	-	NC	MULTIVITAMINS
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 INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUBLOK QUAD PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUCELVAX INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
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)	-	1	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	1	CORTICOSTEROIDS
FLULAVAL INJ, FLUARIX INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0	VACCINES
FLUMIST NASAL (QL= 1 dose/28 days)	QL-VAC	\$0	VACCINES
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 acetonide cream	-	1	DERMATOLOGICALS
fluocinolone acetonide oil	-	1	DERMATOLOGICALS
fluocinolone acetonide oint	-	1	DERMATOLOGICALS
fluocinolone acetonide soln	-	1	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	1	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)	-	\$0	MINERALS & ELECTROLYTES
FLUORAC CREAM	-	NC	DERMATOLOGICALS
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1	OPHTHALMIC AGENTS
fluorouracil cream (EFUDEX CREAM equiv)	-	1	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	3	DERMATOLOGICALS
fluorouracil soln (FLUOROURACIL equiv)	-	1	DERMATOLOGICALS
FLUOROURACIL SOLN	-	2	DERMATOLOGICALS
FLUOVIX PAK	-	NC	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	1	ANTIDEPRESSANTS

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<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter	<b>PA</b>	Prior Authorization
<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis	<b>RS</b>	Restricted to Specialist
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<b>VAC</b>	Vaccine Program	<b>¢</b>	RxCENTS		

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FLUOXETINE CAP (PMDD)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine soln (PROZAC equiv)	-	1	ANTIDEPRESSANTS
FLUOXETINE TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine tab (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine weekly cap (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	1	ANTI-PSYCHOTICS/ANTIMANIC AGENTS
FLURANDRENOL LOTION	-	1	DERMATOLOGICALS
flurandrenolide cream (CORDRAN equiv)	-	1	DERMATOLOGICALS
flurandrenolide lotion (CORDRAN equiv)	-	1	DERMATOLOGICALS
flurandrenolide oint (CORDRAN equiv)	-	1	DERMATOLOGICALS
FLURAZEPAM CAP	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
FLURBIPROFEN OPHTH SOLN	-	2	OPHTHALMIC AGENTS
FLURBIPROFEN TAB	-	1	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
FLUTAMIDE CAP	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
flutamide cap (EULEXIN equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUTICASONE DISKUS INHALER	-	3	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER	-	3	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE LOTION	-	1	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 lotion (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	1	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT	-	1	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 115-21 MCG/ACT	-	2	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 230-21 MCG/ACT	-	2	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT	-	1	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 45-21 MCG/ACT	-	2	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT	-	1	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT	-	2	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT	-	2	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv)	-	1	ANTI-HYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv)	-	1	ANTI-HYPERLIPIDEMICS

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fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	1	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	-	3	OPHTHALMIC AGENTS
FML S.O.P. OPHTH OINT	-	3	OPHTHALMIC AGENTS
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)	-	\$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	\$0	HEMATOPOIETIC AGENTS
FOLIKA-V TAB	-	NC	MULTIVITAMINS
FOLITE TAB	-	NC	HEMATOPOIETIC AGENTS
FOLLISTIM AQ INJ	INF	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOLTANX TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
FOLVITE-FE TAB	-	NC	HEMATOPOIETIC AGENTS
fondaparinux inj (ARIXTRA equiv)	-	1	ANTICOAGULANTS
FORFIVO XL TAB	-	NC	ANTIDEPRESSANTS
formoterol fumarate neb soln (PERFOROMIST equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORTAMET TAB	-	NC	ANTIDIABETICS
FORTEO INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA GEL 2%	-	NC	ANDROGENS-ANABOLIC
FOSAMAX+D TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv)	-	1	ANTIVIRALS
fosfomycin tromethamine powder pack (MONUROL equiv)	-	1	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)	MSP-PA-QL	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRAGMIN INJ	-	3	ANTICOAGULANTS
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 3-PLUS SENSOR (QL= 2 sensors/30 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 METER	OTC	NC	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
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
FRUZAQLA CAP 1MG (QL= 84 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRUZAQLA CAP 5MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FULPHILA INJ	MSP	2	HEMATOPOIETIC AGENTS
FUROSCIX KIT (QL= 8 inj/fill; Only available through Onco360 or CareMed 877-662-6633)	LD-QL	2	DIURETICS
FUROSEMIDE SOLN	-	1	DIURETICS
furosemide soln (LASIX equiv)	-	1	DIURETICS
furosemide tab (LASIX equiv)	-	1	DIURETICS
FUZEON INJ	MSP	2	ANTIVIRALS
FYCOMPA TAB	-	3	ANTICONVULSANTS
FYCOMPA SUSP	-	3	ANTICONVULSANTS
FYLNETRA INJ	-	NC	HEMATOPOIETIC AGENTS
gabapentin (once-daily) tab 300mg (GRALISE equiv) (QL= 1 tab/day)	PA-QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
gabapentin (once-daily) tab 600mg (GRALISE equiv) (QL= 3 tabs/day)	PA-QL	1	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	1	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
GALAFOLD CAP (QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
galantamine ER cap (RAZADYNE ER equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	1	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)	INF	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
GANIRELIX AC INJ	INF	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
gatifloxacin ophth soln (ZYMAXID equiv)	-	1	OPHTHALMIC AGENTS

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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)	QL	\$0	LAXATIVES
GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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	-	3	MOUTH/THROAT/DENTAL AGENTS
GELNIQUE	PA	3	URINARY ANTISPASMODICS
gemfibrozil tab (LOPID equiv)	-	1	ANTIHYPERTENSIVES
GEMTESA TAB	PA	3	URINARY ANTISPASMODICS
GEN7T LOTION	-	NC	DERMATOLOGICALS
GEN7T PAD 3.5%	-	NC	DERMATOLOGICALS
GEN7T PLUS LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS PAD	-	NC	DERMATOLOGICALS
GENOTROPIN INJ	MSP-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	1	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	1	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	1	DERMATOLOGICALS
gentamicin sulfate oint	-	1	DERMATOLOGICALS
GENVOYA TAB	-	2	ANTIVIRALS
GIALAX KIT	-	NC	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0	CONTRACEPTIVES
GILENYA CAP 0.25MG	MSP	2	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	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GIMOTI NASAL SPRAY (QL= 1 bottle/28 days)	PA-QL	3	GASTROINTESTINAL AGENTS - MISC.
glatiramer inj (COPAXONE equiv)	MSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEOSTINE/LOMUSTINE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
GLIMEPIRIDE TAB	-	NC	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	1	ANTIDIABETICS
GLUMETZA TAB 1000MG	-	NC	ANTIDIABETICS

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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	-	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
GLYCATE TAB, GLYCOPYRROLATE TAB	-	3	ULCER DRUGS
glycopyrrolate oral soln (CUVPOSA equiv)	-	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
glycopyrrolate tab (ROBINUL equiv)	-	1	ULCER DRUGS
GLYGEST PAK	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
GLYXAMBI TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
GOCOVRI CAP	PA	3	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)	QL	\$0	LAXATIVES
GONAL-F RFF INJ	INF	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
GONAL-F RFF INJ, GONAL-F INJ	INF	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
GONITRO POWDER	-	NC	ANTIANGINAL AGENTS
GRALISE STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GRALISE TAB 300MG (QL= 1 tab/day)	PA-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GRALISE TAB 450MG (QL= 1 tab/day)	PA-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GRALISE TAB 600MG (QL= 3 tabs/day)	PA-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GRALISE TAB 750MG (QL= 2 tabs/day)	PA-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GRALISE TAB 900MG (QL= 2 tabs/day)	PA-QL	3	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	PA	3	BIOLOGICALS MISC
griseofulvin micro tab (GRIFULVIN V equiv)	-	1	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	1	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	1	ANTIFUNGALS
GUAIFENESEN SYRUP	-	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// NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	1	ANTIHYPERTENSIVES
GVOKE INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GVOKE INJ KIT (QL= 2 inj/fill)	QL	2	ANTIDIABETICS

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GVOKE PFS INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
HADLIMA INJ (adalimumab-bwwd) (QL= 2 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA INJ 40MG/0.8ML (adalimumab-bwwd) (QL= 2 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ (adalimumab-bwwd) (QL= 2 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.8ML (adalimumab-bwwd) (QL= 2 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
HAEGARDA INJ (Only available through Accredo 800-803-2523)	LD-PA	2	HEMATOLOGICAL AGENTS - MISC.
halcinonide cream (HALOG equiv)	-	1	DERMATOLOGICALS
HALOBETASOL AER	-	NC	DERMATOLOGICALS
halobetasol propionate cream (ULTRAVATE equiv)	-	1	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	1	DERMATOLOGICALS
HALOG OINT	-	3	DERMATOLOGICALS
HALOG SOLN	-	3	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	1	DERMATOLOGICALS
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
HC BUTYRATE CREAM	-	2	DERMATOLOGICALS
HC BUTYRATE SOLN	-	2	DERMATOLOGICALS
HC PRAMOXINE CREAM 1-2.5%	-	1	DERMATOLOGICALS
HC/PRAMOXINE CREAM 1-2.35%	-	NC	DERMATOLOGICALS
HC-LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
HELIDAC PACK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
HEMANGEOL SOLN	-	3	BETA BLOCKERS
HEMLIBRA INJ	MSP-PA	2	HEMATOLOGICAL AGENTS - MISC.
HETLIOZ CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
HETLIOZ SUSP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
HEXALEN CAP	-	2	ANTINEOPLASTICS
HIXDEFRIMA SOLN	-	NC	DERMATOLOGICALS
HIZENTRA INJ	MSP-PA	2	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HOMATROPINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
HORIZANT TAB (QL= 2 tabs/day)	PA-QL	3	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	-	2	ANTIDIABETICS
HUMALOG KWIKPEN INJ	-	2	ANTIDIABETICS
HUMALOG MIX INJ	-	2	ANTIDIABETICS
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN	-	2	ANTIDIABETICS
HUMALOG PEN INJ	-	2	ANTIDIABETICS
HUMALOG TEMPO PEN INJ 100 UNIT/ML	-	NC	ANTIDIABETICS
HUMATROPE INJ, ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA INJ 10MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY

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HUMIRA INJ 40MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ	OTC	2	ANTIDIABETICS
HUMULIN MIX PEN INJ	OTC	2	ANTIDIABETICS
HUMULIN N INJ	OTC	2	ANTIDIABETICS
HUMULIN N PEN INJ	OTC	2	ANTIDIABETICS
HUMULIN R INJ	OTC	2	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	MSP-PA	2	ANTINEOPLASTICS
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	3	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	1	ANTIHYPERTENSIVES
HYDROCAINE CREAM	-	NC	DERMATOLOGICALS
hydrochlorothiazide cap (MICROZIDE equiv)	-	1	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1	DIURETICS
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day)	QL	1	ANALGESICS - OPIOID
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day)	QL	2	ANALGESICS - OPIOID
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	1	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)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	1	COUGH/COLD/ALLERGY
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/30 days)	QL	1	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	1	ANALGESICS - OPIOID
HYDROCODONE/IBUPROFEN TAB 10-200MG	-	3	ANALGESICS - OPIOID
HYDROCORTISONE ACETATE/PRAMOXINE CREAM	-	1	ANORECTAL AND RELATED PRODUCTS
hydrocortisone butyrate cream (LOCOID equiv)	-	1	DERMATOLOGICALS
HYDROCORTISONE BUTYRATE LIPO CREAM	-	1	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	1	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	1	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	1	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	1	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	1	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	1	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	1	DERMATOLOGICALS
hydrocortisone lotion 2% (ALA SCALP equiv)	-	1	DERMATOLOGICALS
HYDROCORTISONE LOTION 2.5%	-	1	DERMATOLOGICALS
hydrocortisone oint	-	1	DERMATOLOGICALS
HYDROCORTISONE PAK	-	NC	DERMATOLOGICALS

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VAC	Vaccine Program	¢	RxCENTS		

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hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	1	DERMATOLOGICALS
hydrocortisone supp (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	1	CORTICOSTEROIDS
hydrocortisone valerate cream	-	1	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	1	DERMATOLOGICALS
HYDROCORTISONE/PRAMOXINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
hydromorphone ER tab (EXALGO equiv)	-	1	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
hydroxyzine pamoate cap (VISTARIL equiv)	-	1	ANTIAXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	1	ANTIAXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	1	ANTIAXIETY AGENTS
HYFTOR GEL (QL= 10 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	DERMATOLOGICALS
HYLAMEND GEL FIRST AID	-	NC	ANTISEPTICS & DISINFECTANTS
HYLINATE LOTION	-	NC	DERMATOLOGICALS
HYOPHEN TAB	-	3	ANTI-INFECTIVE AGENTS - MISC.
HYOSCYAMINE INJ	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
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
HYQVIA INJ	MSP-PA	2	PASSIVE IMMUNIZING AGENTS
HYRIMOZ INJ (adalimumab-adaz)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ PFS INJ (adalimumab-adaz)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBRANCE TAB (QL= 21 caps/28 days)	MSP-PA-QL	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBSRELA TAB (QL= 2 tabs/day)	PA-QL	3	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 only)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
icatibant inj (FIRAZYR equiv)	MSP-PA	1	HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)	LD-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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icosapent ethyl cap (VASCEPA equiv) (QL= 4 caps/day)	QL	1	ANTHYPERLIPIDEMICS
IDACIO INJ (adalimumab-aacf)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IHEEZO GEL	-	NC	OPHTHALMIC AGENTS
ILEVRO OPHTH SUSP	-	2	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv)	MSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA SUSP (QL= 6ml/day)	MSP-PA-QL	2	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)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMCIVREE INJ (QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
imipramine pamoate cap (TOFRANIL PM equiv)	-	1	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	1	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	1	DERMATOLOGICALS
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	1	DERMATOLOGICALS
IMIQUIMOD CREAM 3.75%	-	3	DERMATOLOGICALS
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
IMOVAX INJ	VAC	EXC	VACCINES
IMPAVIDO CAP (QL= 3 caps/day; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS - MISC.
IMPEKLO LOTION	-	NC	DERMATOLOGICALS
IMPOYZ CREAM	-	NC	DERMATOLOGICALS
IMVEXXY SUPP	-	3	VAGINAL PRODUCTS
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL	3	ANTIPARKINSON AND RELATED THERAPY AGENTS
INCRELEX INJ	MSP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	2	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	1	DIURETICS
INDERAL XL CAP, INNOPRAN XL CAP	-	3	BETA BLOCKERS
INDOCIN SUPP	-	3	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP	-	3	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)	-	1	ANALGESICS - ANTI-INFLAMMATORY
indomethacin susp (INDOCIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
INFLATHERM PAK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INGREZZA CAP (QL= 1 cap/day)	MSP-PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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INGREZZA PACK 40-80MG (QL= 1 pack/28 days)	MSP-PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA SPRINKLE CAP (QL= 1 cap/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INPEFA TAB (QL= 1 tab/day)	PA-QL	3	CARDIOVASCULAR AGENTS - MISC.
INPEN INSULIN INJECTION DEVICE	-	NC	MEDICAL DEVICES AND SUPPLIES
INQOVI TAB (QL= 5 tabs/28 days)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INREBIC CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
INSULIN GLARGINE SOLN PEN-INJ	-	2	ANTIDIABETICS
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	NC	ANTIDIABETICS
INSULIN LISPRO INJ (HUMALOG equiv)	-	1	ANTIDIABETICS
INSULIN LISPRO JR KWIKPEN INJ (HUMALOG equiv)	-	2	ANTIDIABETICS
INSULIN LISPRO KWIKPEN INJ (HUMALOG equiv)	-	2	ANTIDIABETICS
INSULIN SYRINGE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	-	2	ANTIVIRALS
INTENSE COUGH LIQUID	-	NC	COUGH/COLD/ALLERGY
INTRAROSA SUPP	-	3	VAGINAL PRODUCTS
INTRON-A INJ	MSP	2	ANTINEOPLASTICS
INVELTYS OPHTH SUSP	-	3	OPHTHALMIC AGENTS
INVIRASE CAP	-	2	ANTIVIRALS
INVIRASE TAB	-	2	ANTIVIRALS
INVOKAMET TAB (QL= 2 tabs/day)	PA-QL	3	ANTIDIABETICS
INVOKAMET XR TAB (QL= 2 tabs/day)	PA-QL	3	ANTIDIABETICS
INVOKANA TAB (QL= 1 tab/day)	PA-QL	3	ANTIDIABETICS
IODOFLEX PAD	-	3	ANTISEPTICS & DISINFECTANTS
iodoquinol/hydrocortisone cream 1% (VYTONNE equiv)	-	1	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONNE equiv)	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone/aloe polysaccharide gel (ALCORTIN A equiv)	-	NC	DERMATOLOGICALS
IOPIDINE OPHTH SOLN	-	2	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
IQIRVO TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
irbesartan tab (AVAPRO equiv)	-	1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1	ANTIHYPERTENSIVES
ISENTRESS (HD) TAB	-	2	ANTIVIRALS
ISENTRESS CHEW TAB	-	2	ANTIVIRALS
ISENTRESS POWDER PACK	-	2	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	\$0	CONTRACEPTIVES
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	1	MIGRAINE PRODUCTS

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ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	2	MIGRAINE PRODUCTS
isoniazid syrup (ISONIAZID equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	1	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARBACHOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS
isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	1	CARDIOVASCULAR AGENTS - MISC.
isosorbide mononitrate ER tab (IMDUR equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
isotretinoin cap 25mg (ABSORICA equiv)	-	1	DERMATOLOGICALS
isotretinoin cap 35mg (ABSORICA equiv)	-	1	DERMATOLOGICALS
ISOXSUPRINE TAB	-	1	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
itraconazole cap (SPORANOX equiv)	-	1	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	PA	1	ANTIFUNGALS
ivabradine hcl tab (CORLANOR equiv)	PA	1	CARDIOVASCULAR AGENTS - MISC.
ivermectin cream (SOOLANTRA equiv) (QL= 45 grams/30 days)	QL	1	DERMATOLOGICALS
IVERMECTIN CREAM	-	NC	DERMATOLOGICALS
IVERMECTIN LOTION	-	NC	DERMATOLOGICALS
ivermectin tab (STROMECTOL equiv)	-	1	ANTHELMINTICS
IWILFIN TAB (QL= 8 tabs/day; Only available through BioMatrix Specialty Pharmacy 855-359-9679)	LD-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXCHIQ INJ	VAC	EXC	VACCINES
IYUZEH OPHTH DROPS	-	NC	OPHTHALMIC AGENTS
JADENU SPRINKLE	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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	2	ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
JAYPIRCA TAB (QL= 2 tabs/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JENLIVA CAP	-	NC	MULTIVITAMINS
JENTADUETO TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
JESDUVROQ TAB	MSP-PA	3	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	2	MISCELLANEOUS THERAPEUTIC CLASSES
JUBLIA SOLN	-	NC	DERMATOLOGICALS
JULUCA TAB	-	2	ANTIVIRALS
JUXTAPID CAP	-	NC	ANTIHYPERLIPIDEMICS

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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	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
KALETRA TAB	-	3	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day)	MSP-PA-QL	2	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day)	MSP-PA-QL	2	RESPIRATORY AGENTS - MISC.
KAPSPARGO CAP	-	NC	BETA BLOCKERS
KARBINAL ER SUSP	-	3	ANTIHISTAMINES
KATERZIA SUSP (Prior Authorization required for members age 9 or older)	PA	3	CALCIUM CHANNEL BLOCKERS
KEFLEX CAP 750MG	-	NC	CEPHALOSPORINS
kelnor tab (DEMULEN equiv)	-	\$0	CONTRACEPTIVES
KENALOG INJ, TRIAMCINOLONE ACE INJ	-	3	CORTICOSTEROIDS
KERAFOAM	-	NC	DERMATOLOGICALS
KERALAC CREAM	-	NC	DERMATOLOGICALS
KERALYT GEL	-	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.
KERYDIN SOLN	-	NC	DERMATOLOGICALS
KESIMPTA INJ	MSP	2	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	-	3	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	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
ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv)	-	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)	OTC	EXC	OPHTHALMIC AGENTS
KEVZARA INJ (QL= 2 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
KINERET INJ (QL= 1 inj/day)	MSP-PA-QL	2	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)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN	-	NC	AMINOGLYCOSIDES

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
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	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		
			<b>generic</b> = small letters		<b>BRANDS</b> = CAPITAL LETTERS

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KLARITY-B DROPS	-	NC	OPHTHALMIC AGENTS
KLARITY-L DROPS	-	NC	OPHTHALMIC AGENTS
KLISYRI OINT (QL=5 packets/57 days)	PA-QL	3	DERMATOLOGICALS
KLOXXADO NASAL SPRAY	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
KOMBIGLYZE XR TAB	-	NC	ANTIDIABETICS
KONVOMEK SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
KORLYM TAB	-	NC	ANTIDIABETICS
KOSELUGO CAP (QL= 4 caps/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO CAP 10MG (QL= 8 caps/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
K-PHOS TAB	-	2	MINERALS & ELECTROLYTES
KRAZATI TAB (QL= 6 tabs/day)	MSP-PA-QL-SF	2	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	ANTHYPERLIPIDEMICS
KYNMOBI FILM	MSP-PA	3	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYNMOBI TITRATION KIT	MSP-PA	3	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYZATREX CAP, JATENZO CAP, TLANDO CAP	-	NC	ANDROGENS-ANABOLIC
L.E.T. GEL	-	NC	DERMATOLOGICALS
labetalol tab (NORMODYNE equiv)	-	1	BETA BLOCKERS
lacosamide oral solution (VIMPAT equiv)	-	1	ANTICONVULSANTS
lacosamide tab (VIMPAT equiv)	-	1	ANTICONVULSANTS
LACRISERT OPHTH INSERT	-	2	OPHTHALMIC AGENTS
LACTIC ACID LOTION	-	1	DERMATOLOGICALS
lactulose soln	-	1	GASTROINTESTINAL AGENTS - MISC.
LAGEVRIO CAP (EUA) (QL= 40 caps/fill)	QL	\$0	ANTIVIRALS
LAGEVRIO CAP 200MG (QL= 40 caps/fill)	QL	2	ANTIVIRALS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3	ANTICONVULSANTS
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)	-	1	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	1	ANTICONVULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	NC	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL equiv)	-	NC	ANTICONVULSANTS
lamotrigine starter kit (LAMICTAL STARTER KIT equiv)	-	1	ANTICONVULSANTS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
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	ST Step Therapy
VAC Vaccine Program	¢ RxCENTS	

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lamotrigine tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
LAMPIT TAB (Restricted to Infectious Disease Specialist)	RS	2	ANTI-INFECTIVE AGENTS - MISC.
LANCET KIT	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANOXIN INJ	-	NC	CARDIOTONICS
lansoprazole cap (PREVACID equiv)	OTC	1	ULCER DRUGS
lansoprazole odt (PREVACID SOLUTAB equiv)	-	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
LANSOPRAZOLE SUSP	-	3	ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
lanthanum carbonate chew tab (FOSRENOL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
LANTUS INJ, INSULIN GLARGINE INJ	-	NC	ANTIDIABETICS
lapatinib ditosylate tab (TYKERB equiv)	MSP-PA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LASTACFT OPTH SOLN (QL= 3ml/30 days)	QL	3	OPHTHALMIC AGENTS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
LATUDA TAB	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	\$0	CONTRACEPTIVES
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3	ANALGESICS - OPIOID
LAZCLUZE TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	MSP-PA-QL	2	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 CLASSE
LENVIMA CAP (QL= 3 caps/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
letrozole tab (FEMARA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	1	ANTINEOPLASTICS
LEUKERAN TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ	MSP-PA	2	HEMATOPOIETIC AGENTS
leuprolide inj (LUPRON equiv)	INF-MSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product)	QL-ST	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVEMIR FLEXTOUCH INJ	-	2	ANTIDIABETICS
LEVEMIR INJ	-	2	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	1	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	1	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	1	ANTICONVULSANTS

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LEVITRA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
LEVOBUNOLOL OPHTH SOLN	-	1	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv)	-	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)	-	EXC	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	EXC	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv)	-	1	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN 0.5%	-	1	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	\$0	CONTRACEPTIVES
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	\$0	CONTRACEPTIVES
levorphanol tab (LEVORPHANOL equiv)	-	NC	ANALGESICS - OPIOID
LEVOTHYROXINE INJ	-	NC	THYROID AGENTS
levothyroxine tab (SYNTHROID equiv)	-	1	THYROID AGENTS
LEXIVA SUSP	-	2	ANTIVIRALS
l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day)	MSP-PA-QL	1	HEMATOPOIETIC AGENTS
LIBERVANT FILM (QL= 4 doses/fill)	QL	3	ANTICONVULSANTS
LICART PATCH	-	NC	DERMATOLOGICALS
LIDO/MENTHOL SPRAY	-	NC	DERMATOLOGICALS
LIDO/RAC/TET GEL	-	NC	DERMATOLOGICALS
LIDOCAINE CREAM	-	2	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	1	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	1	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	1	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
LIDOCAINE GEL	-	2	DERMATOLOGICALS
lidocaine hcl gel 2.8% (LIDOGEL equiv)	-	1	DERMATOLOGICALS
lidocaine lotion	-	NC	DERMATOLOGICALS
lidocaine oint (QL= 107gm/30 days)	QL	1	DERMATOLOGICALS
lidocaine oint/transparent dressing kit	-	NC	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	NC	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch (QL= 3 patches/day)	QL	1	DERMATOLOGICALS
lidocaine patch 3.5% (GEN7T equiv)	-	NC	DERMATOLOGICALS
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	1	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
LIDOCAINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	1	ANORECTAL AGENTS
lidocaine/hydrocortisone kit (ANALPRAM equiv)	-	1	ANORECTAL AGENTS
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	1	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	1	DERMATOLOGICALS
LIDOCIN GEL	-	NC	DERMATOLOGICALS
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LIDOSTREAM KIT	-	NC	DERMATOLOGICALS

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LIDOTIN PAK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LIDOTRAL CREAM (lidocaine cream equiv)	-	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	-	1	DERMATOLOGICALS
linezolid susp (Restricted to Infectious Disease Specialist)	RS	1	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	1	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP (QL= 1 cap/day)	PA-QL	3	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	1	THYROID AGENTS
LIQREV SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
lisdexamfetamine dimesylate cap (VYVANSE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
lisdexamfetamine dimesylate chew tab (VYVANSE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//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	2	DERMATOLOGICALS
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
lithium oral solution (LITHIUM equiv) (Prior Authorization Required for members age 9 and older)	PA	1	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
LIVDELZI CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana 866-849-4481)	LD-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI SOLN 19MG/ML (QL= 60mL/30 days; Only available through Eversana 866-849-4481)	LD-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
LIVTENCITY TAB (QL= 4 tabs/day)	MSP-PA-QL	2	ANTIVIRALS
L-METHYLFOLATE TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LO LOESTRIN TAB	-	\$0	CONTRACEPTIVES
LOCOID LIPOCREAM	-	3	DERMATOLOGICALS
LODOCO TAB (QL= 1 tab/day)	QL	3	CARDIOVASCULAR AGENTS - MISC.
lofexidine hcl tab (LUCEMYRA equiv) (QL= 96 tabs/7 days)	PA-QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LOKELMA PAK	PA	2	MISCELLANEOUS THERAPEUTIC CLASSES
LOKELMA PAK 10GM	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
LOKELMA PAK 5GM	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
LOMAIRA TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
LONHALA MAGNAIR SOLN (Step Therapy requires trial of INCRUSE ELLIPTA INHALER)	ST	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LONSURF TAB	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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loperamide cap (IMODIUM equiv)	-	1	ANTIDIARRHEALS
loperamide hcl soln (LOPERAMIDE equiv)	OTC	1	ANTIDIARRHEAL/PROBIOTIC AGENTS
lopinavir/ritonavir soln (KALETRA equiv)	-	1	ANTIVIRALS
lopinavir/ritonavir tab (KALETRA equiv)	-	1	ANTIVIRALS
loratadine cap (CLARITIN equiv)	OTC	EXC	ANTIHISTAMINES
lorazepam conc (ATIVAN equiv)	-	1	ANTIANKXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	1	ANTIANKXIETY AGENTS
LORBRENA TAB 100MG (QL= 1 tab/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG (QL= 3 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LOREEV XR CAP	-	3	ANTIANKXIETY AGENTS
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 OPHTH OINT	-	2	OPHTHALMIC AGENTS
LOTEMAX SM GEL 0.38%	-	2	OPHTHALMIC AGENTS
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	1	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX, ALREX equiv)	-	1	OPHTHALMIC AGENTS
LOTRIMIN AF CREAM	-	NC	DERMATOLOGICALS
lovastatin tab (MEVACOR equiv)	-	\$0	ANTIHYPERLIPIDEMICS
loxapine cap (LOXITANE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day)	PA-QL	1	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)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMAKRAS TAB 320MG (QL= 3 tabs/day)	MSP-PA-QL-SF	2	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	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479)	LD-PA-QL	3	MISCELLANEOUS THERAPEUTIC CLASSES
lurasidone hcl tab (LATUDA equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LUVIRA CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LYBALVI TAB (QL= 1 tab/day)	PA-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYNPARZA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSODREN TAB	MSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYTGOBI THERAPY PACK (QL= 5 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYUMJEV INJ	-	2	ANTIDIABETICS
LYUMJEV KWIKPEN INJ	-	2	ANTIDIABETICS
LYUMJEV TEMPO PEN INJ	-	NC	ANTIDIABETICS

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LYVISPAN GRANULE PACKET (Members age 9 or older require Prior Authorization)	PA	3	MUSCULOSKELETAL THERAPY AGENTS
MACRILEN PACK	-	NC	DIAGNOSTIC PRODUCTS
MAFENIDE ACETATE SOLN PACK	-	NC	DERMATOLOGICALS
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	1	DERMATOLOGICALS
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0	MEDICAL DEVICES AND SUPPLIES
MAPROTILINE TAB	-	1	ANTIDEPRESSANTS
maraviroc tab (SELZENTRY equiv)	-	1	ANTIVIRALS
MARPLAN TAB	-	2	ANTIDEPRESSANTS
MATULANE CAP	-	2	ANTINEOPLASTICS
MAVENCLAD THERAPY PAK	MSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVYRET PAK (QL= 5 packs/day)	MSP-PA-QL	2	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day)	MSP-PA-QL	2	ANTIVIRALS
MAXIDEX OPHTH SOLN	-	2	OPHTHALMIC AGENTS
MAYZENT TAB	MSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK	MSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
meclizine chew tab (BONINE equiv)	OTC	EXC	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	OTC	1	ANTIEMETICS
MECLOFENAMATE CAP	-	1	ANALGESICS - ANTI-INFLAMMATORY
MEDI-PATCH W/LIDOCAINE PATCH	-	NC	DERMATOLOGICALS
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	1	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	1	ANTIMALARIALS
megestrol ES susp (MEGACE ES equiv)	-	1	PROGESTINS
MEGESTROL SUSP	-	1	PROGESTINS
megestrol susp (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST SOLN	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB (QL= 6 tabs/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meloxicam cap (VIVLODEX equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM COMFORT KIT	-	3	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP (QL= 10ml/day)	QL	3	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
MELPHALAN TAB	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine soln (NAMENDA equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
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	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
memantine tab (NAMENDA equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENEST TAB	-	3	ESTROGENS
MENOPUR INJ	INF	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
MENOSTAR PATCH	-	3	ESTROGENS
MENTAX CREAM	-	3	DERMATOLOGICALS
MENTHOREAL10 THERAPY PACK	-	NC	DERMATOLOGICALS
meperidine tab (DEMEROL equiv)	-	NC	ANALGESICS - OPIOID
meprobamate tab (MILTOWN equiv)	-	NC	ANTIANKXIETY AGENTS
mercaptapurine tab (PURINETHOL equiv)	-	1	ANTINEOPLASTICS
mesalamine DR cap (DELZICOL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR tab (LIALDA equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (PENTASA CR equiv) (Step Therapy requires trial of mesalamine DR tab or mesalamine ER cap)	ST	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	MSP	2	ANTINEOPLASTICS
METAFOBIC PLUS TAB	-	3	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
METANX CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
metaxalone tab (SKELAXIN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB 400MG	-	3	MUSCULOSKELETAL THERAPY AGENTS
METDRAY GEL	-	NC	DERMATOLOGICALS
metformin ER osmotic tab (FORTAMET equiv)	-	NC	ANTIDIABETICS
metformin ER osmotic tab (GLUMETZA equiv)	-	NC	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
metformin soln (RIOMET equiv)	-	1	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	1	ANTIDIABETICS
METFORMIN TAB	-	NC	ANTIDIABETICS
methadone soln	-	1	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv)	-	1	ANALGESICS - OPIOID
methadose tab	-	1	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	1	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	1	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
methoxsalen cap (OXSORALEN ULTRA equiv)	-	1	DERMATOLOGICALS
METHOXSALEN CAP	-	2	DERMATOLOGICALS

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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
methscopolamine tab (PAMINE equiv)	-	1	ULCER DRUGS
methsuximide cap (CELONTIN equiv)	-	1	ANTICONVULSANTS
METHYLDOPA TAB	-	1	ANTIHYPERTENSIVES
methyl dopa tab (ALDOMET equiv)	-	1	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	1	OXYTOCICS
methylphenidate CD cap (METADATE CD equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate chew tab (METHYLIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (APTENSIO XR equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate ER tab	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate tab (RITALIN equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylphenidate td patch (DAYTRANA equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
methylprednisolone acetate inj (DEPO-MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone dose pack (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone sod succinate inj (SOLU-MEDROL equiv)	-	1	CORTICOSTEROIDS
methyltestosterone cap	PA	1	ANDROGENS-ANABOLIC
METIPRANOLOL OPHTH SOLN	-	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)	-	1	ANTIHYPERTENSIVES
METZOLV ODT	-	3	GASTROINTESTINAL AGENTS - MISC.
metronidazole cap (FLAGYL equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	1	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	1	DERMATOLOGICALS
metronidazole gel 0.75% (METROGEL equiv)	-	1	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	1	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	1	VAGINAL PRODUCTS
metyrosine cap (DEMSEER equiv)	-	NC	ANTIHYPERTENSIVES
mexiletine hcl cap	-	1	ANTIARRHYTHMICS
MEXPAROX HC CREAM	-	NC	DERMATOLOGICALS
MICLARA LIQUID	-	NC	ANTIHISTAMINES
MICORT-HC CREAM	-	NC	DERMATOLOGICALS
MICROVIX LP PAK	-	NC	DERMATOLOGICALS
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS

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EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
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VAC	Vaccine Program	¢	RxCENTS		

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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)	MSP-PA-QL	1	ANTIDIABETICS
mifepristone tab 200mg (MIFIPREX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIGERGOT SUPP	-	3	MIGRAINE PRODUCTS
MIGLITOL TAB	-	1	ANTIDIABETICS
miglitol tab (MIGLITOL equiv)	-	1	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	1	HEMATOPOIETIC AGENTS
MILLIPRED DP PAK	-	NC	CORTICOSTEROIDS
MILLIPRED TAB	-	NC	CORTICOSTEROIDS
minocycline cap (MINOCIN equiv)	-	1	TETRACYCLINES
MINOCYCLINE ER CAP	-	3	TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	1	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	1	TETRACYCLINES
MINOLIRA TAB	-	3	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	1	ANTIHYPERTENSIVES
mirabegron tab er (MYRBETRIQ equiv)	-	1	URINARY ANTISPASMODICS
MIRALAX PACKET	OTC	EXC	LAXATIVES
MIRALAX POWDER	OTC	EXC	LAXATIVES
MIRENA IUD	-	\$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
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
MODERIBA TAB	MSP	3	ANTIVIRALS
moexipril tab (UNIVASC equiv)	-	1	ANTIHYPERTENSIVES
MOLINDONE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
mometasone cream (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv) (QL= 2 bottles/fill)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	1	DERMATOLOGICALS
montelukast chew tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	3	ANTI-INFECTIVE AGENTS - MISC.
MORGIDOX KIT	-	3	TETRACYCLINES
MORPHABOND TAB	-	NC	ANALGESICS - OPIOID
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	3	ANALGESICS - OPIOID
MORPHINE SULFATE ER CAP	-	1	ANALGESICS - OPIOID
morphine sulfate ER cap (KADIAN equiv)	-	1	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv)	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE ORAL SOLN 100MG/5ML	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE ORAL SOLN 10MG/5ML	-	1	ANALGESICS - OPIOID

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VAC	Vaccine Program	¢	RxCENTS		

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
morphine sulfate oral soln 10mg/5ml (MORPHINE SULFATE equiv)	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE SOLN	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE TAB	-	1	ANALGESICS - OPIOID
MOTEGRITY TAB (QL= 1 tab/day)	PA-QL	3	GASTROINTESTINAL AGENTS - MISC.
MOTPOLY XR CAP	-	3	ANTICONVULSANTS
MOVANTIK TAB	PA	2	GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN	-	NC	LAXATIVES
MOXATAG TAB	-	2	PENICILLINS
MOXATAG TAB 775MG	-	NC	PENICILLINS
MOXEZA OPHTH SOLN 0.5%	-	NC	OPHTHALMIC AGENTS
MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN	-	2	OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	1	OPHTHALMIC AGENTS
MOXIFLOXACIN SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	1	FLUOROQUINOLONES
MPM PAK	-	NC	OXYTOCICS
MRESVIA INJ (QL= 1 dose/lifetime; Covered for members age 60 years or older)	QL-VAC	\$0	VACCINES
MUCINEX LIQUID	-	2	COUGH/COLD/ALLERGY
MUCINEX TAB	-	NC	COUGH/COLD/ALLERGY
MULPLETA TAB (QL= 7 tabs/fill)	MSP-PA-QL	3	HEMATOPOIETIC AGENTS
MULTAQ TAB	-	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 FLUORIDE DROPS 0.25MG/ML	-	1	MULTIVITAMINS
MULTIVITAMIN FLUORIDE DROPS 0.5MG/ML	-	1	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW 0.25MG	-	1	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE 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 CREAM equiv)	-	NC	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	1	DERMATOLOGICALS
MUSE SUPP (QL= 6 supp/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
MYALEPT INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MYCAPSSA CAP (QL= 4 caps/day)	PA-QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
mycophenolate DR tab (MYFORTIC equiv)	-	1	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	1	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	1	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	1	ASSORTED CLASSES

<b>EXC</b>	<b>NC</b> = Not Covered <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion	<b>INF</b>	Infertility	<b>LD</b>	Limited Distribution
<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter	<b>PA</b>	Prior Authorization
<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis	<b>RS</b>	Restricted to Specialist
<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation	<b>ST</b>	Step Therapy
<b>VAC</b>	Vaccine Program	<b>¢</b>	RxCENTS		

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MYDAYIS CAP 12.5MG	PA	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
MYDAYIS CAP 25MG	PA	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
MYDAYIS CAP 37.5MG	PA	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
MYDAYIS CAP 50MG	PA	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
MYDCOMBI OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	2	ESTROGENS
MYHIBBIN SUSP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
MYLERAN TAB	MSP	2	ANTINEOPLASTICS
MYNATAL-Z TAB	-	3	MULTIVITAMINS
MYRBETRIQ SUSP	-	3	URINARY ANTISPASMODICS
MYRBETRIQ TAB	-	NC	URINARY ANTISPASMODICS
MYTESI TAB	-	NC	ANTIIDIARRHEALS
nabumetone tab (RELAFEN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	1	BETA BLOCKERS
NAFLON CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
naftifine cream (NAFTIN equiv)	-	1	DERMATOLOGICALS
NAFTIFINE CREAM	-	3	DERMATOLOGICALS
naftifine gel (NAFTIN equiv)	-	1	DERMATOLOGICALS
NAFTIN GEL	-	3	DERMATOLOGICALS
naftin hcl gel 2% (NAFTIN equiv)	-	1	DERMATOLOGICALS
naloxone hcl nasal spray (NARCAN equiv)	OTC	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE HCL SOLN 0.4MG/ML	-	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	-	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone prefilled inj	-	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	1	ANTIDOTES
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.
NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	2	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	PA	1	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
NARCAN NASAL SPRAY	OTC	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
NARDIL TAB 15MG	-	3	ANTIDEPRESSANTS
NASACORT OTC NASAL SPRAY	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL SPRAY	-	3	HEMATOPOIETIC AGENTS
NATACYN OPHTH SUSP (QL= 15ml/fill)	QL	2	OPHTHALMIC AGENTS

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<b>NC/3P</b> = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
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	ST Step Therapy
VAC Vaccine Program	¢ RxCENTS	

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
NATAZIA TAB	-	\$0	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	1	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	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
NATROBA SUSP (QL= 1 bottle/fill)	QL	3	DERMATOLOGICALS
NAYZILAM SPRAY (QL= 4 doses/fill)	QL	3	ANTICONVULSANTS
nebivolol hcl tab (BYSTOLIC equiv)	-	1	BETA BLOCKERS
NEBUSAL NEB SOLN	-	2	COUGH/COLD/ALLERGY
NEFAZODONE TAB	-	1	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	1	ANTIDEPRESSANTS
NEFFY SPRAY	-	NC	VASOPRESSORS
NEMLUVIO INJ	-	NC	DERMATOLOGICALS
NENDRUX GEL	-	NC	DERMATOLOGICALS
neomycin tab	-	1	AMINOGLYCOSIDES
NEOMYCIN/POLYMXIN/GRAMICIDIN OPHTH SOLN	-	1	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
NEONATAL 19 TAB	-	3	MULTIVITAMINS
NEONATAL FE TAB	-	3	MULTIVITAMINS
NEOSALUS FOAM	-	NC	DERMATOLOGICALS
NEOSALUS LOTION	-	NC	DERMATOLOGICALS
NEO-SYNALAR CREAM	-	3	DERMATOLOGICALS
NEPHRON FA TAB	-	2	HEMATOPOIETIC AGENTS
NERLYNX TAB (QL= 6 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEULASTA INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPRO PATCH	-	3	ANTIPARKINSON AGENTS
NEVANAC OPHTH SUSP	-	2	OPHTHALMIC AGENTS
NEVIRAPINE ER TAB	-	1	ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv)	-	1	ANTIVIRALS
NEVIRAPINE SUSP	-	1	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	1	ANTIVIRALS
NEXIUM 24HR TAB	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
NEXIUM GRANULE PACK	-	3	ULCER DRUGS
NEXLETOL TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2	ANTIHYPERTENSIVES
NEXLIZET TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2	ANTIHYPERTENSIVES
NEXPLANON IMPLANT	-	\$0	CONTRACEPTIVES
NEXTSTELLIS TAB	-	\$0	CONTRACEPTIVES
NGENLA INJ	MSP-PA	3	ENDOCRINE AND METABOLIC AGENTS - MISC.

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
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	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
niacin cap	OTC	EXC	VITAMINS
niacin CR tab (SLO-NIACIN equiv)	OTC	EXC	VITAMINS
niacin ER tab (NIASPAN equiv)	-	1	ANTIHYPERLIPIDEMICS
niacin tab	OTC	EXC	VITAMINS
NIACIN TR CAP	OTC	EXC	VITAMINS
NIACIN TR TAB	OTC	EXC	VITAMINS
niacinamide tab	OTC	EXC	VITAMINS
NIACOR TAB	-	2	ANTIHYPERLIPIDEMICS
NIASPAN ER TAB	-	3	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	1	CALCIUM CHANNEL BLOCKERS
NICAZELDOXY KIT	-	2	TETRACYCLINES
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT	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)	MSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	1	CALCIUM CHANNEL BLOCKERS
NINLARO CAP	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	1	CALCIUM CHANNEL BLOCKERS
NITAZOXANIDE TAB (QL= 6 tabs/3 days)	PA-QL	1	ANTI-INFECTIVE AGENTS - MISC.
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	1	ANTI-INFECTIVE AGENTS - MISC.
nitisinone cap (ORFADIN equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRIVIA CAP	-	NC	MULTIVITAMINS
NITRO-BID OINT	-	2	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)	-	1	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	1	ANTI-INFECTIVE AGENTS - MISC.
NITROFURANTOIN SUSP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP	-	1	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin oint (RECTIV equiv)	-	1	ANORECTAL AND RELATED PRODUCTS
nitroglycerin patch (NITRO-DUR equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	1	ANTIANGINAL AGENTS
NITROMIST SPRAY	-	3	ANTIANGINAL AGENTS

EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

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**generic** = small letters  
**BRANDS** = CAPITAL LETTERS

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NITYR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ	MSP	2	HEMATOPOIETIC AGENTS
NIZATIDINE CAP	-	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
nizatidine cap (AXID equiv)	-	1	ULCER DRUGS
NIZORAL A-D SHAMPOO	OTC	EXC	DERMATOLOGICALS
nizoral a-d shampoo (NIZORAL equiv)	OTC	EXC	DERMATOLOGICALS
NOCDURNA SL TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
NOCTIVA EMULSION SPRAY	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	\$0	CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv)	-	\$0	CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (NORA-QD equiv)	-	\$0	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	1	PROGESTINS
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	\$0	CONTRACEPTIVES
NORGESIC TAB FORTE	-	3	MUSCULOSKELETAL THERAPY AGENTS
NORITATE CREAM (Step Therapy requires trial of FINACEA)	ST	3	DERMATOLOGICALS
NORLIQVA ORAL SOLN (Members age 9 or older require Prior Authorization)	PA	3	CALCIUM CHANNEL BLOCKERS
NORPACE CR CAP	-	2	ANTIARRHYTHMICS
NORTHERA CAP	-	NC	VASOPRESSORS
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0	CONTRACEPTIVES
nortrel tab (OVCON 35 equiv)	-	\$0	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	1	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1	ANTIDEPRESSANTS
NORVIR CAP	-	2	ANTIVIRALS
NORVIR POWDER PACK	-	2	ANTIVIRALS
NORVIR SOLN	-	2	ANTIVIRALS
NOURIANZ TAB (QL= 1 tab/day)	MSP-PA-QL	3	ANTIPARKINSON AND RELATED THERAPY AGENTS
NOVACORT GEL	-	3	DERMATOLOGICALS
NOVAVAX INJ (QL= 1 dose/24 days)	QL-VAC	\$0	VACCINES
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

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NOVOTWIST PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
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	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NUCALA INJ (QL= 1 inj/28 days)	MSP-PA-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUCARACLINPA KIT	-	NC	DERMATOLOGICALS
NUCARARXPAK KIT	-	NC	DERMATOLOGICALS
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2	ANALGESICS - OPIOID
NUCYNTA TAB	-	3	ANALGESICS - OPIOID
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)	QL	\$0	LAXATIVES
NUPLAZID CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUPLAZID TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NURTEC ODT (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	3	MIGRAINE PRODUCTS
NUVAKAAN II KIT	-	NC	DERMATOLOGICALS
NUZYRA TAB (QL= 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist)	MSP-QL-RS	3	TETRACYCLINES
NYMALIZE SOLN	-	3	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 SUSP	-	NC	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	MSP	2	HEMATOPOIETIC AGENTS
OCALIVA TAB (QL= 1 tab/day)	MSP-PA-QL-SF-¢	2	GASTROINTESTINAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	MSP	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCTREOTIDE INJ 100MCG	MSP	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCUDOX KIT	-	3	TETRACYCLINES
ODACTRA SL TAB	PA	3	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB	-	2	ANTIVIRALS
ODOMZO CAP	MSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day)	MSP-PA-QL-SF	2	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	1	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	1	FLUOROQUINOLONES
OGSIVEO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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OGSIVEO TAB 50MG (QL= 6 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OHTUVAYRE SUSP	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
OJEMDA SUSP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OJEMDA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OJJAARA TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
olanzapine ODT (ZYPREXA equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	1	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)	-	1	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln 0.1% (PATANOL equiv)	OTC	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.
OLUMIANT TAB (QL= 1 tab/day)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
OLYSIO CAP	-	NC	ANTIVIRALS
OMEGA-3 RX PAK COMPLETE	-	NC	ANTIHYPERLIPIDEMICS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	1	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	1	ULCER DRUGS
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole tab	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	1	ULCER DRUGS
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC	ULCER DRUGS
OMNARIS NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)	QL-ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNIPAQUE SOLN	-	NC	DIAGNOSTIC PRODUCTS
OMNIPOD 5 G6 INTRO KIT (QL= 1 kit/year)	QL	2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G6 PODS MISC (QL= 10 pods/30 days)	QL	2	MEDICAL DEVICES AND SUPPLIES
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

<b>EXC</b>	<b>NC</b> = Not Covered <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion	<b>INF</b>	Infertility	<b>LD</b>	Limited Distribution
<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter	<b>PA</b>	Prior Authorization
<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis	<b>RS</b>	Restricted to Specialist
<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation	<b>ST</b>	Step Therapy
<b>VAC</b>	Vaccine Program	<b>¢</b>	RxCENTS		

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OMNITROPE INJ	MSP-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMVOH INJ (QL= 2 inj/28 days)	MSP-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
OMVOH INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
ondansetron ODT (ZOFTRAN equiv)	-	1	ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	1	ANTIEMETICS
ONDANSETRON TAB	-	1	ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	1	ANTIEMETICS
ONDANSETRON TAB ODT	-	NC	ANTIEMETICS
ONETOUCH METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONETOUCH TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ONETOUCH VERIO FLEX METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO IQ METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO REFLECT METER	OTC	\$0	MEDICAL DEVICES AND SUPPLIES
ONETOUCH VERIO TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
ONEXTON GEL 1.2-3.75%	-	3	DERMATOLOGICALS
ONFI SUSP (Members age 9 or older require Prior Authorization)	PA	3	ANTICONVULSANTS
ONFI TAB	-	NC	ANTICONVULSANTS
ONGENTYS CAP (QL= 1 tab/day, 30 tabs per fill)	PA-QL	3	ANTIPARKINSON AND RELATED THERAPY AGENTS
ONGLYZA TAB	-	NC	ANTIDIABETICS
ONUREG TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONYCHO-MED KIT	-	NC	DERMATOLOGICALS
ONYDA XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ONZETRA XSAIL	-	3	MIGRAINE PRODUCTS
OPANA ER TAB (CRUSH RESISTANT)	-	NC	ANALGESICS - OPIOID
OPILL TAB	OTC	\$0	CONTRACEPTIVES
opium tincture	-	1	ANTIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2	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	-	3	DERMATOLOGICALS
ORACIT SOLN	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB	PA	3	BIOLOGICALS MISC
ORAVIG TAB	-	3	MOUTH/THROAT/DENTAL AGENTS
ORENCIA CLICK INJ (QL= 4 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	MSP-PA-QL	2	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.

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<b>NC/3P</b> = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
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	ST Step Therapy
VAC Vaccine Program	¢ RxCENTS	

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ORFADIN SUSP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORGOVYX TAB (QL= 30 tabs/28 days)	MSP-PA-QL	2	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)	MSP-PA-QL	2	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day)	MSP-PA-QL	2	RESPIRATORY AGENTS - MISC.
ORLADEYO CAP (QL= 1 cap/day; Only available through Optime Care 888-287-2017)	LD-PA-QL	3	HEMATOLOGICAL AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
ORSERDU TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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	1	ANTIVIRALS
OSMOLEX ER TAB (Step Therapy requires trial of amantadine IR)	ST	3	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOPREP TAB	-	3	LAXATIVES
OSPHENA TAB	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK (QL= 1 pack/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	NC	OTIC AGENTS
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	3	OTIC AGENTS
OTREXUP INJ, RASUVO INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
OVACE PLUS CREAM	-	3	DERMATOLOGICALS
OVACE PLUS LOTION	-	3	DERMATOLOGICALS
OVACE PLUS SHAMPOO	-	NC	DERMATOLOGICALS
OVACE PLUS FOAM	-	3	DERMATOLOGICALS
OVEEZA CAP	-	NC	HEMATOPOIETIC AGENTS
oxaprozin tab (DAYPRO equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv)	-	1	ANTI-ANXIETY AGENTS
OXBRYTA TAB (QL= 3 tabs/day)	MSP-PA-QL	2	HEMATOPOIETIC AGENTS
OXBRYTA TAB FOR ORAL SUSP (QL= 5 tabs/day)	MSP-PA-QL	2	HEMATOPOIETIC AGENTS
oxcarbazepine er tab (OXTELLAR equiv)	PA	1	ANTICONVULSANTS
oxcarbazepine susp (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	1	ANTICONVULSANTS
OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523)	LD-PA-QL	2	OPHTHALMIC AGENTS
OXIANUJO CREAM	-	NC	DERMATOLOGICALS
oxiconazole nitrate cream (OXISTAT equiv)	-	NC	DERMATOLOGICALS
OXISTAT CREAM	-	NC	DERMATOLOGICALS
OXISTAT LOTION	-	NC	DERMATOLOGICALS

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OXTELLAR XR TAB	PA	3	ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	-	1	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)	-	1	ANALGESICS - OPIOID
OXYCODONE ER TAB (QL= 2 tabs/day)	QL	2	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE TAB	-	1	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	1	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv) (All BRAND oxycodone/apap are covered at Tier 3.)	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	1	ANALGESICS - OPIOID
OXYCODONE/ASPIRIN TAB	-	1	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	1	ANALGESICS - OPIOID
OXYCONTIN CR TAB	-	NC	ANALGESICS - OPIOID
OXYMORPHONE ER TAB	-	1	ANALGESICS - OPIOID
oxymorphone ER tab (OPANA ER equiv)	-	1	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv)	-	1	ANALGESICS - OPIOID
OXYTROL PATCH (OTC)	OTC	EXC	URINARY ANTISPASMODICS
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	2	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)	LD-PA	2	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
paliperidone ER tab (INVEGA equiv)	-	1	ANTI PSYCHOTICS/ANTIMANIC AGENTS
PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC	DIGESTIVE AIDS
PANDEL CREAM	-	NC	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	1	ULCER DRUGS
pantoprazole sodium packet (PROTONIX equiv) (QL= 1 packet/day)	QL	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
PARAGARD IUD	-	\$0	CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	1	DERMATOLOGICALS
PAREGORIC TINCTURE	-	3	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
paroxetine cap (BRISDELLE equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	1	ANTIDEPRESSANTS
paroxetine oral susp (PAXIL equiv)	-	1	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	1	ANTIDEPRESSANTS

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PATADAY OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
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%	PA	3	OPHTHALMIC AGENTS
pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day)	MSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pb-belladonna elixir (DONNATAL equiv)	-	NC	ULCER DRUGS
PCE TAB	-	3	MACROLIDES
PEAK FLOW METER	OTC	1	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 (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	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)	QL	\$0	LAXATIVES
PEGANONE TAB	-	2	ANTICONVULSANTS
PEGASYS INJ	MSP	2	ANTIVIRALS
PEG-INTRON INJ	MSP	2	ANTIVIRALS
PEG-PREP KIT	-	NC	LAXATIVES
PEMAZYRE TAB (QL= 1 tab/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
PENBRAYA INJ	VAC	\$0	VACCINES
peniclovir cream (DENA VIR equiv)	-	1	DERMATOLOGICALS
penicillamine cap (CUPRIMINE equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
penicillamine tab (DEPEN TITRATAB equiv)	-	1	MISCELLANEOUS THERAPEUTIC CLASSES
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
PENTACEL INJ	VAC	\$0	TOXOIDS
pentamidine neb soln (NEBUPENT equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CR CAP (Step Therapy requires trial of mesalamine DR tab or mesalamine ER cap)	ST	3	GASTROINTESTINAL AGENTS - MISC.
PENTASA CR CAP 250MG (Step Therapy requires trial of mesalamine DR tab or mesalamine ER cap)	ST	3	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv)	-	1	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	1	ANALGESICS - OPIOID
PENTOSAN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
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.

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PETROL GAUZE MIS 3"X9"	-	NC	DERMATOLOGICALS
PEXEVA TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	3	ANTIDEPRESSANTS
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523)	LD	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
phenazopyridine tab (PYRIDIUM equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 95mg (AZO equiv)	OTC	EXC	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 97.5mg (AZO equiv)	OTC	EXC	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab 99.5mg (AZO equiv)	OTC	EXC	GENITOURINARY AGENTS - MISCELLANEOUS
PHENDIMETRAZINE ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phendimetrazine tab (BONTRIL PDM equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
PHENELZINE SULFATE TAB	-	1	ANTIDEPRESSANTS
phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS
phenobarbital elixir	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
phenobarbital tab	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	1	ANTIHYPERTENSIVES
phentermine cap (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
phenylephrine ophth soln (MYDFRIN equiv)	-	1	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	1	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	1	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	1	ANTICONVULSANTS
PHEXXI GEL (QL= 1 box/fill)	QL	\$0	VAGINAL AND RELATED PRODUCTS
PHOSLYRA SOLN	-	2	GASTROINTESTINAL AGENTS - MISC.
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1	MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
PHOTREXA OP KIT	-	NC	OPHTHALMIC AGENTS
PHOTREXA VISCOUS OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
phytonadione tab (MEPHYTON equiv)	-	1	VITAMINS
PICATO GEL (QL= 1 box/fill)	QL	3	DERMATOLOGICALS
PIFELTRO TAB	-	2	ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	1	MOUTH/THROAT/DENTAL AGENTS
pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older)	-	1	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

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PIQRAY TAB	MSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)	MSP-PA-QL	1	RESPIRATORY AGENTS - MISC.
PIRFENIDONE TAB	-	NC	RESPIRATORY AGENTS - MISC.
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	MSP-PA-QL	1	RESPIRATORY AGENTS - MISC.
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	MSP-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	1	ANTHYPERLIPIDEMICS
PLAN B TAB	OTC	\$0	CONTRACEPTIVES
PLAVIX TAB 300MG	-	NC	HEMATOLOGICAL AGENTS - MISC.
PLEGRIDY INJ	MSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENITY CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
PLENVU SOLN	-	2	LAXATIVES
PLIAGLIS CREAM	-	NC	DERMATOLOGICALS
PLIAGLIS KIT	-	NC	DERMATOLOGICALS
PODIAPN CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
PODOCON SOLN	-	2	DERMATOLOGICALS
podofilox gel (CONDYLOX equiv)	-	1	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	1	DERMATOLOGICALS
PODOFILOX SOLN	-	2	DERMATOLOGICALS
POKONZA POWDER	-	NC	MINERALS & ELECTROLYTES
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	EXC	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	2	PHARMACEUTICAL ADJUVANTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1	OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	3	COUGH/COLD/ALLERGY
POLY-VI-FLOR CHEW 0.25MG	-	NC	MULTIVITAMINS
POLY-VI-FLOR CHEW 0.5MG	-	NC	MULTIVITAMINS
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	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PONVORY TAB	MSP	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PONVORY TAB STARTER PACK	MSP	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
posaconazole DR tab (NOXAFIL equiv)	-	1	ANTIFUNGALS
posaconazole susp (NOXAFIL equiv)	-	1	ANTIFUNGALS
POT/CHLORIDE EFFER TAB	-	1	MINERALS & ELECTROLYTES
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)	-	1	MINERALS & ELECTROLYTES

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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
potassium chloride soln	-	1	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE TAB ER	-	1	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K TAB equiv)	-	1	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)	-	1	COUGH/COLD/ALLERGY
potassium phosphate monobasic tab (K-PHOS equiv)	-	1	MINERALS & ELECTROLYTES
POTIGA TAB (QL= 3 tabs/day)	QL	2	ANTICONVULSANTS
PRADAXA PELLETT PACK (Members age 9 or older require Prior Authorization)	PA	3	ANTICOAGULANTS
PRALUENT INJ (QL= 2 inj/28 days)	PA-QL	3	ANTIHYPERLIPIDEMICS
pramipexole ER tab (MIRAPEX ER equiv)	-	1	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	1	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1-1%	-	2	DERMATOLOGICALS
PRAMOSONE E CREAM	-	2	DERMATOLOGICALS
PRAMOSONE LOTION	-	3	DERMATOLOGICALS
PRAMOSONE OINT	-	2	DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	1	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)	-	1	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	1	ANTIHYPERTENSIVES
PRECISION XTRA KETONE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
PRECISION XTRA METER	OTC	NC	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
PRED FORTE OPHTH SUSP	-	3	OPHTHALMIC AGENTS
PRED MILD OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	2	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	2	DERMATOLOGICALS
PREDNICARBATE OIN	-	2	DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv)	-	1	CORTICOSTEROIDS
PREDNISOLONE ODT TAB	-	2	CORTICOSTEROIDS
PREDNISOLONE OPHTH SUSP	-	1	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	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

<b>NC</b> = Not Covered	<b>generic</b> = small letters	<b>BRANDS</b> = CAPITAL LETTERS
<b>NC/3P</b> = Not Covered, Third Party Reviewer		
EXC Plan Exclusion	INF Infertility	LD Limited Distribution
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	ST Step Therapy
VAC Vaccine Program	¢ RxCENTS	

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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) (QL= 1 tab/day)	PA-QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pregabalin ER tab 330mg (LYRICA CR equiv) (QL= 2 tabs/day)	PA-QL	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	1	ANTICONVULSANTS
PREGEN DHA CAP	-	NC	MULTIVITAMINS
PREGENNA TAB	-	NC	MULTIVITAMINS
PREGNYL INJ, NOVAREL INJ	INF	2	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
PRENATOL-M TAB 27-1.2MG	-	NC	MULTIVITAMINS
PRENATRIX TAB	-	NC	MULTIVITAMINS
PRENATRYL TAB	-	NC	MULTIVITAMINS
PRESTALIA TAB	-	3	ANTIHYPERTENSIVES
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTIMYCOBACTERIAL AGENTS
PREVACID OTC CAP	OTC	EXC	ULCER DRUGS
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT SOLN	-	2	MOUTH/THROAT/DENTAL AGENTS
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)	MSP-PA-QL	2	ANTIVIRALS
PREZCOBIX TAB	-	2	ANTIVIRALS
PREZISTA SUSP	-	2	ANTIVIRALS
PREZISTA TAB	-	2	ANTIVIRALS
PREZISTA TAB	-	3	ANTIVIRALS
PRIFTIN TAB	-	2	ANTIMYCOBACTERIAL AGENTS
PRIOLOSEC OTC DR TAB	OTC	1	ULCER DRUGS
primaquine tab (PRIMAQUINE equiv)	-	1	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.

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VAC	Vaccine Program	¢	RxCENTS		

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PRIORIX INJ	VAC	\$0	VACCINES
probenecid tab (BENEMID equiv)	-	1	GOUT AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	1	ANTIpsychOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	1	ANTIpsychOTICS/ANTIMANIC AGENTS
PROCRIT INJ	-	NC	HEMATOPOIETIC AGENTS
PROCTOFOAM HC FOAM	-	2	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
PROCYSBI CAP	PA	3	GENITOURINARY AGENTS - MISCELLANEOUS
PROCYSBI GRANULES PACKET	PA	3	GENITOURINARY AGENTS - MISCELLANEOUS
PRODRIN TAB	-	NC	MIGRAINE PRODUCTS
PROFINAC PAK	-	NC	DERMATOLOGICALS
progesterone cap (PROMETRIUM equiv)	-	1	PROGESTINS
progesterone oil inj	-	1	PROGESTINS
PROGESTERONE SUPP	PA	3	VAGINAL PRODUCTS
PROGRAF PACKET	-	3	MISCELLANEOUS THERAPEUTIC CLASSES
PROLATE TAB 7.5-300MG	-	3	ANALGESICS - OPIOID
PROLENSA OPHTH SOLN	-	3	OPHTHALMIC AGENTS
PROMACTA POWDER (QL= 1 packet/day)	MSP-PA-QL	2	HEMATOPOIETIC AGENTS
PROMACTA TAB 12.5MG, 25MG (QL= 1 tab/day)	MSP-PA-QL	2	HEMATOPOIETIC AGENTS
PROMACTA TAB 50MG (QL= 2 tabs/day)	MSP-PA-QL	2	HEMATOPOIETIC AGENTS
PROMACTA TAB 75MG (QL= 2 tabs/day)	MSP-PA-QL	2	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	1	COUGH/COLD/ALLERGY
promethazine supp (PHENERGAN equiv)	-	1	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	-	1	ANTIHISTAMINES
PROMISEB CREAM	-	NC	DERMATOLOGICALS
PRONAL GEL	-	NC	DERMATOLOGICALS
propafenone ER cap (RYTHMOL SR equiv)	-	1	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	1	ANTIARRHYTHMICS
PROPANTHELINE TAB	-	2	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	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	-	3	FLUOROQUINOLONES
PROTHELIAL PASTE	-	NC	MOUTH/THROAT/DENTAL AGENTS
protriptyline tab (VIVACTIL equiv)	-	1	ANTIDEPRESSANTS
PROZAC WEEKLY CAP	-	3	ANTIDEPRESSANTS
PROZENA PAD	-	NC	DERMATOLOGICALS

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PULMICORT FLEXHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	MSP	2	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)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PYRIDOSTIGMINE TAB 30MG	-	NC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine soln (MESTINON equiv)	-	1	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	2	HEMATOLOGICAL AGENTS - MISC.
PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
QBRELIS SOLN (Prior Authorization required for members age 9 or older)	PA	3	ANTIHYPERTENSIVES
QBREXZA PAD (QL= 1 pad/day)	PA-QL	3	DERMATOLOGICALS
QDOLO SOLN, TRAMADOL SOLN	-	2	ANALGESICS - OPIOID
QELBREE ER CAP (QL= 3 caps/day)	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
QINLOCK TAB (QL= 3 tabs/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QMIIZ ODT TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
QNASL NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)	QL-ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
QSYMIA CAP (QL= 1 cap/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
QTERN TAB	-	NC	ANTIDIABETICS
QUALAQUIN CAP	-	3	ANTIMALARIALS
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
QUILLICHEW ER TAB	PA	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
QUILLIVANT XR SUSP	PA	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	1	ANTIHYPERTENSIVES
QUINAPRIL/HCTZ TAB	-	NC	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	NC	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	1	ANTIARRHYTHMICS
quinidine sulfate tab	-	1	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB	-	NC	ANTIARRHYTHMICS

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quinine sulfate cap (QUALAQUIN equiv)	-	1	ANTIMALARIALS
QUINIXIL PAK	-	NC	DERMATOLOGICALS
QULIPTA TAB (QL= 1 tab/day)	PA-QL	3	MIGRAINE PRODUCTS
QUVIVIQ TAB (QL= 1 tab/day)	PA-QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF 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)	MSP-PA-QL	2	NEUROMUSCULAR AGENTS
RADICAVA ORS SUSP (QL= 50mL/28 days)	MSP-PA-QL	2	NEUROMUSCULAR AGENTS
RAGWITEK SL TAB	PA	3	BIOLOGICALS MISC
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ramipril cap (ALTACE equiv)	-	1	ANTIHYPERTENSIVES
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)	-	1	ANTIANGINAL AGENTS
rasagiline tab (AZILECT equiv)	-	1	ANTIPARKINSON AGENTS
RAVICTI LIQUID	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYOS TAB	PA	3	CORTICOSTEROIDS
REBETOL SOLN	MSP	2	ANTIVIRALS
REBIF INJ	MSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RECORLEV TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECTIV OINT	-	3	ANORECTAL AND RELATED PRODUCTS
REDITREX INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
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
RELEXXI ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
RELEXXII TAB	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
RELISTOR INJ	MSP-PA	3	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	MSP-PA	3	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	MSP-PA	3	GASTROINTESTINAL AGENTS - MISC.
RELTONE CAP	PA	3	GASTROINTESTINAL AGENTS - MISC.
REMEDIENT CAP	-	NC	MULTIVITAMINS
RENAGEL TAB 800MG	-	3	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	1	MULTIVITAMINS
RENOVA CREAM	-	EXC	DERMATOLOGICALS

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REVELA TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	1	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2	ANTIHYPERTENSIVES
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2	ANTIHYPERTENSIVES
RESCRIPTOR TAB	-	2	ANTIVIRALS
RESERVAPAK SYRUP	-	NC	ALTERNATIVE MEDICINES
RESTASIS MULTI-DOSE	-	NC	OPHTHALMIC AGENTS
RESTASIS OPHTH EMULSION	-	NC	OPHTHALMIC AGENTS
RETACRIT INJ	-	2	HEMATOPOIETIC AGENTS
RETEVMO CAP (QL= 4 caps/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO TAB 40MG (QL= 3 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETIN-A MICRO GEL 0.04%, 0.1%	-	NC	DERMATOLOGICALS
RETIN-A MICRO GEL 0.08%, 0.06% (Acne Only – members age 35 or older require Prior Authorization)	PA	2	DERMATOLOGICALS
REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist)	LD-QL-RS	2	MISCELLANEOUS THERAPEUTIC CLASSES
REXAPHENAC CREAM	-	NC	DERMATOLOGICALS
REXULTI TAB (QL= 1 tab/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
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)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REZUROCK TAB (QL= 1 tab/day)	MSP-PA-QL	2	MISCELLANEOUS THERAPEUTIC CLASSES
REZVOGLAR INJ	-	NC	ANTIDIABETICS
REZYST CHEW TAB	-	NC	ANTIDIARRHEALS
RHEUMATREX TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
RHOFADE CREAM	-	EXC	DERMATOLOGICALS
RHOPRESSA OPHTH SOLN (QL= 2.5ml/25 days)	PA-QL	3	OPHTHALMIC AGENTS
RIBAPAK TAB	MSP	3	ANTIVIRALS
RIBAVIRIN CAP	MSP	1	ANTIVIRALS
ribavirin cap (REBETOL equiv)	MSP	1	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	NC	ANTIVIRALS
RIBAVIRIN TAB	MSP	1	ANTIVIRALS
RIDAURA CAP	-	2	ANALGESICS - ANTI-INFLAMMATORY
rifabutin cap (MYCOBUTIN equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
RIFAMATE CAP	-	2	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
RIFLOZA INJ 160MG (QL= 1 inj/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	2	GENITOURINARY AGENTS - MISCELLANEOUS
riluzole tab (RILUTEK equiv)	-	1	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	3	ANTIVIRALS
RINVOQ ER TAB (QL= 1 tab/day)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
RINVOQ ORAL SOLN (QL= 12ml/day)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY

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

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risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab (ACTONEL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
risperidone ODT (RISPERDAL M equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERIDONE ODT	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ritonavir tab (NORVIR equiv)	-	1	ANTIVIRALS
rivastigmine cap (EXELON equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RIVFLOZA INJ (QL= 1 inj/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	2	GENITOURINARY AGENTS - MISCELLANEOUS
RIVFLOZA VIAL (QL= 2 vials/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	2	GENITOURINARY AGENTS - MISCELLANEOUS
RIVIVE, REXTOVY 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
ROCKLATAN OPTH SOLN	-	NC	OPHTHALMIC AGENTS
roflumilast tab (DALIRESP equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ropinirole ER tab (REQUIP XL equiv)	-	1	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	1	ANTIPARKINSON AGENTS
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC	LOCAL ANESTHETICS-PARENTERAL
ROSADAN KIT	-	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
ROXYBOND TAB	-	NC	ANALGESICS - OPIOID
ROXYBOND TAB 15MG	-	NC	ANALGESICS - OPIOID
ROZEREM TAB (QL= 1 tab/day)	QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ROZLYTREK CAP (QL= 3 caps/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROZLYTREK PAK (QL= 6 packs/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUBRACA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ (Only available through Accredo 800-803-2523)	LD-PA	2	HEMATOLOGICAL AGENTS - MISC.
rufinamide susp (BANZEL equiv)	PA	1	ANTICONVULSANTS
rufinamide tab (BANZEL equiv)	PA	1	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; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
RYBIX ODT	-	3	ANALGESICS - OPIOID

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VAC	Vaccine Program	¢	RxCENTS		

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RYCLORA SOLN	-	3	ANTIHISTAMINES
RYDAPT CAP (QL= 56 caps/28 days)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB	-	NC	ANTIHISTAMINES
SABRIL TAB	-	NC	ANTICONVULSANTS
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SALEX LOTION KIT	-	NC	DERMATOLOGICALS
SALEX SHAMPOO	-	3	DERMATOLOGICALS
SALICATE LIQUID	-	NC	DERMATOLOGICALS
salicylic acid soln	-	NC	DERMATOLOGICALS
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC	DERMATOLOGICALS
salicylic acid gel (KERALYT equiv)	-	NC	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	1	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	NC	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	1	ANALGESICS - NONNARCOTIC
SANCUSO PATCH (QL= 4 patches/fill)	QL	3	ANTIEMETICS
SANDIMMUNE SOLN 100MG/ML	-	2	ASSORTED CLASSES
SANDOSTATIN LAR INJ KIT	MSP	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	2	DERMATOLOGICALS
sapropterin dihydrochloride powder packet (KUVAN equiv)	MSP-PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv)	MSP-PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
SAVAYSA TAB	PA	3	ANTICOAGULANTS
SAVELLA PAK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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 (QL= 5 pens/30 days)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS
SCARCIN GEL	-	NC	DERMATOLOGICALS
scarcin gel (SCARCIN equiv)	-	NC	DERMATOLOGICALS
SCARCIN LIQUID ROLL-ON	-	NC	DERMATOLOGICALS
SCEMBLIX TAB (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SCEMBLIX TAB 100MG (QL= 4 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
scopolamine patch (TRANSDERM-SCOP equiv)	-	1	ANTIEMETICS
SECONAL CAP	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
SECUADO PATCH (QL=1 patch/day)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEEBRI NEOHALER CAP	PA	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SEGLENTIS TAB	-	NC	ANALGESICS - OPIOID
SEGLUROMET TAB (QL= 1 tab/day)	PA-QL	3	ANTIDIABETICS
selegiline cap (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS

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selenium sulfide lotion	OTC	EXC	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	1	DERMATOLOGICALS
selenium sulfide shampoo 2.3% (SELRX equiv)	-	1	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	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days)	QL	2	ASTHMA AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	3	DERMATOLOGICALS
SERTRALINE CAP	-	NC	ANTIDEPRESSANTS
sertraline conc (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sevelamer hydrochloride tab (RENAGEL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (RENVELA equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
SEYSARA TAB	-	NC	TETRACYCLINES
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	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIKLOS TAB	-	3	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	1	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab (VIAGRA equiv) (QL= 6 tabs/30 days)	QL	1	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv)	PA	1	CARDIOVASCULAR AGENTS - MISC.
SILIPAC KIT	-	NC	DERMATOLOGICALS
SILIQ INJ	-	NC	DERMATOLOGICALS
silodosin cap (RAPAFLO equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1	DERMATOLOGICALS
SILVERA PAD	-	NC	DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	2	OPHTHALMIC AGENTS
SIMCOR TAB	-	NC	ANTIHYPERTENSIVES
SIMLANDI INJ (adalimumab-ryvk) (QL= 2 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 100MG (QL= 1 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 100MG (QL=1 inj/28 days)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0	ANTIHYPERTENSIVES
simvastatin tab 80mg (ZOCOR equiv)	-	NC	ANTIHYPERTENSIVES
sirolimus soln (RAPAMUNE equiv)	-	1	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	1	ASSORTED CLASSES

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SIRTURO TAB (Restricted to Infectious Disease Specialist)	MSP-RS	2	ANTIMYCOBACTERIAL AGENTS
SITAGLIPTIN/METFORMIN TAB	-	NC	ANTIDIABETICS
SITAVIG TAB (QL= 1 tab/fill)	QL	3	ANTIVIRALS
SITZMARKS CAP	-	NC	DIAGNOSTIC PRODUCTS
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS - MISC.
SKLICE LOTION	-	NC	DERMATOLOGICALS
SKYCLARYS CAP (QL= 3 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2	NEUROMUSCULAR AGENTS
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	MSP-PA-QL	2	DERMATOLOGICALS
SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days)	MSP-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days)	MSP-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
SKYTROFA INJ	MSP-PA	2	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.
SOAAZ TAB	-	NC	DIURETICS
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)	-	\$0	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$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)	-	\$0	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0	MINERALS & ELECTROLYTES
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	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
sodium phenylbutyrate powder (BUPHENYL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	1	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	1	ASSORTED CLASSES
sodium sulfacetamide gel (OVACE equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	1	DERMATOLOGICALS

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sodium sulfacetamide/sulfur kit (ROSANIL KIT equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur susp (PLEXION TS equiv)	-	1	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR SUSP	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	1	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
SOFDRA GEL	-	NC	DERMATOLOGICALS
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	MSP-PA-QL	2	ANTIVIRALS
SOGROYA INJ	MSP-PA	2	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	2	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 10MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	2	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 1MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	2	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 2.5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	2	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	2	MUSCULOSKELETAL THERAPY AGENTS
SOLAICE PATCH	-	NC	DERMATOLOGICALS
SOLARAVIX PAK	-	NC	DERMATOLOGICALS
solifenacin tab (VESICARE equiv)	-	1	URINARY ANTISPASMODICS
SOLQUA INJ (QL= 15ml/25 days)	QL	2	ANTIDIABETICS
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 2GM	-	2	CORTICOSTEROIDS
SOLU-MEDROL PF INJ	-	3	CORTICOSTEROIDS
SOMAVERT INJ	MSP-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
sorafenib tosylate tab (NEXAVAR equiv)	MSP-PA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
sotalol AF tab (BETAPACE AF equiv)	-	1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	1	BETA BLOCKERS
SOTYKTU TAB (QL= 1 tab/day)	MSP-PA-QL	2	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 (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2	DERMATOLOGICALS
SPIKEVAX INJ (QL= 1 dose/17 days)	QL-VAC	\$0	VACCINES
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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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	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

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SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2	DERMATOLOGICALS
SPIRIVA HANDIHALER (For use with Handihaler device)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASON/SALMETEROL), BREO (FLUTICASON/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), o SYMBICORT (BUDESONIDE/FORMOTEROL))	QL-ST	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	PA	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone susp (CAROSPIR equiv) (Prior Authorization required for members age 9 or older)	PA	1	DIURETICS
spironolactone tab (ALDACTONE equiv)	-	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1	DIURETICS
SPORANOX SOLN	PA	3	ANTIFUNGALS
SPRAVATO NASAL SOLN	-	NC	ANTIDEPRESSANTS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0	CONTRACEPTIVES
SPRITAM TAB	-	3	ANTICONVULSANTS
SPRIX NASAL SPRAY (QL= 5 units/5 days)	QL	3	ANALGESICS - ANTI-INFLAMMATORY
SPRIX SPRAY (QL=5 units/5 days)	QL	3	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SSKI ORAL SOLN	-	3	COUGH/COLD/ALLERGY
STAVUDINE CAP	-	1	ANTIVIRALS
stavudine cap (ZERIT equiv)	-	1	ANTIVIRALS
STAVZOR CAP	-	3	ANTICONVULSANTS
STAXYN ODT	-	NC	CARDIOVASCULAR AGENTS - MISC.
STEGLATRO TAB (QL= 1 tab/day)	PA-QL	3	ANTIDIABETICS
STEGLUJAN TAB (QL= 1 tab/day)	PA-QL	3	ANTIDIABETICS
STELARA INJ (QL= 1 inj/84 days )	MSP-PA-QL	2	DERMATOLOGICALS
STELARA INJ (QL= 1 inj/84 days)	MSP-PA-QL	2	DERMATOLOGICALS
STENDRA TAB (QL= 6 tabs/30 days)	QL	2	CARDIOVASCULAR AGENTS - MISC.
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	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIANT FILM	-	NC	ANDROGENS-ANABOLIC
STRIBILD TAB	-	2	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SUBLOCADE SOLN	-	NC	ANALGESICS - OPIOID
SUBOXONE SL FILM	-	NC	ANALGESICS - OPIOID
SUBSYS SPRAY	PA	3	ANALGESICS - OPIOID
SUCRAID SOLN	-	3	DIGESTIVE AIDS
sucrafate susp (CARAFATE equiv)	-	1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS

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sucralfate tab (CARAFATE equiv)	-	1	ULCER DRUGS
SUFLAVE SOLN (QL= 2 fills/calendar year)	QL	2	LAXATIVES
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1	OPHTHALMIC AGENTS
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	1	DERMATOLOGICALS
sulfadiazine tab	-	1	SULFONAMIDES
SULFADIAZINE TAB	-	NC	SULFONAMIDES
SULFAMYLON CREAM	-	2	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
SUMADAN XLT KIT	-	3	DERMATOLOGICALS
SUMANSETRON PAK	-	NC	MIGRAINE PRODUCTS
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	1	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	1	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	1	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREXIMET equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ	-	NC	MIGRAINE PRODUCTS
SUMAXIN WASH	-	NC	DERMATOLOGICALS
sunitinib malate cap (SUTENT equiv)	MSP-PA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUNLENCA TAB	-	NC	ANTIVIRALS
SUNOSI TAB (QL= 1 tab/day)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
SUPRAX CAP	-	3	CEPHALOSPORINS
SUPRAX CHEW TAB	-	3	CEPHALOSPORINS
SUPRAX SUSP 500MG/5ML	-	3	CEPHALOSPORINS
SUPREP BOWEL PREP PACK	-	NC	LAXATIVES
SUSTIVA TAB	-	3	ANTIVIRALS
SUSTOL INJ	-	NC	ANTIEMETICS
SUTAB TAB	-	3	LAXATIVES
SUTENT CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLATRON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMAX DUOTAB	-	3	ULCER DRUGS
SYMBICORT INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMDEKO TAB (QL= 2 tabs/day)	MSP-PA-QL	2	RESPIRATORY AGENTS - MISC.
SYMFI (LO) TAB	-	3	ANTIVIRALS
SYMLINPEN INJ	-	NC	ANTIDIABETICS
SYMPAZAN ORAL FILM	-	NC	ANTICONSULTANTS
SYMPROIC TAB	PA	2	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	2	ANTIVIRALS

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SYNAREL NASAL SOLN	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNDROS SOLN	PA	2	ANTIEMETICS
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
SYNVEXIA TC CREAM	-	NC	DERMATOLOGICALS
TABLOID TAB	-	2	ANTINEOPLASTICS
TABRECTA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tacrolimus cap (PROGRAF equiv)	-	1	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	1	DERMATOLOGICALS
tadalafil tab (CIALIS equiv) (QL= 6 tabs/30 days)	QL	1	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv)	PA	1	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day)	QL	1	CARDIOVASCULAR AGENTS - MISC.
TADLIQ SUSP (Members age 9 years or older require Prior Authorization)	PA	3	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAFINLAR TAB	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv) (QL= 1 vial/day)	PA-QL	1	OPHTHALMIC AGENTS
TAGRISSO TAB (QL= 1 tab/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days)	MSP-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days)	MSP-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
TALICIA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
TALTZ INJ (QL= 1 inj/28 days)	MSP-PA-QL	2	DERMATOLOGICALS
TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days)	MSP-PA-QL	2	DERMATOLOGICALS
TALTZ INJ 40 MG/0.5ML (QL= 1 inj/28 days)	MSP-PA-QL	2	DERMATOLOGICALS
TALZENNA CAP 0.25MG (QL= 3 caps/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
TANLOR TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
TANZEUM INJ	-	NC	ANTIDIABETICS
TARCEVA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	-	NC	DERMATOLOGICALS
TARPEYO CAP (QL= 4 caps/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	3	CORTICOSTEROIDS
TASCENSO ODT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TASIGNA CAP	MSP-PA-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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tasimelteon cap (HETLIOZ equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
TASOPROL CREAM KIT	-	NC	DERMATOLOGICALS
tavaborole soln (KERYDIN equiv)	-	NC	DERMATOLOGICALS
TAVALISSE TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	3	HEMATOLOGICAL AGENTS - MISC.
TAVNEOS CAP (QL= 6 caps/day)	MSP-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
tazarotene cream 0.05% (TAZORAC equiv)	-	1	DERMATOLOGICALS
tazarotene cream 0.1% (TAZORAC equiv)	-	1	DERMATOLOGICALS
tazarotene gel (TAZORAC equiv)	-	1	DERMATOLOGICALS
TAZVERIK TAB (QL= 8 tabs/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TECFIDERA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECHNIVIE TAB	-	NC	ANTIVIRALS
TEKTURN HCT TAB	-	3	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	1	ANTIHYPERTENSIVES
TELMISARTAN/AMLODIPINE TAB	-	1	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWINSTA equiv)	-	1	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	1	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
temozolomide cap (TEMODAR equiv)	MSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	1	ANTIVIRALS
TEPMETKO TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
terazosin cap (HYTRIN equiv)	-	1	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	1	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	1	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 equiv)	MSP	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	MSP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
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
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	1	ANDROGENS-ANABOLIC

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TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	1	ANDROGENS-ANABOLIC
testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	1	ANDROGENS-ANABOLIC
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	1	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	1	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 10MG/ACT	-	NC	ANDROGENS-ANABOLIC
testosterone gel 2% (FORTESTA equiv)	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	1	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	1	ANDROGENS-ANABOLIC
TESTOSTERONE GEL, VOGELXO GEL	-	NC	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	1	ANDROGENS-ANABOLIC
tetrabenazine tab (XENAZINE equiv)	MSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracycline cap	-	1	TETRACYCLINES
TETRACYCLINE TAB	-	NC	TETRACYCLINES
TEZSPIRE INJ (QL= 1 pen/28 days)	MSP-PA-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THALITONE TAB	-	NC	DIURETICS
THALOMID CAP	MSP	2	ASSORTED CLASSES
theophylline er tab (THEOPHYLLINE ER equiv)	-	1	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
THIOLA EC TAB	MSP-PA	3	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)	-	1	ANTICONVULSANTS
TIBSOVO TAB (QL= 2 tabs/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
TIGLUTIK SUSP	PA	3	NEUROMUSCULAR AGENTS
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv)	-	1	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	1	BETA BLOCKERS
tinidazole tab (TINDAMAX equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
tiopronin tab (THIOLA equiv)	MSP-PA	1	GENITOURINARY AGENTS - MISCELLANEOUS
tiopronin tab delayed release (THIOLA EC equiv)	MSP-PA	1	GENITOURINARY AGENTS - MISCELLANEOUS

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tiotropium bromide cap inhaler (SPIRIVA equiv) (For use with Handihaler device)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TIROSINT CAP	-	NC	THYROID AGENTS
TIROSINT-SOL (QL=1 ml/day; Prior Authorization required for members age 9 or older)	PA-QL	3	THYROID AGENTS
TIVICAY PD TAB	-	2	ANTIVIRALS
TIVICAY TAB	-	2	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	3	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER	MSP-PA	3	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	2	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	3	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	1	AMINOGLYCOSIDES
tobramycin neb soln (BETHKIS equiv)	-	NC	AMINOGLYCOSIDES
tobramycin ophth soln (TOBEX equiv)	-	1	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1	OPHTHALMIC AGENTS
TOBEX OPHTH OINT	-	3	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	\$0	VAGINAL PRODUCTS
TOLAZAMIDE TAB	-	1	ANTIDIABETICS
TOLBUTAMIDE TAB	-	2	ANTIDIABETICS
tolcapone tab (TASMAR equiv)	-	1	ANTIPARKINSON AGENTS
TOLECTIN TAB	-	3	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
TOLSURA CAP	-	NC	ANTIFUNGALS
tolterodine SR cap (DETROL LA equiv)	-	1	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	1	URINARY ANTISPASMODICS
TOLVAPTAN TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab (SAMSCA equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
TOPICORT CREAM 0.05%	-	3	DERMATOLOGICALS
topiramate ER cap (QUDEXY equiv)	PA	1	ANTICONSULSANTS
topiramate er cap (TROKENDI XR equiv)	PA	1	ANTICONSULSANTS
topiramate sprinkle cap (TOPAMAX equiv)	-	1	ANTICONSULSANTS
topiramate tab (TOPAMAX equiv)	-	1	ANTICONSULSANTS
toremifene tab (FARESTON equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torseamide tab (DEMADEX equiv)	-	1	DIURETICS
TOSYMRA SOLN	-	3	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	2	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day)	QL	2	ANTIDIABETICS
TRAMADOL COMPOUND KIT	-	NC	DERMATOLOGICALS

<b>EXC</b>	<b>NC</b> = Not Covered <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion	<b>INF</b>	Infertility	<b>LD</b>	Limited Distribution
<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter	<b>PA</b>	Prior Authorization
<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis	<b>RS</b>	Restricted to Specialist
<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation	<b>ST</b>	Step Therapy
<b>VAC</b>	Vaccine Program	<b>¢</b>	RxCENTS		

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
TRAMADOL ER CAP	-	3	ANALGESICS - OPIOID
tramadol ER tab (ULTRAM ER equiv)	-	1	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB	-	1	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 tab (LYSTEDA equiv)	-	1	HEMOSTATICS
tranylcypromine tab (PARNATE equiv)	-	1	ANTIDEPRESSANTS
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	1	ANTIDEPRESSANTS
trazodone tab 300mg (DESYREL equiv)	-	NC	ANTIDEPRESSANTS
TRECTOR 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)	MSP-PA-QL	2	DERMATOLOGICALS
TREMFYA INJ	-	NC	DERMATOLOGICALS
TRESIBA FLEXTOUCH INJ	-	2	ANTIDIABETICS
TRESIBA INJ	-	2	ANTIDIABETICS
tretinoin cap (VESANOID equiv)	MSP	1	ANTINEOPLASTICS
tretinoin cream (RETIN-A CREAM equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	1	DERMATOLOGICALS
tretinoin gel (Acne Only – members age 35 or older require Prior Authorization)	PA	1	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	1	DERMATOLOGICALS
tretinoin gel 0.08% (RETIN-A MICRO equiv) (Acne Only - members age 35 or older require Prior Authorization)	PA	1	DERMATOLOGICALS
TRETIN-X CREAM	PA	3	DERMATOLOGICALS
TREXIMET TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC	ANALGESICS - OPIOID
triamcinolone acetonide 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)	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamcinolone spray (KENALOG equiv)	-	1	DERMATOLOGICALS
triamterene cap (DYRENIUM equiv)	-	1	DIURETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1	DIURETICS
TRIANEX OINT	-	3	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
TRIBENZOR TAB	-	3	ANTIHYPERTENSIVES
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC	DIAGNOSTIC PRODUCTS

EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
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SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

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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
trientine cap (SYPRINE equiv)	MSP-PA	1	MISCELLANEOUS THERAPEUTIC CLASSE
TRIENTINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSE
trifluoperazine tab (STELAZINE equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	3	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)	MSP-PA-QL	2	RESPIRATORY AGENTS - MISC.
TRIKAFTA THERAPY PACK (QL= 2 packets/day)	MSP-PA-QL	2	PASSIVE IMMUNIZING AND TREATMENT AGENTS
tri-legest tab (ESTROSTEP FE equiv)	-	\$0	CONTRACEPTIVES
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)	-	1	ANTIDEPRESSANTS
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	3	ANTIDEPRESSANTS
TRIONEX PAK	-	NC	DERMATOLOGICALS
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0	CONTRACEPTIVES
TRIUMEQ PD TAB	-	2	ANTIVIRALS
TRIUMEQ TAB	-	2	ANTIVIRALS
TRI-VITAMIN FLUORIDE DROPS	-	1	MULTIVITAMINS
TRIZIVIR TAB	-	2	ANTIVIRALS
TROKENDI XR CAP	PA	3	ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv)	-	1	OPHTHALMIC AGENTS
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
tropium chloride SR cap (SANCTURA XR equiv)	-	1	URINARY ANTISPASMODICS
tropium tab (SANCTURA equiv)	-	1	URINARY ANTISPASMODICS
TRUBREXA PAD	-	NC	DERMATOLOGICALS
TRUDHESA NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
TRULANCE TAB (QL= 1 tab/day)	PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
TRUQAP TAB (QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRYVIO TAB	-	NC	ANTIHYPERTENSIVES
TUDORZA PRESSAIR INHALER	PA	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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QL Quantity Limit	RDX Restricted to Diagnosis	RS Restricted to Specialist
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TUKYSA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TUSSICAPS (QL= 20 caps/fill, 2 fills/30 days)	QL	3	COUGH/COLD/ALLERGY
tussigon tab (HYCODAN equiv)	-	1	COUGH/COLD/ALLERGY
TUXARIN ER TAB (QL= 20 tabs/fill, 2 fills/30 days)	QL	3	COUGH/COLD/ALLERGY
TUZISTRA XR SUSP (QL= 120ml/fill, 2 fills/30 days)	QL	3	COUGH/COLD/ALLERGY
TWIRLA PATCH	-	\$0	CONTRACEPTIVES
TWYNEO CREAM	-	NC	DERMATOLOGICALS
TYBLUME TAB	-	\$0	CONTRACEPTIVES
TYBOST TAB	-	NC	ANTIVIRALS
TYENNE INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TYKERB TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYMLOS INJ	MSP	2	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
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523 )	LD-PA-QL	2	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	2	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	2	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	2	CARDIOVASCULAR AGENTS - MISC.
TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	2	MIGRAINE PRODUCTS
UCERIS RECTAL FOAM	PA	3	ANORECTAL AND RELATED PRODUCTS
UDENYCA INJ	-	NC	HEMATOPOIETIC AGENTS
ULORIC TAB	-	NC	GOUT AGENTS
ULTRAVATE LOTION	-	3	DERMATOLOGICALS
UMECTA EMULSION	-	NC	DERMATOLOGICALS
UMECTA PD 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	2	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 lotion (KERALAC LOTION equiv)	-	NC	DERMATOLOGICALS
UREA NAIL KIT	-	3	DERMATOLOGICALS
UREA NAIL KIT	-	NC	DERMATOLOGICALS
UREA SUSP	-	NC	DERMATOLOGICALS

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VAC Vaccine Program	¢ RxCENTS	

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urea susp 40% (UMECTA equiv)	-	NC	DERMATOLOGICALS
UREA/SALICYLIC CREAM	-	NC	DERMATOLOGICALS
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	PA	3	ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
VAFSEO TAB	-	NC	HEMATOPOIETIC AGENTS
valacyclovir tab (VALTREX equiv)	-	1	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days)	MSP-PA-QL	2	DERMATOLOGICALS
valganciclovir soln (VALCYTE equiv)	-	1	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	1	ANTIVIRALS
valproate inj (DEPAICON 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= 4 doses/fill)	QL	3	ANTICONVULSANTS
VANOCOCIN CAP (QL= 56 caps/fill)	QL	3	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap (VANOCOCIN 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	OPHTHALMIC AGENTS
VANFLYTA TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	2	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	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VANIQA CREAM	-	EXC	DERMATOLOGICALS
VANOS CREAM	-	NC	DERMATOLOGICALS
vardenafil ODT (STAXYN equiv) (QL= 6 tabs/30 days)	QL	1	CARDIOVASCULAR AGENTS - MISC.
vardenafil tab (LEVITRA equiv) (QL= 6 tabs/30 days)	QL	1	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.
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2	ANTIEMETICS
VAXNEUVANCE INJ	VAC	\$0	VACCINES
v-c forte cap (V-C FORTE equiv)	-	1	MULTIVITAMINS
VECAMYL TAB	-	NC	ANTIHYPERTENSIVES
VECTICAL OINT	-	NC	DERMATOLOGICALS
VELIVET PAK	-	\$0	CONTRACEPTIVES
velivet tab (CYCLESSA equiv)	-	\$0	CONTRACEPTIVES
VELPHORO CHEW TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
VELSIPITY TAB (QL= 1 tab/day)	MSP-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER	PA	2	ASSORTED CLASSES

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VEMLIDY TAB	-	2	ANTIVIRALS
VENCLEXTA STARTER PACK	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	1	ANTIDEPRESSANTS
venlafaxine ER tab	-	1	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	2	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VEOZAH TAB (QL= 1 tab/day)	PA-QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
VERAPAMIL CR CAP, VERELAN CAP	-	3	CALCIUM CHANNEL BLOCKERS
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 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	-	3	DERMATOLOGICALS
VERDROCET TAB 2.5MG-325MG	-	NC	ANALGESICS - OPIOID
VEREGEN OINT	-	3	DERMATOLOGICALS
VERELAN PM ER CAP 100MG, 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.
VERSACLOZ SUSP	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VERSAPENN AL GEL ANHYDROU	-	NC	PHARMACEUTICAL ADJUVANTS
VERZENIO TAB (QL= 2 tabs/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE LS SUSP (QL= 10ml/day)	PA-QL	3	URINARY ANTISPASMODICS
VEVYE OPHTH SOLN (QL= 1 vial/30 days)	PA-QL	3	OPHTHALMIC AGENTS
VFEND SUSP	-	3	ANTIFUNGALS
V-GO INJ KIT (QL= 1 kit/day)	QL	2	MEDICAL DEVICES AND SUPPLIES
VIAGRA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
VIBERZI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN SYRUP	-	3	TETRACYCLINES
VICTOZA INJ, LIRAGLUTIDE SOLN PEN-INJECTOR (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
VIDEX SOLN	-	2	ANTIVIRALS
VIEKIRA XR TAB	-	NC	ANTIVIRALS
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	\$0	CONTRACEPTIVES
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

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
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	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
vigadrone powder pack (Only available through PantheRx 855-726-8479)	LD-PA	1	ANTICONVULSANTS
VIGAFYDE SOLN	-	NC	ANTICONVULSANTS
VIGAMOX OPTH SOLN	-	3	OPHTHALMIC AGENTS
VIIBRYD STARTER KIT	-	3	ANTIDEPRESSANTS
VIJOICE GRANULES PACKET (QL= 1 packet/day)	MSP-PA-QL	3	MISCELLANEOUS THERAPEUTIC CLASSES
VIJOICE TAB (QL= 1 tab/day)	MSP-PA-QL	3	MISCELLANEOUS THERAPEUTIC CLASSES
VIJOICE TAB 250MG (QL= 2 tabs/day)	MSP-PA-QL	3	MISCELLANEOUS THERAPEUTIC CLASSES
vilazodone hcl tab (VIIBRYD equiv)	-	1	ANTIDEPRESSANTS
VIMOVO TAB	PA	3	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	NC	ANTICONVULSANTS
VIMPAT TAB	-	NC	ANTICONVULSANTS
viorele tab, kariva tab (MIRCETTE equiv)	-	\$0	CONTRACEPTIVES
VIRACEPT TAB	-	2	ANTIVIRALS
VIREAD TAB	-	2	ANTIVIRALS
VISTOGARD PAK	-	NC	ANTIDOTES
VITAFOL STRIPS	-	3	MULTIVITAMINS
vitamin D cap (RX strength 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)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI CAP 25MG (QL= 6 caps/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN (QL= 10ml/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRECYL IRON TAB	-	NC	MULTIVITAMINS
VITRECYL TAB	-	NC	MULTIVITAMINS
VIVITROL INJ	MSP	2	ANTIDOTES
VIVJOA CAP (QL= 18 caps/year)	PA-QL	3	ANTIFUNGALS
VIVLODEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIZIMPRO TAB (QL= 1 tab/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOGELXO GEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
VONJO CAP (QL= 4 caps/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOPAC 5 CREAM	-	NC	DERMATOLOGICALS
VOPAC CREAM	-	NC	DERMATOLOGICALS
VOPAC GB CREAM	-	NC	DERMATOLOGICALS
VOQUEZNA DUAL PAK (QL= 112 pills/14 days)	QL	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
VOQUEZNA TAB (QL= 2 tabs/day)	QL	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
VOQUEZNA TRIP PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEFCS
VORANIGO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
voriconazole susp (VFEND equiv)	-	1	ANTIFUNGALS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
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	ST Step Therapy
VAC Vaccine Program	¢ RxCENTS	

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voriconazole tab (VFEND equiv)	-	1	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	MSP-PA-QL	2	ANTIVIRALS
VOTRIENT TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOWST CAP (QL= 12 caps/fill)	MSP-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2	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 (QL= 1 cap/day )	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK (QL= 2 packs/plan year)	PA-QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VSL #3 CAP	-	NC	ANTIDIARRHEALS
VTAMA CREAM (QL= 60gm/30 days)	PA-QL	3	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)	MSP-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
VYNDAQEL CAP (QL= 4 caps/day)	MSP-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
VYTONE CREAM 1.9-1%	-	NC	DERMATOLOGICALS
VYVANSE CAP	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
VYVANSE CHEW TAB	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
VYZULTA SOLN (QL= 2.5ml/30 days)	PA-QL	3	OPHTHALMIC AGENTS
WAINUA INJ (QL= 1 inj/28 days; Only available through Orsini 800-410-8575)	LD-PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
warfarin tab (COUMADIN equiv)	-	1	ANTICOAGULANTS
WEGOVY INJ (QL= 4 pens/28 days)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
WEGOVY INJ 1.7MG/0.75ML (QL= 4 pens/28 days)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
WEGOVY INJ 2.4MG/0.75ML (QL= 4 pens/28 days)	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
WELCHOL PACK	-	3	ANTIHYPERTENSIVES
WELCHOL TAB	-	3	ANTIHYPERTENSIVES
WELIREG TAB (QL= 3 tabs/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WINLEVI CREAM (QL=1 tube/fill)	PA-QL	3	DERMATOLOGICALS
WINREVAIR INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
WOUND-DRESSING GELS	-	NC	DERMATOLOGICALS
WPR PLUS	-	NC	DERMATOLOGICALS
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
XALIX SOL	-	NC	DERMATOLOGICALS

<b>EXC</b>	<b>NC</b> = Not Covered <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion	<b>INF</b>	Infertility	<b>LD</b>	Limited Distribution
<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter	<b>PA</b>	Prior Authorization
<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis	<b>RS</b>	Restricted to Specialist
<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation	<b>ST</b>	Step Therapy
<b>VAC</b>	Vaccine Program	<b>¢</b>	RxCENTS		

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XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XALKORI SPRINKLE CAP (QL= 4 caps/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
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 25MG (QL= 1 tab/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	2	OPHTHALMIC AGENTS
XELJANZ SOLN (QL= 10 ml/day)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ TAB (QL= 2 tabs/day)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	MSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
XELPROS OPTH EMULSION	-	NC	OPHTHALMIC AGENTS
XELSTRYM PAD	PA	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
XEMBIFY INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	2	PASSIVE IMMUNIZING AND TREATMENT AGENTS
XENADERM OINT	-	NC	DERMATOLOGICALS
XENAZINE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XENICAL CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	2	ANTI-INFECTIVE AGENTS - MISC.
XEPI CREAM	-	3	DERMATOLOGICALS
XERESE CREAM	-	3	DERMATOLOGICALS
XERMELO TAB (QL= 3 tabs/day)	MSP-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
XHANCE NASAL EXHALER	-	3	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 OPTH 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

EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution
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QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist
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VAC	Vaccine Program	¢	RxCENTS		

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XODOL TAB 7.5MG-300MG	-	NC	ANALGESICS - OPIOID
XOFLUZA TAB (QL= 1 tab/fill)	QL	3	ANTIVIRALS
XOLAIR INJ (QL= 2 inj/28 days)	MSP-PA-QL	2	ASTHMA AND BRONCHODILATOR AGENTS
XOLAIR INJ 150MG/ML (QL= 2 inj/28 days)	MSP-PA-QL	2	ASTHMA AND BRONCHODILATOR AGENTS
XOLAIR INJ 300MG/2ML (QL= 1 inj/28 days)	MSP-PA-QL	2	ASTHMA AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE (QL= 2 inj/28 days)	MSP-PA-QL	2	ASTHMA AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE 150MG/ML (QL= 2 inj/28 days)	MSP-PA-QL	2	ASTHMA AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE 300MG/2ML (QL= 1 inj/28 days)	MSP-PA-QL	2	ASTHMA AND BRONCHODILATOR AGENTS
XOLEGEL	-	3	DERMATOLOGICALS
XOLEGEL COREPAK KIT	-	3	DERMATOLOGICALS
XOLREMDI CAP	-	NC	HEMATOPOIETIC AGENTS
XOSPATA TAB (QL= 3 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XPHOZAH TAB (QL= 2 tabs/day)	PA-QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
XPOVIO PAK (QL= 32 tabs/28 days)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XRYLIX PAK	-	NC	DERMATOLOGICALS
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	2	ANALGESICS - OPIOID
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 40MG (QL= 4 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 80MG (QL= 2 tabs/day)	MSP-PA-QL-SF	2	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
XYWAV SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZBAC TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
YBUPHEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YONSA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YORVIPATH INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
YOSPRALA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
YUFLYMA INJ KIT (adalimumab-aaty)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YUFLYMA KIT (adalimumab-aaty)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YUPELRI SOLN (QL= 30 vials/30 days; Step Therapy requires trial of INCRUSE ELLIPTA)	QL-ST	3	ASTHMA AND BRONCHODILATOR AGENTS
ZADITOR OPHTH SOLN	OTC	NC	OPHTHALMIC AGENTS
zafemy patch (XULANE equiv)	-	\$0	CONTRACEPTIVES

<b>EXC</b>	<b>NC</b> = Not Covered <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion	<b>INF</b>	Infertility	<b>LD</b>	Limited Distribution
<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter	<b>PA</b>	Prior Authorization
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<b>VAC</b>	Vaccine Program	<b>¢</b>	RxCENTS		

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zafirlukast tab (ACCOLATE equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ZANTAC EFFER TAB	-	NC	ULCER DRUGS
ZARXIO INJ	MSP	2	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 OTC	OTC	EXC	ULCER DRUGS
ZEGERID POWDER PACK	-	NC	ULCER DRUGS
ZEJULA CAP (QL= 3 caps/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEJULA TAB (QL= 1 tab/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	3	ANTIPARKINSON AGENTS
ZELBORAF TAB (QL= 8 tabs/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELNORM TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZEPATIER TAB (QL= 1 tab/day)	MSP-PA-QL	2	ANTIVIRALS
ZEPBOUND INJ (QL= 4 inj/28 days (2mL/28days))	PA-QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZEPBOUND VIAL INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS
ZEPOSIA CAP (QL= 1 cap/day)	MSP-PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZEPOSIA STARTER PACK (QL= 1 cap/day)	MSP-PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZERVIAE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ZETIA TAB	-	NC	ANTIHYPERTENSIVES
ZETONNA NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)	QL-ST	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
zidovudine cap (RETROVIR equiv)	-	1	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	1	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	1	ANTIVIRALS
ZIEXTENZO INJ	-	NC	HEMATOPOIETIC AGENTS
ZILACAIN PAK	-	NC	DERMATOLOGICALS
ZILBRYSQ INJ (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
ZILBRYSQ INJ 23MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
ZILBRYSQ INJ 32.4MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.

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zileuton ER tab (ZYFLO CR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZILXI FOAM	-	3	DERMATOLOGICALS
ZIMHI SOLN	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
ZINBRYTA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZIOPTAN OPHTH SOLN (QL= 1 vial/day)	PA-QL	3	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv)	-	1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIPSOR CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZIRGAN OPHTH GEL	-	2	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	3	MACROLIDES
ZITUVIO TAB	-	NC	ANTIDIABETICS
ZOCOR TAB 80MG	-	NC	ANTIHYPERLIPIDEMICS
ZOHYDRO ER CAP	-	NC	ANALGESICS - OPIOID
ZOKINVY CAP (QL= 4 caps/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	2	MISCELLANEOUS THERAPEUTIC CLASSES
ZOLINZA CAP	MSP-PA-SF	2	ANTINEOPLASTICS
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
ZOLMITRIPTAN 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	1	MIGRAINE PRODUCTS
ZOLPAK KIT	-	NC	DERMATOLOGICALS
ZOLPIDEM CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIDEM TARTRATE SL TAB 1.75MG (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIDEM TARTRATE SL TAB 3.5MG (QL= 1 tab/day)	QL	1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOLPIMIST SPRAY	-	3	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
ZONISADE SUSP (PA required for members age 9 years or older)	PA	3	ANTICONSULTANTS
zonisamide cap (ZONEGRAN equiv)	-	1	ANTICONSULTANTS
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3	HEMATOLOGICAL AGENTS - MISC.
ZORVOLEX CAP	-	3	ANALGESICS - ANTI-INFLAMMATORY
ZORYVE CREAM (QL= 60 grams/30 days)	PA-QL	2	DERMATOLOGICALS
ZORYVE FOAM (QL= 60 grams/30 days)	PA-QL	3	DERMATOLOGICALS
ZOVIRAX CREAM	-	NC	DERMATOLOGICALS
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	2	ANTICONSULTANTS
ZUBSOLV SL TAB	-	2	ANALGESICS - OPIOID
ZUPLENZ SL FILM	-	3	ANTIEMETICS
ZURAMPIC TAB	-	NC	GOUT AGENTS

EXC	NC = Not Covered NC/3P = Not Covered, Third Party Reviewer Plan Exclusion	INF	Infertility	LD	Limited Distribution
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	ST	Step Therapy
VAC	Vaccine Program	¢	RxCENTS		

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**University of Rochester Formulary Cont.**  
**Alphabetical Index**  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier</b>	<b>Category</b>
ZURZUVAE CAP 20MG, 25MG (QL= 28 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	2	ANTIDEPRESSANTS
ZURZUVAE CAP 30MG (QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	2	ANTIDEPRESSANTS
ZYCLARA CREAM	-	3	DERMATOLOGICALS
ZYDELIG TAB	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO TAB	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA CAP (QL= 3 caps/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day)	MSP-PA-QL-SF	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2	OPHTHALMIC AGENTS
ZYLOTROL-L KIT	-	NC	DERMATOLOGICALS
ZYMAXID OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ZYMFENTRA INJ (QL= 2 inj/28 days)	MSP-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
ZYMFENTRA INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
ZYPITAMAG TAB	-	NC	ANTIHYPERTENSIVES
ZYRTEC CHILD CHEW ALLERGY	OTC	NC	ANTIHISTAMINES
ZYRTEC CHILD CHEW TAB	OTC	EXC	ANTIHISTAMINES
ZYTAZE CAP	-	3	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
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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VAC Vaccine Program	¢ RxCENTS	

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**University of Rochester Formulary  
Category/Class**

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>																					
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>																							
<b>AMPHETAMINES</b>																							
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	1																					
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1																					
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv)	PA	1																					
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv)	PA	1																					
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv)	PA	1																					
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv)	PA	1																					
dextroamphetamine ER cap (DEXEDRINE equiv)	-	1																					
dextroamphetamine soln (PROCENTRA equiv)	-	1																					
dextroamphetamine tab (DEXEDRINE equiv)	-	1																					
lisdexamfetamine dimesylate cap (VYVANSE equiv)	-	1																					
lisdexamfetamine dimesylate chew tab (VYVANSE equiv)	-	1																					
methamphetamine tab (DESOXYN equiv)	-	1																					
zenzedi tab 5mg (DEXEDRINE equiv)	-	1																					
ADZENYS ER SUSP	PA	3																					
ADZENYS XR TAB	PA	3																					
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP	PA	3																					
MYDAYIS CAP 12.5MG	PA	3																					
MYDAYIS CAP 25MG	PA	3																					
MYDAYIS CAP 37.5MG	PA	3																					
MYDAYIS CAP 50MG	PA	3																					
VYVANSE CAP	-	3																					
VYVANSE CHEW TAB	-	3																					
XELSTRYM PAD	PA	3																					
amphetamine tab (EVEKEO 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																					
EVEKEO ODT	-	NC																					
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC																					
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC																					
<b>ANALECTICS</b>																							
caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old)	-	1																					
CAFCIT INJ	-	NC																					
<b>ANOREXIANTS NON-AMPHETAMINE</b>																							
phentermine cap (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	1																					
phentermine tab (ADIPEX equiv) (QL= 1 tab/day)	PA-QL	1																					
QSYMIA CAP (QL= 1 cap/day)	PA-QL	2																					
BENZPHETAMINE TAB	-	NC																					
DIETHYLPROPION ER TAB	-	NC																					
diethylpropion tab	-	NC																					
LOMAIRA TAB	-	NC																					
PHENDIMETRAZINE ER TAB	-	NC																					
phendimetrazine tab (BONTRIL PDM equiv)	-	NC																					
<b>Note:</b> Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.																							
<table border="1"> <tr> <td><b>NC</b> = Not Covered</td> <td><b>generic</b> = small letters</td> <td><b>BRANDS</b> = CAPITAL LETTERS</td> </tr> <tr> <td><b>NC/3P</b> = Not Covered, Third Party Reviewer</td> <td></td> <td></td> </tr> <tr> <td>EXC Plan Exclusion</td> <td>INF Infertility</td> <td>LD Limited Distribution</td> </tr> <tr> <td>MSP Mandatory Specialty Pharmacy Program</td> <td>OTC Over-the-Counter</td> <td>PA Prior Authorization</td> </tr> <tr> <td>QL Quantity Limit</td> <td>RDX Restricted to Diagnosis</td> <td>RS Restricted to Specialist</td> </tr> <tr> <td>SF Limited to two 15 day fills per month for first 3 months</td> <td>SMKG Smoking Cessation</td> <td>ST Step Therapy</td> </tr> <tr> <td>VAC Vaccine Program</td> <td>¢ RxCENTS</td> <td></td> </tr> </table>			<b>NC</b> = Not Covered	<b>generic</b> = small letters	<b>BRANDS</b> = CAPITAL LETTERS	<b>NC/3P</b> = Not Covered, Third Party Reviewer			EXC Plan Exclusion	INF Infertility	LD Limited Distribution	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	ST Step Therapy	VAC Vaccine Program	¢ RxCENTS	
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Category/Class**

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.</b>		
PLENITY CAP	-	NC
<b>ANTI-OBESITY AGENTS</b>		
IMCIVREE INJ (QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	2
SAXENDA INJ (QL= 5 pens/30 days)	PA-QL	2
WEGOVY INJ (QL= 4 pens/28 days)	PA-QL	2
WEGOVY INJ 1.7MG/0.75ML (QL= 4 pens/28 days)	PA-QL	2
WEGOVY INJ 2.4MG/0.75ML (QL= 4 pens/28 days)	PA-QL	2
ZEPBOUND INJ (QL= 4 inj/28 days (2mL/28days))	PA-QL	2
CONTRAVE TAB (QL= 4 tabs/day)	PA-QL	3
XENICAL CAP	-	NC
ZEPBOUND VIAL INJ	-	NC
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
atomoxetine cap (STRATTERA equiv)	-	1
clonidine ER tab (KAPVAY equiv)	-	1
guanfacine ER tab (INTUNIV equiv)	-	1
QELBREE ER CAP (QL= 3 caps/day)	PA-QL	3
ONYDA XR SUSP	-	NC
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
SUNOSI TAB (QL= 1 tab/day)	PA-QL	2
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS</b>		
WAKIX TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
<b>STIMULANTS - MISC.</b>		
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 chew tab (METHYLIN equiv)	-	1
methylphenidate ER cap (APTENSIO XR equiv)	-	1
methylphenidate ER cap (RITALIN LA equiv)	-	1
methylphenidate ER tab	-	1
methylphenidate soln (METHYLIN equiv)	-	1
methylphenidate tab (RITALIN equiv)	-	1
methylphenidate td patch (DAYTRANA equiv)	-	1
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	1
RELEXXII TAB	-	1
COTEMPLA XR ODT	PA	3
QUILLICHEW ER TAB	PA	3
QUILLIVANT XR SUSP	PA	3
AZSTARYS CAP	-	NC
RELEXXI ER TAB	-	NC
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>ALLERGENIC EXTRACTS</b>		
PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	2
PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)	LD-PA	2
ODACTRA SL TAB	PA	3

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC Cont.</b>		
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC

**ALTERNATIVE MEDICINES**

<b>ALTERNATIVE MEDICINE - R'S</b>	<b>Special Code</b>	<b>Tier</b>
RESERVAPAK SYRUP	-	NC

**AMEBICIDES**

<b>AMEBICIDES</b>	<b>Special Code</b>	<b>Tier</b>
SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	3

**AMINOGLYCOSIDES**

<b>AMINOGLYCOSIDES</b>	<b>Special Code</b>	<b>Tier</b>
neomycin tab	-	1
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	MSP-RS	1
ARIKAYCE SUSP (QL= 1 vial/day)	MSP-PA-QL	2
TOBI PODHALER	MSP-PA	3
KITABIS PAK NEB SOLN	-	NC
tobramycin neb soln (BETHKIS equiv)	-	NC

**ANALGESICS - ANTI-INFLAMMATORY**

<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>	<b>Special Code</b>	<b>Tier</b>
OLUMIANT TAB (QL= 1 tab/day)	MSP-PA-QL	2
RINVOQ ER TAB (QL= 1 tab/day)	MSP-PA-QL	2
RINVOQ ORAL SOLN (QL= 12ml/day)	MSP-PA-QL	2
XELJANZ SOLN (QL= 10 ml/day)	MSP-PA-QL	2
XELJANZ TAB (QL= 2 tabs/day)	MSP-PA-QL	2
XELJANZ XR TAB (QL= 1 tab/day)	MSP-PA-QL	2

<b>ANTIRHEUMATIC ANTIMETABOLITES</b>	<b>Special Code</b>	<b>Tier</b>
RHEUMATREX TAB	-	3
OTREXUP INJ, RASUVO INJ	-	NC
REDITREX INJ	-	NC

<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>	<b>Special Code</b>	<b>Tier</b>
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2
ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2
ADALIMUMAB-ADAZ PFS INJ (HYRIMOZ equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	MSP-PA-QL	2
HADLIMA INJ (adalimumab-bwwd) (QL= 2 inj/28 days)	MSP-PA-QL	2
HADLIMA INJ 40MG/0.8ML (adalimumab-bwwd) (QL= 2 inj/28 days)	MSP-PA-QL	2
HADLIMA PUSH INJ (adalimumab-bwwd) (QL= 2 inj/28 days)	MSP-PA-QL	2
HADLIMA PUSH INJ 40MG/0.8ML (adalimumab-bwwd) (QL= 2 inj/28 days)	MSP-PA-QL	2
SIMLANDI INJ (adalimumab-ryvk) (QL= 2 inj/28 days)	MSP-PA-QL	2

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<b>MSP</b> Mandatory Specialty Pharmacy Program	<b>OTC</b> Over-the-Counter	<b>PA</b> Prior Authorization
<b>QL</b> Quantity Limit	<b>RDX</b> Restricted to Diagnosis	<b>RS</b> Restricted to Specialist
<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation	<b>ST</b> Step Therapy
<b>VAC</b> Vaccine Program	<b>¢</b> RxCENTS	

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<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>																							
SIMPONI AUTO-INJECTOR 100MG (QL= 1 inj/28 days)	MSP-PA-QL	2																					
SIMPONI INJ 100MG (QL=1 inj/28 days)	MSP-PA-QL	2																					
ABRILADA INJ	-	NC																					
ADALIMUMAB-RYVK INJ	-	NC																					
AMJEVITA AUTO-INJECTOR (adalimumab-atto)	-	NC																					
AMJEVITA INJ (adalimumab-atto)	-	NC																					
CYLTEZO AUTO-INJECTOR KIT (adalimumab-adbm)	-	NC																					
CYLTEZO INJ (adalimumab-adbm)	-	NC																					
HULIO INJ (adalimumab-fkjp)	-	NC																					
HULIO KIT (adalimumab-fkjp)	-	NC																					
HUMIRA INJ 10MG	-	NC																					
HUMIRA INJ 20MG	-	NC																					
HUMIRA INJ 40MG	-	NC																					
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	-	NC																					
HYRIMOZ INJ (adalimumab-adaz)	-	NC																					
HYRIMOZ PFS INJ (adalimumab-adaz)	-	NC																					
IDACIO INJ (adalimumab-aacf)	-	NC																					
SIMPONI AUTO-INJECTOR 50MG	-	NC																					
SIMPONI INJ 50MG	-	NC																					
YUFLYMA INJ KIT (adalimumab-aaty)	-	NC																					
YUFLYMA KIT (adalimumab-aaty)	-	NC																					
<b>GOLD COMPOUNDS</b>																							
RIDAURA CAP	-	2																					
<b>INTERLEUKIN-1 BLOCKERS</b>																							
ARCALYST INJ	-	NC																					
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>																							
KINERET INJ (QL= 1 inj/day)	MSP-PA-QL	2																					
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>																							
ACTEMRA ACTPEN INJ (QL= 2 inj/28 days)	MSP-PA-QL	2																					
ACTEMRA SC INJ (QL= 2 inj/28 days)	MSP-PA-QL	2																					
KEVZARA INJ (QL= 2 inj/28 days)	MSP-PA-QL	2																					
TYENNE INJ	-	NC																					
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>																							
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																					
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	1																					
etodolac cap (LODINE equiv)	-	1																					
etodolac ER tab (LODINE XL equiv)	-	1																					
etodolac tab	-	1																					
fenoprofen calcium cap (NALFON equiv)	-	1																					
fenoprofen calcium tab	-	1																					
FENOPROFEN TAB	-	1																					
FLURBIPROFEN TAB	-	1																					
flurbiprofen tab (ANSAID equiv)	-	1																					
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<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	1
ibuprofen tab	-	1
ibuprofen tab (RX only)	-	1
indomethacin cap (INDOCIN equiv)	-	1
indomethacin CR cap (INDOCIN SR equiv)	-	1
indomethacin suppository (INDOCIN equiv)	-	1
indomethacin susp (INDOCIN 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
MECLOFENAMATE CAP	-	1
mefenamic acid cap (PONSTEL equiv)	-	1
meloxicam tab (MOBIC equiv)	-	1
nabumetone tab (RELAFEN equiv)	-	1
naproxen EC tab (NAPROSYN EC equiv)	-	1
naproxen sodium CR tab (NAPRELAN CR equiv)	-	1
naproxen sodium tab (ANAPROX equiv)	-	1
naproxen susp (NAPROSYN equiv)	-	1
naproxen tab (NAPROSYN equiv)	-	1
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	PA	1
oxaprozin tab (DAYPRO equiv)	-	1
piroxicam cap (FELDENE equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
NAPROXEN SUSP	-	2
CELEBREX CAP	-	3
DICLOFENAC CAP	-	3
FENOPROFEN CAP, NAFLON CAP	-	3
INDOCIN SUPP	-	3
INDOCIN SUSP	-	3
KETOPROFEN CAP	-	3
KETOPROFEN ER CAP	-	3
MELOXICAM COMFORT KIT	-	3
MELOXICAM SUSP (QL= 10ml/day)	QL	3
NAFLON CAP	-	3
QMIIZ ODT TAB	-	3
SPRIX NASAL SPRAY (QL= 5 units/5 days)	QL	3
SPRIX SPRAY (QL=5 units/5 days)	QL	3
TOLECTIN TAB	-	3
TOLMETIN CAP	-	3
VIMOVO TAB	PA	3
ZORVOLEX CAP	-	3
COXANTO CAP	-	NC
diclofenac potassium cap (ZIPSOR equiv)	-	NC
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC
IBU 600-EZS KIT	-	NC
ibuprofen-famotidine tab (DUEXIS equiv)	-	NC

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INDOMETHACIN CAP, TIVORBEX CAP	-	NC
INFLATHERM PAK	-	NC
KETOROLAC INJ	-	NC
meloxicam cap (VIVLODEX equiv)	-	NC
RELAFEN DS TAB	-	NC
VIVLODEX CAP	-	NC
YBUPHEN TAB	-	NC
ZIPSOR CAP	-	NC

**PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

OTEZLA STARTER PACK (QL= 1 pack/28 days)	MSP-PA-QL	2
OTEZLA TAB (QL= 2 tabs/day)	MSP-PA-QL	2

**PYRIMIDINE SYNTHESIS INHIBITORS**

leflunomide tab (ARAVA equiv)	-	1
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**SELECTIVE COSTIMULATION MODULATORS**

ORENCIA CLICK INJ (QL= 4 inj/28 days)	MSP-PA-QL	2
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	MSP-PA-QL	2
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	MSP-PA-QL	2
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	MSP-PA-QL	2

**SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**

ENBREL INJ 25MG (QL= 8 inj/28 days)	MSP-PA-QL	2
ENBREL INJ 50MG (QL= 4 inj/28 days)	MSP-PA-QL	2
ENBREL MINI INJ (QL= 4 inj/28 days)	MSP-PA-QL	2
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	MSP-PA-QL	2

**ANALGESICS - NONNARCOTIC**

**ANALGESIC COMBINATIONS**

ALLZITAL TAB	-	NC
butalbital/acetaminophen cap	-	NC
butalbital/acetaminophen/caffeine soln	-	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))	OTC	\$0
aspirin ec tab 81mg (Covered for females (no age restriction))	OTC	\$0
diflunisal tab (DOLOBID equiv)	-	1
salsalate tab (DISALCID equiv)	-	1
aspirin EC tab 325mg	OTC	NC
aspirin tab 325mg	OTC	NC

**ANALGESICS - OPIOID**

**OPIOID AGONISTS**

CODEINE SULFATE TAB	-	1
FENTANYL CITRATE LOLLIPOP (QL= 120 lozenges/30 days)	PA-QL	1

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fenentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	1
fenentanyl patch (DURAGESIC equiv)	-	1
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day)	QL	1
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	1
hydromorphone ER tab (EXALGO equiv)	-	1
hydromorphone tab (DILAUDID equiv)	-	1
methadone soln	-	1
methadone tab (DOLOPHINE equiv)	-	1
methadose tab	-	1
MORPHINE SULFATE ER CAP	-	1
morphine sulfate ER cap (KADIAN equiv)	-	1
morphine sulfate ER tab (MS CONTIN equiv)	-	1
MORPHINE SULFATE ORAL SOLN 100MG/5ML	-	1
MORPHINE SULFATE ORAL SOLN 10MG/5ML	-	1
morphine sulfate oral soln 10mg/5ml (MORPHINE SULFATE equiv)	-	1
MORPHINE SULFATE SOLN	-	1
MORPHINE SULFATE SUPP	-	1
MORPHINE SULFATE TAB	-	1
oxycodone cap (OXYIR equiv)	-	1
oxycodone conc (ROXICODONE equiv)	-	1
oxycodone soln (ROXICODONE equiv)	-	1
OXYCODONE TAB	-	1
oxycodone tab (ROXICODONE equiv)	-	1
OXYMORPHONE ER TAB	-	1
oxymorphone ER tab (OPANA ER equiv)	-	1
oxymorphone tab (OPANA equiv)	-	1
tramadol ER tab (ULTRAM ER equiv)	-	1
TRAMADOL HCL ER TAB	-	1
tramadol tab (ULTRAM equiv)	-	1
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day)	QL	2
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	2
OXYCODONE ER TAB (QL= 2 tabs/day)	QL	2
QDOLO SOLN, TRAMADOL SOLN	-	2
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	2
ABSTRAL SL TAB (QL= 120 tabs/30 days)	PA-QL	3
CODEINE SULFATE SOLN	-	3
EMBEDA CAP	-	3
EXALGO TAB	-	3
FENTANYL BUCCAL TAB (QL= 120 tabs/30 days)	PA-QL	3
FENTORA TAB (QL= 120 tabs/30 days)	PA-QL	3
LAZANDA NASAL SPRAY (QL= 15 bottles/30 days)	PA-QL	3
MORPHINE SULFATE ER BEAD CAP (QL= 2 caps/day)	QL	3
NUCYNTA TAB	-	3
RYBIX ODT	-	3
SUBSYS SPRAY	PA	3
TRAMADOL ER CAP	-	3
ARYMO ER TAB	-	NC

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<b>ANALGESICS - OPIOID Cont.</b>		
DSUVIA SL TAB	-	NC
fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC
HYDROMORPHONE SUPP	-	NC
levorphanol tab (LEVORPHANOL equiv)	-	NC
meperidine tab (DEMEROL equiv)	-	NC
MORPHABOND TAB	-	NC
OPANA ER TAB (CRUSH RESISTANT)	-	NC
OXYCONTIN CR TAB	-	NC
ROXYBOND TAB	-	NC
ROXYBOND TAB 15MG	-	NC
TRAMADOL HCL TAB	-	NC
tramadol hcl tab 100mg	-	NC
ZOHYDRO ER CAP	-	NC
<b>OPIOID COMBINATIONS</b>		
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 soln 10-325 mg/15ml (HYCET equiv)	-	1
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	1
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	1
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	1
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	1
oxycodone/acetaminophen cap (TYLOX equiv)	-	1
OXYCODONE/ACETAMINOPHEN SOLN	-	1
oxycodone/acetaminophen tab (PERCOCET equiv) (All BRAND oxycodone/apap are covered at Tier 3.)	-	1
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	1
OXYCODONE/ASPIRIN TAB	-	1
oxycodone/ibuprofen tab (COMBUNOX equiv)	-	1
pentazocine/acetaminophen tab (TALACEN equiv)	-	1
tramadol/acetaminophen tab (ULTRACET equiv)	-	1
HYDROCODONE/IBUPROFEN TAB 10-200MG	-	3
LORTAB ELIXIR	-	3
PROLATE TAB 7.5-300MG	-	3
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC
APADAZ TAB	-	NC
FIORICET/CODEINE CAP	-	NC
FIORINAL/CODEINE CAP	-	NC
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC
PRIMLEV TAB 10-300MG	-	NC
PRIMLEV TAB 5-300MG	-	NC
SEGLENTIS TAB	-	NC
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC

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<b>ANALGESICS - OPIOID Cont.</b>		
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
<b>OPIOID PARTIAL AGONISTS</b>		
buprenorphine hcl buccal film (BELBUCA equiv) (QL=2 films/day)	QL	1
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days)	QL	1
buprenorphine SL tab (SUBUTEX equiv)	-	1
buprenorphine/naloxone sl film (SUBOXONE SL FILM equiv)	-	1
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	1
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	1
pentazocine/naloxone tab (TALWIN NX equiv)	-	1
BRIXADI SOLN 128MG/0.36ML (Only available through Walgreens 888-347-3416)	LD	2
BRIXADI SOLN 16MG/0.32ML (Only available through Walgreens 888-347-3416)	LD	2
BRIXADI SOLN 24MG/0.48ML (Only available through Walgreens 888-347-3416)	LD	2
BRIXADI SOLN 32MG/0.64ML (Only available through Walgreens 888-347-3416)	LD	2
BRIXADI SOLN 64MG/0.18ML (Only available through Walgreens 888-347-3416)	LD	2
BRIXADI SOLN 8MG/0.18ML (Only available through Walgreens 888-347-3416)	LD	2
BRIXADI SOLN 96MG/0.27ML (Only available through Walgreens 888-347-3416)	LD	2
ZUBSOLV SL TAB	-	2
BELBUCA FILM (QL= 2 films/day)	QL	3
BUNAVAIL FILM	-	NC
SUBLOCADE SOLN	-	NC
SUBOXONE SL FILM	-	NC

**ANDROGENS-ANABOLIC**

<b>ANDROGENS</b>		
danazol cap (DANOCRINE equiv)	-	1
methyltestosterone cap	PA	1
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	1
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	1
testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	1
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	1
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	1
TESTOSTERONE GEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	1
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	1
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	1
ANDRODERM PATCH (QL= 1 patch/day)	PA-QL	2
TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill)	QL	2
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	2
METHITEST TAB	PA	3
VOGELXO GEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	3
FORTESTA GEL 2%	-	NC
KYZATREX CAP, JATENZO CAP, TLANDO CAP	-	NC
NATESTO GEL	-	NC

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NATESTO NASAL GEL	-	NC
STRIANT FILM	-	NC
TESTOSTERONE GEL 10MG/ACT	-	NC
testosterone gel 2% (FORTESTA equiv)	-	NC
TESTOSTERONE GEL, VOGELXO GEL	-	NC
XYOSTED INJ	-	NC
<b>ANORECTAL AGENTS</b>		
<b>INTRARECTAL STEROIDS</b>		
hydrocortisone enema (CORTENEMA equiv)	-	1
CORTIFOAM	-	3
<b>RECTAL COMBINATIONS</b>		
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	1
lidocaine/hydrocortisone kit (ANALPRAM equiv)	-	1
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	1
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	1
PROCTOFOAM HC FOAM	-	2
ANALPRAM ADVANCED KIT	-	3
ANALPRAM-E KIT	-	3
<b>RECTAL STEROIDS</b>		
hydrocortisone supp (ANUSOL HC equiv)	-	1
proctosol HC cream (ANUSOL HC equiv)	-	1
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>INTRARECTAL STEROIDS</b>		
budesonide rectal foam (UCERIS RECTAL FOAM equiv)	PA	1
UCERIS RECTAL FOAM	PA	3
<b>RECTAL COMBINATIONS</b>		
HYDROCORTISONE ACETATE/PRAMOXINE CREAM	-	1
ANALPRAM-HC CREAM	-	3
HYDROCORTISONE/PRAMOXINE SUPP	-	NC
<b>RECTAL LOCAL ANESTHETICS</b>		
LIDOCAINE SUPP	-	NC
<b>VASODILATING AGENTS</b>		
nitroglycerin oint (RECTIV equiv)	-	1
RECTIV OINT	-	3
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
ivermectin tab (STROMEKTOL equiv)	-	1
praziquantel tab (BILTRICIDE equiv)	-	1
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	2
BILTRICIDE TAB	-	3
EMVERM TAB	-	3
EGATEN TAB	-	NC
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		

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<b>ANTIANGINAL AGENTS Cont.</b>		
ranolazine tab (RANEXA equiv)	-	1
ASPRUZYO SPRINKLE GRANULES	PA	3
<b>NITRATES</b>		
isosorbide dinitrate tab (ISORDIL equiv)	-	1
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	1
isosorbide mononitrate ER tab (IMDUR equiv)	-	1
isosorbide mononitrate tab (MONOKET equiv)	-	1
NITROGLYCERIN ER CAP	-	1
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	1
nitroglycerin patch (NITRO-DUR equiv)	-	1
nitroglycerin SL tab (NITROSTAT equiv)	-	1
NITRO-BID OINT	-	2
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	3
NITROMIST SPRAY	-	3
GONITRO POWDER	-	NC

**ANTIANKXIETY AGENTS**

<b>ANTIANKXIETY AGENTS - MISC.</b>		
buspirone tab (BUSPAR equiv)	-	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	1
hydroxyzine syrup (ATARAX equiv)	-	1
hydroxyzine tab (ATARAX equiv)	-	1
meprobamate tab (MILTOWN equiv)	-	NC

<b>BENZODIAZEPINES</b>		
alprazolam ER tab (XANAX XR equiv)	-	1
alprazolam ODT (NIRAVAM equiv)	-	1
alprazolam tab (XANAX equiv)	-	1
chlordiazepoxide cap (LIBRIUM equiv)	-	1
clorazepate tab (TRANXENE-T 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
oxazepam cap (SERAX equiv)	-	1
LOREEV XR CAP	-	3

**ANTIARRHYTHMICS**

<b>ANTIARRHYTHMICS TYPE I-A</b>		
disopyramide cap (NORPACE equiv)	-	1
quinidine gluconate CR tab	-	1
quinidine sulfate tab	-	1
NORPACE CR CAP	-	2
QUINIDINE SULFATE TAB	-	NC

<b>ANTIARRHYTHMICS TYPE I-B</b>		
mexiletine hcl cap	-	1

<b>ANTIARRHYTHMICS TYPE I-C</b>		
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<b>VAC</b> Vaccine Program	<b>¢</b>	<b>RxCENTS</b>

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<b>ANTIARRHYTHMICS Cont.</b>		
flecainide tab (TAMBOCOR equiv)	-	1
propafenone ER cap (RYTHMOL SR equiv)	-	1
propafenone tab (RYTHMOL equiv)	-	1
<b>ANTIARRHYTHMICS TYPE III</b>		
amiodarone tab (CORDARONE equiv)	-	1
dofetilide cap (TIKOSYN equiv)	-	1
MULTAQ TAB	-	2
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA PEN INJ (QL= 1 inj/56 days)	MSP-PA-QL	2
NUCALA INJ (QL= 1 inj/28 days)	MSP-PA-QL	2
TEZSPIRE INJ (QL= 1 pen/28 days)	MSP-PA-QL	2
XOLAIR INJ (QL= 2 inj/28 days)	MSP-PA-QL	2
XOLAIR INJ 150MG/ML (QL= 2 inj/28 days)	MSP-PA-QL	2
XOLAIR INJ 300MG/2ML (QL= 1 inj/28 days)	MSP-PA-QL	2
XOLAIR SYRINGE (QL= 2 inj/28 days)	MSP-PA-QL	2
XOLAIR SYRINGE 150MG/ML (QL= 2 inj/28 days)	MSP-PA-QL	2
XOLAIR SYRINGE 300MG/2ML (QL= 1 inj/28 days)	MSP-PA-QL	2
<b>ANTI-INFLAMMATORY AGENTS</b>		
cromolyn neb soln (INTAL equiv)	-	1
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ipratropium neb soln (ATROVENT equiv)	-	1
tiotropium bromide cap inhaler (SPIRIVA equiv) (For use with Handihaler device)	-	1
ATROVENT HFA INHALER	-	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	PA	3
SPIRIVA HANDIHALER (For use with Handihaler device)	-	3
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	PA	3
TUDORZA PRESSAIR INHALER	PA	3
YUPELRI SOLN (QL= 30 vials/30 days; Step Therapy requires trial of INCRUSE ELLIPTA)	QL-ST	3
<b>LEUKOTRIENE MODULATORS</b>		
montelukast chew tab (SINGULAIR equiv)	-	1
montelukast granule pack (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
zafirlukast tab (ACCOLATE equiv)	-	1
zileuton ER tab (ZYFLO CR equiv)	-	1
ZYFLO TAB	-	3
<b>PHOSPHODIESTERASE 3 &amp; 4 (PDE3 &amp; PDE4) INHIBITORS</b>		
OHTUVAYRE SUSP	-	NC
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
roflumilast tab (DALIRESP equiv)	-	1

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<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
DALIRESP TAB	-	3
<b>STEROID INHALANTS</b>		
budesonide inh susp (PULMICORT equiv)	-	1
ALVESCO INHALER	-	2
ARNUITY ELLIPTA INHALER	-	2
ASMANEX HFA INHALER	-	2
ASMANEX INHALER	-	2
QVAR REDIHALER	-	2
FLUTICASONE DISKUS INHALER	-	3
FLUTICASONE HFA INHALER	-	3
PULMICORT FLEXHALER	-	3
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
<b>SYMPATHOMIMETICS</b>		
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 sulfate tab	-	1
albuterol/ipratropium neb soln (DUONEB equiv)	-	1
arformoterol tartrate neb soln (BROVANA equiv)	-	1
budesonide/formoterol inhaler (SYMBICORT equiv)	-	1
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR 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
formoterol fumarate neb soln (PERFOROMIST equiv)	-	1
levalbuterol neb soln (XOPENEX equiv)	-	1
terbutaline sulfate tab (BRETHINE equiv)	-	1
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	1
ADVAIR HFA INHALER	-	2
ANORO ELLIPTA INHALER	-	2
BREO ELLIPTA INHALER	-	2
BREO ELLIPTA INHALER 50-25 MCG/ACT	-	2
BREZTRI AEROSPHERE INHALER	-	2
COMBIVENT RESPIMAT INHALER	-	2
DULERA INHALER	-	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
SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days)	QL	2

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STIOLTO INHALER	-	2
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	2
TRELEGY ELLIPTA INHALER	-	2
ARCAPTA NEOHALER	-	3
BEVESPI AEROSPHERE INHALER	PA	3
DUAKLIR INHALER	PA	3
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product)	QL-ST	3
UTIBRON NEOHALER CAP	PA	3
ADVAIR DISKUS INHALER	-	NC
AIRDUO POWDER INHALER W/SENSOR	-	NC
AIRDUO RESPICLICK	-	NC
AIRSUPRA INH	-	NC
ALBUTEROL HFA INHALER	-	NC
SYMBICORT INHALER	-	NC
<b>XANTHINES</b>		
theophylline er tab (THEOPHYLLINE ER equiv)	-	1
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
THEOPHYLLINE TAB ER	-	2

**ANTICOAGULANTS**

<b>COUMARIN ANTICOAGULANTS</b>		
warfarin tab (COUMADIN equiv)	-	1
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2
XARELTO STARTER PACK	-	2
XARELTO SUSP	-	2
XARELTO TAB	-	2
SAVAYSA TAB	PA	3
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
enoxaparin inj (LOVENOX equiv)	-	1
fondaparinux inj (ARIXTRA equiv)	-	1
FRAGMIN INJ	-	3
<b>THROMBIN INHIBITORS</b>		
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	1
PRADAXA PELLETT PACK (Members age 9 or older require Prior Authorization)	PA	3

**ANTICONVULSANTS**

<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA TAB	-	3
FYCOMPA SUSP	-	3
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
clobazam susp (ONFI equiv) (Members age 9 or older require Prior Authorization)	PA	1
clobazam tab (ONFI equiv)	-	1
clonazepam ODT (KLONOPIN equiv)	-	1

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clonazepam tab (KLONOPIN equiv)	-	1
diazepam rectal gel (QL= 4 doses/fill)	QL	1
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 4 doses/fill)	QL	2
DIAZEPAM GEL (QL= 4 doses/fill)	QL	2
DIASTAT ACDL GEL (QL= 4 doses/fill)	QL	3
LIBERVANT FILM (QL= 4 doses/fill)	QL	3
NAYZILAM SPRAY (QL= 4 doses/fill)	QL	3
ONFI SUSP (Members age 9 or older require Prior Authorization)	PA	3
VALTOCO NASAL SPRAY (QL= 4 doses/fill)	QL	3
ONFI TAB	-	NC
SYMPAZAN ORAL FILM	-	NC
<b>ANTICONVULSANTS - MISC.</b>		
carbamazepine chew tab (TEGRETOL equiv)	-	1
carbamazepine ER cap (CARBATROL equiv)	-	1
carbamazepine ER tab (TEGRETOL XR equiv)	-	1
carbamazepine susp (TEGRETOL equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)	QL	1
gabapentin soln (NEURONTIN equiv) (QL= 72 mls/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 ER tab (LAMICTAL XR equiv)	-	1
lamotrigine starter kit (LAMICTAL STARTER KIT equiv)	-	1
lamotrigine tab (LAMICTAL equiv)	-	1
levetiracetam ER tab (KEPPRA XR equiv)	-	1
levetiracetam soln (KEPPRA equiv)	-	1
levetiracetam tab (KEPPRA equiv)	-	1
oxcarbazepine er tab (OXTELLAR equiv)	PA	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
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	1
primidone tab (MYSOLINE equiv)	-	1
rufinamide susp (BANZEL equiv)	PA	1
rufinamide tab (BANZEL equiv)	PA	1
topiramate ER cap (QUDEXY equiv)	PA	1
topiramate er cap (TROKENDI XR equiv)	PA	1
topiramate sprinkle cap (TOPAMAX equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
zonisamide cap (ZONEGRAN equiv)	-	1
APTIO TAB	-	2

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DIACOMIT CAP (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	2
DIACOMIT POWDER PACK (Only available through PantheRx Pharmacy 855-726-8479)	LD-PA	2
EPIDIOLEX SOLN	MSP-PA	2
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	2
POTIGA TAB (QL= 3 tabs/day)	QL	2
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	2
BANZEL SUSP	PA	3
EPRONTIA SOLN (Members age 9 or older require Prior Authorization)	PA	3
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	3
MOTPOLY XR CAP	-	3
OXTELLAR XR TAB	PA	3
SPRITAM TAB	-	3
TROKENDI XR CAP	PA	3
ZONISADE SUSP (PA required for members age 9 years or older)	PA	3
BANZEL TAB	-	NC
BRIVIACT INJ 50MG/5ML	-	NC
BRIVIACT SOLN 10MG/ML	-	NC
BRIVIACT TAB	-	NC
ELEPSIA XR TAB	-	NC
lamotrigine ODT (LAMICTAL equiv)	-	NC
lamotrigine ODT kit (LAMICTAL equiv)	-	NC
PRIMIDONE TAB	-	NC
VIMPAT SOLN	-	NC
VIMPAT TAB	-	NC
<b>CARBAMATES</b>		
felbamate susp (FELBATOL equiv)	-	1
felbamate tab (FELBATOL equiv)	-	1
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 25MG (QL= 1 tab/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
<b>GABA MODULATORS</b>		
tiagabine tab (GABITRIL equiv)	-	1
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
SABRIL TAB	-	NC
VIGAFYDE SOLN	-	NC
<b>HYDANTOINS</b>		
phenytoin cap (DILANTIN equiv)	-	1
phenytoin chew tab (DILANTIN equiv)	-	1

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phenytoin susp (DILANTIN equiv)	-	1
DILANTIN CAP 30MG	-	2
PEGANONE TAB	-	2
<b>SUCCINIMIDES</b>		
ethosuximide cap (ZARONTIN equiv)	-	1
ethosuximide soln (ZARONTIN equiv)	-	1
methsuximide cap (CELONTIN equiv)	-	1
<b>VALPROIC ACID</b>		
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
STAVZOR CAP	-	3
DEPACON INJ	-	NC
valproate inj (DEPACON equiv)	-	NC
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
mirtazapine ODT (REMERON equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
<b>ANTIDEPRESSANT COMBINATIONS</b>		
AUVELITY TAB	-	NC
<b>ANTIDEPRESSANTS - MISC.</b>		
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
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>		
ZURZUVAE CAP 20MG, 25MG (QL= 28 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	2
ZURZUVAE CAP 30MG (QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	2
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
PHENELZINE SULFATE TAB	-	1
phenelzine tab (NARDIL equiv)	-	1
tranylcypromine tab (PARNATE equiv)	-	1
MARPLAN TAB	-	2
EMSAM PATCH	-	3
NARDIL TAB 15MG	-	3
<b>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</b>		
SPRAVATO NASAL SOLN	-	NC
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
citalopram soln (CELEXA equiv)	-	1
citalopram tab (CELEXA equiv)	-	1
escitalopram soln (LEXAPRO equiv)	-	1

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<b>ANTIDEPRESSANTS Cont.</b>		
escitalopram tab (LEXAPRO equiv)	-	1
fluoxetine cap (PROZAC equiv)	-	1
fluoxetine soln (PROZAC equiv)	-	1
fluoxetine tab (PROZAC equiv)	-	1
fluoxetine weekly cap (PROZAC equiv)	-	1
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	1
fluvoxamine tab (LUVOX equiv)	-	1
paroxetine ER tab (PAXIL CR equiv)	-	1
paroxetine oral susp (PAXIL equiv)	-	1
paroxetine tab (PAXIL equiv)	-	1
sertraline conc (ZOLOFT equiv)	-	1
sertraline tab (ZOLOFT equiv)	-	1
PEXEVA TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	3
PROZAC WEEKLY CAP	-	3
CITALOPRAM CAP	-	NC
SERTRALINE CAP	-	NC
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE TAB	-	1
nefazodone tab 50mg, 250mg	-	1
trazodone tab (DESYREL equiv)	-	1
vilazodone hcl tab (VIIBRYD equiv)	-	1
TRINTELLIX TAB (QL= 1 tab/day)	PA-QL	3
VIIBRYD STARTER KIT	-	3
trazodone tab 300mg (DESYREL equiv)	-	NC
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
desvenlafaxine ER tab (PRISTIQ equiv)	-	1
duloxetine cap 40mg (IRENKA equiv) (QL= 2 caps/day)	QL	1
duloxetine EC cap (CYMBALTA equiv)	-	1
venlafaxine ER cap (EFFEXOR XR equiv)	-	1
venlafaxine ER tab	-	1
venlafaxine tab (EFFEXOR equiv)	-	1
DESVENLAFAXINE ER TAB (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product)	ST	3
FETZIMA CAP (QL= 1 cap/day)	PA-QL	3
FETZIMA TITRATION PACK (QL= 1 cap/day)	PA-QL	3
DRIZALMA DR CAP	-	NC
VENLAFAXINE TAB	-	NC
<b>TRICYCLIC AGENTS</b>		
amitriptyline tab (ELAVIL equiv)	-	1
amoxapine tab (AMOXAPINE equiv)	-	1
clomipramine cap (ANAFRANIL equiv)	-	1
desipramine tab (NORPRAMIN equiv)	-	1
doxepin cap (SINEQUAN equiv)	-	1
doxepin conc (SINEQUAN equiv)	-	1
imipramine pamoate cap (TOFRANIL PM equiv)	-	1

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imipramine tab (TOFRANIL equiv)	-	1
nortriptyline cap (PAMELOR equiv)	-	1
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1
protriptyline tab (VIVACTIL equiv)	-	1
trimipramine cap (SURMONTIL equiv)	-	1
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
acarbose tab (PRECOSE equiv)	-	1
MIGLITOL TAB	-	1
miglitol tab (MIGLITOL equiv)	-	1
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN INJ	-	NC
<b>ANTIDIABETIC COMBINATIONS</b>		
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
JENTADUETO TAB (QL= 2 tabs/day)	QL	2
JENTADUETO 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
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
INVOKAMET TAB (QL= 2 tabs/day)	PA-QL	3
INVOKAMET XR TAB (QL= 2 tabs/day)	PA-QL	3
SEGLUROMET TAB (QL= 1 tab/day)	PA-QL	3
STEGLUJAN TAB (QL= 1 tab/day)	PA-QL	3
ACTOPLUS MET TAB	-	NC
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC
ALOGLIPTIN-METFORMIN TAB	-	NC
ALOGLIPTIN-PIOGLITAZONE TAB	-	NC
DAPAGLIFLOZIN PROP-METFORMIN HCL 10-1000MG	-	NC
DAPAGLIFLOZIN PROP-METFORMIN HCL 5-1000MG	-	NC
DUETACT TAB	-	NC
KOMBIGLYZE XR TAB	-	NC
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC

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<b>ANTIDIABETICS Cont.</b>		
PRANDIMET TAB	-	NC
QTERN TAB	-	NC
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)	-	NC
SITAGLIPTIN/METFORMIN TAB	-	NC
<b>BIGUANIDES</b>		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin soln (RIOMET equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1
FORTAMET TAB	-	NC
GLUMETZA TAB 1000MG	-	NC
GLUMETZA TAB 500MG	-	NC
metformin ER osmotic tab (FORTAMET equiv)	-	NC
metformin ER osmotic tab (GLUMETZA equiv)	-	NC
METFORMIN TAB	-	NC
<b>DIABETIC OTHER</b>		
diazoxide susp (PROGLYCEM equiv)	-	1
GLUCAGON KIT (QL= 2 inj/fill)	QL	1
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)	MSP-PA-QL	1
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	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
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
KORLYM TAB	-	NC
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
JANUVIA TAB (QL= 1 tab/day)	QL	2
TRADJENTA TAB (QL= 1 tab/day)	QL	2
ALOGLIPTIN TAB	-	NC
ALOGLIPTIN TAB, NESINA TAB	-	NC
ONGLYZA TAB	-	NC
saxagliptin hcl tab (ONGLYZA equiv)	-	NC
ZITUVIO TAB	-	NC
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>		
CYCLOSET TAB	-	3
<b>INCRETIN MIMETIC AGENTS</b>		
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
VICTOZA INJ, LIRAGLUTIDE SOLN PEN-INJECTOR (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
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; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
BYDUREON PEN INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2

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<b>ANTIDIABETICS Cont.</b>		
RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
BYETTA INJ (QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3
TANZEUM INJ	-	NC
<b>INSULIN</b>		
INSULIN LISPRO INJ (HUMALOG equiv)	-	1
FIASP FLEXTOUCH INJ	-	2
FIASP INJ	-	2
FIASP PENFILL INJ, FIASP PUMP CARTRIDGE	-	2
HUMALOG JR KWIKPEN INJ	-	2
HUMALOG KWIKPEN INJ	-	2
HUMALOG MIX INJ	-	2
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN	-	2
HUMALOG PEN INJ	-	2
HUMULIN MIX INJ	OTC	2
HUMULIN MIX PEN INJ	OTC	2
HUMULIN N INJ	OTC	2
HUMULIN N PEN INJ	OTC	2
HUMULIN R INJ	OTC	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
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	2
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	2
INSULIN GLARGINE SOLN PEN-INJ	-	2
INSULIN LISPRO JR KWIKPEN INJ (HUMALOG equiv)	-	2
INSULIN LISPRO KWIKPEN INJ (HUMALOG equiv)	-	2
LEVEMIR FLEXTOUCH INJ	-	2
LEVEMIR INJ	-	2
LYUMJEV INJ	-	2
LYUMJEV KWIKPEN 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

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<b>ANTIDIABETICS Cont.</b>		
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
APIDRA INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	ST	3
APIDRA SOLOSTAR INJ (Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	ST	3
ADMELOG SOLOSTAR, HUMALOG TEMPO PEN	-	NC
BASAGLAR INJ, LANTUS SOLOSTAR INJ, INSULIN GLARGINE SOLOSTAR INJ	-	NC
DEGLUDEC FLEXTOUCH INJ	-	NC
DEGLUDEC INJ	-	NC
HUMALOG TEMPO PEN INJ 100 UNIT/ML	-	NC
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	NC
LANTUS INJ, INSULIN GLARGINE INJ	-	NC
LYUMJEV TEMPO PEN INJ	-	NC
REZVOGLAR INJ	-	NC
SEMGLEE INJ (SINGLE PEN)	-	NC
SEMGLEE SOLN	-	NC
TOUJEO SOLOSTAR INJ	-	NC
<b>INSULIN SENSITIZING AGENTS</b>		
pioglitazone tab (ACTOS equiv)	-	1
<b>MEGLITINIDE ANALOGUES</b>		
nateglinide tab (STARLIX equiv)	-	1
repaglinide tab (PRANDIN equiv)	-	1
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB (QL= 1 tab/day)	QL	2
JARDIANCE TAB (QL= 1 tab/day)	QL	2
INVOKANA TAB (QL= 1 tab/day)	PA-QL	3
STEGLATRO TAB (QL= 1 tab/day)	PA-QL	3
BEXAGLIFLOZN TAB	-	NC
DAPAGLIFLOZIN PROPRANEDIOL TAB 10MG	-	NC
DAPAGLIFLOZIN PROPRANEDIOL TAB 5MG	-	NC
<b>SULFONYLUREAS</b>		
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
GLIMEPIRIDE TAB	-	NC
GLIPIZIDE TAB	-	NC
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIPERISTALTIC AGENTS</b>		

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loperamide hcl soln (LOPERAMIDE equiv)	OTC	1
DIPHENOXYLATE/ATROPINE LIQUID	-	3

**ANTIDIARRHEALS**

<b>ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS</b>		
MYTESI TAB	-	NC
<b>ANTIDIARRHEAL AGENTS - MISC.</b>		
REZYST CHEW TAB	-	NC
VSL #3 CAP	-	NC

<b>ANTIDIARRHEAL COMBINATIONS</b>		
EVIVO LIQUID	-	NC

<b>ANTIPERISTALTIC AGENTS</b>		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
loperamide cap (IMODIUM equiv)	-	1
opium tincture	-	1
PAREGORIC TINCTURE	-	3

**ANTIDOTES**

<b>ANTIDOTES</b>		
VISTOGARD PAK	-	NC

<b>ANTIDOTES - CHELATING AGENTS</b>		
CHEMET CAP	-	2
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	2

<b>OPIOID ANTAGONISTS</b>		
naltrexone tab (REVIA equiv)	-	1
VIVITROL INJ	MSP	2
EVZIO INJ	-	NC

**ANTIDOTES AND SPECIFIC ANTAGONISTS**

<b>ANTIDOTES - CHELATING AGENTS</b>		
deferasirox granules packet (JADENU equiv)	MSP	1
deferasirox tab (JADENU equiv)	MSP	1
deferasirox tab for oral susp (EXJADE equiv)	MSP	1
deferiprone tab (FERRIPROX equiv)	MSP-PA	1
FERRIPROX TAB 1000MG (TWICE DAILY)	-	NC
JADENU SPRINKLE	-	NC

<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
CETYLEV TAB	-	NC

<b>OPIOID ANTAGONISTS</b>		
naloxone hcl nasal spray (NARCAN equiv)	OTC	1
NALOXONE HCL SOLN 0.4MG/ML	-	1
naloxone inj	-	1
naloxone prefilled inj	-	1
NARCAN NASAL SPRAY	OTC	1
RIVIVE, REXTOVY SPRAY	OTC	1
KLOXXADO NASAL SPRAY	-	2
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	2

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<b>ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.</b>		
OPVEE NASAL SPRAY	-	2
ZIMHI SOLN	-	2
EVZIO INJ	-	NC

**ANTIEMETICS**

**5-HT3 RECEPTOR ANTAGONISTS**

granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill)	QL	1
ondansetron ODT (ZOFTRAN equiv)	-	1
ondansetron soln (ZOFTRAN equiv)	-	1
ONDANSETRON TAB	-	1
ondansetron tab (ZOFTRAN equiv)	-	1
ANZEMET TAB (QL= 9 tabs/fill)	QL	3
GRANISOL SOLN (QL= 60ml/fill)	QL	3
SANCUSO PATCH (QL= 4 patches/fill)	QL	3
ZUPLENZ SL FILM	-	3
ONDANSETRON TAB ODT	-	NC
SUSTOL INJ	-	NC

**ANTIEMETICS - ANTICHOLINERGIC**

meclizine tab (ANTIVERT equiv)	OTC	1
scopolamine patch (TRANSDERM-SCOP equiv)	-	1
trimethobenzamide cap (TIGAN equiv)	-	1
meclizine chew tab (BONINE equiv)	OTC	EXC
ANTIVERT TAB, MECLIZINE TAB	-	NC

**ANTIEMETICS - MISCELLANEOUS**

doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	1
dronabinol cap (MARINOL equiv)	PA	1
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	2
SYNDROS SOLN	PA	2
CESAMET CAP	-	3

**SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**

aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	QL	1
aprepitant pak (EMEND equiv) (QL= 3 caps/fill)	QL	1
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	2
EMEND SUSP (QL= 3 doses/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	3

**ANTIFUNGALS**

**ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)**

BREXAFEMME TAB (QL= 4 tabs/30 days)	PA-QL	3
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**ANTIFUNGALS**

flucytosine cap (ANCOBON equiv)	-	1
griseofulvin micro tab (GRIFULVIN V equiv)	-	1
griseofulvin susp (GRIFULVIN equiv)	-	1
griseofulvin tab (GRIS-PEG equiv)	-	1
nystatin powder	-	1
nystatin tab	-	1
terbinafine tab (LAMISIL equiv)	-	1

**IMIDAZOLE-RELATED ANTIFUNGALS**

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VAC Vaccine Program	¢ RxCENTS	

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<b>ANTIFUNGALS Cont.</b>		
fluconazole susp (DIFLUCAN equiv)	-	1
fluconazole tab (DIFLUCAN equiv)	-	1
itraconazole cap (SPORANOX equiv)	-	1
itraconazole soln (SPORANOX equiv)	PA	1
ketoconazole tab (NIZORAL equiv)	-	1
posaconazole DR tab (NOXAFIL equiv)	-	1
posaconazole susp (NOXAFIL equiv)	-	1
voriconazole susp (VFEND equiv)	-	1
voriconazole tab (VFEND equiv)	-	1
CRESEMBA CAP (Restricted to Infectious Disease Specialist)	RS	3
SPORANOX SOLN	PA	3
VFEND SUSP	-	3
VIVJOA CAP (QL= 18 caps/year)	PA-QL	3
NOXAFIL TAB	-	NC
TOLSURA CAP	-	NC

**ANTIHISTAMINES**

**ANTIHISTAMINES - ALKYLAMINES**

RYCLORA SOLN	-	3
DEXCHLORPHENIRAMINE SYRUP	-	NC
MICLARA LIQUID	-	NC

**ANTIHISTAMINES - ETHANOLAMINES**

CARBINOXAMINE SOLN	-	1
carbinoxamine tab (PALGIC equiv)	-	1
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
KARBINAL ER SUSP	-	3
CLEMASTINE SYRUP	-	NC
RYVENT 6MG TAB, CARBINOXAMINE MALEATE 6MG TAB	-	NC

**ANTIHISTAMINES - NON-SEDATING**

CLARINEX SYRUP	-	EXC
CLARITIN CAP	OTC	EXC
CLARITIN CHEW TAB	OTC	EXC
DES Loratadine ODT	-	EXC
desloratadine tab (CLARINEX equiv)	-	EXC
levocetirizine soln (XYZAL equiv)	-	EXC
levocetirizine tab (XYZAL equiv)	-	EXC
loratadine cap (CLARITIN equiv)	OTC	EXC
ZYRTEC CHILD CHEW TAB	OTC	EXC
ZYRTEC CHILD CHEW ALLERGY	OTC	NC

**ANTIHISTAMINES - PHENOTHIAZINES**

promethazine supp (PHENERGAN equiv)	-	1
promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1
PROMETHEGAN SUPP	-	1

**ANTIHISTAMINES - PIPERIDINES**

cyproheptadine syrup	-	1
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<b>ANTIHISTAMINES Cont.</b>		
cyproheptadine tab	-	1
<b>ANTIHYPERTENSIVES</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2
<b>ANTIHYPERTENSIVES - COMBINATIONS</b>		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	1
NEXLIZET TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2
EZETIMIBE/ATORVASTATIN TAB	-	NC
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv) (This strength excluded from coverage)	-	NC
OMEGA-3 RX PAK COMPLETE	-	NC
ROSZET TAB	-	NC
ROSZET TAB, EZETIMIBE/ROSUVASTATIN TAB	-	NC
<b>ANTIHYPERTENSIVES - MISC.</b>		
icosapent ethyl cap (VASCEPA equiv) (QL= 4 caps/day)	QL	1
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	1
KYNAMRO INJ	-	NC
<b>BILE ACID SEQUESTRANTS</b>		
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
colesevelam pack (WELCHOL equiv)	-	1
colesevelam tab (WELCHOL equiv)	-	1
colestipol granule (COLESTID equiv)	-	1
colestipol powder packet (COLESTID equiv)	-	1
colestipol tab (COLESTID equiv)	-	1
WELCHOL PACK	-	3
WELCHOL TAB	-	3
<b>FIBRIC ACID DERIVATIVES</b>		
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	1
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	1
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	1
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	1
fenofibric acid DR cap (TRILIPIX equiv)	-	1
gemfibrozil tab (LOPID equiv)	-	1
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	3
ANTARA CAP, LOFIBRA CAP	-	3
FENOFIBRATE CAP, LIPOFEN CAP	-	3
FENOFIBRIC TAB, FIBRICOR TAB	-	3
TRIGLIDE TAB	-	3
TRILIPIX CAP	-	NC
<b>HMG COA REDUCTASE INHIBITORS</b>		
atorvastatin tab (LIPITOR equiv)	-	\$0
lovastatin tab (MEVACOR equiv)	-	\$0

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<b>ANTIHYPERTENSIVES Cont.</b>																							
pravastatin tab (PRAVACHOL equiv)	-	\$0																					
rosuvastatin tab (CRESTOR equiv)	-	\$0																					
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	\$0																					
fluvastatin cap (LESCOL equiv)	-	1																					
fluvastatin ER tab (LESCOL XL equiv)	-	1																					
pitavastatin calcium tab (LIVALO equiv) (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	1																					
ALTOPREV TAB	-	3																					
ATORVALIQ SUSP (Members age 9 or older require Prior Authorization)	PA	3																					
CRESTOR TAB	-	3																					
EZALLOR SPRINKLE CAP (Prior Authorization Required for members age 9 years and older)	PA	3																					
FLOLIPID SUSP	PA	3																					
LIVALO TAB (Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	ST	3																					
ADVICOR TAB	-	NC																					
SIMCOR TAB	-	NC																					
simvastatin tab 80mg (ZOCOR equiv)	-	NC																					
ZOCOR TAB 80MG	-	NC																					
ZYPITAMAG TAB	-	NC																					
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>																							
ezetimibe tab (ZETIA equiv)	-	1																					
ZETIA TAB	-	NC																					
<b>MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS</b>																							
JUXTAPID CAP	-	NC																					
<b>NICOTINIC ACID DERIVATIVES</b>																							
niacin ER tab (NIASPAN equiv)	-	1																					
NIACOR TAB	-	2																					
NIASPAN ER TAB	-	3																					
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>																							
REPATHA INJ (QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2																					
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2																					
PRALUENT INJ (QL= 2 inj/28 days)	PA-QL	3																					
<b>ANTIHYPERTENSIVES</b>																							
<b>ACE INHIBITORS</b>																							
benazepril tab (LOTENSIN equiv)	-	1																					
captopril tab (CAPOTEN equiv)	-	1																					
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 or older)	PA	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																					
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<b>ANTIHYPERTENSIVES Cont.</b>		
trandolapril tab (MAVIK equiv)	-	1
QBRELIS SOLN (Prior Authorization required for members age 9 or older)	PA	3
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
phenoxybenzamine cap (DIBENZYLIN equiv)	-	1
DEMSEER CAP	-	NC
metyrosine cap (DEMSEER equiv)	-	NC
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
candesartan tab (ATACAND equiv)	-	1
irbesartan tab (AVAPRO equiv)	-	1
losartan tab (COZAAR equiv)	-	1
olmesartan tab (BENICAR equiv)	-	1
telmisartan tab (MICARDIS equiv)	-	1
valsartan tab (DIOVAN equiv)	-	1
EDARBI TAB	-	3
VALSARTAN SOLN	-	NC
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
clonidine patch (CATAPRES-TTS equiv)	-	1
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
METHYLDOPA TAB	-	1
methyl dopa tab (ALDOMET equiv)	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
CATAPRES-TTS PATCH	-	3
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
amlodipine/benazepril cap (LOTREL equiv)	-	1
amlodipine/olmesartan tab (AZOR TAB equiv)	-	1
amlodipine/valsartan tab (EXFORGE equiv)	-	1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
candesartan/hydrochlorothiazide tab (ATACAND HCT 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
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	1
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv)	-	1
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1
TELMISARTAN/AMLODIPINE TAB	-	1
telmisartan/amlodipine tab (TWYNSTA equiv)	-	1
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
DUTOPROL TAB	-	2

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<b>ANTIHYPERTENSIVES Cont.</b>		
AZOR TAB	-	3
BYVALSON TAB	-	3
EDARBYCLOR TAB	-	3
PRESTALIA TAB	-	3
TEKTURN HCT TAB	-	3
TRIBENZOR TAB	-	3
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	NC
QUINAPRIL/HCTZ TAB	-	NC
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	NC
TRANDOLAPRIL/VERAPAMIL ER TAB	-	NC
<b>ANTIHYPERTENSIVES - MISC.</b>		
VECAMYL TAB	-	NC
<b>DIRECT RENIN INHIBITORS</b>		
aliskiren tab (TEKTURN equiv)	-	1
<b>ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
TRYVIO TAB	-	NC
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
eplerenone tab (INSPIRA equiv)	-	1
<b>VASODILATORS</b>		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
metronidazole tab (FLAGYL equiv)	-	1
pentamidine neb soln (NEBUPENT equiv)	-	1
tinidazole tab (TINDAMAX equiv)	-	1
TRIMETHOPRIM TAB	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
IMPAVIDO CAP (QL= 3 caps/day; Restricted to Infectious Disease Specialist)	QL-RS	2
XIFAXAN TAB 550MG (QL= 60 tabs/30 days)	QL	2
AEMCOLO TAB (QL= 12 tabs/fill)	QL	3
FIRST METRONIDAZOLE SUSP	-	3
LIKMEZ SUSP (Prior Authorization required for members age 9 or older)	PA	3
PRIMSOL SOLN	-	3
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	3
metronidazole cap (FLAGYL equiv)	-	NC
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1
HYOPHEN TAB	-	3
UTA CAP	-	NC
<b>ANTIPROTOZOAL AGENTS</b>		
atovaquone susp (MEPRON equiv)	-	1
NITAZOXANIDE TAB (QL= 6 tabs/3 days)	PA-QL	1
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	1

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<b>ANTI-INFECTIVE AGENTS - MISC. Cont.</b>		
ALINIA SUSP (QL= 60ml/3 days)	PA-QL	2
LAMPIT TAB (Restricted to Infectious Disease Specialist)	RS	2
<b>GLYCOPEPTIDES</b>		
FIRVANQ SOLN 25MG/ML	-	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
<b>LEPROSTATICS</b>		
dapsone tab	-	1
<b>LINCOSAMIDES</b>		
clindamycin cap (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	1
<b>MONOBACTAMS</b>		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	2
<b>OXAZOLIDINONES</b>		
linezolid susp (Restricted to Infectious Disease Specialist)	RS	1
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	1
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	2
<b>PLEUROMUTILINS</b>		
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	2
<b>POLYMYXINS</b>		
colistimethate inj (COLY-MYCIN M equiv)	-	NC
<b>URINARY ANTI-INFECTIVES</b>		
fosfomycin tromethamine powder pack (MONUROL equiv)	-	1
methenamine hippurate tab (HIPREX equiv)	-	1
methenamine mandelate tab	-	1
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	1
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1
nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization Required for members age 9 or older)	PA	1
MONUROL GRANULE PACK	-	3
NITROFURANTOIN SUSP	-	NC
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
atovaquone/proguanil tab (MALARONE equiv)	-	1
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC
<b>ANTIMALARIALS</b>		
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
mefloquine tab (LARIAM equiv)	-	1
primaquine tab (PRIMAQUINE equiv)	-	1
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<b>ANTIMALARIALS Cont.</b>		
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
ARAKODA TAB	-	3
QUALAQUIN CAP	-	3
SOVUNA TAB	-	NC

**ANTIMYASTHENIC/CHOLINERGIC AGENTS**

<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
pyridostigmine CR tab (MESTINON equiv)	-	1
pyridostigmine tab (MESTINON equiv)	-	1
pyridostigmine soln (MESTINON equiv)	-	1
FIRDAPSE TAB (Only available through AnovoRx 844-288-5007)	LD-PA	2
PYRIDOSTIGMINE TAB 30MG	-	NC

**ANTIMYCOBACTERIAL AGENTS**

<b>ANTI TB COMBINATIONS</b>		
RIFAMATE CAP	-	2
<b>ANTIMYCOBACTERIAL AGENTS</b>		
cycloserine cap (CYCLOSERINE equiv)	-	1
ethambutol tab (MYAMBUTOL equiv)	-	1
isoniazid syrup (ISONIAZID equiv)	-	1
ISONIAZID TAB	-	1
pyrazinamide tab	-	1
rifabutin cap (MYCOBUTIN equiv)	-	1
rifampin cap (RIFADIN equiv)	-	1
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	2
PRIFTIN TAB	-	2
SIRTURO TAB (Restricted to Infectious Disease Specialist)	MSP-RS	2
TRECATOR TAB (Restricted to Infectious Disease Specialist)	RS	3

**ANTINEOPLASTICS**

<b>ALKYLATING AGENTS</b>		
HEXALEN CAP	-	2
MYLERAN TAB	MSP	2
<b>ANTIMETABOLITES</b>		
mercaptapurine tab (PURINETHOL equiv)	-	1
methotrexate tab (TREXALL equiv)	-	1
TABLOID TAB	-	2
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ZOLINZA CAP	MSP-PA-SF	2
<b>ANTINEOPLASTICS MISC.</b>		
hydroxyurea cap (HYDREA equiv)	-	1
tretinoin cap (VESANOID equiv)	MSP	1
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	2
ALFERON-N INJ	MSP	2
INTRON-A INJ	MSP	2
MATULANE CAP	-	2

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
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	ST Step Therapy
VAC Vaccine Program	¢ RxCENTS	

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTINEOPLASTICS Cont.</b>		
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
leucovorin tab	-	1
MESNEX TAB	MSP	2
<b>TOPOISOMERASE I INHIBITORS</b>		
HYCAMTIN CAP	MSP-PA	2
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
cyclophosphamide cap	-	1
MELPHALAN TAB	-	1
temozolomide cap (TEMODAR equiv)	MSP	1
CYCLOPHOSPHAMIDE TAB	-	2
GLEOSTINE/LOMUSTINE CAP	-	2
LEUKERAN TAB	-	NC
<b>ANTIMETABOLITES</b>		
capecitabine tab (XELODA equiv)	MSP	1
METHOTREXATE INJ	-	1
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
ONUREG TAB	-	NC
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
FRUZAQLA CAP 1MG (QL= 84 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2
FRUZAQLA CAP 5MG (QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2
INLYTA TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	2
LENVIMA CAP (QL= 3 caps/day)	MSP-PA-QL-SF	2
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
TUKYSA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	2
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA STARTER PACK	MSP-PA	2
VENCLEXTA TAB	MSP-PA	2
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
erlotinib tab (TARCEVA equiv) (QL= 1 tab/day)	MSP-PA-QL	1
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	MSP-PA-QL	1
gefitinib tab (IRESSA equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	1
EXKIVITY CAP (QL= 4 caps/day)	MSP-PA-QL-SF	2
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
TAGRISO TAB (QL= 1 tab/day)	MSP-PA-QL-SF	2
VIZIMPRO TAB (QL= 1 tab/day)	MSP-PA-QL-SF	2
LAZCLUZE TAB	-	NC
TARCEVA TAB	-	NC
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
ERIVEDGE CAP	MSP-PA-SF	2
ODOMZO CAP	MSP-PA-SF	2
DAURISMO TAB	-	NC
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		

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EXC Plan Exclusion	INF Infertility	LD Limited Distribution
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	ST Step Therapy
VAC Vaccine Program	¢ RxCENTS	

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
anastrozole tab (ARIMIDEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
exemestane tab (AROMASIN equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
tamoxifen tab (NOLVADEX equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	MSP-QL	1
bicalutamide tab (CASODEX equiv)	-	1
EULEXIN CAP	-	1
FLUTAMIDE CAP	-	1
flutamide cap (EULEXIN equiv)	-	1
letrozole tab (FEMARA equiv)	-	1
leuprolide inj (LUPRON equiv)	INF-MSP	1
megestrol susp (MEGACE equiv)	-	1
megestrol tab (MEGACE equiv)	-	1
nilutamide tab (NILANDRON equiv)	MSP	1
toremifene tab (FARESTON equiv)	-	1
EMCYT CAP	-	2
ERLEADA TAB (QL= 4 tabs/day)	MSP-PA-QL	2
ERLEADA TAB 240MG (QL= 1 tab/day)	MSP-PA-QL	2
LYSODREN TAB	MSP	2
NUBEQA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	2
ORGOVYX TAB (QL= 30 tabs/28 days)	MSP-PA-QL	2
ORSERDU TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	2
ORSERDU TAB 345MG (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	2
XTANDI CAP (QL= 4 caps/day)	MSP-PA-QL-SF	2
XTANDI TAB 40MG (QL= 4 tabs/day)	MSP-PA-QL-SF	2
XTANDI TAB 80MG (QL= 2 tabs/day)	MSP-PA-QL-SF	2
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC
AKEEGA TAB	-	NC
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
YONSA TAB	-	NC
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG TAB (QL= 3 tabs/day)	MSP-PA-QL	2
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAP (QL= 21 caps/28 days)	MSP-PA-QL	2
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
AYVAKIT TAB (QL= 1 tab/day)	MSP-PA-QL-SF	2
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO PAK (QL= 32 tabs/28 days)	MSP-PA-QL-SF	2
<b>ANTINEOPLASTIC COMBINATIONS</b>		
INQOVI TAB (QL= 5 tabs/28 days)	MSP-PA-QL	2
KISQALI PAK (QL= 91 tabs/28 days)	MSP-PA-QL	2
LONSURF TAB	MSP-PA	2
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
dasatinib tab (SPRYCEL equiv)	MSP-PA	1

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<b>EXC</b> Plan Exclusion	<b>INF</b> Infertility	<b>LD</b> Limited Distribution
<b>MSP</b> Mandatory Specialty Pharmacy Program	<b>OTC</b> Over-the-Counter	<b>PA</b> Prior Authorization
<b>QL</b> Quantity Limit	<b>RDX</b> Restricted to Diagnosis	<b>RS</b> Restricted to Specialist
<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation	<b>ST</b> Step Therapy
<b>VAC</b> Vaccine Program	<b>¢</b>	<b>RxCENTS</b>

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	MSP-PA-QL	1
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	MSP-PA-QL	1
imatinib tab (GLEEVEC equiv)	MSP	1
lapatinib ditosylate tab (TYKERB equiv)	MSP-PA	1
pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day)	MSP-PA-QL	1
sorafenib tosylate tab (NEXAVAR equiv)	MSP-PA	1
sunitinib malate cap (SUTENT equiv)	MSP-PA	1
ALECENSA CAP (QL= 8 caps/day)	MSP-PA-QL	2
ALUNBRIG TAB 30MG (QL= 4 tabs/day)	MSP-PA-QL-SF	2
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day)	MSP-PA-QL-SF	2
AUGTYRO CAP (QL= 8 caps/day)	MSP-PA-QL-SF	2
BALVERSA TAB 3MG (QL= 3 tabs/day)	MSP-PA-QL-SF	2
BALVERSA TAB 4MG (QL= 2 tabs/day)	MSP-PA-QL-SF	2
BALVERSA TAB 5MG (QL= 1 tab/day)	MSP-PA-QL-SF	2
BOSULIF CAP	MSP-PA	2
BOSULIF TAB	MSP-PA-SF	2
BRAFTOVI CAP 75MG (QL= 6 caps/day)	MSP-PA-QL	2
BRUKINSA CAP (QL= 4 caps/day)	MSP-PA-QL-SF	2
CABOMETYX TAB (QL= 1 tab/day)	MSP-PA-QL-SF	2
CALQUENCE CAP (QL= 2 caps/day)	MSP-PA-QL-SF	2
CALQUENCE TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	2
CAPRELSA TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2
CAPRELSA TAB 300MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2
COMETRIQ KIT (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	2
COPIKTRA CAP (QL= 2 caps/day)	MSP-PA-QL	2
COTELLIC TAB (QL= 3 tabs/day)	MSP-PA-QL	2
GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	2
ICLUSIG TAB (QL= 1 tab/day; Only available through AcariaHealth 800-511-5144)	LD-PA-QL-SF	2
IDHIFA TAB (QL= 1 tab/day)	MSP-PA-QL	2
IMBRUVICA CAP 140MG (QL= 3 caps/day)	MSP-PA-QL	2
IMBRUVICA CAP 70MG (QL= 1 cap/day)	MSP-PA-QL	2
IMBRUVICA SUSP (QL= 6ml/day)	MSP-PA-QL	2
IMBRUVICA TAB 420MG, 560MG (QL= 1 tab/day)	MSP-PA-QL	2
JAKAFI TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	2
JAYPIRCA TAB (QL= 2 tabs/day)	MSP-PA-QL	2
KISQALI TAB (QL= 63 tabs/28 days)	MSP-PA-QL	2
KOSELUGO CAP (QL= 4 caps/day)	MSP-PA-QL	2
KOSELUGO CAP 10MG (QL= 8 caps/day)	MSP-PA-QL	2
KRAZATI TAB (QL= 6 tabs/day)	MSP-PA-QL-SF	2
LORBRENA TAB 100MG (QL= 1 tab/day)	MSP-PA-QL-SF	2
LORBRENA TAB 25MG (QL= 3 tabs/day)	MSP-PA-QL-SF	2
LUMAKRAS TAB (QL= 8 tabs/day)	MSP-PA-QL-SF	2
LUMAKRAS TAB 320MG (QL= 3 tabs/day)	MSP-PA-QL-SF	2
LYNPARZA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	2
LYTGOBI THERAPY PACK (QL= 5 tabs/day)	MSP-PA-QL-SF	2
MEKINIST SOLN	MSP-PA	2
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	MSP-PA-QL	2

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
MEKINIST TAB 2MG (QL= 1 tab/day)	MSP-PA-QL	2
MEKTOVI TAB (QL= 6 tabs/day)	MSP-PA-QL	2
NERLYNX TAB (QL= 6 tabs/day)	MSP-PA-QL-SF	2
NINLARO CAP	MSP-PA	2
OGSIVEO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	2
OGSIVEO TAB 50MG (QL= 6 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL-SF	2
OJJAARA TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2
PEMAZYRE TAB (QL= 1 tab/day)	MSP-PA-QL	2
PIQRAY TAB	MSP-PA-SF	2
QINLOCK TAB (QL= 3 tabs/day)	MSP-PA-QL	2
RETEVMO CAP (QL= 4 caps/day)	MSP-PA-QL-SF	2
RETEVMO TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	2
RETEVMO TAB 40MG (QL= 3 tabs/day)	MSP-PA-QL-SF	2
REZLIDHIA CAP (QL= 2 caps/day)	MSP-PA-QL-SF	2
ROZLYTREK CAP (QL= 3 caps/day)	MSP-PA-QL	2
ROZLYTREK PAK (QL= 6 packs/day)	MSP-PA-QL	2
RUBRACA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	2
RYDAPT CAP (QL= 56 caps/28 days)	MSP-PA-QL	2
SCSEMBLIX TAB (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	2
SCSEMBLIX TAB 100MG (QL= 4 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	2
STIVARGA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	2
TABRECTA TAB (QL= 4 tabs/day)	MSP-PA-QL-SF	2
TAFINLAR CAP (QL= 4 caps/day)	MSP-PA-QL	2
TAFINLAR TAB	MSP-PA	2
TALZENNA CAP 0.25MG (QL= 3 caps/day)	MSP-PA-QL-SF	2
TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)	MSP-PA-QL-SF	2
TASIGNA CAP	MSP-PA-SF	2
TAZVERIK TAB (QL= 8 tabs/day)	MSP-PA-QL	2
TIBSOVO TAB (QL= 2 tabs/day)	MSP-PA-QL	2
TRUQAP TAB (QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2
TURALIO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	2
VANFLYTA TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	2
VANFLYTA TAB 26.5MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	2
VERZENIO TAB (QL= 2 tabs/day)	MSP-PA-QL	2
VITRAKVI CAP 100MG (QL= 2 caps/day)	MSP-PA-QL-SF	2
VITRAKVI CAP 25MG (QL= 6 caps/day)	MSP-PA-QL-SF	2
VITRAKVI SOLN (QL= 10ml/day)	MSP-PA-QL-SF	2
VONJO CAP (QL= 4 caps/day)	MSP-PA-QL	2
XALKORI CAP (QL= 2 caps/day)	MSP-PA-QL-SF	2
XALKORI SPRINKLE CAP (QL= 4 caps/day)	MSP-PA-QL-SF	2
XOSPATA TAB (QL= 3 tabs/day)	MSP-PA-QL-SF	2
ZEJULA CAP (QL= 3 caps/day)	MSP-PA-QL	2
ZEJULA TAB (QL= 1 tab/day)	MSP-PA-QL	2
ZELBORAF TAB (QL= 8 tabs/day)	MSP-PA-QL	2
ZYDELIG TAB	MSP-PA	2
ZYKADIA CAP (QL= 3 caps/day)	MSP-PA-QL-SF	2
ZYKADIA TAB (QL= 3 tabs/day)	MSP-PA-QL-SF	2

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>																							
FOTIVDA CAP (QL= 21 caps/28 days)	MSP-PA-QL	3																					
IBRANCE CAP (QL= 21 caps/28 days)	MSP-PA-QL	3																					
IBRANCE TAB (QL= 21 caps/28 days)	MSP-PA-QL	3																					
TEPMETKO TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	3																					
AFINITOR DISPERZ TAB	-	NC																					
AFINITOR TAB	-	NC																					
ALUNBRIG PAK	-	NC																					
IMBRUVICA TAB 140MG	-	NC																					
IMBRUVICA TAB 280MG	-	NC																					
INREBIC CAP	-	NC																					
OJEMDA SUSP	-	NC																					
OJEMDA TAB	-	NC																					
SPRYCEL TAB	-	NC																					
SUTENT CAP	-	NC																					
TYKERB TAB	-	NC																					
VORANIGO TAB	-	NC																					
VOTRIENT TAB	-	NC																					
<b>ANTINEOPLASTICS MISC.</b>																							
bexarotene cap (TARGRETIN equiv)	MSP-PA	1																					
BESREMI INJ (QL= 2 inj/28 days)	MSP-PA-QL	3																					
SYLATRON INJ	-	NC																					
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>																							
WILFIN TAB (QL= 8 tabs/day; Only available through BioMatrix Specialty Pharmacy 855-359-9679)	LD-PA-QL-SF	2																					
<b>MITOTIC INHIBITORS</b>																							
ETOPOSIDE CAP	MSP	1																					
<b>ANTIPARKINSON AGENTS</b>																							
<b>ANTIPARKINSON ADJUVANTS</b>																							
carbidopa tab (LODOSYN equiv)	-	1																					
<b>ANTIPARKINSON ANTICHOLINERGICS</b>																							
benztropine tab	-	1																					
trihexyphenidyl tab (ARTANE equiv)	-	1																					
<b>ANTIPARKINSON COMT INHIBITORS</b>																							
entacapone tab (COMTAN equiv)	-	1																					
tolcapone tab (TASMAR equiv)	-	1																					
<b>ANTIPARKINSON DOPAMINERGICS</b>																							
amantadine cap (SYMMETREL equiv)	-	1																					
amantadine syrup (SYMMETREL equiv)	-	1																					
amantadine tab	-	1																					
bromocriptine cap (PARLODEL equiv)	-	1																					
bromocriptine tab (PARLODEL equiv)	-	1																					
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1																					
carbidopa/levodopa ODT (PARCOPA equiv)	-	1																					
carbidopa/levodopa tab (SINEMET equiv)	-	1																					
pramipexole ER tab (MIRAPEX ER equiv)	-	1																					
pramipexole tab (MIRAPEX equiv)	-	1																					
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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ANTIPARKINSON AGENTS Cont.</b>		
ropinirole ER tab (REQUIP XL equiv)	-	1
ropinirole tab (REQUIP equiv)	-	1
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2
CREXONT CAP, RYTARY CAP (Step Therapy requires trial of carbidopa/levodopa ER)	ST	3
GOCOVRI CAP	PA	3
NEUPRO PATCH	-	3
DUOPA ENTERAL SUSP	-	NC
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
rasagiline tab (AZILECT equiv)	-	1
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
XADAGO TAB (QL= 1 tab/day)	PA-QL	3
ZELAPAR ODT	-	3
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUVANTS</b>		
NOURIANZ TAB (QL= 1 tab/day)	MSP-PA-QL	3
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
trihexyphenidyl elixir (ARTANE equiv)	-	1
TRIHEXYPHENIDYL SOLN	-	1
<b>ANTIPARKINSON COMT INHIBITORS</b>		
ONGENTYS CAP (QL= 1 tab/day, 30 tabs per fill)	PA-QL	3
<b>ANTIPARKINSON DOPAMINERGICS</b>		
apomorphine inj (APOKYN equiv) (Only available through Lumicera 855-847-3553)	LD-PA	1
CARBIDOPA/LEVODOPA ODT	-	1
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	1
APOKYN INJ (Only available through Accredo 800-803-2523)	LD-PA	3
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL	3
KYNMOBI FILM	MSP-PA	3
KYNMOBI TITRATION KIT	MSP-PA	3
OSMOLEX ER TAB (Step Therapy requires trial of amantadine IR)	ST	3
DHIVY TAB	-	NC
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
lithium carbonate cap (ESKALITH ER equiv)	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1
lithium oral solution (LITHIUM equiv) (Prior Authorization Required for members age 9 and older)	PA	1
<b>ANTIPSYCHOTICS - MISC.</b>		
lurasidone hcl tab (LATUDA equiv)	-	1
ziprasidone cap (GEODON equiv)	-	1
EQUETRO CAP	-	2
LATUDA TAB	-	3
VRAYLAR CAP (QL= 1 cap/day)	PA-QL	3
VRAYLAR PACK (QL= 2 packs/plan year)	PA-QL	3
CAPLYTA CAP	-	NC

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NUPLAZID CAP	-	NC
NUPLAZID TAB	-	NC
<b>BENZISOXAZOLES</b>		
paliperidone ER tab (INVEGA equiv)	-	1
risperidone ODT (RISPERDAL M equiv)	-	1
risperidone soln (RISPERDAL equiv)	-	1
risperidone tab (RISPERDAL equiv)	-	1
RISPERIDONE ODT	-	2
FANAPT TAB (QL= 2 tabs/day)	PA-QL	3
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	3
<b>BUTYROPHENONES</b>		
haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1
<b>DIBENZAPINES</b>		
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	QL	1
clozapine tab (CLOZARIL equiv)	-	1
loxapine cap (LOXITANE equiv)	-	1
olanzapine ODT (ZYPREXA equiv)	-	1
olanzapine tab (ZYPREXA equiv)	-	1
quetiapine tab (SEROQUEL equiv)	-	1
quetiapine XR tab (SEROQUEL XR equiv)	-	1
SECUADO PATCH (QL=1 patch/day)	PA-QL	3
VERSACLOZ SUSP	-	3
ADASUVE INHALER	-	NC
CLOZAPINE ODT	-	NC
clozapine odt tab (CLOZAPINE, FAZACLO equiv)	-	NC
CLOZAPINE ODT, FAZACLO ODT	-	NC
QUETIAPINE TAB	-	NC
<b>DIHYDROINDOLONES</b>		
MOLINDONE TAB	-	NC
<b>PHENOTHIAZINES</b>		
CHLORPROMAZINE CONC	-	1
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
<b>QUINOLINONE DERIVATIVES</b>		
aripiprazole soln (ABILIFY equiv)	-	1
aripiprazole tab (ABILIFY equiv)	-	1
REXULTI TAB (QL= 1 tab/day)	PA-QL	3
ABILIFY MYCITE PACK	-	NC
ABILIFY MYCITE TAB	-	NC

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aripiprazole ODT (ABILIFY equiv)	-	NC
<b>THIOXANTHENES</b>		
thiothixene cap (NAVANE equiv)	-	1
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
HYLAMEND GEL FIRST AID	-	NC
<b>IODINE ANTISEPTICS</b>		
IODOFLEX PAD	-	3
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
DESCOVY TAB	PA	\$0
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0
abacavir soln (ZIAGEN equiv)	-	1
abacavir tab (ZIAGEN equiv)	-	1
abacavir/lamivudine tab (EPZICOM equiv)	-	1
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	1
atazanavir cap (REYATAZ equiv)	-	1
darunavir tab (PREZISTA equiv)	-	1
didanosine DR cap (VIDEX EC equiv)	-	1
DIDANOSINE DR CAP, VIDEX EC CAP	-	1
EFAVIRENZ CAP	-	1
efavirenz tab (SUSTIVA equiv)	-	1
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	1
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	1
emtricitabine cap (EMTRIVA equiv)	-	1
etravirine tab (INTELENCE equiv)	-	1
fosamprenavir tab (LEXIVA equiv)	-	1
lamivudine soln (EPIVIR equiv)	-	1
lamivudine tab (EPIVIR equiv)	-	1
lamivudine/zidovudine tab (COMBIVIR equiv)	-	1
lopinavir/ritonavir soln (KALETRA equiv)	-	1
lopinavir/ritonavir tab (KALETRA equiv)	-	1
maraviroc tab (SELZENTRY equiv)	-	1
NEVIRAPINE ER TAB	-	1
nevirapine ER tab (VIRAMUNE XR equiv)	-	1
NEVIRAPINE SUSP	-	1
nevirapine tab (VIRAMUNE equiv)	-	1
ritonavir tab (NORVIR equiv)	-	1
STAVUDINE CAP	-	1
stavudine cap (ZERIT equiv)	-	1
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	1
zidovudine cap (RETROVIR equiv)	-	1
zidovudine syrup (RETROVIR equiv)	-	1
zidovudine tab (RETROVIR equiv)	-	1
APTIVUS CAP	-	2

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<b>ANTIVIRALS Cont.</b>		
APTIVUS SOLN	-	2
BIKTARVY TAB	-	2
CIMDUO TAB	-	2
COMPLERA TAB	-	2
CRIVAN CAP	-	2
DELSTRIGO TAB	-	2
DOVATO TAB	-	2
EDURANT TAB	-	2
EMTRIVA SOLN	-	2
EVOTAZ TAB	-	2
FUZEON INJ	MSP	2
GENVOYA TAB	-	2
INTELENCE TAB	-	2
INVIRASE CAP	-	2
INVIRASE TAB	-	2
ISENTRESS (HD) TAB	-	2
ISENTRESS CHEW TAB	-	2
ISENTRESS POWDER PACK	-	2
JULUCA TAB	-	2
LEXIVA 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
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	2
SELZENTRY SOLN	-	2
SELZENTRY TAB	-	2
STRIBILD TAB	-	2
SYMTUZA TAB	-	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
EMTRIVA CAP	-	3
KALETRA TAB	-	3
PREZISTA TAB	-	3
SELZENTRY TAB	-	3

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<b>ANTIVIRALS Cont.</b>		
SUSTIVA TAB	-	3
SYMFI (LO) TAB	-	3
ATRIPLA TAB	-	NC
CABENUVA IM SUSP	-	NC
SUNLENCA TAB	-	NC
TYBOST TAB	-	NC
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID TAB 150-100MG (QL= 20 tabs/fill)	QL	2
PAXLOVID TAB 300-100MG (QL= 30 tabs/fill)	QL	2
<b>CMV AGENTS</b>		
valganciclovir soln (VALCYTE equiv)	-	1
valganciclovir tab (VALCYTE equiv)	-	1
LIVTENCITY TAB (QL= 4 tabs/day)	MSP-PA-QL	2
PREVYMIS TAB (QL= 1 tab/day; Limit 200 tabs/365 days)	MSP-PA-QL	2
<b>HEPATITIS AGENTS</b>		
adefovir dipivoxil tab (HEPSERA equiv)	-	1
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	1
lamivudine tab 100mg (EPIVIR HBV equiv)	-	1
RIBAVIRIN CAP	MSP	1
ribavirin cap (REBETOL equiv)	MSP	1
RIBAVIRIN TAB	MSP	1
EPIVIR HBV SOLN	-	2
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	MSP-PA-QL	2
MAVYRET PAK (QL= 5 packs/day)	MSP-PA-QL	2
MAVYRET TAB (QL= 3 tabs/day)	MSP-PA-QL	2
PEGASYS INJ	MSP	2
PEG-INTRON INJ	MSP	2
REBETOL SOLN	MSP	2
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	MSP-PA-QL	2
VEMLIDY TAB	-	2
VOSEVI TAB (QL= 1 tab/day)	MSP-PA-QL	2
ZEPATIER TAB (QL= 1 tab/day)	MSP-PA-QL	2
BARACLUDE SOLN (Members age 9 or older require Prior Authorization)	PA	3
MODERIBA TAB	MSP	3
RIBAPAK TAB	MSP	3
EPCLUSA PAK	-	NC
EPCLUSA TAB	-	NC
HARVONI PELLETT PAK	-	NC
HARVONI TAB	-	NC
OLYSIO CAP	-	NC
SOVALDI PELLETT PAK	-	NC
SOVALDI TAB	-	NC
TECHNIVIE TAB	-	NC
VIEKIRA XR TAB	-	NC
<b>HERPES AGENTS</b>		
acyclovir cap (ZOVIRAX equiv)	-	1

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acyclovir susp (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1
famciclovir tab (FAMVIR equiv)	-	1
valacyclovir tab (VALTREX equiv)	-	1
SITAVIG TAB (QL= 1 tab/fill)	QL	3
<b>INFLUENZA AGENTS</b>		
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	1
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2
RIMANTADINE TAB	-	3
XOFLUZA TAB (QL= 1 tab/fill)	QL	3
<b>MISC. ANTIVIRALS</b>		
LAGEVRIO CAP (EUA) (QL= 40 caps/fill)	QL	\$0
LAGEVRIO CAP 200MG (QL= 40 caps/fill)	QL	2
<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS</b>		
ribavirin inh soln (VIRAZOLE equiv)	-	NC
<b>ASSORTED CLASSES</b>		
<b>CHELATING AGENTS</b>		
D-PENAMINE TAB	-	2
<b>IMMUNOMODULATORS</b>		
THALOMID CAP	MSP	2
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
azathioprine tab (IMURAN equiv)	-	1
cyclosporine cap (SANDIMMUNE equiv)	-	1
cyclosporine modified cap (NEORAL equiv)	-	1
cyclosporine modified soln (NEORAL equiv)	-	1
mycophenolate DR tab (MYFORTIC equiv)	-	1
mycophenolate mofetil cap (CELLCEPT equiv)	-	1
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	1
mycophenolate mofetil tab (CELLCEPT equiv)	-	1
sirolimus tab (RAPAMUNE equiv)	-	1
tacrolimus cap (PROGRAF equiv)	-	1
SANDIMMUNE SOLN 100MG/ML	-	2
ENVARUS XR TAB	PA	3
<b>POTASSIUM REMOVING RESINS</b>		
sodium polystyrene powder (KAYEXALATE equiv)	-	1
sodium polystyrene susp (SPS equiv)	-	1
VELTASSA POWDER	PA	2
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
carvedilol phosphate ER cap (COREG CR equiv)	-	1
carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1

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**BETA BLOCKERS Cont.**

**BETA BLOCKERS CARDIO-SELECTIVE**

acebutolol cap (SECTRAL equiv)	-	1
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)	-	1
KAPSPARGO CAP	-	NC

**BETA BLOCKERS NON-SELECTIVE**

nadolol tab (CORGARD equiv)	-	1
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
HEMANGEOL SOLN	-	3
INDERAL XL CAP, INNOPRAN XL CAP	-	3
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 or older)	PA	3
SOTYLIZE SOLN	-	NC

**BIOLOGICALS MISC**

**ALLERGENIC EXTRACTS**

GRASTEK SL TAB	PA	3
ORALAIR SL TAB	PA	3
RAGWITEK SL TAB	PA	3

**CALCIUM CHANNEL BLOCKERS**

**CALCIUM CHANNEL BLOCKER COMBINATIONS**

CONSENSI TAB	-	NC
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**CALCIUM CHANNEL BLOCKERS**

amlodipine tab (NORVASC equiv)	-	1
diltiazem ER cap (CARDIZEM CD equiv)	-	1
diltiazem ER cap (CARDIZEM SR equiv)	-	1
diltiazem ER cap (DILACOR XR equiv)	-	1
diltiazem ER cap (TIAZAC equiv)	-	1
diltiazem ER tab (CARDIZEM LA equiv)	-	1
diltiazem tab (CARDIZEM equiv)	-	1
felodipine ER tab (PLENDIL equiv)	-	1
isradipine cap (DYNACIRC equiv)	-	1
nicardipine cap (CARDENE equiv)	-	1
nifedipine cap (PROCARDIA equiv)	-	1
nifedipine ER tab (ADALAT CC equiv)	-	1
nimodipine cap (NIMOTOP equiv)	-	1

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>CALCIUM CHANNEL BLOCKERS Cont.</b>		
nisoldipine ER tab (SULAR equiv)	-	1
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	1
verapamil SR cap (VERELAN equiv)	-	1
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1
verapamil tab (CALAN equiv)	-	1
VERAPAMIL SR CAP 360mg	-	2
KATERZIA SUSP (Prior Authorization required for members age 9 or older)	PA	3
NORLIQVA ORAL SOLN (Members age 9 or older require Prior Authorization)	PA	3
NYMALIZE SOLN	-	3
VERAPAMIL CR CAP, VERELAN CAP	-	3
VERELAN PM ER CAP 100MG, 300MG	-	3
VERELAN SR CAP 360mg	-	3
CONJUPRI TAB, LEVAMLODIPINE TAB	-	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
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC
LANOXIN INJ	-	NC

**CARDIOVASCULAR AGENTS - MISC.**

**CARDIAC MYOSIN INHIBITORS**

CAMZYOS CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	2
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**CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	1
ENTRESTO TAB (QL= 2 tabs/day)	QL	2
amlodipine/atorvastatin tab (CADUET equiv)	-	NC
ENTRESTO CAP	-	NC
OPSYNVI TAB	-	NC

**CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS**

LODOCO TAB (QL= 1 tab/day)	QL	3
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**CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS**

INPEFA TAB (QL= 1 tab/day)	PA-QL	3
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**IMPOTENCE AGENTS**

sildenafil tab (VIAGRA equiv) (QL= 6 tabs/30 days)	QL	1
tadalafil tab (CIALIS equiv) (QL= 6 tabs/30 days)	QL	1
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day)	QL	1
vardenafil ODT (STAXYN equiv) (QL= 6 tabs/30 days)	QL	1
vardenafil tab (LEVITRA equiv) (QL= 6 tabs/30 days)	QL	1
CAVERJECT INJ (QL= 6 inj/30 days)	QL	2
EDEX INJ (QL= 6 inj/30 days)	QL	2
MUSE SUPP (QL= 6 supp/30 days)	QL	2

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<b>CARDIOVASCULAR AGENTS - MISC. Cont.</b>		
STENDRA TAB (QL= 6 tabs/30 days)	QL	2
CIALIS TAB	-	NC
LEVITRA TAB	-	NC
STAXYN ODT	-	NC
VIAGRA TAB	-	NC
<b>PERIPHERAL VASODILATORS</b>		
ISOXSUPRINE TAB	-	1
<b>PROSTAGLANDIN VASODILATORS</b>		
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2
TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2
TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
ORENITRAM TAB	-	NC
ORENITRAM TAB MONTH PAK	-	NC
<b>PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR</b>		
WINREVAIR INJ	-	NC
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day)	MSP-PA-QL	1
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day)	MSP-PA-QL	1
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
sildenafil susp (REVATIO equiv) (Members age 9 or older require Prior Authorization)	PA	1
sildenafil tab 20mg (REVATIO equiv)	PA	1
tadalafil tab (PAH) (ADCIRCA equiv)	PA	1
TADLIQ SUSP (Members age 9 years or older require Prior Authorization)	PA	3
ADCIRCA TAB	-	NC
LIQREV SUSP	-	NC
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
UPTRAVI INJ	-	NC
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
<b>SINUS NODE INHIBITORS</b>		
ivabradine hcl tab (CORLANOR equiv)	PA	1
CORLANOR SOLN	PA	3
CORLANOR TAB	PA	3
<b>TRANSTHYRETIN STABILIZERS</b>		
VYNDAMAX CAP (QL= 1 cap/day)	MSP-PA-QL	2

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<b>CARDIOVASCULAR AGENTS - MISC. Cont.</b>		
VYNDAQEL CAP (QL= 4 caps/day)	MSP-PA-QL	2
<b>VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)</b>		
VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist)	QL-RS	2
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
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
CEPHALEXIN TAB	-	1
cephalexin cap 750mg (KEFLEX equiv)	-	NC
KEFLEX CAP 750MG	-	NC
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
CEFACLOR CAP	-	1
cefaclor cap (CECLOR equiv)	-	1
cefprozil susp (CEFZIL equiv)	-	1
cefprozil tab (CEFZIL equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1
CEFACLOR ER TAB	-	3
CEFACLOR SUSP	-	3
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
cefdinir cap (OMNICEF equiv)	-	1
cefdinir susp (OMNICEF equiv)	-	1
cefixime cap (SUPRAX equiv)	-	1
cefixime susp (SUPRAX equiv)	-	1
cefpodoxime proxetil susp (VANTIN equiv)	-	1
cefpodoxime proxetil tab (VANTIN equiv)	-	1
CEFDITOREN TAB	-	3
SPECTRACEF TAB	-	3
SUPRAX CAP	-	3
SUPRAX CHEW TAB	-	3
SUPRAX SUSP 500MG/5ML	-	3
<b>CONTRACEPTIVES</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
amethyst tab (LYBREL equiv)	-	\$0
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	\$0
BALCOLTRA TAB	-	\$0
cryselle tab	-	\$0
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	\$0
enpresse tab (TRI-LEVELLEN equiv)	-	\$0
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	\$0
kelnor tab (DEMULEN equiv)	-	\$0

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<b>CONTRACEPTIVES Cont.</b>		
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	\$0
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	\$0
LO LOESTRIN TAB	-	\$0
NATAZIA TAB	-	\$0
NEXTSTELLIS TAB	-	\$0
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	\$0
norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv)	-	\$0
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	-	\$0
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	\$0
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$0
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0
tri-legest tab (ESTROSTEP FE equiv)	-	\$0
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	\$0
TYBLUME TAB	-	\$0
VELIVET PAK	-	\$0
velivet tab (CYCLESSA equiv)	-	\$0
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	\$0
viorele tab, kariva tab (MIRCETTE equiv)	-	\$0
BEYAZ TAB	-	3
FALESSA KIT	-	3
FEMLYV TAB	-	NC
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
TWIRLA PATCH	-	\$0
zafemy patch (XULANE equiv)	-	\$0
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA RING (QL= 1 ring/year)	QL	\$0
eluryng vaginal ring (NUVARING equiv)	-	\$0
<b>COPPER CONTRACEPTIVES - IUD</b>		
PARAGARD IUD	-	\$0
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB	-	\$0
levonorgestrel tab (PLAN B equiv)	OTC	\$0
PLAN B TAB	OTC	\$0
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
NEXPLANON IMPLANT	-	\$0
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	\$0
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	\$0
DEPO-PROVERA INJ	QL	3
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
MIRENA IUD	-	\$0
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
norethindrone tab (NORA-QD equiv)	-	\$0
OPILL TAB	OTC	\$0

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<b>CONTRACEPTIVES Cont.</b>		
SLYND TAB	-	\$0
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
budesonide ER tab (UCERIS equiv) (QL=1 tab/day)	PA-QL	1
budesonide SR cap (ENTOCORT EC equiv)	-	1
deflazacort susp (EMFLAZA equiv) (Only available through Accredo 800-803-2523 or Orsini 800-410-8575)	LD-PA	1
deflazacort tab (EMFLAZA equiv)	MSP-PA	1
DEXAMETHASONE CONC	-	1
dexamethasone elixir	-	1
DEXAMETHASONE SODIUM PHOSPHATE INJ	-	1
DEXAMETHASONE SOLN	-	1
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
methylprednisolone sod succinate inj (SOLU-MEDROL equiv)	-	1
prednisolone ODT (ORAPRED equiv)	-	1
prednisolone soln	-	1
prednisolone soln (PEDIAPRED equiv)	-	1
prednisone tab (DELTASONE equiv)	-	1
triamcinolone acetonide inj (KENALOG equiv)	-	1
CORTISONE ACETATE TAB	-	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
AGAMREE SUSP (Only available through AnovoRx 844-288-5007)	LD-PA	3
ALKINDI SPRINKLE CAP (QL= 3 caps/day; Members age 9 or older require Prior Authorization)	PA-QL	3
DEPO-MEDROL INJ	-	3
DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ	-	3
FLO-PRED SUSP	-	3
KENALOG INJ, TRIAMCINOLONE ACE INJ	-	3
PREDNISOLONE SOLN	-	3
RAYOS TAB	PA	3
SOLU-MEDROL PF INJ	-	3
TARPEYO CAP (QL= 4 caps/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	3
dexamethasone pak (DEXPAK equiv)	-	NC
DEXAMETHASONE TAB	-	NC
DEXPAK TAB	-	NC
DXEVO 11-DAY PAK	-	NC
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
EOHILIA SUSP	-	NC
LIDOLOG KIT	-	NC

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<b>CORTICOSTEROIDS Cont.</b>		
MILLIPRED DP PAK	-	NC
MILLIPRED TAB	-	NC
ORTIKOS ER CAP	-	NC
prednisolone tab (MILLIPRED equiv)	-	NC
prednisone pack	-	NC
PREDNISON/DIPHENHYDRAMINE KIT	-	NC
<b>MINERALOCORTICIDS</b>		
fludrocortisone tab (FLORINEF equiv)	-	1
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
benzonatate cap (TESSALON equiv)	-	1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1
tussion tab (HYCODAN equiv)	-	1
HYCODAN SYRUP	-	3
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill)	OTC-QL	1
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	1
hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/30 days)	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
MUCINEX LIQUID	-	2
HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	3
POLY-TUSSIN DM SYRUP	-	3
TUSSICAPS (QL= 20 caps/fill, 2 fills/30 days)	QL	3
TUXARIN ER TAB (QL= 20 tabs/fill, 2 fills/30 days)	QL	3
TUZISTRA XR SUSP (QL= 120ml/fill, 2 fills/30 days)	QL	3
CLARINEX-D TAB	-	EXC
SEMPREX-D CAP	-	EXC
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC
HYCOFENIX SOLN	-	NC
INTENSE COUGH LIQUID	-	NC
<b>EXPECTORANTS</b>		
potassium iodide oral soln (SSKI equiv)	-	1
SSKI ORAL SOLN	-	3
GUAIFENESEN SYRUP	-	NC
MUCINEX TAB	-	NC
<b>MISC. RESPIRATORY INHALANTS</b>		
sodium chloride neb soln (HYPER-SAL equiv)	-	1
NEBUSAL NEB SOLN	-	2
<b>MUCOLYTICS</b>		

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<b>COUGH/COLD/ALLERGY Cont.</b>		
acetylcysteine soln (MUCOMYST equiv)	-	1

**DERMATOLOGICALS**

**ACNE PRODUCTS**

adapalene cream (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	1
adapalene gel (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	1
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	1
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)	-	1
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	1
clindamycin foam (EVOCLIN equiv)	-	1
clindamycin gel (CLEOCIN GEL equiv)	-	1
clindamycin lotion (CLEOCIN- T equiv)	-	1
clindamycin pad (CLEOCIN-T equiv)	-	1
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv)	-	1
clindamycin topical soln (CLEOCIN-T equiv)	-	1
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	1
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	1
clindamycin/tretinoin gel (ZIANA equiv)	-	1
dapsone gel (ACZONE equiv)	-	1
erythromycin gel	-	1
erythromycin pad	-	1
erythromycin soln	-	1
erythromycin/benzoyl peroxide gel	-	1
isotretinoin cap 25mg (ABSORICA equiv)	-	1
isotretinoin cap 35mg (ABSORICA equiv)	-	1
sodium sulfacetamide lotion (KLARON equiv)	-	1
sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)	-	1
sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)	-	1
sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv)	-	1
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	1
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	1
sodium sulfacetamide/sulfur gel (ROSULA equiv)	-	1
sodium sulfacetamide/sulfur kit (ROSANIL KIT equiv)	-	1
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	1
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	1
sodium sulfacetamide/sulfur susp (PLEXION TS equiv)	-	1
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	1
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	1
tretinoin cream (RETIN-A CREAM equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	1
tretinoin gel (Acne Only – members age 35 or older require Prior Authorization)	PA	1
tretinoin gel (RETIN-A GEL equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	1
tretinoin gel 0.08% (RETIN-A MICRO equiv) (Acne Only - members age 35 or older require Prior Authorization)	PA	1
ADAPALENE LOTION (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization)	PA	2
AVAR GEL	-	2
ERY PAD	-	2
PRASCION RA CREAM	-	2
RETIN-A MICRO GEL 0.08%, 0.06% (Acne Only – members age 35 or older require Prior Authorization)	PA	2

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<b>MSP</b> Mandatory Specialty Pharmacy Program	<b>OTC</b> Over-the-Counter	<b>PA</b> Prior Authorization
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<b>SF</b> Limited to two 15 day fills per month for first 3 months	<b>SMKG</b> Smoking Cessation	<b>ST</b> Step Therapy
<b>VAC</b> Vaccine Program	<b>¢</b> RxCENTS	

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<b>DERMATOLOGICALS Cont.</b>		
AKLIEF CREAM	PA	3
AMZEEQ FOAM	-	3
AVAR AEROSOL FOAM	-	3
AVAR PAD	-	3
AZELEX CREAM	PA	3
BENZAC WASH	-	3
CLENIA PLUS SUSP	-	3
CLINDACIN KIT	-	3
DIFFERIN LOTION	PA	3
FABIOR AEROSOL FOAM	-	3
ONEXTON GEL 1.2-3.75%	-	3
SODIUM SULFACETAMIDE/SULFUR SUSP	-	3
SUMADAN WASH 9-4.5%	-	3
SUMADAN XLT KIT	-	3
TRETIN-X CREAM	PA	3
WINLEVI CREAM (QL=1 tube/fill)	PA-QL	3
DIFFERIN OTC GEL 0.1%	OTC	EXC
ABSORICA CAP	-	NC
ABSORICA LD CAP	-	NC
ADAPALENE SOLN	-	NC
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC
ALTRENO LOTION	-	NC
ARAZLO LOTION	-	NC
BENZOYL PEROXIDE CREAM	OTC	NC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC
benzoyl peroxide/hydrocortisone lotion (VANOXIDE-HC equiv)	-	NC
CLINDAVIX KIT	-	NC
DAPSONE GEL 7.5%	-	NC
EPIDUO FORTE GEL 0.3-2.5%	-	NC
EPSOLAY CREAM	-	NC
NUCARACLINPA KIT	-	NC
NUCARARXPAK KIT	-	NC
RETIN-A MICRO GEL 0.04%, 0.1%	-	NC
sodium sulfacetamide/sulfur emulsion 10-1% (ROSAC WASH equiv)	-	NC
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	NC
SUMAXIN WASH	-	NC
TWYNEO CREAM	-	NC
<b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>		
VEREGEN OINT	-	3
<b>AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES</b>		
RENOVA CREAM	-	EXC
KYBELLA INJ	-	NC
<b>ANALGESICS - TOPICAL</b>		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
<b>ANTIBIOTICS - TOPICAL</b>		

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<b>DERMATOLOGICALS Cont.</b>		
gentamicin sulfate cream	-	1
gentamicin sulfate oint	-	1
mupirocin oint (BACTROBAN OINT equiv)	-	1
ALTABAX OINT	-	3
CENTANY OINT	-	3
CORTISPORIN CREAM	-	3
CORTISPORIN OINT	-	3
NEO-SYNALAR CREAM	-	3
XEPI CREAM	-	3
BACTROBAN CREAM	-	NC
mupirocin cream (BACTROBAN CREAM equiv)	-	NC
<b>ANTIFUNGALS - TOPICAL</b>		
ciclopirox cream (LOPROX CREAM equiv)	-	1
ciclopirox gel (LOPROX GEL equiv)	-	1
ciclopirox nail soln (PENLAC SOLN equiv)	-	1
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	1
ciclopirox topical susp (LOPROX SUSP equiv)	-	1
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1
econazole cream (SPECTAZOLE equiv)	-	1
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	1
ketoconazole cream (NIZORAL CREAM equiv)	-	1
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	1
naftifine cream (NAFTIN equiv)	-	1
naftifine gel (NAFTIN equiv)	-	1
naftin hcl gel 2% (NAFTIN equiv)	-	1
nystatin cream (MYCOSTATIN CREAM equiv)	-	1
nystatin oint	-	1
nystatin topical powder	-	1
nystatin/triamcinolone cream	-	1
nystatin/triamcinolone oint	-	1
ECOZA FOAM	-	3
ERTACZO CREAM	-	3
EXELDERM SOLN	-	3
MENTAX CREAM	-	3
NAFTIFINE CREAM	-	3
NAFTIN GEL	-	3
XOLEGEL	-	3
XOLEGEL COREPAK KIT	-	3
clotrimazole cream (LOTRIMIN AF equiv)	OTC	EXC
NIZORAL A-D SHAMPOO	OTC	EXC
nizoral a-d shampoo (NIZORAL equiv)	OTC	EXC
ALCORTIN A GEL (iodoquinol/hydrocortisone/aloe polysaccharide gel equiv)	-	NC
ALOQUIN GEL	-	NC
CICLODAN KIT	-	NC
CLOTRIMAZOLE/BETAMETHASONE LOTION	-	NC
clotrimazole/betamethasone lotion (LOTRISONE equiv)	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
ECONASIL KIT	-	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
ONYCHO-MED KIT	-	NC
oxiconazole nitrate cream (OXISTAT equiv)	-	NC
OXISTAT CREAM	-	NC
OXISTAT LOTION	-	NC
PEDIZOLPAK THERAPY PACK	-	NC
tavorole soln (KERYDIN equiv)	-	NC
VYTONE CREAM 1.9-1%	-	NC
ZOLPAK KIT	-	NC

**ANTI-INFLAMMATORY AGENTS - TOPICAL**

diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	1
diclofenac sodium soln 2% (PENNSAID equiv)	-	1
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	1
DICLOFENAC PATCH, FLECTOR PATCH (QL= 30 patches/fill)	QL	3
diclofenac sodium gel kit (VENNGEL equiv)	-	NC
DICLONA GEL	-	NC
DICLOTREX PAK	-	NC
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC
LICART PATCH	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
PROFINAC PAK	-	NC
REXAPHENAC CREAM	-	NC
VENNGEL ONE KIT	-	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)	MSP-PA	1
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	1
fluorouracil cream (EFUDEX CREAM equiv)	-	1
fluorouracil soln (FLUOROURACIL equiv)	-	1
CARAC CREAM	-	2
FLUOROURACIL SOLN	-	2
VALCHLOR GEL (QL= 4 tubes/30 days)	MSP-PA-QL	2
FLUOROURACIL CREAM 0.5%	-	3
KLISYRI OINT (QL=5 packets/57 days)	PA-QL	3

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<b>DERMATOLOGICALS Cont.</b>		
PICATO GEL (QL= 1 box/fill)	QL	3
CARAC CREAM	-	NC
FLUORAC CREAM	-	NC
ROAOXIA GEL	-	NC
SOLARAVIX PAK	-	NC
TARGRETIN GEL	-	NC
<b>ANTIPRURITICS - TOPICAL</b>		
doxepin hcl cream	PA	1
<b>ANTIPSORIATICS</b>		
acitretin cap (SORIATANE equiv)	-	1
calcipotriene cream (DOVONEX CREAM equiv)	-	1
calcipotriene oint	-	1
CALCIPOTRIENE SOLN	-	1
calcipotriene soln (DOVONEX SOLN equiv)	-	1
methoxsalen cap (OXSORALEN ULTRA equiv)	-	1
tazarotene cream 0.05% (TAZORAC equiv)	-	1
tazarotene cream 0.1% (TAZORAC equiv)	-	1
tazarotene gel (TAZORAC equiv)	-	1
BIMZELX INJ (QL= 2 inj/28 days)	MSP-PA-QL	2
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	MSP-PA-QL	2
COSENTYX INJ (2-PACK) (QL= 2 inj/28 days)	MSP-PA-QL	2
COSENTYX INJ 300MG/2ML (QL= 2 inj/28 days)	MSP-PA-QL	2
METHOXSALEN CAP	-	2
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	MSP-PA-QL	2
SOTYKTU TAB (QL= 1 tab/day)	MSP-PA-QL	2
SPEVIGO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2
STELARA INJ (QL= 1 inj/84 days )	MSP-PA-QL	2
STELARA INJ (QL= 1 inj/84 days)	MSP-PA-QL	2
TALTZ INJ (QL= 1 inj/28 days)	MSP-PA-QL	2
TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days)	MSP-PA-QL	2
TALTZ INJ 40 MG/0.5ML (QL= 1 inj/28 days)	MSP-PA-QL	2
TREMFYA INJ (QL= 1 inj/56 days)	MSP-PA-QL	2
ZORYVE CREAM (QL= 60 grams/30 days)	PA-QL	2
CALCITRIOL OINT	-	3
VTAMA CREAM (QL= 60gm/30 days)	PA-QL	3
calcipotriene cream (TRIONEX equiv)	-	NC
CALCIPOTRIENE FOAM	-	NC
CALCIPOTRIENE FOAM, SORILUX FOAM	-	NC
CALSODORE PAK	-	NC
SILIQ INJ	-	NC
TREMFYA INJ	-	NC
TRIONEX PAK	-	NC
VECTICAL OINT	-	NC
<b>ANTISEBORRHEIC PRODUCTS</b>		
selenium sulfide shampoo (SELSEB equiv)	-	1
selenium sulfide shampoo 2.3% (SELRX equiv)	-	1

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sodium sulfacetamide wash (OVACE WASH equiv)	-	1
OVACE PLUS CREAM	-	3
OVACE PLUS LOTION	-	3
OVACE PLUS FOAM	-	3
ZORYVE FOAM (QL= 60 grams/30 days)	PA-QL	3
selenium sulfide lotion	OTC	EXC
ESKATA SOLN	-	NC
OVACE PLUS SHAMPOO	-	NC
PROMISEB CREAM	-	NC
sodium sulfacetamide gel (OVACE equiv)	-	NC
sodium sulfacetamide shampoo (OVACE equiv)	-	NC
<b>ANTIVIRALS - TOPICAL</b>		
acyclovir oint (ZOVIRAX OINT equiv)	-	1
penciclovir cream (DENA VIR equiv)	-	1
DENA VIR CREAM	-	3
XERESE CREAM	-	3
acyclovir cream (ZOVIRAX equiv)	-	NC
ZOVIRAX CREAM	-	NC
<b>BURN PRODUCTS</b>		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
SULFAMYLON CREAM	-	2
MAFENIDE ACETATE SOLN PACK	-	NC
<b>CORTICOSTEROIDS - TOPICAL</b>		
ALA-SCALP LOTION	-	1
alclometasone cream (ACLOVATE equiv)	-	1
alclometasone oint (ACLOVATE OINT equiv)	-	1
AMCINONIDE CREAM 0.1%	-	1
APEXICON E CREAM (PSORCON E equiv)	-	1
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1
betamethasone augmented gel	-	1
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	1
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1
betamethasone dipropionate lotion	-	1
betamethasone dipropionate oint (DIPROSONE OINT equiv)	-	1
betamethasone valerate cream	-	1
betamethasone valerate foam (LUXIQ FOAM equiv)	-	1
betamethasone valerate lotion	-	1
betamethasone valerate oint	-	1
calcipotriene/betamethasone dipropionate susp	-	1
calcipotriene/betamethasone oint (TACLONEX equiv)	-	1
clobetasol E foam (OLUX E equiv)	-	1
clobetasol foam (OLUX equiv)	-	1
clobetasol lotion (CLOBEX equiv)	-	1
clobetasol propionate cream (TEMOVATE equiv)	-	1
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	1

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clobetasol propionate gel (TEMOVATE GEL equiv)	-	1
clobetasol propionate oint (TEMOVATE equiv)	-	1
clobetasol propionate soln (TEMOVATE equiv)	-	1
clobetasol shampoo (CLOBEX equiv)	-	1
clobetasol spray (CLOBEX equiv)	-	1
clocortolone pivalate cream	-	1
desonide cream	-	1
desonide gel	-	1
desonide lotion	-	1
desonide oint	-	1
desoximetasone cream (TOPICORT CREAM equiv)	-	1
desoximetasone cream 0.05% (TOPICORT equiv)	-	1
desoximetasone gel (TOPICORT equiv)	-	1
desoximetasone oint (TOPICORT equiv)	-	1
diflorasone oint	-	1
fluocinolone acetonide cream	-	1
fluocinolone acetonide oil	-	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
FLURANDRENOL LOTION	-	1
flurandrenolide cream (CORDRAN equiv)	-	1
flurandrenolide lotion (CORDRAN equiv)	-	1
flurandrenolide oint (CORDRAN equiv)	-	1
FLUTICASONE LOTION	-	1
fluticasone propionate cream (CUTIVATE equiv)	-	1
fluticasone propionate lotion (CUTIVATE equiv)	-	1
fluticasone propionate oint (CUTIVATE equiv)	-	1
halcinonide cream (HALOG equiv)	-	1
halobetasol propionate cream (ULTRAVATE equiv)	-	1
halobetasol propionate oint (ULTRAVATE equiv)	-	1
halonate pac kit (ULTRAVATE KIT equiv)	-	1
HC PRAMOXINE CREAM 1-2.5%	-	1
hydrocortisone butyrate cream (LOCOID equiv)	-	1
HYDROCORTISONE BUTYRATE LIPO CREAM	-	1
hydrocortisone butyrate lipocream (LOCOID equiv)	-	1
hydrocortisone butyrate oint (LOCOID equiv)	-	1
hydrocortisone butyrate soln (LOCOID equiv)	-	1
hydrocortisone cream (PROCTOCORT equiv)	-	1
hydrocortisone lotion (HYTONE equiv)	-	1
hydrocortisone lotion (LOCOID equiv)	-	1
hydrocortisone lotion 2% (ALA SCALP equiv)	-	1

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HYDROCORTISONE LOTION 2.5%	-	1
hydrocortisone oint	-	1
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	1
hydrocortisone valerate cream	-	1
hydrocortisone valerate oint (WESTCORT equiv)	-	1
mometasone cream (ELOCON equiv)	-	1
mometasone oint (ELOCON equiv)	-	1
mometasone soln (ELOCON equiv)	-	1
paramox hc gel (NOVACORT GEL equiv)	-	1
triamcinolone cream	-	1
triamcinolone lotion	-	1
triamcinolone oint	-	1
triamcinolone spray (KENALOG equiv)	-	1
AMCINONIDE OINTMENT	-	2
BETAMETHASONE AUGMENTED GEL	-	2
DIFLORASONE CREAM, PSORCON CREAM	-	2
EPIFOAM AEROSOL	-	2
HC BUTYRATE CREAM	-	2
HC BUTYRATE SOLN	-	2
PRAMOSONE CREAM 1-1%	-	2
PRAMOSONE E CREAM	-	2
PRAMOSONE OINT	-	2
PREDNICARBATE CREAM	-	2
PREDNICARBATE OIN	-	2
AMCINONIDE LOTION	-	3
BRYHALI LOTION	-	3
CAPEX SHAMPOO	-	3
CLOCORTOLONE CREAM	-	3
CLODERM CREAM	-	3
CORDRAN CREAM 0.025%	-	3
CORDRAN OINTMENT	-	3
DESONATE GEL	-	3
DESOWEN CREAM KIT	-	3
DESOWEN LOTION KIT	-	3
DESOWEN OINT KIT	-	3
HALOG OINT	-	3
HALOG SOLN	-	3
LOCOID LIPOCREAM	-	3
NOVACORT GEL	-	3
PRAMOSONE LOTION	-	3
SERNIVO SPRAY	-	3
TOPICORT CREAM 0.05%	-	3
TRIANEX OINT	-	3
ULTRAVATE LOTION	-	3
VERDESO FOAM	-	3
ALA-SCALP LOTION	-	NC
BESER KIT 0.05%	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
CLOBETAVIX KIT	-	NC
CORDRAN TAPE	-	NC
DERMACINRX KIT	-	NC
DESOWEN CREAM	-	NC
DESOWEN LOTION	-	NC
DESOWEN OINT	-	NC
DUOBRII LOTION	-	NC
ENSTILAR FOAM	-	NC
FLUOPAR KIT	-	NC
FLUOVIX PAK	-	NC
HALOBETASOL AER	-	NC
HC/PRAMOXINE CREAM 1-2.35%	-	NC
HC-LIDOCAINE CREAM	-	NC
HYDROCAINE CREAM	-	NC
HYDROCORTISONE PAK	-	NC
HYDROXYM GEL	-	NC
IMPEKLO LOTION	-	NC
IMPOYZ CREAM	-	NC
MEXPAROX HC CREAM	-	NC
MICORT-HC CREAM	-	NC
PANDEL CREAM	-	NC
QUINIXIL PAK	-	NC
SILALITE PAK MIS	-	NC
TASOPROL CREAM KIT	-	NC
TOVET KIT	-	NC
triamcinolone acetonide oint (TRIANEX equiv)	-	NC
TRILOCICLO KIT	-	NC
VANOS CREAM	-	NC
WYNZORA CREAM	-	NC

**ECZEMA AGENTS**

ADBRY INJ (QL= 2 inj/28 days)	MSP-PA-QL	2
ADBRY INJ (QL= 4 inj/28 days)	MSP-PA-QL	2
CIBINQO TAB (QL= 1 tab/day)	MSP-PA-QL	2
DUPIXENT INJ (QL= 2 inj/28 days)	MSP-PA-QL	2
OPZELURA CREAM (QL= 12 tubes/year)	PA-QL	3
EBGLYSS INJ	-	NC

**EMOLLIENT/KERATOLYTIC AGENTS**

UREA NAIL KIT	-	3
CARMOL LOTION	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC
PRONAL GEL	-	NC
UMECTA EMULSION	-	NC
UMECTA PD EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC

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

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<b>DERMATOLOGICALS Cont.</b>		
METDRAY GEL	-	NC
SALEX LOTION KIT	-	NC
SALICATE LIQUID	-	NC
salicylic acid soln	-	NC
salicylic acid cream (CERAVE PSORIASIS equiv)	-	NC
SALIMEZ FORTE CREAM	-	NC
UREA/SALICYLIC CREAM	-	NC
XALIX SOL	-	NC
<b>KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS</b>		
salicylic acid gel (KERALYT equiv)	-	NC
<b>LOCAL ANESTHETICS - TOPICAL</b>		
lidocaine cream 3% (LIDAMANTLE equiv)	-	1
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	1
lidocaine gel (GLYDO equiv)	-	1
lidocaine gel (XYLOCAINE equiv)	-	1
lidocaine hcl gel 2.8% (LIDOGEL equiv)	-	1
lidocaine oint (QL= 107gm/30 days)	QL	1
lidocaine patch (QL= 3 patches/day)	QL	1
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	1
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
LIDOCAINE CREAM	-	2
LIDOCAINE GEL	-	2
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
APRIZIO PAK KIT	-	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
LIDO/MENTHOL SPRAY	-	NC
LIDO/RAC/TET GEL	-	NC
lidocaine lotion	-	NC
lidocaine oint/transparent dressing kit	-	NC
lidocaine patch 3.5% (GEN7T equiv)	-	NC
LIDOCIN GEL	-	NC
LIDOSTREAM KIT	-	NC
LIDOTRAL CREAM (lidocaine cream equiv)	-	NC
LIDOTREX GEL	-	NC
LIDOVEX CREAM	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
MENTHOREAL10 THERAPY PACK	-	NC
MICROVIX LP PAK	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
NENDRUX GEL	-	NC
nulido pad (NULIDO equiv)	-	NC
NUVAKAAN II KIT	-	NC
PLIAGLIS CREAM	-	NC
PLIAGLIS KIT	-	NC
PROZENA PAD	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNVEXIA TC CREAM	-	NC
TRUBREXA PAD	-	NC
WPR PLUS	-	NC
ZILACAINE PAK	-	NC
ZYLOTROL-L KIT	-	NC
<b>MISC. DERMATOLOGICAL PRODUCTS</b>		
NEOSALUS FOAM	-	NC
NEOSALUS LOTION	-	NC
<b>MISC. TOPICAL</b>		
DRYSOL SOLN	-	1
QBREXZA PAD (QL= 1 pad/day)	PA-QL	3
DERMACINRX CREAM	-	NC
HYCLODEX SOLN	-	NC
SOFDRA GEL	-	NC
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>		
ZORYVE CREAM (QL= 60 grams/30 days)	PA-QL	2
EUCRISA OINT	PA	3
<b>PIGMENTING-DEPIGMENTING AGENTS</b>		
hydroquinone cream (LUSTRA equiv)	-	EXC
TRI-LUMA CREAM	-	EXC
<b>ROSACEA AGENTS</b>		
azelaic acid gel (FINACEA equiv)	-	1
doxycycline (rosacea) cap delayed release (ORACEA equiv)	-	1
ivermectin cream (SOOLANTRA equiv) (QL= 45 grams/30 days)	QL	1
metronidazole cream (METROCREAM equiv)	-	1
metronidazole gel (METROGEL equiv)	-	1
metronidazole gel 0.75% (METROGEL equiv)	-	1
metronidazole lotion (METROLOTION equiv)	-	1
FINACEA FOAM	-	2
NORITATE CREAM (Step Therapy requires trial of FINACEA)	ST	3
ORACEA CAP	-	3
ROSADAN KIT	-	3
ZILXI FOAM	-	3
brimonidine tartrate gel (MIRVASO equiv)	-	EXC
MIRVASO GEL	-	EXC
RHOFADE CREAM	-	EXC
DAZOMON GEL	-	NC
IVERMECTIN CREAM	-	NC

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<b>DERMATOLOGICALS Cont.</b>		
<b>SCABICIDES &amp; PEDICULICIDES</b>		
LINDANE SHAMPOO	-	1
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	1
permethrin cream (ELIMITE CREAM equiv)	-	1
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	2
NATROBA SUSP (QL= 1 bottle/fill)	QL	3
CROTAN LOTION	-	NC
IVERMECTIN LOTION	-	NC
SKLICE LOTION	-	NC
<b>SCAR TREATMENT PRODUCTS</b>		
SCARCIN GEL	-	NC
scarcin gel (SCARCIN equiv)	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
<b>WOUND CARE PRODUCTS</b>		
REGRANEX GEL (QL= 30gm/fill)	QL	2
ALEVICYN SOLN DERMAL	-	NC
BIAFINE EMULSION	-	NC
cicatrace kit (REXASIL equiv)	-	NC
COLLANEX EXTERNAL POWDER	-	NC
FILSUVEZ GEL	-	NC
KERAMATRIX	-	NC
KERASTAT CREAM	-	NC
KERASTAT GEL	-	NC
PETROL GAUZE MIS 3"X9"	-	NC
WOUND-DRESSING GELS	-	NC
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC BIOLOGICALS</b>		
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC
<b>DIAGNOSTIC DRUGS</b>		
GLUCAGEN INJ	-	2
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
<b>DIAGNOSTIC PRODUCTS, MISC.</b>		
FREESTYLE LITE TEST STRIP	OTC	NC
<b>DIAGNOSTIC TESTS</b>		
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
ACCU-CHEK TEST STRIP	OTC	2
ONETOUCH TEST STRIP	OTC	2
ONETOUCH VERIO TEST STRIP	OTC	2

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<b>DIAGNOSTIC PRODUCTS Cont.</b>		
COVID-19 TEST	OTC	EXC
CUE COVID-19 INJ 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
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**

METAFOLBIC PLUS TAB	-	3
ZYTAZE CAP	-	3
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

**INFANT FOODS**

ENTERAL FORMULA	OTC-PA	3
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**NUTRITIONAL SUPPLEMENTS**

ENTERAL FORMULA	PA	3
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**DIGESTIVE AIDS**

**DIGESTIVE ENZYMES**

CREON CAP	-	2
SUCRAID SOLN	-	3
PANCREAZE CAP, PERTZYE CAP, ULTRESA CAP, ZENPEP CAP	-	NC

**DIURETICS**

**CARBONIC ANHYDRASE INHIBITORS**

acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	1
acetazolamide tab	-	1
dichlorphenamide tab (KEVEYIS equiv) (QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	1
methazolamide tab (NEPTAZANE equiv)	-	1

**DIURETIC COMBINATIONS**

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<b>DIURETICS Cont.</b>		
AMILORIDE/HCTZ TAB	-	1
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
<b>LOOP DIURETICS</b>		
bumetanide tab (BUMEX equiv)	-	1
ethacrynic tab (EDECIN equiv)	-	1
FUROSEMIDE SOLN	-	1
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
torseamide tab (DEMADEX equiv)	-	1
FUROSCIX KIT (QL= 8 inj/fill; Only available through Onco360 or CareMed 877-662-6633)	LD-QL	2
SOANZ TAB	-	NC
<b>POTASSIUM SPARING DIURETICS</b>		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone susp (CAROSPIR equiv) (Prior Authorization required for members age 9 or older)	PA	1
spironolactone tab (ALDACTONE equiv)	-	1
triamterene cap (DYRENIUM equiv)	-	1
CAROSPIR SUSP (Prior Authorization required for members age 9 or older)	PA	3
DYRENIUM CAP	-	3
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
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
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>ADRENAL STEROID INHIBITORS</b>		
ISTURISA TAB 10MG (QL= 6 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	2
ISTURISA TAB 1MG (QL= 8 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	2
ISTURISA TAB 5MG (QL= 2 tabs/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	2
RECORLEV TAB	-	NC
<b>BONE DENSITY REGULATORS</b>		
alendronate sodium oral soln (FOSAMAX equiv)	-	1
alendronate tab (FOSAMAX equiv)	-	1
calcitonin inj (MIACALCIN equiv)	MSP	1
calcitonin nasal spray (MIACALCIN equiv)	-	1
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	1
risedronate DR tab (ATELVIA equiv) (Step Therapy requires trial of alendronate)	ST	1
risedronate tab (ACTONEL equiv)	-	1

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<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
ALENDRONATE TAB 40MG	-	2
NATPARA INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	2
TERIPARATIDE INJ 620MCG/2.48ML	MSP	2
TYMLOS INJ	MSP	2
BINOSTO TAB	-	NC
FORTEO INJ	-	NC
FOSAMAX+D TAB	-	NC
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv)	-	NC
<b>CORTICOTROPIN</b>		
ACTHAR GEL INJ (QL= 4 vials/fill)	MSP-PA-QL	2
ACTHAR GEL AUTO-INJECTOR	-	NC
<b>FERTILITY REGULATORS</b>		
CLOMID TAB	INF	2
CLOMIPHENE TAB	INF	2
FOLLISTIM AQ INJ	INF	2
GONAL-F RFF INJ	INF	2
GONAL-F RFF INJ, GONAL-F INJ	INF	2
MENOPUR INJ	INF	2
PREGNYL INJ, NOVAREL INJ	INF	2
<b>GNRH/LHRH ANTAGONISTS</b>		
cetorelix acetate for inj kit (CETROTIDE equiv)	INF	1
ganirelix ac inj (GANIRELIX equiv)	INF	1
CETROTIDE KIT	INF	2
ORLISSA TAB 150MG (QL= 1 tab/day)	PA-QL	2
ORLISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	2
GANIRELIX AC INJ	INF	3
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT INJ	MSP-PA	2
<b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>		
EGRIFTA INJ	-	EXC
<b>GROWTH HORMONES</b>		
GENOTROPIN INJ	MSP-PA	2
OMNITROPE INJ	MSP-PA	2
SKYTROFA INJ	MSP-PA	2
SOGROYA INJ	MSP-PA	2
NGENLA INJ	MSP-PA	3
HUMATROPE INJ, ZOMACTON INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBIVITE INJ	-	NC
ZOMACTON INJ	-	NC
<b>HORMONE RECEPTOR MODULATORS</b>		
raloxifene tab (EVISTA equiv) (Covered at \$0 for women 35 years or older; All other members covered at generic copay)	-	\$0
OSPHENA TAB	-	3
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX INJ	MSP	2
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		

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VAC Vaccine Program	¢ RxCENTS	

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
SYNAREL NASAL SOLN	-	2
<b>MENOPAUSAL SYMPTOMS SUPPRESSANTS</b>		
VEOZAH TAB (QL= 1 tab/day)	PA-QL	3
<b>METABOLIC MODIFIERS</b>		
betaine powder for oral solution (CYSTADANE equiv) (Only available through Walgreens 888-347-3416)	LD	1
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
cinacalcet tab (SENSIPAR equiv)	-	1
doxercalciferol cap (HECTOROL equiv)	-	1
levocarnitine soln (CARNITOR equiv)	-	1
levocarnitine tab (CARNITOR equiv)	-	1
paricalcitol cap (ZEMPLAR equiv)	-	1
sapropterin dihydrochloride powder packet (KUVAN equiv)	MSP-PA	1
sapropterin dihydrochloride soluble tab (KUVAN equiv)	MSP-PA	1
sodium phenylbutyrate powder (BUPHENYL equiv)	-	1
sodium phenylbutyrate tab (BUPHENYL equiv)	-	1
GALAFOLD CAP (QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	2
PALYNZIQ INJ (QL= 1 inj/day; Only available through Accredo 800-803-2523)	LD-PA-QL-SF	2
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523)	LD	2
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	2
RAVICTI LIQUID	-	3
SENSIPAR TAB	-	3
XPHOZAH TAB (QL= 2 tabs/day)	PA-QL	3
CALCITRIOL INJ	-	NC
CARBAGLU TAB	-	NC
CITRULLINE EASY TAB	-	NC
CYSTADANE POWDER	-	NC
KUVAN POWDER PACK	-	NC
KUVAN TAB	-	NC
MYALEPT INJ	-	NC
nitisinone cap (ORFADIN equiv)	-	NC
NITYR TAB	-	NC
OLPRUVA PACK	-	NC
ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC
RAYALDEE CAP	-	NC
XURIDEN POWDER	-	NC
YORVIPATH INJ	-	NC
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA TAB (QL= 1 tab/day)	PA-QL	3
<b>NATRIURETIC PEPTIDES</b>		
VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2
<b>POSTERIOR PITUITARY HORMONES</b>		
desmopressin acetate nasal spray (DDAVP equiv)	-	1
desmopressin acetate tab (DDAVP equiv)	-	1
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STIMATE NASAL SOLN	-	2
DDAVP NASAL SOLN	-	3
NOCDURNA SL TAB	-	3
NOCTIVA EMULSION SPRAY	-	3
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
mifepristone tab 200mg (MIFIPREX equiv)	-	1
<b>PROLACTIN INHIBITORS</b>		
cabergoline tab (DOSTINEX equiv)	-	1
<b>SOMATOSTATIC AGENTS</b>		
octreotide inj (SANDOSTATIN equiv)	MSP	1
OCTREOTIDE INJ 100MCG	MSP	1
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	2
MYCAPSSA CAP (QL= 4 caps/day)	PA-QL	3
SANDOSTATIN LAR INJ KIT	MSP	3
BYNFEZIA PEN INJ	-	NC
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
JYNARQUE TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
TOLVAPTAN TAB	-	NC
tolvaptan tab (SAMSCA equiv)	-	NC
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1
estradiol/norethindrone tab (ACTIVEVELLA 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
ANGELIQ TAB	-	3
CLIMARA PRO PATCH	-	3
COMBIPATCH	-	3
PREFEST TAB	-	3
BIJUVA CAP	-	NC
<b>ESTROGENS</b>		
estradiol patch (CLIMARA equiv)	-	1
estradiol patch (VIVELLE-DOT equiv)	-	1
estradiol tab (ESTRACE equiv)	-	1
estradiol td gel (DIVIGEL equiv)	-	1
estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill)	QL	1
PREMARIN TAB	-	2
ALORA PATCH	-	3
DIVIGEL GEL, ELESTRIN GEL	-	3
EVAMIST SPRAY	-	3
MENEST TAB	-	3
MENOSTAR PATCH	-	3

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<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</b>		
ciprofloxacin susp (CIPRO equiv)	-	1
ciprofloxacin tab (CIPRO equiv)	-	1
levofloxacin soln (LEVAQUIN equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
moxifloxacin tab (AVELOX equiv)	-	1
ofloxacin tab (FLOXIN equiv)	-	1
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	2
CIPRO SUSP	-	3
CIPROFLOXACIN 100MG TAB	-	3
FACTIVE TAB	-	3
PROQUIN XR TAB	-	3
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>5-HT4 RECEPTOR AGONISTS</b>		
MOTEGRITY TAB (QL= 1 tab/day)	PA-QL	3
<b>AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)</b>		
TRULANCE TAB (QL= 1 tab/day)	PA-QL	2
<b>BILE ACID SYNTHESIS DISORDER AGENTS</b>		
CHOLBAM CAP (Only available through Dohmen LSS 844-246-5226)	LD-PA	2
<b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>		
OCALIVA TAB (QL= 1 tab/day)	MSP-PA-QL-SF-¢	2
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	1
RELTONE CAP	PA	3
URSODIOL CAP	-	NC
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
cromolyn conc (GASTROCROM equiv)	-	1
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day)	PA-QL	1
<b>GASTROINTESTINAL STIMULANTS</b>		
metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
GIMOTI NASAL SPRAY (QL= 1 bottle/28 days)	PA-QL	3
METZOZOLV ODT	-	3
<b>HEPATOTROPICS</b>		
REZDIFFRA TAB	-	NC
<b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS</b>		
BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	2
BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	2
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	2
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	2
LIVMARLI SOLN (QL= 90ml/30 days; Only available through Eversana 866-849-4481)	LD-PA-QL	2
LIVMARLI SOLN 19MG/ML (QL= 60mL/30 days; Only available through Eversana 866-849-4481)	LD-PA-QL	2

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<b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>		
<b>INFLAMMATORY BOWEL AGENTS</b>		
balsalazide cap (COLAZAL equiv)	-	1
mesalamine DR cap (DELZICOL equiv)	-	1
mesalamine DR tab (LIALDA equiv)	-	1
mesalamine enema (ROWASA equiv)	-	1
mesalamine ER cap (APRISO equiv)	-	1
mesalamine ER cap (PENTASA CR equiv) (Step Therapy requires trial of mesalamine DR tab or mesalamine ER cap)	--ST	1
mesalamine supp (CANASA equiv)	-	1
mesalamine tab (ASACOL equiv)	-	1
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
CIMZIA INJ (QL= 2 inj/28 days)	MSP-PA-QL	2
OMVOH INJ (QL= 2 inj/28 days)	MSP-PA-QL	2
SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days)	MSP-PA-QL	2
SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days)	MSP-PA-QL	2
VELSIPITY TAB (QL= 1 tab/day)	MSP-PA-QL	2
ZYMFENTRA INJ (QL= 2 inj/28 days)	MSP-PA-QL	2
DIPENTUM CAP	-	3
PENTASA CR CAP (Step Therapy requires trial of mesalamine DR tab or mesalamine ER cap)	ST	3
PENTASA CR CAP 250MG (Step Therapy requires trial of mesalamine DR tab or mesalamine ER cap)	ST	3
APRISO CAP	-	NC
ASACOL HD TAB	-	NC
CIMZIA INJ	-	NC
DELZICOL CAP	-	NC
OMVOH INJ	-	NC
ZYMFENTRA INJ	-	NC
<b>INTESTINAL ACIDIFIERS</b>		
lactulose soln	-	1
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
alosetron tab (LOTROXEX equiv)	-	1
IBSRELA TAB (QL= 2 tabs/day)	PA-QL	3
LINZESS CAP (QL= 1 cap/day)	PA-QL	3
VIBERZI TAB	-	NC
ZELNORM TAB	-	NC
<b>LIVE FECAL MICROBIOTA</b>		
VOWST CAP (QL= 12 caps/fill)	MSP-PA-QL	2
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK TAB	PA	2
SYMPROIC TAB	PA	2
RELISTOR INJ	MSP-PA	3
RELISTOR INJ KIT	MSP-PA	3
RELISTOR TAB	MSP-PA	3
alvimopan cap (ENTEREG equiv)	-	NC
ENTEREG CAP	-	NC
<b>PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS</b>		

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<b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>		
IQIRVO TAB	-	NC
LIVDELZI CAP	-	NC
<b>PHOSPHATE BINDER AGENTS</b>		
calcium acetate cap (PHOSLO equiv)	-	1
lanthanum carbonate chew tab (FOSRENOL equiv)	-	1
sevelamer hydrochloride tab (RENAGEL equiv)	-	1
sevelamer powder pak (RENVELA equiv)	-	1
sevelamer tab (RENVELA TAB equiv)	-	1
FOSRENOL POWDER PACK	-	2
PHOSLYRA SOLN	-	2
AURYXIA TAB	-	3
FOSRENOL CHEW TAB	-	3
RENAGEL TAB 800MG	-	3
RENVELA TAB	-	3
VELPHORO CHEW TAB	-	3
<b>SHORT BOWEL SYNDROME (SBS) AGENTS</b>		
GATTEX KIT	-	NC
<b>TRYPTOPHAN HYDROXYLASE INHIBITORS</b>		
XERMELO TAB (QL= 3 tabs/day)	MSP-PA-QL	2
<b>GENERAL ANESTHETICS</b>		
<b>ANESTHETICS - MISC.</b>		
KETAMINE HCL TROCHES	-	NC
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		
CYTRA K CRYSTALS	-	1
CYTRA-3 SYRUP	-	1
ORACIT SOLN	-	1
potassium citrate CR tab (UROKIT-K TAB equiv)	-	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
tricitrates soln (POLYCITRA-LC equiv)	-	1
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	2
PROCYSBI CAP	PA	3
PROCYSBI GRANULES PACKET	PA	3
<b>HYPEROXALURIA AGENTS</b>		
RIFLOZA INJ 160MG (QL= 1 inj/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	2
RIVFLOZA INJ (QL= 1 inj/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	2
RIVFLOZA VIAL (QL= 2 vials/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	2
<b>IGA NEPHROPATHY (IGAN) AGENTS</b>		
FILSPARI TAB (QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 or Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	2
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON CAP	-	2

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<b>GENITOURINARY AGENTS - MISCELLANEOUS Cont.</b>		
PENTOSAN CAP	-	NC
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
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
CARDURA XL TAB	-	3
dutasteride/tamsulosin cap (JALYN equiv)	-	NC
ENTADFI CAP	-	NC
<b>URINARY ANALGESICS</b>		
phenazopyridine tab (PYRIDIDIUM equiv)	-	1
phenazopyridine tab 95mg (AZO equiv)	OTC	EXC
phenazopyridine tab 97.5mg (AZO equiv)	OTC	EXC
phenazopyridine tab 99.5mg (AZO equiv)	OTC	EXC
<b>URINARY STONE AGENTS</b>		
tiopronin tab (THIOLA equiv)	MSP-PA	1
tiopronin tab delayed release (THIOLA EC equiv)	MSP-PA	1
LITHOSTAT TAB	-	3
THIOLA EC TAB	MSP-PA	3
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
DUZALLO TAB	-	NC
<b>GOUT AGENTS</b>		
allopurinol tab (ZYLOPRIM equiv)	-	1
colchicine tab (COLCRYS equiv)	-	1
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST	1
GLOPERBA SOLN (Prior Authorization required for members age 9 or older)	PA	3
allopurinol tab 200mg	-	NC
colchicine cap (MITIGARE equiv)	-	NC
COLCRYS TAB	-	NC
ULORIC TAB	-	NC
ZURAMPIC TAB	-	NC
<b>URICOSURICS</b>		
probenecid tab (BENEMID equiv)	-	1
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
HEMLIBRA INJ	MSP-PA	2
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
icatibant inj (FIRAZYR equiv)	MSP-PA	1
FIRAZYR INJ	-	NC
<b>COMPLEMENT INHIBITORS</b>		
BERINERT INJ (Only available through Accredo 800-803-2523)	LD-PA	2

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<b>HEMATOLOGICAL AGENTS - MISC. Cont.</b>		
CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2
EMPAVELI INJ (QL= 160ml/28 days; Only available through PantheRx 855-726-8479)	LD-PA-QL	2
FABHALTA CAP (QL= 2 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2
HAEGARDA INJ (Only available through Accredo 800-803-2523)	LD-PA	2
RUCONEST INJ (Only available through Accredo 800-803-2523)	LD-PA	2
TAVNEOS CAP (QL= 6 caps/day)	MSP-PA-QL	2
ZILBRYSQ INJ (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	2
ZILBRYSQ INJ 23MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	2
ZILBRYSQ INJ 32.4MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	2
VOYDEYA TAB	-	NC
VOYDEYA TAB THERAPY PACK	-	NC
<b>HEMATOALOGIC - TYROSINE KINASE INHIBITORS</b>		
TAVALISSE TAB (QL= 2 tabs/day)	MSP-PA-QL-SF	3
<b>HEMATORHEOLOGIC AGENTS</b>		
pentoxifylline ER tab (TRENTAL equiv)	-	1
<b>PLASMA KALLIKREIN INHIBITORS</b>		
TAKHZYRO INJ (QL= 2 inj/28 days)	MSP-PA-QL	2
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days)	MSP-PA-QL	2
ORLADEYO CAP (QL= 1 cap/day; Only available through Optime Care 888-287-2017)	LD-PA-QL	3
<b>PLATELET AGGREGATION INHIBITORS</b>		
anagrelide cap (AGRYLIN equiv)	-	1
aspirin/dipyridamole cap (AGGRENOX equiv)	-	1
cilostazol tab (PLETAL equiv)	-	1
clopidogrel tab 75mg (PLAVIX equiv)	-	1
dipyridamole tab (PERSANTINE equiv)	-	1
prasugrel tab (EFFIENT equiv)	-	1
BRILINTA TAB	-	2
CABLIVI INJ KIT (QL= 1 vial/day)	MSP-PA-QL	2
DURLAZA CAP	PA	3
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	3
ASPIRIN/OMEPRAZOLE ER TAB	-	NC
CLOPIDOGREL THERAPY PACK	-	NC
PLAVIX TAB 300MG	-	NC
YOSPRALA TAB	-	NC
<b>PYRUVATE KINASE ACTIVATORS</b>		
PYRUKYND TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2
PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	1
CERDELGA CAP	MSP-PA	3
ZAVESCA CAP	-	NC
<b>AGENTS FOR SICKLE CELL ANEMIA</b>		
DROXIA CAP	-	2
OXBRYTA TAB (QL= 3 tabs/day)	MSP-PA-QL	2

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<b>HEMATOPOIETIC AGENTS Cont.</b>		
SIKLOS TAB	-	3
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day)	MSP-PA-QL	1
OXBRYTA TAB FOR ORAL SUSP (QL= 5 tabs/day)	MSP-PA-QL	2
ENDARI POWDER PACKET	-	NC
<b>COBALAMINS</b>		
cyanocobalamin inj	-	1
cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv)	-	1
NASCOBAL SPRAY	-	3
<b>FOLIC ACID/FOLATES</b>		
folic acid tab 1mg (Covered at \$0 for females only; All other members covered at generic copay)	-	\$0
folic acid tab 400mcg (Covered for females only)	OTC	\$0
folic acid tab 800mcg (Covered for females only)	OTC	\$0
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP INJ (Step Therapy requires trial of EPOGEN or PROCRIT)	ST	2
DOPTLET TAB (QL= 2 tabs/day)	MSP-PA-QL	2
FULPHILA INJ	MSP	2
LEUKINE INJ	MSP-PA	2
NIVESTYM INJ	MSP	2
NYVEPRIA INJ	MSP	2
PROMACTA POWDER (QL= 1 packet/day)	MSP-PA-QL	2
PROMACTA TAB 12.5MG, 25MG (QL= 1 tab/day)	MSP-PA-QL	2
PROMACTA TAB 50MG (QL= 2 tabs/day)	MSP-PA-QL	2
PROMACTA TAB 75MG (QL= 2 tabs/day)	MSP-PA-QL	2
RETACRIT INJ	-	2
ZARXIO INJ	MSP	2
JESDUVROQ TAB	MSP-PA	3
MULPLETA TAB (QL= 7 tabs/fill)	MSP-PA-QL	3
ALVAIZ TAB	-	NC
FYLNETRA INJ	-	NC
GRANIX INJ	-	NC
NEULASTA INJ	-	NC
NEUPOGEN INJ	-	NC
PROCRIT INJ	-	NC
RELEUKO INJ	-	NC
RELEUKO PREFILLED SYRINGE INJ	-	NC
STIMUFEND INJ	-	NC
UDENYCA INJ	-	NC
VAFSEO TAB	-	NC
ZIEXTENZO INJ	-	NC
<b>HEMATOPOIETIC MIXTURES</b>		
folbee tab	-	1
MULTIGEN FOLIC TAB	-	1
MULTIGEN PLUS TAB	-	1
MULTIGEN TAB	-	1
tricon cap (TRINSICON equiv)	-	1

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<b>HEMATOPOIETIC AGENTS Cont.</b>		
NEPHRON FA TAB	-	2
BIFERARX TAB	-	3
BENTIVITE TAB	-	NC
B-SERENE PAD	-	NC
CYFOLEX CAP	-	NC
FEONYX TAB	-	NC
FERRO-PLEX TAB	-	NC
FOLITE TAB	-	NC
FOLVITE-FE TAB	-	NC
OVEEZA CAP	-	NC
PUREFOLIX TAB	-	NC
<b>IRON</b>		
ACCRUFER CAP (QL= 2 caps/day)	PA-QL	3
ferrous sulfate elixir	OTC	NC
FERROUS SULFATE LIQUID	OTC	NC
ferrous sulfate soln	OTC	NC
<b>STEM CELL MOBILIZERS</b>		
XOLREMDI CAP	-	NC
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
aminocaproic acid soln (AMICAR equiv)	-	1
aminocaproic acid tab (AMICAR equiv)	-	1
tranexamic acid tab (LYSTEDA equiv)	-	1
<b>HYPNOTICS</b>		
<b>NON-BARBITURATE HYPNOTICS</b>		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	1
<b>OREXIN RECEPTOR ANTAGONISTS</b>		
BELSOMRA TAB (QL= 1 tab/day)	PA-QL	3
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>ANTIHISTAMINE HYPNOTICS</b>		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	1
<b>BARBITURATE HYPNOTICS</b>		
phenobarbital elixir	-	1
phenobarbital tab	-	1
SECONAL CAP	-	2
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
doxepin tab (SILENOR equiv)	-	1
<b>NON-BARBITURATE HYPNOTICS</b>		
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 22.5mg (RESTORIL equiv)	-	1
temazepam cap 30mg (RESTORIL equiv)	-	1

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<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.</b>																							
temazepam cap 7.5mg (RESTORIL equiv)	-	1																					
triazolam tab (HALCION equiv)	-	1																					
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	1																					
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	1																					
zolpidem tartrate SL tab (INTERMEZZO equiv) (QL= 1 tab/day)	QL	1																					
ZOLPIDEM TARTRATE SL TAB 1.75MG (QL= 1 tab/day)	QL	1																					
ZOLPIDEM TARTRATE SL TAB 3.5MG (QL= 1 tab/day)	QL	1																					
DORAL TAB	-	3																					
EDLUAR SL TAB	-	3																					
FLURAZEPAM CAP	-	3																					
ZOLPIMIST SPRAY	-	3																					
ZOLPIDEM CAP	-	NC																					
<b>OREXIN RECEPTOR ANTAGONISTS</b>																							
DAYVIGO TAB (QL= 1 tab/day)	PA-QL	3																					
QUVIVIQ TAB (QL= 1 tab/day)	PA-QL	3																					
<b>SELECTIVE MELATONIN RECEPTOR AGONISTS</b>																							
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	1																					
ROZEREM TAB (QL= 1 tab/day)	QL	3																					
HETLIOZ CAP	-	NC																					
HETLIOZ SUSP	-	NC																					
tasimelteon cap (HETLIOZ equiv)	-	NC																					
<b>LAXATIVES</b>																							
<b>LAXATIVE COMBINATIONS</b>																							
GAVILYTE-C SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	\$0																					
GOLYTELY SOLN (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	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)	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 (COLYTE equiv) (Covered at \$0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	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)	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																					
PLENVU SOLN	-	2																					
SUFLAVE SOLN (QL= 2 fills/calendar year)	QL	2																					
CLENPIQ SOLN	-	3																					
SUTAB TAB	-	3																					
MOVIPREP SOLN	-	NC																					
PEG-PREP KIT	-	NC																					
SUPREP BOWEL PREP PACK	-	NC																					
<b>LAXATIVES - MISCELLANEOUS</b>																							
lactulose soln	-	1																					
MIRALAX PACKET	OTC	EXC																					
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<b>LAXATIVES Cont.</b>		
MIRALAX POWDER	OTC	EXC
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	EXC
GIALAX KIT	-	NC
KRISTALOSE PACK, LACTULOSE PACK	-	NC
KRISTALOSE PACKET	-	NC
<b>SALINE LAXATIVES</b>		
OSMOPREP TAB	-	3
<b>LOCAL ANESTHETICS-PARENTERAL</b>		
<b>LOCAL ANESTHETIC COMBINATIONS</b>		
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
ZITHROMAX POWDER PACK	-	3
<b>CLARITHROMYCIN</b>		
clarithromycin ER tab (BIAXIN XL equiv)	-	1
clarithromycin tab (BIAXIN equiv)	-	1
CLARITHROMYC SUSP	-	2
<b>ERYTHROMYCINS</b>		
erythromycin DR cap (ERYC equiv)	-	1
erythromycin ethylsuccinate susp (ERYPED equiv)	-	1
erythromycin tab (ERY-TAB equiv)	-	1
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	1
ERYTHROMYCIN EC CAP	-	2
ERYTHROMYCIN ETHYLSUCCINATE TAB	-	3
PCE TAB	-	3
<b>FIDAXOMICIN</b>		
DIFICID SUSP (QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	2
DIFICID TAB (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	2
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>CONTRACEPTIVES</b>		
CERVICAL CAP	-	\$0
DIAPHRAGM	-	\$0
FEMALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	\$0
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK AVIVA PLUS METER	OTC	\$0
ACCU-CHEK GUIDE CARE METER	OTC	\$0
ACCU-CHEK GUIDE ME KIT	OTC	\$0
ACCU-CHEK NANO METER	OTC	\$0
ONETOUCH METER	OTC	\$0
ONETOUCH VERIO FLEX METER	OTC	\$0
ONETOUCH VERIO IQ METER	OTC	\$0

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<b>MEDICAL DEVICES AND SUPPLIES Cont.</b>		
ONETOUCH VERIO METER	OTC	\$0
ONETOUCH VERIO REFLECT METER	OTC	\$0
CALIBRATION LIQUID	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 3-PLUS SENSOR (QL= 2 sensors/30 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 G6 INTRO KIT (QL= 1 kit/year)	QL	2
OMNIPOD 5 G6 PODS MISC (QL= 10 pods/30 days)	QL	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
DIABETIC METER (All other diabetic meters)	OTC	NC
FREESTYLE FREEDOM LITE METER	OTC	NC
FREESTYLE INSULINX METER	OTC	NC
FREESTYLE LITE METER	OTC	NC
FREESTYLE PRECISION NEO METER	OTC	NC
OMNIPOD DASH PDM KIT	-	NC
PRECISION XTRA METER	OTC	NC

**MISC. DEVICES**

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<b>MEDICAL DEVICES AND SUPPLIES Cont.</b>		
ALCOHOL SWABS	OTC	1
<b>ORAL HYGIENE PRODUCTS</b>		
HURRISEAL MIS SNAP	-	NC
<b>PARENTERAL THERAPY SUPPLIES</b>		
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
CEQR SIMPLICITY	-	NC
INPEN INSULIN INJECTION DEVICE	-	NC
INSULIN SYRINGE	OTC	NC
PEN NEEDLE	OTC	NC
<b>RESPIRATORY THERAPY SUPPLIES</b>		
PEAK FLOW METER	OTC	1
AEROCHAMBER	OTC	2
<b>MIGRAINE PRODUCTS</b>		
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>		
UBRELVEY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	2
ZAVZPRET NASAL SPRAY (QL= 6 units/fill; 60 units/365 days)	PA-QL	2
NURTEC ODT (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	3
QULIPTA TAB (QL= 1 tab/day)	PA-QL	3
<b>MIGRAINE COMBINATIONS</b>		
ERGOTAMINE/CAFFEINE TAB	-	1
ergotamine/caffeine tab (CAFERGOT equiv)	-	1
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	1
sumatriptan/naproxen tab (TREXIMET equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	2
MIGERGOT SUPP	-	3
TREXIMET TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
PRODRIN TAB	-	NC
SUMANSETRON PAK	-	NC
<b>MIGRAINE PRODUCTS</b>		
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8 sprays/fill, 2 fills/30 days)	QL	1
dihydroergotamine mesylate inj (D.H.E. equiv)	-	NC
TRUDHESA NASAL SPRAY	-	NC
<b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES</b>		
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	2
<b>MIGRAINE PRODUCTS - NSAIDS</b>		

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VAC Vaccine Program	¢ RxCENTS	

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>MIGRAINE PRODUCTS Cont.</b>		
diclofenac potassium (migraine) packet (CAMBIA equiv)	-	1
ELYXYB SOLN	-	NC
<b>SEROTONIN AGONISTS</b>		
almotriptan tab (AXERT equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
eletriptan tab (RELPAQ equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
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 INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	1
sumatriptan inj (IMITREX equiv) (QL= 4 inj/fill, 2 fills/30 days)	QL	1
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	1
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	1
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	2
SUMATRIPTAN INJ 6MG/0.5ML (QL= 4 inj/fill, 2 fills/30 days)	QL	2
IMITREX INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	3
ONZETRA XSAIL	-	3
TOSYMRA SOLN	-	3
ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	3
ALSUMA INJ, ZEMBRACE SYMTOUCH INJ	-	NC
SUMAVEL DOSEPRO INJ	-	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)	-	\$0
sodium fluoride chew tab (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
sodium fluoride soln (LURIDE equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0
SODIUM FLUORIDE TAB (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0

**PHOSPHATE**

phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1
potassium phosphate monobasic tab (K-PHOS equiv)	-	1
K-PHOS TAB	-	2

**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

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<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
potassium chloride ER tab (K-TAB equiv)	-	1
potassium chloride micro tab (K-DUR equiv)	-	1
potassium chloride powder packet (K-LOR-CON equiv)	-	1
potassium chloride soln	-	1
POTASSIUM CHLORIDE TAB ER	-	1
POKONZA POWDER	-	NC
<b>ZINC</b>		
GALZIN CAP	-	2
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
penicillamine tab (DEPEN TITRATAB equiv)	-	1
trientine cap (SYPRINE equiv)	MSP-PA	1
CUVRIOR TAB	-	NC
penicillamine cap (CUPRIMINE equiv)	-	NC
TRIENTINE CAP	-	NC
<b>DIGITAL THERAPY</b>		
DIGITAL THERAPY APPLICATION	-	NC
<b>IMMUNOMODULATORS</b>		
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	2
REVLIMID CAP (QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist)	LD-QL-RS	2
REZUROCK TAB (QL= 1 tab/day)	MSP-PA-QL	2
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
everolimus tab (ZORTRESS equiv)	PA	1
sirolimus soln (RAPAMUNE equiv)	-	1
ENSPRYNG INJ (QL= 1 inj/28 days)	MSP-PA-QL	2
ASTAGRAF XL CAP	PA	3
LUPKYNIS CAP (QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479)	LD-PA-QL	3
PROGRAF PACKET	-	3
azathioprine tab 100mg (AZASAN equiv)	-	NC
azathioprine tab 75mg (AZASAN equiv)	-	NC
MYHIBBIN SUSP	-	NC
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>		
VIJOICE GRANULES PACKET (QL= 1 packet/day)	MSP-PA-QL	3
VIJOICE TAB (QL= 1 tab/day)	MSP-PA-QL	3
VIJOICE TAB 250MG (QL= 2 tabs/day)	MSP-PA-QL	3
<b>POTASSIUM REMOVING AGENTS</b>		
LOKELMA PAK	PA	2
LOKELMA PAK 10GM	-	NC
LOKELMA PAK 5GM	-	NC
<b>PROGERIA TREATMENT AGENTS</b>		
ZOKINVY CAP (QL= 4 caps/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	2
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		

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<b>MISCELLANEOUS THERAPEUTIC CLASSES Cont.</b>																							
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	MSP-PA-QL	2																					
BENLYSTA INJ (QL= 4 inj/28 day)	MSP-PA-QL	2																					
<b>MOUTH/THROAT/DENTAL AGENTS</b>																							
<b>ANESTHETICS TOPICAL ORAL</b>																							
lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv)	-	1																					
FIRST MOUTHWASH BLM	-	3																					
LIDOCAINE ORAL SOLN 4%	-	NC																					
<b>ANTI-INFECTIVES - THROAT</b>																							
clotrimazole troches (MYCELEX TROCHES equiv)	-	1																					
nystatin susp	-	1																					
ORAVIG TAB	-	3																					
NYSTATIN SUSP	-	NC																					
<b>ANTISEPTICS - MOUTH/THROAT</b>																							
chlorhexidine gluconate soln (PERIDEX equiv)	-	1																					
<b>DENTAL PRODUCTS</b>																							
PREVIDENT 5000 PLUS CREAM (Covered at \$0 for members 5 years or younger; All other members covered at preferred brand copay)	-	\$0																					
sodium fluoride cream (PREVIDENT equiv) (Covered at \$0 for members 5 years or younger; All other members covered at generic copay)	-	\$0																					
sodium fluoride gel (PREVIDENT equiv)	-	1																					
sodium fluoride paste (PREVIDENT equiv)	-	1																					
sodium fluoride rinse (PREVIDENT equiv)	-	1																					
PREVIDENT SOLN	-	2																					
<b>STEROIDS - MOUTH/THROAT</b>																							
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1																					
<b>THROAT PRODUCTS - MISC.</b>																							
cevimeline cap (EVOXAC equiv)	-	1																					
pilocarpine tab (SALAGEN equiv)	-	1																					
GELCLAIR GEL	-	3																					
PROTHELIAL PASTE	-	NC																					
SILATRIX GEL	-	NC																					
<b>MULTIVITAMINS</b>																							
<b>B-COMPLEX VITAMINS</b>																							
EB-N3 DR CAP	-	NC																					
<b>B-COMPLEX W/ FOLIC ACID</b>																							
DIALYVITE TAB	-	1																					
dialyvit tab (NEPHRO-VITE equiv)	-	1																					
DIALYVITE/ZINC TAB	-	1																					
FOLBEE PLUS CZ TAB	-	1																					
renaphro cap (NEPHROCAP equiv)	-	1																					
FIBRIK CAP	-	NC																					
<b>MULTIPLE VITAMINS W/ MINERALS</b>																							
multivitamin/minerals tab (STROVITE equiv)	-	1																					
v-c forte cap (V-C FORTE equiv)	-	1																					
DEXATRAN CAP	-	NC																					
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<b>MULTIVITAMINS Cont.</b>		
FOLAGENT DHA CAP	-	NC
FOLAMED DHA CAP	-	NC
REMEDIENT CAP	-	NC
VITRECYL IRON TAB	-	NC
VITRECYL TAB	-	NC
<b>MULTIVITAMINS</b>		
DAVIMET-M CHEW MULTIVIT	-	NC
FOLIKA-V TAB	-	NC
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
pediatric multiple vitamins/fluoride/iron soln	-	1
POLY-VI-FLOR CHEW W/IRON	-	NC
<b>PED MV W/ FLUORIDE</b>		
MULTIVITAMIN FLUORIDE DROPS 0.25MG/ML	-	1
MULTIVITAMIN FLUORIDE DROPS 0.5MG/ML	-	1
MULTIVITAMIN/FLUORIDE CHEW 0.25MG	-	1
MULTIVITAMIN/FLUORIDE CHEW 1MG	-	1
MULTIVITAMIN/FLUORIDE CHEW TAB	-	1
pediatric multiple vitamins/fluoride soln	-	1
TRI-VITAMIN FLUORIDE DROPS	-	1
FLORIVA PLUS DROPS	-	2
DAVIMET/FLUORIDE CHEW 0.75MG	-	NC
FLORAFOL CHEW TAB	-	NC
FLORAFOL PED CHEW TAB	-	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
<b>PEDIATRIC MULTIPLE VITAMINS &amp; MINERALS W/ FLUORIDE</b>		
FLORIVA CHEW TAB	-	NC
<b>PRENATAL VITAMINS</b>		
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
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<b>MULTIVITAMINS Cont.</b>		
NEONATAL 19 TAB	-	3
NEONATAL FE TAB	-	3
PRENATAL VITAMINS (NON-PREFERRED)	-	3
VITAFOL STRIPS	-	3
AZESCHEW TAB 13-1MG	-	NC
AZESCO TAB	-	NC
JENLIVA CAP	-	NC
MULTI-MAC TAB	-	NC
PREGEN DHA CAP	-	NC
PREGENNA TAB	-	NC
PRENARA CAP	-	NC
PRENATOL-M TAB 27-1.2MG	-	NC
PRENATRIX TAB	-	NC
PRENATRYL TAB	-	NC
<b>SPECIALTY VITAMINS PRODUCTS</b>		
NITRIVIA CAP	-	NC

**MUSCULOSKELETAL THERAPY AGENTS**

**CENTRAL MUSCLE RELAXANTS**

BACLOFEN SUSP (Prior Authorization Required for members age 9 or older)	PA	1
baclofen susp (BACLOFEN equiv) (Prior Authorization Required for members age 9 or older)	PA	1
baclofen tab (BACLOFEN equiv)	-	1
carisoprodol tab (SOMA equiv)	-	1
carisoprodol tab 250mg (SOMA equiv)	-	1
chlorzoxazone tab 500mg	-	1
cyclobenzaprine ER cap (AMRIX equiv)	-	1
cyclobenzaprine tab (FLEXERIL equiv)	-	1
metaxalone tab (SKELAXIN equiv)	-	1
methocarbamol tab (ROBAXIN equiv)	-	1
orphenadrine citrate ER tab (NORFLEX equiv)	-	1
tizanidine cap (ZANAFLEX equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
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
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
baclofen tab 15mg	-	NC
BACLOFEN TAB 5MG	-	NC
chlorzoxazone tab	-	NC
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
METHOCARBAMOL TAB	-	NC
TANLOR TAB	-	NC

**DIRECT MUSCLE RELAXANTS**

dantrolene cap (DANTRIUM equiv)	-	1
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**FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS**

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<b>MUSCULOSKELETAL THERAPY AGENTS Cont.</b>		
SOHONOS CAP 1.5MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	2
SOHONOS CAP 10MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	2
SOHONOS CAP 1MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	2
SOHONOS CAP 2.5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	2
SOHONOS CAP 5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	2
<b>MUSCLE RELAXANT COMBINATIONS</b>		
CARISOPRODOL/ASPIRIN TAB	-	1
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	1
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	1
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	1
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv)	-	1
NORGESIC TAB FORTE	-	3
TIZANIDINE COMFORT KIT	-	3
LORVATUS PHARMAPAK KIT	-	NC
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENT COMBINATIONS</b>		
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC
AZENASE PAK	-	NC
RYALTRIS SPRAY	-	NC
<b>NASAL AGENTS - MISC.</b>		
ALCOHOL SWABS	OTC	1
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC
<b>NASAL ANESTHETICS</b>		
COCAINE HCL SOLN	-	NC
<b>NASAL ANTIALLERGY</b>		
azelastine nasal spray 0.1% (ASTELIN equiv)	-	1
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	1
olopatadine nasal spray (PATANASE equiv)	-	1
<b>NASAL ANTICHOLINERGICS</b>		
ipratropium nasal spray (ATROVENT equiv)	-	1
<b>NASAL STEROIDS</b>		
flunisolide nasal soln (QL= 2 bottles/fill)	QL	1
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	1
mometasone nasal spray (NASONEX equiv) (QL= 2 bottles/fill)	QL	1
BECONASE AQ NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)	QL-ST	3
OMNARIS NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)	QL-ST	3
QNASL NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)	QL-ST	3
XHANCE NASAL EXHALER	-	3
ZETONNA NASAL SPRAY (QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone)	QL-ST	3
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	EXC
FLONASE SENSIMIST NASAL SPRAY	OTC	EXC

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.</b>		
NASACORT OTC NASAL SPRAY	OTC	EXC
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	EXC
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
ADRENALIN NASAL SOLN	-	NC
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
riluzole tab (RILUTEK equiv)	-	1
RADICAVA ORS STARTER KIT (QL= 70ml/365 days)	MSP-PA-QL	2
RADICAVA ORS SUSP (QL= 50mL/28 days)	MSP-PA-QL	2
EXSERVAN FILM	PA	3
TIGLUTIK SUSP	PA	3
<b>FRIEDRICH'S ATAXIA AGENTS</b>		
SKYCLARYS CAP (QL= 3 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2
<b>MUSCULAR DYSTROPHY AGENTS</b>		
DUVYZAT ORAL SUSP	-	NC
<b>RETT SYNDROME AGENTS</b>		
DAYBUE SOLN (QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	2
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
<b>NUTRIENTS</b>		
<b>LIPIDS</b>		
DOJOLVI ORAL LIQUID (Only available through Accredo 800-803-2523)	LD-PA	3
<b>OPHTHALMIC AGENTS</b>		
<b>ARTIFICIAL TEARS AND LUBRICANTS</b>		
LACRISERT OPHTH INSERT	-	2
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
BETAXOLOL OPHTH SOLN	-	1
betaxolol ophth soln (BETOPTIC-S equiv)	-	1
brimonidine/timolol ophth soln (COMBIGAN equiv)	-	1
CARTEOLOL OPHTH SOLN	-	1
carteolol ophth soln (OCUPRESS equiv)	-	1
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	1
LEVOBUNOLOL OPHTH SOLN	-	1
levobunolol ophth soln (BETAGAN equiv)	-	1
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)	-	1
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	1
timolol maleate ophth soln (TIMOPTIC equiv)	-	1
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	1
timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv)	-	1
BETIMOL OPHTH SOLN	-	2
BETOPTIC-S OPHTH SOLN	-	2
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	2
ISTALOL OPHTH SOLN	-	2

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<b>OPHTHALMIC AGENTS Cont.</b>		
METIPRANOLOL OPHTH SOLN	-	2
COMBIGAN OPHTH SOLN	-	3
<b>CHOLINERGIC AGONISTS</b>		
TYRVAYA NASAL SPRAY (QL= 2 bottles/30 days (1 bottle= 4.2ml); Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2
<b>CYCLOPLEGIC MYDRIATICS</b>		
atropine ophth oint	-	1
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1
ATROPINE SUL SOLN 1% OPHTH	-	1
ATROPINE SULFATE OPHTH OINT	-	1
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1
phenylephrine ophth soln (MYDFRIN equiv)	-	1
tropicamide ophth soln (MYDRIACYL equiv)	-	1
CYCLOMYDRIL OPHTH SOLN	-	2
HOMATROPINE OPHTH SOLN	-	2
CYCLOGYL OPHTH SOLN	-	3
MYDCOMBI OPHTH SOLN	-	NC
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC
<b>MIOTICS</b>		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1
ISOPTO CARBACHOL OPHTH SOLN	-	2
PHOSPHOLINE OPHTH SOLN	-	3
VUITY OPHTH SOLN	-	NC
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
apraclonidine ophth soln (IOPIDINE equiv)	-	1
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	1
brimonidine ophth soln 0.2%	-	1
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv)	-	1
APRACLONIDINE OPHTH SOLN	-	2
IOPIDINE OPHTH SOLN	-	2
SIMBRINZA OPHTH SUSP	-	2
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1
ciprofloxacin ophth soln (CILOXAN equiv)	-	1
erythromycin ophth oint	-	1
gatifloxacin ophth soln (ZYMAXID equiv)	-	1
GENTAK OPHTH OINT	-	1
gentamicin ophth soln (GARAMYCIN equiv)	-	1
levofloxacin ophth soln (QUIXIN equiv)	-	1
LEVOFLOXACIN OPHTH SOLN 0.5%	-	1
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	1
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	1
ofloxacin ophth soln (OCUFLOX equiv)	-	1
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1
tobramycin ophth soln (TOBREX equiv)	-	1

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<b>OPHTHALMIC AGENTS Cont.</b>		
TRIFLURIDINE OPHTH SOLN	-	1
AZASITE SOLN	-	2
BACITRACIN OPHTH OINT	-	2
MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN	-	2
NATACYN OPHTH SUSP (QL= 15ml/fill)	QL	2
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	2
ZIRGAN OPHTH GEL	-	2
BESIVANCE OPHTH SUSP (Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA)	ST	3
CILOXAN OPHTH OINT	-	3
TOBREX OPHTH OINT	-	3
VIGAMOX OPHTH SOLN	-	3
ZYMAXID OPHTH SOLN	-	3
ERYTHROMYCIN OPHTH OINT	-	NC
LEVOFLOXACIN OPHTH SOLN	-	NC
MOXEZA OPHTH SOLN 0.5%	-	NC
MOXIFLOXACIN SOLN	-	NC
VANCOMYCIN SOLN	-	NC
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	1
CEQUA OPHTH SOLN (QL= 60 vials/30 days)	PA-QL	3
CYCLOSPORINE OPHTH EMULSION 0.1%, VERKAZIA OPHTH EMULSION (QL= 120 vials/30 days)	PA-QL	3
VEVYE OPHTH SOLN (QL= 1 vial/30 days)	PA-QL	3
RESTASIS MULTI-DOSE	-	NC
RESTASIS OPHTH EMULSION	-	NC
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA OPHTH SOLN (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA OPHTH SOLN (QL= 2.5ml/25 days)	PA-QL	3
ROCKLATAN OPHTH SOLN	-	NC
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
proparacaine ophth soln (ALCAINE equiv)	-	1
IHEEZO GEL	-	NC
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523)	LD-PA-QL	2
<b>OPHTHALMIC PHOTOENHANCERS</b>		
PHOTREXA OP KIT	-	NC
PHOTREXA VISCOUS OPHTH SOLN	-	NC
<b>OPHTHALMIC STEROIDS</b>		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1
difluprednate ophth emulsion (DUREZOL equiv)	-	1
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	1
loteprednol ophth susp (LOTEMAX, ALREX equiv)	-	1
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1

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<b>OPHTHALMIC AGENTS Cont.</b>		
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	1
PREDNISOLONE OPHTH SUSP	-	1
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	1
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1
ALREX OPHTH SUSP	-	2
BLEPHAMIDE OPHTH SOLN	-	2
LOTEMAX OPHTH OINT	-	2
LOTEMAX SM GEL 0.38%	-	2
MAXIDEX OPHTH SOLN	-	2
PRED MILD OPHTH SOLN	-	2
PRED-G OPHTH SOLN	-	2
TOBRADEX OPHTH OINT	-	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	-	3
CLOBETASOL OPHTH SUSP (QL= 7ml/30 days)	QL	3
EYSUVIS OPHTH SUSP	-	3
FLAREX OPHTH SUSP	-	3
FML FORTE OPHTH SUSP	-	3
FML S.O.P. OPHTH OINT	-	3
INVELTYS OPHTH SUSP	-	3
PRED FORTE OPHTH SUSP	-	3
TOBRADEX ST OPHTH SUSP	-	3
DEXTENZA OPHTH INSERT	-	NC
KLARITY-B DROPS	-	NC
KLARITY-L DROPS	-	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
<b>OPHTHALMIC SURGICAL AIDS</b>		
DUOVISC KIT	-	NC
<b>OPHTHALMICS - MISC.</b>		
azelastine ophth soln (OPTIVAR equiv)	-	1
bepotastine ophth soln (BEPREVE equiv)	-	1
brinzolamide ophth susp (AZOPT equiv)	-	1
bromfenac ophth soln (BROMDAY equiv)	-	1
bromfenac sodium ophth soln 0.07% (PROLENSA equiv)	-	1
cromolyn ophth soln (CROLOM equiv)	-	1
CROMOLYN SODIUM OPHTH SOLN	-	1
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1

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<b>OPHTHALMIC AGENTS Cont.</b>		
dorzolamide ophth soln (TRUSOPT equiv)	-	1
epinastine ophth soln (ELESTAT equiv)	-	1
ketorolac ophth soln (ACULAR (LS) equiv)	-	1
olopatadine ophth soln 0.1% (PATANOL equiv)	OTC	1
olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days)	OTC-QL	1
ALOCRILOPHTH SOLN	-	2
ALOMIDOPHTH SOLN	-	2
CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-QL-RS	2
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	2
FLURBIPROFEN OPHTH SOLN	-	2
ILEVRO OPHTH SUSP	-	2
MIEBO OPHTH SOLN (QL= 1 bottle/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2
NEVANAC OPHTH SUSP	-	2
ACUVAIL OPHTH SOLN	-	3
AZOPT OPHTH SUSP	-	3
EMADINE OPHTH SOLN	-	3
LASTACFT OPHTH SOLN (QL= 3ml/30 days)	QL	3
PAZEO OPHTH SOLN 0.7%	PA	3
PROLENSA OPHTH SOLN	-	3
ZERVIATE OPHTH SOLN	-	3
ketotifen ophth soln (ZADITOR equiv)	OTC	EXC
UPNEEQ SOLN	-	EXC
bromfenac sodium ophth soln 0.075% (BROMSITE equiv)	-	NC
PATADAY OPHTH SOLN	-	NC
ZADITOR OPHTH SOLN	OTC	NC
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	1
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1
tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv) (QL= 1 vial/day)	PA-QL	1
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	1
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2
VYZULTA SOLN (QL= 2.5ml/30 days)	PA-QL	3
ZIOPTAN OPHTH SOLN (QL= 1 vial/day)	PA-QL	3
IYUZEH OPHTH DROPS	-	NC
XELPROS OPHTH EMULSION	-	NC

**OTIC AGENTS**

**OTIC AGENTS - MISCELLANEOUS**

acetic acid otic soln (VOSOL equiv)	-	1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	1

**OTIC ANTI-INFECTIVES**

ofloxacin otic soln (FLOXIN equiv)	-	1
CIPROFLOXACIN OTIC SOLN	-	2

**OTIC COMBINATIONS**

ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	1
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neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv)	-	1
neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv)	-	1
COLY-MYCIN S OTIC SUSP	-	2
CIPRO HC OTIC SUSP	-	3
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	3
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC
CORTANE-B OTIC SOLN	-	NC
CORTIC-ND DROPS	-	NC
otomax-HC otic soln (CORTANE-B equiv)	-	NC
<b>OTIC STEROIDS</b>		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1
fluocinolone otic oil (DERMOTIC equiv)	-	1
<b>OXYTOCICS</b>		
<b>ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING</b>		
MPM PAK	-	NC
<b>OXYTOCICS</b>		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	1
<b>PASSIVE IMMUNIZING AGENTS</b>		
<b>IMMUNE SERUMS</b>		
HIZENTRA INJ	MSP-PA	2
CUVITRU INJ	-	NC
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
HYQVIA INJ	MSP-PA	2
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
TRIKAFTA THERAPY PACK (QL= 2 packets/day)	MSP-PA-QL	2
<b>IMMUNE SERUMS</b>		
HIZENTRA INJ	MSP-PA	2
XEMBIFY INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	2
CUTAQUIG INJ	-	NC
<b>MONOCLONAL ANTIBODIES</b>		
BEYFORTUS INJ	VAC	\$0
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
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	-	2
MOXATAG TAB 775MG	-	NC
<b>NATURAL PENICILLINS</b>		
penicillin vk tab (VEETIDS equiv)	-	1
<b>PENICILLIN COMBINATIONS</b>		

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<b>PENICILLINS Cont.</b>																							
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1																					
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1																					
AMOXICILLIN/CLAVULANATE ER TAB	-	3																					
<b>PENICILLINASE-RESISTANT PENICILLINS</b>																							
dicloxacillin cap (DYNAPEN equiv)	-	1																					
<b>PHARMACEUTICAL ADJUVANTS</b>																							
<b>LIQUID VEHICLES</b>																							
TRICHOSOL SOLN	-	NC																					
<b>SEMI SOLID VEHICLES</b>																							
POLYETHYLENE GLYCOL 8000 GRANULES	-	2																					
VERSAPENN AL GEL ANHYDROU	-	NC																					
<b>PROGESTINS</b>																							
<b>PROGESTINS</b>																							
medroxyprogesterone tab (PROVERA equiv)	-	1																					
megestrol ES susp (MEGACE ES equiv)	-	1																					
MEGESTROL SUSP	-	1																					
norethindrone tab (AYGESTIN equiv)	-	1																					
progesterone cap (PROMETRIUM equiv)	-	1																					
progesterone oil inj	-	1																					
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>																							
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>																							
acamprosate calcium DR tab (CAMPRAL equiv)	-	1																					
disulfiram tab (ANTABUSE equiv)	-	1																					
lofexidine hcl tab (LUCEMYRA equiv) (QL= 96 tabs/7 days)	PA-QL	1																					
LUCEMYRA TAB (QL= 96 tabs/7 days)	PA-QL	3																					
<b>ANTI-CATAPLECTIC AGENTS</b>																							
LUMRYZ PACK (QL= 1 pack/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2																					
SODIUM OXYBATE SOLN (QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688)	LD-PA-QL	2																					
XYWAV SOLN	-	NC																					
<b>ANTIDEMENTIA AGENTS</b>																							
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	1																					
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	1																					
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	1																					
galantamine ER cap (RAZADYNE ER equiv)	-	1																					
GALANTAMINE SOLN	-	1																					
galantamine tab (RAZADYNE equiv)	-	1																					
memantine ER cap (NAMENDA XR equiv)	-	1																					
memantine soln (NAMENDA equiv)	-	1																					
memantine tab (NAMENDA equiv)	-	1																					
rivastigmine cap (EXELON equiv)	-	1																					
rivastigmine patch (EXELON equiv)	-	1																					
NAMENDA XR TITRATION PACK	-	2																					
ADLARITY PATCH	-	3																					
NAMZARIC CAP	-	NC																					
NAMZARIC STARTER PACK	-	NC																					
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**DrugName** **Special Code** **Tier**

**PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.**

**COMBINATION PSYCHOTHERAPEUTICS**

olanzapine/fluoxetine cap (SYMBYAX equiv)	-	1
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
LYBALVI TAB (QL= 1 tab/day)	PA-QL	3
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	NC
DULOXICAINE PACK	-	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)	MSP	1
AUSTEDO TAB (QL= 4 tabs/day)	MSP-PA-QL	2
AUSTEDO XR TAB (QL= 1 tab/day)	MSP-PA-QL	2
AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days)	MSP-PA-QL	2
AUSTEDO XR TITRATION PACK (QL= 1 pack/28 days)	MSP-PA-QL	2
INGREZZA CAP (QL= 1 cap/day)	MSP-PA-QL	2
INGREZZA PACK 40-80MG (QL= 1 pack/28 days)	MSP-PA-QL	2
INGREZZA SPRINKLE CAP (QL= 1 cap/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	2
AUSTEDO TITRATION PACK	-	NC
XENAZINE TAB	-	NC

**MULTIPLE SCLEROSIS AGENTS**

dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	MSP-QL-RS	1
dimethyl fumarate DR cap (TECFIDERA equiv)	MSP	1
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	MSP	1
fingolimod hcl cap 0.5mg (GILENYA equiv)	MSP	1
glatiramer inj (COPAXONE equiv)	MSP	1
teriflunomide tab (AUBAGIO equiv)	MSP	1
AVONEX INJ	MSP	2
BETASERON INJ	MSP	2
BETASERON INJ (Client exception for publishing only)	MSP	2
GILENYA CAP 0.25MG	MSP	2
KESIMPTA INJ	MSP	2
MAVENCLAD THERAPY PAK	MSP	2
MAYZENT TAB	MSP	2
MAYZENT TAB STARTER PACK	MSP	2
PLEGRIDY INJ	MSP	2
REBIF INJ	MSP	2
ZEPOSIA CAP (QL= 1 cap/day)	MSP-PA-QL	2
ZEPOSIA STARTER PACK (QL= 1 cap/day)	MSP-PA-QL	2
PONVORY TAB	MSP	3
PONVORY TAB STARTER PACK	MSP	3
AUBAGIO TAB	-	NC
BAFIERTAM CAP	-	NC

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EXTAVIA INJ	-	NC
GILENYA CAP 0.5MG	-	NC
TASCENSO ODT TAB	-	NC
TECFIDERA CAP	-	NC
TECFIDERA STARTER PACK	-	NC
VUMERITY CAP	-	NC
ZINBRYTA INJ	-	NC
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>		
gabapentin (once-daily) tab 300mg (GRALISE equiv) (QL= 1 tab/day)	PA-QL	1
gabapentin (once-daily) tab 600mg (GRALISE equiv) (QL= 3 tabs/day)	PA-QL	1
pregabalin ER tab (LYRICA CR equiv) (QL= 1 tab/day)	PA-QL	1
pregabalin ER tab 330mg (LYRICA CR equiv) (QL= 2 tabs/day)	PA-QL	1
GRALISE TAB 300MG (QL= 1 tab/day)	PA-QL	3
GRALISE TAB 450MG (QL= 1 tab/day)	PA-QL	3
GRALISE TAB 600MG (QL= 3 tabs/day)	PA-QL	3
GRALISE TAB 750MG (QL= 2 tabs/day)	PA-QL	3
GRALISE TAB 900MG (QL= 2 tabs/day)	PA-QL	3
GRALISE STARTER PACK	-	NC
LIDOTIN PAK	-	NC
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
FLUOXETINE TAB	-	1
FLUOXETINE CAP (PMDD)	-	2
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA CAP (QL= 2 caps/day)	PA-QL	2
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
PIMOZIDE TAB	-	2
ERGOLOID MESYLATES TAB	-	3
<b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>		
HORIZANT TAB (QL= 2 tabs/day)	PA-QL	3
<b>SMOKING DETERRENENTS</b>		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	\$0
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
NICOTINE KIT	OTC-QL-SMKG	\$0
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	\$0
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
<b>TRANSTHYRETIN AMYLOIDOSIS AGENTS</b>		
WAINUA INJ (QL= 1 inj/28 days; Only available through Orsini 800-410-8575)	LD-PA-QL	2
<b>VASOMOTOR SYMPTOM AGENTS</b>		
paroxetine cap (BRISDELLE equiv)	-	1
BRISDELLE CAP	-	3

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**RESPIRATORY AGENTS - MISC.**

**CYSTIC FIBROSIS AGENTS**

KALYDECO PAK (QL= 2 packets/day)	MSP-PA-QL	2
KALYDECO TAB (QL= 2 tabs/day)	MSP-PA-QL	2
ORKAMBI GRANULES PACKET (QL= 2 packets/day)	MSP-PA-QL	2
ORKAMBI TAB (QL= 4 tabs/day)	MSP-PA-QL	2
PULMOZYME INH SOLN	MSP	2
SYMDEKO TAB (QL= 2 tabs/day)	MSP-PA-QL	2
TRIKAFTA TAB (QL= 84 tabs/28 days)	MSP-PA-QL	2
BRONCHITOL CAP	-	NC

**PULMONARY FIBROSIS AGENTS**

pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)	MSP-PA-QL	1
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	MSP-PA-QL	1
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	MSP-PA-QL	1
OFEV CAP (QL= 2 caps/day)	MSP-PA-QL-SF	2
PIRFENIDONE TAB	-	NC

**SULFONAMIDES**

**SULFONAMIDES**

sulfadiazine tab	-	1
SULFADIAZINE TAB	-	NC

**TETRACYCLINES**

**AMINOMETHYLCYCLINES**

NUZYRA TAB (QL= 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist)	MSP-QL-RS	3
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**TETRACYCLINE COMBINATIONS**

NICAZELDOXY KIT	-	2
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**TETRACYCLINES**

demeclocycline tab (DECLOMYCIN equiv)	-	1
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1
doxycycline hyclate DR tab (DORYX equiv)	-	1
doxycycline hyclate tab (VIBRATAB equiv)	-	1
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	1
doxycycline monohydrate cap 50mg, 100mg (MONODOX equiv)	-	1
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	1
doxycycline monohydrate tab (ADOXA equiv)	-	1
doxycycline susp (VIBRAMYCIN equiv)	-	1
minocycline cap (MINOCIN equiv)	-	1
minocycline ER tab (SOLODYN equiv)	-	1
minocycline tab (DYNACIN equiv)	-	1
tetracycline cap	-	1
MINOCYCLINE ER CAP	-	3
MINOLIRA TAB	-	3
MORGIDOX KIT	-	3
OCUDOX KIT	-	3
VIBRAMYCIN SYRUP	-	3
ACTICLATE TAB 75MG, 150MG	-	NC
DORYX MPC TAB	-	NC

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<b>TETRACYCLINES Cont.</b>		
DORYX TAB 200MG	-	NC
doxycycline hyclate DR tab 200mg (DORYX equiv)	-	NC
doxycycline hyclate tab (TARGADOX equiv)	-	NC
doxycycline hyclate tab 75mg, 150mg	-	NC
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC
SEYSARA TAB	-	NC
TETRACYCLINE TAB	-	NC

**THYROID AGENTS**

<b>ANTITHYROID AGENTS</b>		
methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1
SODIUM IODIDE I-131 SOLN	-	NC

<b>THYROID HORMONES</b>		
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
TIROSINT-SOL (QL=1 ml/day; Prior Authorization required for members age 9 or older)	PA-QL	3
ERMEZA SOLN 150 MCG/5ML	-	NC
LEVOTHYROXINE INJ	-	NC
THYQUIDITY SOLN	-	NC
TIROSINT CAP	-	NC

**TOXOIDS**

<b>TOXOID COMBINATIONS</b>		
ADACEL/BOOSTRIX INJ	VAC	\$0
DIPHTHERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	\$0
KINRIX INJ, QUADRACEL DTAP-IPV INJ	VAC	\$0
KINRIX PEF SYRINGE, QUADRACEL PEF SYRINGE	VAC	\$0
PEDIARIX INJ	VAC	\$0
PENTACEL INJ	VAC	\$0

**ULCER DRUGS**

<b>ANTISPASMODICS</b>		
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	1
dicyclomine cap (BENTYL equiv)	-	1
dicyclomine soln (BENTYL equiv)	-	1
dicyclomine tab (BENTYL equiv)	-	1
glycopyrrolate tab (ROBINUL 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

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<b>ULCER DRUGS Cont.</b>		
methscopolamine tab (PAMINE equiv)	-	1
BELLADONNA ALKALOID/OPIUM SUPP	-	2
PROPANTHELINE TAB	-	2
GLYCATE TAB, GLYCOPYRROLATE TAB	-	3
SYMAX DUOTAB	-	3
b-donna tab (DONNATAL equiv)	-	NC
DONNATAL TAB	-	NC
pb-belladonna elixir (DONNATAL equiv)	-	NC
<b>H-2 ANTAGONISTS</b>		
cimetidine soln (CIMETIDINE equiv)	-	1
cimetidine tab (TAGAMET equiv)	OTC	1
famotidine susp (PEPCID equiv)	-	1
famotidine tab (PEPCID equiv)	OTC	1
nizatidine cap (AXID equiv)	-	1
ranitidine cap (ZANTAC equiv)	-	NC
ranitidine syrup (ZANTAC equiv)	-	NC
ranitidine tab (Rx Only) (ZANTAC equiv)	-	NC
ZANTAC EFFER TAB	-	NC
<b>MISC. ANTI-ULCER</b>		
sucralfate tab (CARAFATE equiv)	-	1
<b>PROTON PUMP INHIBITORS</b>		
esomeprazole cap (NEXIUM equiv)	OTC	1
lansoprazole cap (PREVACID equiv)	OTC	1
omeprazole DR cap (PRILOSEC equiv)	-	1
pantoprazole EC tab (PROTONIX equiv)	-	1
PRILOSEC OTC DR TAB	OTC	1
rabeprazole EC tab (ACIPHEX equiv)	-	1
ACIPHEX SPRINKLE CAP (QL= 1 cap/day)	QL	3
FIRST OMEPRAZOLE SUSP	-	3
LANSOPRAZOLE SUSP	-	3
NEXIUM GRANULE PACK	-	3
PREVACID OTC CAP	OTC	EXC
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
misoprostol tab (CYTOTEC equiv)	-	1
<b>ULCER THERAPY COMBINATIONS</b>		
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	1
ZEGERID CAP OTC	OTC	EXC
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC
ZEGERID POWDER PACK	-	NC
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>ANTISPASMODICS</b>		
glycopyrrolate oral soln (CUVPOSA equiv)	-	1
GLYCATE TAB	-	3
DARTISLA ODT TAB	-	NC
HYOSCYAMINE INJ	-	NC

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<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.</b>		
<b>H-2 ANTAGONISTS</b>		
NIZATIDINE CAP	-	1
CIMETIDINE SOLN	-	3
<b>MISC. ANTI-ULCER</b>		
sucralfate susp (CARAFATE equiv)	-	1
<b>PROTON PUMP INHIBITORS</b>		
dexlansoprazole DR cap (DEXILANT equiv) (QL= 1 cap/day; Step Therapy requires trial of omeprazole, pantoprazole, or rabeprazole)	QL-ST	1
esomeprazole DR granule pack (NEXIUM equiv)	-	1
lansoprazole odt (PREVACID SOLUTAB equiv)	-	1
pantoprazole sodium packet (PROTONIX equiv) (QL= 1 packet/day)	QL	1
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG (QL= 1 cap/day)	QL	3
VOQUEZNA TAB (QL= 2 tabs/day)	QL	3
esomeprazole magnesium DR tab (NEXIUM equiv)	OTC	EXC
NEXIUM 24HR TAB	OTC	EXC
omeprazole magnesium DR tab 20mg (PRILOSEC equiv)	OTC	EXC
omeprazole tab	OTC	EXC
FIRST PANTOPRAZOLE SUSP	-	NC
<b>ULCER THERAPY COMBINATIONS</b>		
VOQUEZNA DUAL PAK (QL= 112 pills/14 days)	QL	3
bismuth/metro/tetra cap (PYLERA equiv)	-	NC
HELIDAC PACK	-	NC
KONVOMEK SUSP	-	NC
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	NC
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN KIT	-	NC
PYLERA CAP	-	NC
TALICIA CAP	-	NC
VOQUEZNA TRIP PAK	-	NC

**URINARY ANTISPASMODICS**

**URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)**

trospium chloride SR cap (SANCTURA XR equiv)	-	1
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**URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**

darifenacin SR tab (ENABLEX equiv)	-	1
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	1
oxybutynin ER tab (DITROPAN XL equiv)	-	1
oxybutynin syrup	-	1
oxybutynin tab (DITROPAN equiv)	-	1
solifenacin tab (VESICARE equiv)	-	1
tolterodine SR cap (DETROL LA equiv)	-	1
tolterodine tab (DETROL equiv)	-	1
trospium tab (SANCTURA equiv)	-	1
GELNIQUE	PA	3
TOVIAZ TAB	-	3
VESICARE LS SUSP (QL= 10ml/day)	PA-QL	3
OXYTROL PATCH (OTC)	OTC	EXC

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

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>URINARY ANTISPASMODICS Cont.</b>		
OXYBUTYNIN TAB	-	NC
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
mirabegron tab er (MYRBETRIQ equiv)	-	1
GEMTESA TAB	PA	3
MYRBETRIQ SUSP	-	3
MYRBETRIQ TAB	-	NC
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
bethanechol tab (URECHOLINE equiv)	-	1
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)</b>		
flavoxate tab (URISPAS equiv)	-	1
<b>VACCINES</b>		
<b>BACTERIAL VACCINES</b>		
ACTHIB INJ, HIBERIX INJ	VAC	\$0
CAPVAXIVE INJ	VAC	\$0
PEDVAXHIB INJ	VAC	\$0
PENBRAYA INJ	VAC	\$0
PREVNAR 20 INJ (Covered for members age 19 years or older)	VAC	\$0
VAXNEUVANCE INJ	VAC	\$0
BCG INJ	VAC	EXC
<b>VIRAL VACCINES</b>		
ABRYSVO INJ (QL= 1 dose/lifetime)	QL-VAC	\$0
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	\$0
AREXVY INJ (QL= 1 dose/lifetime; Covered for members age 60 years or older)	QL-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)	VAC	\$0
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/24 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 INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUBLOK QUAD PF INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUCELVAX INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLUCELVAX QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLULAVAL INJ, FLUARIX INJ (QL= 1 inj/28 days)	QL-VAC	\$0
FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 1 inj/28 days)	QL-VAC	\$0

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VAC Vaccine Program	¢ RxCENTS	

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VACCINES Cont.</b>		
FLUMIST NASAL (QL= 1 dose/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
IPOL INJ	VAC	\$0
MRESVIA INJ (QL= 1 dose/lifetime; Covered for members age 60 years or older)	QL-VAC	\$0
NOVAVAX INJ (QL= 1 dose/24 days)	QL-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/17 days)	QL-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
IMOVAX INJ	VAC	EXC
IXCHIQ INJ	VAC	EXC
RABAVERT INJ	VAC	EXC

**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
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**VAGINAL PRODUCTS**

**MISCELLANEOUS VAGINAL PRODUCTS**

FEM PH GEL	-	3
INTRAROSA SUPP	-	3

**SPERMICIDES**

CONTRACEPTIVE FILM	OTC	\$0
CONTRACEPTIVE FOAM	OTC	\$0
CONTRACEPTIVE GEL	OTC	\$0
CONTRACEPTIVE SUPP	OTC	\$0
TODAY SPONGE	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 SUPP (QL= 3 suppositories/fill)	QL	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	1

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<b>DrugName</b>	<b>Special Code</b>	<b>Tier</b>
<b>VAGINAL PRODUCTS Cont.</b>		
ESTRING (3 copays per Rx)	-	2
PREMARIN VAGINAL CREAM	-	2
ESTRACE VAGINAL CREAM	-	3
FEMRING (3 copays per Rx)	-	3
IMVEXXY SUPP	-	3
<b>VAGINAL PROGESTINS</b>		
CRINONE GEL	PA	2
ENDOMETRIN INSERT	PA	2
PROGESTERONE SUPP	PA	3
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	1
ADRENALICK INJ, EPINEPHRINE INJ	-	NC
AUVI-Q INJ	-	NC
EPIPEN (JR) INJ	-	NC
NEFFY SPRAY	-	NC
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
droxidopa cap (NORTHERA equiv) (Only available through Lumicera 855-847-3553)	LD	1
NORTHERA CAP	-	NC
<b>VASOPRESSORS</b>		
midodrine tab (PROAMATINE equiv)	-	1
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
phytonadione tab (MEPHYTON equiv)	-	1
vitamin D cap (RX strength only)	-	1
ERGOCAL CAP	-	NC
vitamin D cap 1000unit	OTC	NC
vitamin D cap 400unit	OTC	NC
VITAMIN D TAB 400UNIT	OTC	NC
<b>WATER SOLUBLE VITAMINS</b>		
POTABA POWDER PACKET	-	2
niacin cap	OTC	EXC
niacin CR tab (SLO-NIACIN equiv)	OTC	EXC
niacin tab	OTC	EXC
NIACIN TR CAP	OTC	EXC
NIACIN TR TAB	OTC	EXC
niacinamide tab	OTC	EXC

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<b>EXC</b>	<b>NC</b> = Not Covered <b>NC/3P</b> = Not Covered, Third Party Reviewer Plan Exclusion	<b>INF</b>	Infertility	<b>LD</b>	Limited Distribution
<b>MSP</b>	Mandatory Specialty Pharmacy Program	<b>OTC</b>	Over-the-Counter	<b>PA</b>	Prior Authorization
<b>QL</b>	Quantity Limit	<b>RDX</b>	Restricted to Diagnosis	<b>RS</b>	Restricted to Specialist
<b>SF</b>	Limited to two 15 day fills per month for first 3 months	<b>SMKG</b>	Smoking Cessation	<b>ST</b>	Step Therapy
<b>VAC</b>	Vaccine Program	<b>¢</b>	RxCENTS		

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**Prior Authorization Drug List**  
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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ABSTRAL SL TAB	3
ACCRUFER CAP	3
ACTEMRA ACTPEN INJ	2
ACTEMRA SC INJ	2
ACTHAR GEL INJ	2
ACTIMMUNE INJ	2
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML	2
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT	2
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT	2
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT	2
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT	2
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT	2
ADALIMUMAB-ADAZ INJ	2
ADALIMUMAB-ADAZ PFS INJ	2
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	2
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML	2
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	2
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	2
adapalene cream	1
adapalene gel	1
ADAPALENE LOTION	2
ADBRY INJ	2
ADEMPAS TAB	2
ADZENYS ER SUSP	3
ADZENYS XR TAB	3
AGAMREE SUSP	3
AIMOVIG INJ	2
AJOVY INJ	2
AKLIEF CREAM	3
ALECENSA CAP	2
ALINIA SUSP	2
ALKINDI SPRINKLE CAP	3
ALUNBRIG TAB 30MG	2
ALUNBRIG TAB 90MG, 180MG	2
ambrisentan tab	1
AMPHETAMINE ER SUSP, DYANAVEL XR SUSP	3
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg	1
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg	1
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg	1
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg	1
ANDRODERM PATCH	2
APOKYN INJ	3

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**Prior Authorization Drug List**  
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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
apomorphine inj	1
ARIKAYCE SUSP	2
ASPRUZYO SPRINKLE GRANULES	3
ASTAGRAF XL CAP	3
ATORVALIQ SUSP	3
AUGTYRO CAP	2
AUSTEDO TAB	2
AUSTEDO XR TAB	2
AUSTEDO XR TAB TITRATION KIT	2
AUSTEDO XR TITRATION PACK	2
AYVAKIT TAB	2
AZELEX CREAM	3
BACLOFEN ORAL SOLN 10 MG/5ML	3
BACLOFEN ORAL SOLN 5 MG/5ML	3
baclofen susp	1
BALVERSA TAB 3MG	2
BALVERSA TAB 4MG	2
BALVERSA TAB 5MG	2
BANZEL SUSP	3
BARACLUDE SOLN	3
BELSOMRA TAB	3
BENLYSTA AUTO-INJECTOR	2
BENLYSTA INJ	2
BERINERT INJ	2
BESREMI INJ	3
BEVESPI AEROSPHERE INHALER	3
bexarotene cap	1
bexarotene gel	1
BIMZELX INJ	2
bosentan tab	1
BOSULIF CAP	2
BOSULIF TAB	2
BRAFTOVI CAP 75MG	2
BREXAFEMME TAB	3
BRUKINSA CAP	2
budesonide ER tab	1
budesonide rectal foam	1
BYLVAY CAP 1200MCG	2
BYLVAY CAP 400MCG	2
BYLVAY SPRINKLE CAP 200MCG	2
BYLVAY SPRINKLE CAP 600MCG	2
CABLIVI INJ KIT	2

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**Prior Authorization Drug List**  
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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
CABOMETYX TAB	2
CALQUENCE CAP	2
CALQUENCE TAB	2
CAMZYOS CAP	2
CAPRELSA TAB	2
CAPRELSA TAB 300MG	2
carglumic acid tab	1
CAROSPIR SUSP	3
CEQUA OPHTH SOLN	3
CERDELGA CAP	3
CHOLBAM CAP	2
CIBINQO TAB	2
CIMZIA INJ	2
CINRYZE INJ	2
clobazam susp	1
COMETRIQ KIT	2
CONTRACE TAB	3
COPIKTRA CAP	2
CORLANOR SOLN	3
CORLANOR TAB	3
COSENTYX INJ (1-PACK)	2
COSENTYX INJ (2-PACK)	2
COSENTYX INJ 300MG/2ML	2
COTELLIC TAB	2
COTEMPLA XR ODT	3
CRINONE GEL	2
CYCLOSPORINE OPHTH EMULSION 0.1%, VERKAZIA OPHTH EMULSION	3
dasatinib tab	1
DAYBUE SOLN	2
DAYVIGO TAB	3
deferiprone tab	1
deflazacort susp	1
deflazacort tab	1
DESCOVY TAB	\$0
DIACOMIT CAP	2
DIACOMIT POWDER PACK	2
dichlorphenamide tab	1
diclofenac gel	1
DIFFERIN LOTION	3
DOJOLVI ORAL LIQUID	3
DOPTELET TAB	2

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
doxepin hcl cream	1
dronabinol cap	1
DUAKLIR INHALER	3
DUPIXENT INJ	2
DURLAZA CAP	3
EMGALITY INJ	2
EMGALITY INJ 100MG/ML	2
EMPAVELI INJ	2
enalapril maleate oral soln	1
ENBREL INJ 25MG	2
ENBREL INJ 50MG	2
ENBREL MINI INJ	2
ENBREL SURECLICK INJ 50MG	2
ENDOMETRIN INSERT	2
ENSPRYNG INJ	2
ENTERAL FORMULA	3
ENVARUSUS XR TAB	3
EPIDIOLEX SOLN	2
EPRONTIA SOLN	3
ERIVEDGE CAP	2
ERLEADA TAB	2
ERLEADA TAB 240MG	2
erlotinib tab	1
erlotinib tab 25mg	1
EUCRISA OINT	3
everolimus tab	1
everolimus tab (ZORTRESS equiv)	1
everolimus tab for oral susp	1
EVRYSDI SOLN	2
EXKIVITY CAP	2
EXSERVAN FILM	3
EZALLOR SPRINKLE CAP	3
FABHALTA CAP	2
FANAPT TAB	3
FANAPT TITRATION PACK	3
FASENRA PEN INJ	2
FENTANYL BUCCAL TAB	3
fentanyl citrate lollipop	1
FENTORA TAB	3
FERRIPROX SOLN	2
FETZIMA CAP	3
FETZIMA TITRATION PACK	3

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
FILSPARI TAB	2
FINTEPLA SOLN	2
FIRDAPSE TAB	2
FLEQSUVY SUSP	3
FLOLIPID SUSP	3
FOTIVDA CAP	3
FRUZAQLA CAP 1MG	2
FRUZAQLA CAP 5MG	2
gabapentin (once-daily) tab 300mg	1
gabapentin (once-daily) tab 600mg	1
GALAFOLD CAP	2
GAVRETO CAP	2
gefitinib tab	1
GELNIQUE	3
GEMTESA TAB	3
GENOTROPIN INJ	2
GILOTRIF TAB	2
GIMOTI NASAL SPRAY	3
GLOPERBA SOLN	3
GOCOVRI CAP	3
GRALISE TAB 300MG	3
GRALISE TAB 450MG	3
GRALISE TAB 600MG	3
GRALISE TAB 750MG	3
GRALISE TAB 900MG	3
GRASTEK SL TAB	3
HADLIMA INJ (adalimumab-bwwd)	2
HADLIMA INJ 40MG/0.8ML (adalimumab-bwwd)	2
HADLIMA PUSH INJ (adalimumab-bwwd)	2
HADLIMA PUSH INJ 40MG/0.8ML (adalimumab-bwwd)	2
HAEGARDA INJ	2
HEMLIBRA INJ	2
HIZENTRA INJ	2
HORIZANT TAB	3
HYCAMTIN CAP	2
HYFTOR GEL	2
HYQVIA INJ	2
IBRANCE CAP	3
IBRANCE TAB	3
IBSRELA TAB	3
icatibant inj	1
ICLUSIG TAB	2

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
IDHIFA TAB	2
IMBRUVICA CAP 140MG	2
IMBRUVICA CAP 70MG	2
IMBRUVICA SUSP	2
IMBRUVICA TAB 420MG, 560MG	2
IMCIVREE INJ	2
INBRIJA INH POWDER	3
INGREZZA CAP	2
INGREZZA PACK 40-80MG	2
INGREZZA SPRINKLE CAP	2
INLYTA TAB	2
INPEFA TAB	3
INQOVI TAB	2
INVOKAMET TAB	3
INVOKAMET XR TAB	3
INVOKANA TAB	3
ISTURISA TAB 10MG	2
ISTURISA TAB 1MG	2
ISTURISA TAB 5MG	2
itraconazole soln	1
ivabradine hcl tab	1
IWILFIN TAB	2
JAKAFI TAB	2
JAYPIRCA TAB	2
JESDUVROQ TAB	3
JOENJA TAB	2
JYLAMVO SOLN, XATMEP SOLN	3
JYNARQUE PAK	2
JYNARQUE TAB	2
KALYDECO PAK	2
KALYDECO TAB	2
KATERZIA SUSP	3
KERENDIA TAB	3
KEVZARA INJ	2
KINERET INJ	2
KISQALI PAK	2
KISQALI TAB	2
KLISYRI OINT	3
KOSELUGO CAP	2
KOSELUGO CAP 10MG	2
KRAZATI TAB	2
KYNMOBI FILM	3

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
KYNMOBI TITRATION KIT	3
lapatinib ditosylate tab	1
LAZANDA NASAL SPRAY	3
LEDIPASVIR/SOFOSBUVIR TAB	2
LENVIMA CAP	2
LEUKINE INJ	2
l-glutamine powder packet	1
LIKMEZ SUSP	3
LINZESS CAP	3
LITFULO CAP	2
lithium oral solution	1
LIVMARLI SOLN	2
LIVMARLI SOLN 19MG/ML	2
LIVTENCITY TAB	2
lofexidine hcl tab	1
LOKELMA PAK	2
LONSURF TAB	2
LORBRENA TAB 100MG	2
LORBRENA TAB 25MG	2
lubiprostone cap	1
LUCEMYRA TAB	3
LUMAKRAS TAB	2
LUMAKRAS TAB 320MG	2
LUMRYZ PACK	2
LUPKYNIS CAP	3
LYBALVI TAB	3
LYNPARZA TAB	2
LYTGOBI THERAPY PACK	2
LYVISPAH GRANULE PACKET	3
MAVYRET PAK	2
MAVYRET TAB	2
MEKINIST SOLN	2
MEKINIST TAB 0.5MG	2
MEKINIST TAB 2MG	2
MEKTOVI TAB	2
METHITEST TAB	3
methyltestosterone cap	1
mifepristone tab	1
miglustat cap	1
MOTEGRITY TAB	3
MOVANTIK TAB	2
MULPLETA TAB	3

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**University of Rochester Formulary cont.  
 Prior Authorization Drug List  
 Last Updated\* 10/1/2024**

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.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
MYCAPSSA CAP	3
MYDAYIS CAP 12.5MG	3
MYDAYIS CAP 25MG	3
MYDAYIS CAP 37.5MG	3
MYDAYIS CAP 50MG	3
MYFEMBREE TAB	2
naproxen/esomeprazole magnesium DR tab	1
NATPARA INJ	2
NERLYNX TAB	2
NGENLA INJ	3
NINLARO CAP	2
nitazoxanide tab	1
nitrofurantoin susp	1
NORLIQVA ORAL SOLN	3
NOURIANZ TAB	3
NUBEQA TAB	2
NUCALA INJ	2
NUEDEXTA CAP	2
NURTEC ODT	3
OCALIVA TAB	2
ODACTRA SL TAB	3
ODOMZO CAP	2
OFEV CAP	2
OGSIVEO TAB	2
OGSIVEO TAB 50MG	2
OJJAARA TAB	2
OLUMIANT TAB	2
OMNITROPE INJ	2
OMVOH INJ	2
ONFI SUSP	3
ONGENTYS CAP	3
OPSUMIT TAB	2
OPZELURA CREAM	3
ORALAIR SL TAB	3
ORENCIA CLICK INJ	2
ORENCIA SC INJ 125MG/ML	2
ORENCIA SC INJ 50MG/0.4ML	2
ORENCIA SC INJ 87.5MG/0.7ML	2
ORGOVYX TAB	2
ORIAHNN CAP	2
ORILISSA TAB 150MG	2
ORILISSA TAB 200MG	2

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**University of Rochester Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 10/1/2024**

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ORKAMBI GRANULES PACKET	2
ORKAMBI TAB	2
ORLADEYO CAP	3
ORSERDU TAB	2
ORSERDU TAB 345MG	2
OTEZLA STARTER PACK	2
OTEZLA TAB	2
OXBRYTA TAB	2
OXBRYTA TAB FOR ORAL SUSP	2
oxcarbazepine er tab	1
OXERVATE OPHTH SOLN	2
OXTELLAR XR TAB	3
PALFORZIA POWDER PACK	2
PALFORZIA SPRINKLE CAP	2
PALYNZIQ INJ	2
PAZEO OPHTH SOLN 0.7%	3
pazopanib tab	1
PEMAZYRE TAB	2
phentermine cap	1
phentermine tab	1
PIQRAY TAB	2
pirfenidone cap	1
pirfenidone tab 267mg	1
pirfenidone tab 801mg	1
POMALYST CAP	2
PRADAXA PELLETT PACK	3
PRALUENT INJ	3
pregabalin ER tab	1
pregabalin ER tab 330mg	1
PREVYMIS TAB	2
PROCYSBI CAP	3
PROCYSBI GRANULES PACKET	3
PROGESTERONE SUPP	3
PROMACTA POWDER	2
PROMACTA TAB 12.5MG, 25MG	2
PROMACTA TAB 50MG	2
PROMACTA TAB 75MG	2
PURIXAN SUSP	3
pyrimethamine tab	1
PYRUKYND TAB	2
PYRUKYND TAPER PACK	2
QBRELIS SOLN	3

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**University of Rochester Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 10/1/2024**

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.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
QBREXZA PAD	3
QELBREE ER CAP	3
QINLOCK TAB	2
QSYMIA CAP	2
QUILLICHEW ER TAB	3
QUILLIVANT XR SUSP	3
QULIPTA TAB	3
QUVIVIQ TAB	3
RADICAVA ORS STARTER KIT	2
RADICAVA ORS SUSP	2
RAGWITEK SL TAB	3
RAYOS TAB	3
RELISTOR INJ	3
RELISTOR INJ KIT	3
RELISTOR TAB	3
RELTONE CAP	3
RETEVMO CAP	2
RETEVMO TAB	2
RETEVMO TAB 40MG	2
RETIN-A MICRO GEL 0.08%, 0.06%	2
REXULTI TAB	3
REYVOW TAB	2
REZLIDHIA CAP	2
REZUROCK TAB	2
RHOPRESSA OPTH SOLN	3
RIFLOZA INJ 160MG	2
RINVOQ ER TAB	2
RINVOQ ORAL SOLN	2
RIVFLOZA INJ	2
RIVFLOZA VIAL	2
ROZLYTREK CAP	2
ROZLYTREK PAK	2
RUBRACA TAB	2
RUCONEST INJ	2
rufinamide susp	1
rufinamide tab	1
RYDAPT CAP	2
sapropterin dihydrochloride powder packet	1
sapropterin dihydrochloride soluble tab	1
SAVAYSA TAB	3
SAXENDA INJ	2
SCSEMBLIX TAB	2

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**University of Rochester Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 10/1/2024**

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
SCSEMBLIX TAB 100MG	2
SECUADO PATCH	3
SEEBRI NEOHALER CAP	3
SEGLUROMET TAB	3
SIGNIFOR INJ	2
sildenafil susp	1
sildenafil tab 20mg	1
SIMLANDI INJ (adalimumab-ryvk)	2
SIMPONI AUTO-INJECTOR 100MG	2
SIMPONI INJ 100MG	2
SKYCLARYS CAP	2
SKYRIZI INJ 150MG/ML	2
SKYRIZI INJ 180 MG/1.2ML	2
SKYRIZI INJ 360MG/2.4ML	2
SKYTROFA INJ	2
SODIUM OXYBATE SOLN	2
SOFOSBUVIR/VELPATASVIR TAB	2
SOGROYA INJ	2
SOHONOS CAP 1.5MG	2
SOHONOS CAP 10MG	2
SOHONOS CAP 1MG	2
SOHONOS CAP 2.5MG	2
SOHONOS CAP 5MG	2
SOLOSEC GRANULES PACKET	3
SOMAVERT INJ	2
sorafenib tosylate tab	1
SOTYKTU TAB	2
SOTYLIZE SOLN 5MG/ML	3
SPEVIGO INJ	2
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	3
spironolactone susp	1
SPORANOX SOLN	3
STEGLATRO TAB	3
STEGLUJAN TAB	3
STELARA INJ	2
STIVARGA TAB	2
STRENSIQ INJ	2
SUBSYS SPRAY	3
sunitinib malate cap	1
SUNOSI TAB	2
SYMDEKO TAB	2
SYMPROIC TAB	2

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**University of Rochester Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 10/1/2024**

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
SYNDROS SOLN	2
TABRECTA TAB	2
tadalafil tab (PAH)	1
TADLIQ SUSP	3
TAFINLAR CAP	2
TAFINLAR TAB	2
tafluprost preservative free (pf) ophth soln	1
TAGRISSO TAB	2
TAKHZYRO INJ	2
TAKHZYRO INJ 150MG/ML	2
TALTZ INJ	2
TALTZ INJ 20MG/0.25ML	2
TALTZ INJ 40 MG/0.5ML	2
TALZENNA CAP 0.25MG	2
TALZENNA CAP 0.5MG, 0.75MG, 1MG	2
TARPEYO CAP	3
TASIGNA CAP	2
TAVALISSE TAB	3
TAVNEOS CAP	2
TAZVERIK TAB	2
TEPMETKO TAB	3
TESTOSTERONE GEL 1% 25MG	2
testosterone gel 1% 50mg	1
testosterone gel 1% pump	1
testosterone gel 1.62% 1.25gm	1
testosterone gel 1.62% 2.5gm	1
TESTOSTERONE GEL PUMP 1%	1
testosterone gel pump 1.62%	1
testosterone soln	1
TEZSPIRE INJ	2
THIOLA EC TAB	3
TIBSOVO TAB	2
TIGLUTIK SUSP	3
tiopronin tab	1
tiopronin tab delayed release	1
TIROSINT-SOL	3
TOBI PODHALER	3
topiramate ER cap	1
TRACLEER TAB 32MG	2
TREMFYA INJ	2
tretinoin cream	1
tretinoin gel	1

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**University of Rochester Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 10/1/2024**

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.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
tretinoin gel 0.08%	1
TRETIN-X CREAM	3
trientine cap	1
TRIKAFTA TAB	2
TRIKAFTA THERAPY PACK	2
TRINTELLIX TAB	3
TROKENDI XR CAP	3
TRULANCE TAB	2
TRUQAP TAB	2
TUDORZA PRESSAIR INHALER	3
TUKYSA TAB	2
TURALIO CAP	2
TYVASO DPI POWDER	2
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	2
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	2
TYVASO DPI POWDER TITRATION KIT 16-32MCG	2
TYVASO INH SOLN 0.6 MG/ML	2
UBRELVY TAB	2
UCERIS RECTAL FOAM	3
UPTRAVI TAB	2
UTIBRON NEOHALER CAP	3
VALCHLOR GEL	2
VANFLYTA TAB	2
VANFLYTA TAB 26.5MG	2
VELSIPITY TAB	2
VELTASSA POWDER	2
VENCLEXTA STARTER PACK	2
VENCLEXTA TAB	2
VENTAVIS INH SOLN	2
VEOZAH TAB	3
VERZENIO TAB	2
VESICARE LS SUSP	3
VEVYE OPHTH SOLN	3
vigabatrin powder pack	1
vigabatrin tab	1
vigadrone powder pack	1
VIJOICE GRANULES PACKET	3
VIJOICE TAB	3
VIJOICE TAB 250MG	3
VIMOVO TAB	3
VITRAKVI CAP 100MG	2
VITRAKVI CAP 25MG	2

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**University of Rochester Formulary cont.**  
**Prior Authorization Drug List**  
**Last Updated\* 10/1/2024**

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.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
VITRAKVI SOLN	2
VIVJOA CAP	3
VIZIMPRO TAB	2
VOGELXO GEL PUMP 1%	3
VONJO CAP	2
VOSEVI TAB	2
VOWST CAP	2
VOXZOGO INJ	2
VRAYLAR CAP	3
VRAYLAR PACK	3
VTAMA CREAM	3
VYNDAMAX CAP	2
VYNDAQEL CAP	2
VYZULTA SOLN	3
WAINUA INJ	2
WAKIX TAB	2
WEGOVY INJ	2
WEGOVY INJ 1.7MG/0.75ML	2
WEGOVY INJ 2.4MG/0.75ML	2
WELIREG TAB	2
WINLEVI CREAM	3
XADAGO TAB	3
XALKORI CAP	2
XALKORI SPRINKLE CAP	2
XELJANZ SOLN	2
XELJANZ TAB	2
XELJANZ XR TAB	2
XELSTRYM PAD	3
XEMBIFY INJ	2
XERMELO TAB	2
XOLAIR INJ	2
XOLAIR INJ 150MG/ML	2
XOLAIR INJ 300MG/2ML	2
XOLAIR SYRINGE	2
XOLAIR SYRINGE 150MG/ML	2
XOLAIR SYRINGE 300MG/2ML	2
XOSPATA TAB	2
XPHOZAH TAB	3
XPOVIO PAK	2
XTANDI CAP	2
XTANDI TAB 40MG	2
XTANDI TAB 80MG	2

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**University of Rochester Formulary cont.  
 Prior Authorization Drug List  
 Last Updated\* 10/1/2024**

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.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ZAVZPRET NASAL SPRAY	2
ZEJULA CAP	2
ZEJULA TAB	2
ZELBORAF TAB	2
ZEPATIER TAB	2
ZEPBOUND INJ	2
ZEPOSIA CAP	2
ZEPOSIA STARTER PACK	2
ZILBRYSQ INJ	2
ZILBRYSQ INJ 23MG	2
ZILBRYSQ INJ 32.4MG	2
ZIOPTAN OPHTH SOLN	3
ZOKINVY CAP	2
ZOLINZA CAP	2
ZONISADE SUSP	3
ZORYVE CREAM	2
ZORYVE FOAM	3
ZTALMY SUSP	2
ZURZUVAE CAP 20MG, 25MG	2
ZURZUVAE CAP 30MG	2
ZYDELIG TAB	2
ZYKADIA CAP	2
ZYKADIA TAB	2
ZYMFENTRA INJ	2

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**University of Rochester Formulary**  
**Last Updated\* 10/1/2024**  
**RxCents (Cost Savings Enabled by Tablet Splitting)**

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

**RxCents Program Medications**

OCALIVA TAB

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**University of Rochester Formulary**  
**Last Updated\* 10/1/2024**  
**Over-the-Counter (OTC)**

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

**Over-the-Counter (OTC) Medications**

ACCU-CHEK AVIVA PLUS METER	ACCU-CHEK AVIVA PLUS TEST STRIP	ACCU-CHEK GUIDE CARE METER	ACCU-CHEK GUIDE ME KIT
ACCU-CHEK GUIDE TEST STRIP	ACCU-CHEK NANO METER	ACCU-CHEK SMARTVIEW TEST STRIP	ACCU-CHEK TEST STRIP
AEROCHAMBER	ALCOHOL SWABS	aspirin chew tab 81mg	aspirin ec tab 81mg
B-D INSULIN SYRINGE	B-D PEN NEEDLE	CALIBRATION LIQUID	CARETOUCH MIS
cimetidine tab	CLINISTIX TEST STRIP	CONTRACEPTIVE FILM	CONTRACEPTIVE FOAM
CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP	ENTERAL FORMULA	esomeprazole cap
famotidine tab	FEMALE CONDOMS	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 STRIF	KETOSTIX
LANCET KIT	LANCETS	lansoprazole cap	levonorgestrel tab
loperamide hcl soln	MALE CONDOMS	meclizine tab	naloxone hcl nasal spray
NARCAN NASAL SPRAY	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%	ONETOUCH METER
ONETOUCH TEST STRIP	ONETOUCH VERIO FLEX METER	ONETOUCH VERIO IQ METER	ONETOUCH VERIO METER
ONETOUCH VERIO REFLECT METER	ONETOUCH VERIO TEST STRIP	OPILL TAB	PEAK FLOW METER
PLAN B TAB	PRILOSEC OTC DR TAB	RIVIVE, REXTOVY SPRAY	TODAY SPONGE

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**University of Rochester Formulary**  
**Last Updated\* 10/1/2024**  
**Mandatory Specialty Pharmacy (MSP)**

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

**Mandatory Specialty Pharmacy (MSP) Medications**

abiraterone tab 250mg ACTIMMUNE INJ	ACTEMRA ACTPEN INJ ADALIMUMAB FKJP KIT INJ 20MG/0.4ML	ACTEMRA SC INJ ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT	ACTHAR GEL INJ ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT	ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT	ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT	ADALIMUMAB-ADAZ INJ
ADALIMUMAB-ADAZ PFS INJ	ADALIMUMAB-FKJP AUTO-INJECTOR KIT	ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML	ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML ALECENSA CAP	ADBRY INJ ALFERON-N INJ	ADEMPAS TAB ALUNBRIG TAB 30MG	AGAMREE SUSP ALUNBRIG TAB 90MG, 180MG
ambrisentan tab AUGTYRO CAP	APOKYN INJ AUSTEDO TAB	apomorphine inj AUSTEDO XR TAB	ARIKAYCE SUSP AUSTEDO XR TAB TITRATION KIT BALVERSA TAB 3MG
AUSTEDO XR TITRATION PACK BALVERSA TAB 4MG BERINERT INJ	AVONEX INJ BALVERSA TAB 5MG BESREMI INJ	AYVAKIT TAB BENLYSTA AUTO-INJECTOI betaine powder for oral solution	BENLYSTA INJ BETASERON INJ
bexarotene cap BOSULIF CAP	bexarotene gel BOSULIF TAB	BIMZELX INJ BRAFTOVI CAP 75MG	bosentan tab BRIXADI SOLN 128MG/0.36ML
BRIXADI SOLN 16MG/0.32ML BRIXADI SOLN 8MG/0.18ML	BRIXADI SOLN 24MG/0.48ML BRIXADI SOLN 96MG/0.27ML	BRIXADI SOLN 32MG/0.64ML BRUKINSA CAP	BRIXADI SOLN 64MG/0.18ML BYLVAY CAP 1200MCG
BYLVAY CAP 400MCG	BYLVAY SPRINKLE CAP 200MCG	BYLVAY SPRINKLE CAP 600MCG	CABLIVI INJ KIT
CABOMETYX TAB CAMZYOS CAP carglumic acid tab CIBINQO TAB COPIKTRA CAP COTELLIC TAB dalfampridine ER tab	calcitonin inj capecitabine tab CAYSTON INH SOLN CIMZIA INJ COSENTYX INJ (1-PACK) CYSTADROPS SOLN dasatinib tab	CALQUENCE CAP CAPRELSA TAB CERDELGA CAP CINRYZE INJ COSENTYX INJ (2-PACK) CYSTAGON CAP DAYBUE SOLN	CALQUENCE TAB CAPRELSA TAB 300MG CHOLBAM CAP COMETRIQ KIT COSENTYX INJ 300MG/2ML CYSTARAN OPHTH SOLN deferasirox granules packet

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deferasirox tab	deferasirox tab for oral susp	deferiprone tab	deflazacort susp
deflazacort tab	DIACOMIT CAP	DIACOMIT POWDER PACK	dichlorphenamide tab
dimethyl fumarate DR cap	dimethyl fumarate DR starter pack	DOJOLVI ORAL LIQUID	DOPTELET TAB
	DUPIXENT INJ	EMPAVELI INJ	ENBREL INJ 25MG
droxidopa cap	ENBREL MINI INJ	ENBREL SURECLICK INJ	ENSPRYNG INJ
ENBREL INJ 50MG		50MG	
	ERLEDGE CAP	ERLEADA TAB	ERLEADA TAB 240MG
EPIDIOLEX SOLN	erlotinib tab 25mg	ETOPOSIDE CAP	everolimus tab
erlotinib tab	EVRYSDI SOLN	EXKIVITY CAP	FABHALTA CAP
everolimus tab for oral susp	FERRIPROX SOLN	FILSPARI TAB	figolimod hcl cap 0.5mg
FASENRA PEN INJ	FIRDAPSE TAB	FOTIVDA CAP	FRUZAQLA CAP 1MG
FINTEPLA SOLN	FULPHILA INJ	FUROSCIX KIT	FUZEON INJ
FRUZAQLA CAP 5MG	GAVRETO CAP	gefitinib tab	GENOTROPIN INJ
GALAFOLD CAP	GILOTRIF TAB	glatiramer inj	HADLIMA INJ
GILENYA CAP 0.25MG			(adalimumab-bwwd)
			HAEGARDA INJ
HADLIMA INJ 40MG/0.8ML	HADLIMA PUSH INJ	HADLIMA PUSH INJ	
(adalimumab-bwwd)	(adalimumab-bwwd)	40MG/0.8ML	
		(adalimumab-bwwd)	
HEMLIBRA INJ	HIZENTRA INJ	HYCANTIN CAP	HYFTOR GEL
HYQVIA INJ	IBRANCE CAP	IBRANCE TAB	icatibant inj
ICLUSIG TAB	IDHIFA TAB	imatinib tab	IMBRUVICA CAP 140MG
IMBRUVICA CAP 70MG	IMBRUVICA SUSP	IMBRUVICA TAB 420MG,	IMCIVREE INJ
		560MG	
INCRELEX INJ	INGREZZA CAP	INGREZZA PACK 40-80MG	INGREZZA SPRINKLE CAP
INLYTA TAB	INQOVI TAB	INTRON-A INJ	ISTURISA TAB 10MG
ISTURISA TAB 1MG	ISTURISA TAB 5MG	IWILFIN TAB	JAKAFI TAB
JAYPIRCA TAB	JESDUVROQ TAB	JOENJA TAB	JYNARQUE PAK
JYNARQUE TAB	KALYDECO PAK	KALYDECO TAB	KESIMPTA INJ
KEVZARA INJ	KINERET INJ	KISQALI PAK	KISQALI TAB
KOSELUGO CAP	KOSELUGO CAP 10MG	KRAZATI TAB	KYNMOBI FILM
KYNMOBI TITRATION KIT	lapatinib ditosylate tab	LEDIPASVIR/SOFOSBUVIR TAB	lenalidomide cap
		leuprolide inj	l-glutamine powder packet
LENVIMA CAP	LEUKINE INJ	LIVMARLI SOLN 19MG/ML	LIVTENCITY TAB
LITFULO CAP	LIVMARLI SOLN	LORBRENA TAB 25MG	LUMAKRAS TAB
LONSURF TAB	LORBRENA TAB 100MG	LUPKYNIS CAP	LYNPARZA TAB
LUMAKRAS TAB 320MG	LUMRYZ PACK	MAVENCLAD THERAPY PAK	MAVYRET PAK
LYSODREN TAB	LYTGObI THERAPY PACK	MAYZENT TAB STARTER PACK	MEKINIST SOLN
		MAYZENT TAB STARTER PACK	
MAVYRET TAB	MAYZENT TAB	MEKTOVI TAB	MESNEX TAB
		MODERIBA TAB	MULPLETA TAB
MEKINIST TAB 0.5MG	MEKINIST TAB 2MG	NERLYNX TAB	NGENLA INJ
mifepristone tab	miglustat cap	NIVESTYM INJ	NOURIANZ TAB
MYLERAN TAB	NATPARA INJ	NUZYRA TAB	NYVEPRIA INJ
nilutamide tab	NINLARO CAP	OCTREOTIDE INJ 100MCG	ODOMZO CAP
NUBEQA TAB	NUCALA INJ	OGSIVEO TAB 50MG	OJJAARA TAB
OCALIVA TAB	octreotide inj	OMVOH INJ	OPSUMIT TAB
OFEV CAP	OGSIVEO TAB	ORENCIA SC INJ	ORENCIA SC INJ
OLUMIANT TAB	OMNITROPE INJ	50MG/0.4ML	87.5MG/0.7ML
ORENCIA CLICK INJ	ORENCIA SC INJ 125MG/MI		

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.

ORGOVYX TAB	ORKAMBI GRANULES PACKET	ORKAMBI TAB	ORLADEYO CAP
ORSERDU TAB OXBRYTA TAB	ORSERDU TAB 345MG OXBRYTA TAB FOR ORAL SUSP	OTEZLA STARTER PACK OXERVATE OPHTH SOLN	OTEZLA TAB PALFORZIA POWDER PACK
PALFORZIA SPRINKLE CAP PEG-INTRON INJ	PALYNZIQ INJ PEMAZYRE TAB	pazopanib tab PHEBURANE ORAL PELLETS	PEGASYS INJ PIQRAY TAB
pirfenidone cap POMALYST CAP	pirfenidone tab 267mg PONVORY TAB	pirfenidone tab 801mg PONVORY TAB STARTER PACK	PLEGRIDY INJ PREVYMIS TAB
PROMACTA POWDER	PROMACTA TAB 12.5MG, 25MG	PROMACTA TAB 50MG	PROMACTA TAB 75MG
PULMOZYME INH SOLN QINLOCK TAB	pyrimethamine tab RADICAVA ORS STARTER KIT	PYRUKYND TAB RADICAVA ORS SUSP	PYRUKYND TAPER PACK REBETOL SOLN
REBIF INJ RETEVMO CAP REZLIDHIA CAP RIBAVIRIN TAB RIFLOZA INJ RIVFLOZA INJ RUBRACA TAB sapropterin dihydrochloride powder packet SIGNIFOR INJ	RELISTOR INJ RETEVMO TAB REZUROCK TAB RIFLOZA INJ 160MG RIVFLOZA VIAL RUCONEST INJ sapropterin dihydrochloride soluble tab SIMLANDI INJ (adalimumab-ryvk) SKYCLARYS CAP SKYTROFA INJ	RELISTOR INJ KIT RETEVMO TAB 40MG RIBAPAK TAB RINVOQ ER TAB ROZLYTREK CAP RYDAPT CAP SCEMBLIX TAB	RELISTOR TAB REVLIMID CAP ribavirin cap RINVOQ ORAL SOLN ROZLYTREK PAK SANDOSTATIN LAR INJ KIT SCEMBLIX TAB 100MG
SIRTURO TAB SKYRIZI INJ 360MG/2.4ML	SOHONOS CAP 1.5MG SOHONOS CAP 5MG SPEVIGO INJ sunitinib malate cap TAFINLAR TAB TALTZ INJ TALZENNA CAP 0.5MG, 0.75MG, 1MG TAVNEOS CAP teriflunomide tab	SIMPONI AUTO-INJECTOR 100MG SKYRIZI INJ 150MG/ML SODIUM OXYBATE SOLN	SIMPONI INJ 100MG  SKYRIZI INJ 180 MG/1.2ML SOFOSBUVIR/VELPATASVI R TAB SOHONOS CAP 1MG sorafenib tosylate tab STIVARGA TAB TABRECTA TAB TAKHZYRO INJ TALTZ INJ 40 MG/0.5ML TASIGNA CAP
SOGROYA INJ SOHONOS CAP 2.5MG SOTYKTU TAB STRENSIQ INJ TAFINLAR CAP TAKHZYRO INJ 150MG/ML TALZENNA CAP 0.25MG	SOHONOS CAP 1.5MG SOHONOS CAP 5MG SPEVIGO INJ sunitinib malate cap TAFINLAR TAB TALTZ INJ TALZENNA CAP 0.5MG, 0.75MG, 1MG TAVNEOS CAP teriflunomide tab	SOHONOS CAP 10MG SOMAVERT INJ STELARA INJ SYMDEKO TAB TAGRISSO TAB TALTZ INJ 20MG/0.25ML TARPEYO CAP	temozolomide cap tetrabenazine tab
TAVALISSE TAB TEPMETKO TAB	THALOMID CAP tiopronin tab delayed release TREMIFYA INJ TRIKAFTA THERAPY PACK TYMLOS INJ	TAZVERIK TAB TERIPARATIDE INJ 620MCG/2.48ML THIOLA EC TAB TOBI PODHALER tretinoin cap TRUQAP TAB TYVASO DPI POWDER	TIBSOVO TAB tobramycin neb soln trientine cap TUKYSA TAB TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG UPTRAVI TAB
TYVASO DPI POWDER TITRATION KIT 16-32-48MC VALCHLOR GEL	TYVASO DPI POWDER TITRATION KIT 16-32MCG VANFLYTA TAB	TYVASO INH SOLN 0.6 MG/ML VANFLYTA TAB 26.5MG	VELSIPITY TAB

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VENCLEXTA STARTER  
PACK  
vigabatrin powder pack

VENCLEXTA TAB

vigabatrin tab

VIJOICE TAB  
VITRAKVI SOLN  
VOSEVI TAB  
VYNDAQEL CAP  
XALKORI CAP  
XELJANZ TAB  
XOLAIR INJ  
XOLAIR SYRINGE  
150MG/ML  
XTANDI CAP  
ZEJULA CAP  
ZEPOSIA CAP  
ZILBRYSQ INJ 32.4MG  
ZURZUVAE CAP 20MG,  
25MG  
ZYKADIA TAB

VIJOICE TAB 250MG  
VIVITROL INJ  
VOWST CAP  
WAINUA INJ  
XALKORI SPRINKLE CAP  
XELJANZ XR TAB  
XOLAIR INJ 150MG/ML  
XOLAIR SYRINGE  
300MG/2ML  
XTANDI TAB 40MG  
ZEJULA TAB  
ZEPOSIA STARTER PACK  
ZOKINVY CAP  
ZURZUVAE CAP 30MG  
  
ZYMFENTRA INJ

VENTAVIS INH SOLN

vigadrone powder pack

VITRAKVI CAP 100MG  
VIZIMPRO TAB  
VOXZOGO INJ  
WAKIX TAB  
XDEMVY DROP  
XEMBIFY INJ  
XOLAIR INJ 300MG/2ML  
XOSPATA TAB

XTANDI TAB 80MG  
ZELBORAF TAB  
ZILBRYSQ INJ  
ZOLINZA CAP  
ZYDELIG TAB

VERZENIO TAB

VIJOICE GRANULES  
PACKET  
VITRAKVI CAP 25MG  
VONJO CAP  
VYNDAMAX CAP  
WELIREG TAB  
XELJANZ SOLN  
XERMELO TAB  
XOLAIR SYRINGE  
XPOVIO PAK

ZARXIO INJ  
ZEPATIER TAB  
ZILBRYSQ INJ 23MG  
ZTALMY SUSP  
ZYKADIA CAP



**University of Rochester Formulary**  
**Last Updated\* 10/1/2024**  
**Step Therapy (ST)**

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

**Step Therapy (ST) Medications**

<b>Drug Name</b>	<b>Step Therapy Requirements</b>
APIDRA INJ	Step Therapy requires trial of NOVOLOG or INSULIN ASPART
APIDRA SOLOSTAR INJ	Step Therapy requires trial of NOVOLOG or INSULIN ASPART
ARANESP INJ	Step Therapy requires trial of EPOGEN or PROCRIT
BECONASE AQ NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone
BESIVANCE OPTH SUSP	Step Therapy requires trial of ciprofloxacin, levofloxacin, ofloxacin or VIGAMOX/MOXEZA
CREXONT CAP, RYTARY CAP	Step Therapy requires trial of carbidopa/levodopa ER
DESVENLAFAXINE ER TAB	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine AND 1 venlafaxine product
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
dexlansoprazole DR cap	QL= 1 cap/day; Step Therapy requires trial of omeprazole, pantoprazole, or rabeprazole
DIFICID SUSP	QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
DIFICID TAB	QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
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 currently utilizing insulin
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
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 3-PLUS SENSOR	QL= 2 sensors/30 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

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**University of Rochester Formulary Cont.**  
**Last Updated\* 10/1/2024**  
**Step Therapy (ST)**

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

**Step Therapy (ST) Medications**

<b>Drug Name</b>	<b>Step Therapy Requirements</b>
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or a albuterol HFA product
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
mesalamine ER cap	Step Therapy requires trial of mesalamine DR tab or mesalamine ER cap
NEXLETOL TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
NEXLIZET TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
NORITATE CREAM	Step Therapy requires trial of FINACEA
OMNARIS NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone
OSMOLEX ER TAB	Step Therapy requires trial of amantadine IR
PENTASA CR CAP	Step Therapy requires trial of mesalamine DR tab or mesalamine ER cap
PENTASA CR CAP 250MG	Step Therapy requires trial of mesalamine DR tab or mesalamine ER cap
PEXEVA TAB	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
pitavastatin calcium tab	Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
QNASL NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone
REPATHA INJ	QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
risedronate DR tab	Step Therapy requires trial of alendronate
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)
YUPELRI SOLN	QL= 30 vials/30 days; Step Therapy requires trial of INCRUSE ELLIPTA
ZETONNA NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolone or mometasone

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**University of Rochester Formulary**  
**Smoking Cessation Agents**  
**Last Updated\* 10/1/2024**

<b>Drug Name</b>	<b>Tier # for Drug Copay</b>
bupropion SR tab( Limited to 180 days/plan year)	\$0
nicotine gum( Limited to 180 days/plan year)	\$0
NICOTINE KIT	\$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

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**University of Rochester Formulary  
 Infertility Drug List  
 Last Updated\* 10/1/2024**

<b>Drug Name</b>	<b>Tier # for Drug Copay</b>
cetorelix acetate for inj kit	1
CETROTIDE KIT	2
CLOMID TAB	2
CLOMIPHENE TAB	2
FOLLISTIM AQ INJ	2
ganirelix ac inj	1
GONAL-F RFF INJ	2
GONAL-F RFF INJ, GONAL-F INJ	2
leuprolide inj	1
MENOPUR INJ	2
PREGNYL INJ, NOVAREL INJ	2

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**University of Rochester Formulary**  
**Last Updated\* 10/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
abiraterone tab 250mg	QL= 4 tabs/day
ABRYSVO INJ	QL= 1 dose/lifetime
ABSTRAL SL TAB	QL= 120 tabs/30 days
ACCRUFER CAP	QL= 2 caps/day
ACIPHEX SPRINKLE CAP	QL= 1 cap/day
ACIPHEX SPRINKLE CAP 10MG, RABEPRAZOLE SPRINKLE CAP 10MG	QL= 1 cap/day
ACTEMRA ACTPEN INJ	QL= 2 inj/28 days
ACTEMRA SC INJ	QL= 2 inj/28 days
ACTHAR GEL INJ	QL= 4 vials/fill
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML	QL= 2 inj/28 days
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (2 PEN) KIT	QL= 2 inj/28 days
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 AUTO-INJECTOR KIT 40MG/0.8ML	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= 2 inj/28 days
ADEMPAS TAB	QL= 3 tabs/day; Only available through Accredo 800-803-2523
AEMCOLO TAB	QL= 12 tabs/fill
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
ALECENSA CAP	QL= 8 caps/day
ALINIA SUSP	QL= 60ml/3 days
ALKINDI SPRINKLE CAP	QL= 3 caps/day; Members age 9 or older require Prior Authorization
almotriptan tab	QL= 9 tabs/fill, 2 fills/30 days
ALUNBRIG TAB 30MG	QL= 4 tabs/day

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**University of Rochester Formulary Cont.**  
**Last Updated\* 10/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
ALUNBRIG TAB 90MG, 180MG	QL= 1 tab/day
ambrisentan tab	QL= 1 tab/day
ANDRODERM PATCH	QL= 1 patch/day
ANNOVERA RING	QL= 1 ring/year
ANZEMET TAB	QL= 9 tabs/fill
aprepitant cap	QL= 3 caps/fill
aprepitant pak	QL= 3 caps/fill
AREXVY INJ	QL= 1 dose/lifetime; Covered for members age 60 years or older
ARIKAYCE SUSP	QL= 1 vial/day
armodafinil tab	QL= 1 tab/day
asenapine maleate SL tab	QL= 2 tabs/day
AUGTYRO CAP	QL= 8 caps/day
AUSTEDO TAB	QL= 4 tabs/day
AUSTEDO XR TAB	QL= 1 tab/day
AUSTEDO XR TAB TITRATION KIT	QL= 1 pack/28 days
AUSTEDO XR TITRATION PACK	QL= 1 pack/28 days
AYVAKIT TAB	QL= 1 tab/day
BALVERSA TAB 3MG	QL= 3 tabs/day
BALVERSA TAB 4MG	QL= 2 tabs/day
BALVERSA TAB 5MG	QL= 1 tab/day
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill
BAXDELA TAB	QL= 2 tabs/day; Restricted to Infectious Disease Specialist
BECONASE AQ NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolon or mometasone
BELBUCA FILM	QL= 2 films/day
BELSOMRA TAB	QL= 1 tab/day
BENLYSTA AUTO-INJECTOR	QL= 4 inj/28 day
BENLYSTA INJ	QL= 4 inj/28 day
BESREMI INJ	QL= 2 inj/28 days
bimatoprost ophth soln	QL= 2.5ml/30 days
BIMZELX INJ	QL= 2 inj/28 days
bosentan tab	QL= 2 tabs/day
BRAFTOVI CAP 75MG	QL= 6 caps/day
BREXAFEMME TAB	QL= 4 tabs/30 days
BRUKINSA CAP	QL= 4 caps/day
budesonide ER tab	QL=1 tab/day
buprenorphine hcl buccal film	QL=2 films/day
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
BYDUREON BCISE AUTO INJ	QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON INJ	QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
BYDUREON PEN INJ	QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)

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**University of Rochester Formulary Cont.**  
**Last Updated\* 10/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
BYETTA INJ	QL= 1 pen/30 days; 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
CABLIVI INJ KIT	QL= 1 vial/day
CABOMETYX TAB	QL= 1 tab/day
CALQUENCE CAP	QL= 2 caps/day
CALQUENCE TAB	QL= 2 tabs/day
CAMZYOS CAP	QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
CAPRELSA TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306
CAPRELSA TAB 300MG	QL= 1 tab/day; Only available through Biologics 800-850-4306
CAVERJECT INJ	QL= 6 inj/30 days
CEQUA OPHTH SOLN	QL= 60 vials/30 days
CIBINQO TAB	QL= 1 tab/day
CIMZIA INJ	QL= 2 inj/28 days
CINRYZE INJ	QL= 16 vials/28 days; Only available through Accredo 800-803-2523
CLEOCIN VAGINAL SUPP	QL= 3 suppositories/fill
clindamycin vaginal cream	QL=1 tube/fill
CLINDESSE VAGINAL CREAM	QL= 1 applicator/fill
CLOBETASOL OPHTH SUSP	QL= 7ml/30 days
COMIRNATY INJ	QL= 1 dose/17 days
COMIRNATY INJ 30MCG/0.3ML	QL= 1 dose/17 days
CONTRACE TAB	QL= 4 tabs/day
COPIKTRA CAP	QL= 2 caps/day
COSENTYX INJ (1-PACK)	QL= 1 inj/28 days
COSENTYX INJ (2-PACK)	QL= 2 inj/28 days
COSENTYX INJ 300MG/2ML	QL= 2 inj/28 days
COTELLIC TAB	QL= 3 tabs/day
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA)	QL= 1 inj/fill
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 5-11Y (PFIZER)	QL= 1 dose/24 days

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**University of Rochester Formulary Cont.**  
**Last Updated\* 10/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	QL= 1 dose/24 days
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	QL= 1 dose/17 days
cyclosporine ophth emulsion	QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist
CYCLOSPORINE OPHTH EMULSION 0.1%, VERKAZIA OPHTH EMULSION	QL= 120 vials/30 days
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
DAYVIGO TAB	QL= 1 tab/day
DEPO-PROVERA INJ	
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
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
dexlansoprazole DR cap	QL= 1 cap/day; Step Therapy requires trial of omeprazole, pantoprazole, or rabeprazole
DIASTAT ACDL GEL	QL= 4 doses/fill
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	QL= 4 doses/fill
DIAZEPAM GEL	QL= 4 doses/fill
diazepam rectal gel	QL= 4 doses/fill
dichlorphenamide tab	QL= 4 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
diclofenac gel	QL= 300gm/30 days
diclofenac gel 1%	QL= 5 tubes/fill
DICLOFENAC PATCH, FLECTOR PATCH	QL= 30 patches/fill
diclofenac soln 1.5%	QL= 3 bottles/fill
DIFICID SUSP	QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
DIFICID TAB	QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
dihydroergotamine mesylate nasal spray	QL= 8 sprays/fill, 2 fills/30 days
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

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**University of Rochester Formulary Cont.**  
**Last Updated\* 10/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
duloxetine cap 40mg	QL= 2 caps/day
DUPIXENT INJ	QL= 2 inj/28 days
EDEX INJ	QL= 6 inj/30 days
eletriptan tab	QL= 9 tabs/fill, 2 fills/30 days
EMEND SUSP	QL= 3 doses/fill; Restricted to Oncology or Hematology Specialist
EMGALITY INJ	QL= 1 inj/28 days
EMGALITY INJ 100MG/ML	QL= 3 inj/fill, 6 fills/year
EMPAVELI INJ	QL= 160ml/28 days; Only available through PantheRx 855-726-8479
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
ENSPRYNG INJ	QL= 1 inj/28 days
entecavir tab	QL= 1 tab/day
ENTRESTO TAB	QL= 2 tabs/day
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
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
EXKIVITY CAP	QL= 4 caps/day
ezetimibe/simvastatin tab	QL= 1 tab/day (10-80mg is Not Covered)
FABHALTA CAP	QL= 2 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
FANAPT TAB	QL= 2 tabs/day
FANAPT TITRATION PACK	QL= 1 pack/plan year
FARXIGA TAB	QL= 1 tab/day
FASENRA PEN INJ	QL= 1 inj/56 days
FEMALE CONDOMS	QL= 12 condoms/fill
FENTANYL BUCCAL TAB	QL= 120 tabs/30 days
FENTANYL CITRATE LOLLIPOP	QL= 120 lozenges/30 days
FENTORA TAB	QL= 120 tabs/30 days
FETZIMA CAP	QL= 1 cap/day
FETZIMA TITRATION PACK	QL= 1 cap/day
FILSPARI TAB	QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 or Caremark/CV Specialty 800-378-0695
FINTEPLA SOLN	QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007

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**University of Rochester Formulary Cont.**  
**Last Updated\* 10/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
FLUAD INJ	QL= 1 inj/28 days
FLUAD QUAD INJ	QL= 1 inj/28 days
FLUBLOK INJ	QL= 1 inj/28 days
FLUBLOK QUAD PF INJ	QL= 1 inj/28 days
FLUCELVAX INJ	QL= 1 inj/28 days
FLUCELVAX QUAD INJ	QL= 1 inj/28 days
FLULAVAL INJ, FLUARIX INJ	QL= 1 inj/28 days
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	QL= 1 inj/28 days
FLUMIST NASAL	QL= 1 dose/28 days
FLUMIST QUADRIVALENT NASAL SUSP	QL= 1 inj/28 days
flunisolide nasal 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
FOTIVDA CAP	QL= 21 caps/28 days
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
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 3-PLUS SENSOR	QL= 2 sensors/30 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
FRUZAQLA CAP 1MG	QL= 84 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
FRUZAQLA CAP 5MG	QL= 21 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
FUROSCIX KIT	QL= 8 inj/fill; Only available through Onco360 or CareMed 877-662-6633
gabapentin (once-daily) tab 300mg	QL= 1 tab/day
gabapentin (once-daily) tab 600mg	QL= 3 tabs/day
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

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**University of Rochester Formulary Cont.**  
**Last Updated\* 10/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
GALAFOLD CAP	QL= 14 caps/28 days; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
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
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
GIMOTI NASAL SPRAY	QL= 1 bottle/28 days
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
GRALISE TAB 300MG	QL= 1 tab/day
GRALISE TAB 450MG	QL= 1 tab/day
GRALISE TAB 600MG	QL= 3 tabs/day
GRALISE TAB 750MG	QL= 2 tabs/day
GRALISE TAB 900MG	QL= 2 tabs/day
granisetron tab	QL= 14 tabs/fill
GRANISOL SOLN	QL= 60ml/fill
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 (adalimumab-bwwd)	QL= 2 inj/28 days
HADLIMA INJ 40MG/0.8ML (adalimumab-bwwd)	QL= 2 inj/28 days
HADLIMA PUSH INJ (adalimumab-bwwd)	QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.8ML (adalimumab-bwwd)	QL= 2 inj/28 days
HORIZANT TAB	QL= 2 tabs/day
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
HYFTOR GEL	QL= 10 grams/30 days; Only available through Walgreens 888-347-3416
ibandronate tab 150mg	QL= 1 tab/30 days
IBRANCE CAP	QL= 21 caps/28 days
IBRANCE TAB	QL= 21 caps/28 days

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**University of Rochester Formulary Cont.**  
**Last Updated\* 10/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
IBSRELA TAB	QL= 2 tabs/day
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
IMBRUVICA CAP 70MG	QL= 1 cap/day
IMBRUVICA SUSP	QL= 6ml/day
IMBRUVICA TAB 420MG, 560MG	QL= 1 tab/day
IMCIVREE INJ	QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479
IMITREX INJ	QL= 4 inj/fill, 2 fills/30 days
IMPAVIDO CAP	QL= 3 caps/day; Restricted to Infectious Disease Specialist
INBRIJA INH POWDER	QL= 10 caps/day
INGREZZA CAP	QL= 1 cap/day
INGREZZA PACK 40-80MG	QL= 1 pack/28 days
INGREZZA SPRINKLE CAP	QL= 1 cap/day; Only available through PantheRx 855-726-8479
INLYTA TAB	QL= 8 tabs/day
INPEFA TAB	QL= 1 tab/day
INQOVI TAB	QL= 5 tabs/28 days
INVOKAMET TAB	QL= 2 tabs/day
INVOKAMET XR TAB	QL= 2 tabs/day
INVOKANA TAB	QL= 1 tab/day
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
ivermectin cream	QL= 45 grams/30 days
IWILFIN TAB	QL= 8 tabs/day; Only available through BioMatrix Specialty Pharmacy 855-359-9679
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
JENTADUETO TAB	QL= 2 tabs/day
JENTADUETO XR 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
KALYDECO TAB	QL= 2 tabs/day
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

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**University of Rochester Formulary Cont.**  
**Last Updated\* 10/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
ketorolac tab	QL= 20 tabs/5 days
KEVZARA INJ	QL= 2 inj/28 days
KINERET INJ	QL= 1 inj/day
KISQALI PAK	QL= 91 tabs/28 days
KISQALI TAB	QL= 63 tabs/28 days
KLISYRI OINT	QL=5 packets/57 days
KOSELUGO CAP	QL= 4 caps/day
KOSELUGO CAP 10MG	QL= 8 caps/day
KRAZATI TAB	QL= 6 tabs/day
LAGEVRIO CAP (EUA)	QL= 40 caps/fill
LAGEVRIO CAP 200MG	QL= 40 caps/fill
LASTACAFT OPHTH SOLN	QL= 3ml/30 days
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
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product
l-glutamine powder packet	QL= 6 packets/day
LIBERVANT FILM	QL= 4 doses/fill
lidocaine oint	QL= 107gm/30 days
lidocaine patch	QL= 3 patches/day
lidocaine patch 5%	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
LIVMARLI SOLN 19MG/ML	QL= 60mL/30 days; Only available through Eversana 866-849-4481
LIVTENCITY TAB	QL= 4 tabs/day
LODOCO TAB	QL= 1 tab/day
lofexidine hcl tab	QL= 96 tabs/7 days
LORBRENA TAB 100MG	QL= 1 tab/day
LORBRENA TAB 25MG	QL= 3 tabs/day
lubiprostone cap	QL= 2 caps/day
LUCEMYRA TAB	QL= 96 tabs/7 days
LUMAKRAS TAB	QL= 8 tabs/day
LUMAKRAS TAB 320MG	QL= 3 tabs/day
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days
LUMRYZ PACK	QL= 1 pack/day; Only available through Accredo 800-803-2523
LUPKYNIS CAP	QL= 6 caps/day; Only available through Biologics 800-850-4306 or PantheRx Pharmacy 855-726-8479
LYBALVI TAB	QL= 1 tab/day

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**University of Rochester Formulary Cont.**  
**Last Updated\* 10/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
LYNPARZA TAB	QL= 4 tabs/day
LYTGOBI THERAPY PACK	QL= 5 tabs/day
malathion lotion	QL= 2 bottles/fill
MALE CONDOMS	QL= 12 condoms/fill
MAVYRET PAK	QL= 5 packs/day
MAVYRET TAB	QL= 3 tabs/day
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
MELOXICAM SUSP	QL= 10ml/day
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
MIEBO OPHTH SOLN	QL= 1 bottle/30 days; Restricted to Ophthalmology or Optometry Specialist
mifepristone tab	QL= 4 tabs/day
modafinil tab	QL= 2 tabs/day
mometasone nasal spray	QL= 2 bottles/fill
MORPHINE SULFATE ER BEAD CAP	QL= 2 caps/day
MOTEGRITY TAB	QL= 1 tab/day
MRESVIA INJ	QL= 1 dose/lifetime; Covered for members age 60 years or older
MULPLETA TAB	QL= 7 tabs/fill
MUSE SUPP	QL= 6 supp/30 days
MYCAPSSA CAP	QL= 4 caps/day
MYFEMBREE TAB	QL= 1 tab/day
NALOXONE PREFILLED INJ	QL= 2 inj/fill
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NATACYN OPHTH SUSP	QL= 15ml/fill
NATROBA SUSP	QL= 1 bottle/fill
NAYZILAM SPRAY	QL= 4 doses/fill
NERLYNX TAB	QL= 6 tabs/day
NEXLETOL TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
NEXLIZET TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	
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
NOURIANZ TAB	QL= 1 tab/day
NOVAVAX INJ	QL= 1 dose/24 days
NUBEQA TAB	QL= 4 tabs/day

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**University of Rochester Formulary Cont.**  
**Last Updated\* 10/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
NURTEC ODT	QL= 8 tabs/30 days, 6 fills/year
NUZYRA TAB	QL= 30 tabs/180 days; Restricted to Infectious Disease or Pulmonology Specialist
OCALIVA TAB	QL= 1 tab/day
OFEV CAP	QL= 2 caps/day
OGSIVEO TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
OGSIVEO TAB 50MG	QL= 6 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
OJJAARA TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
olopatadine ophth soln 0.2%	QL= 2.5ml/30 days
OLUMIANT TAB	QL= 1 tab/day
OMNARIS NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolon or mometasone
OMNIPOD 5 G6 INTRO KIT	QL= 1 kit/year
OMNIPOD 5 G6 PODS MISC	QL= 10 pods/30 days
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
OMVOH INJ	QL= 2 inj/28 days
ONGENTYS CAP	QL= 1 tab/day, 30 tabs per fill
OPSUMIT TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
OPZELURA CREAM	QL= 12 tubes/year
ORENCIA CLICK INJ	QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days
ORGOVYX TAB	QL= 30 tabs/28 days
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
ORKAMBI TAB	QL= 4 tabs/day

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**University of Rochester Formulary Cont.**  
**Last Updated\* 10/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
ORLADEYO CAP	QL= 1 cap/day; Only available through Optime Care 888-287-2017
ORSERDU TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ORSERDU TAB 345MG	QL= 1 tab/day; Only available through Biologics 800-850-4306 or 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
OXBRYTA TAB	QL= 3 tabs/day
OXBRYTA TAB FOR ORAL SUSP	QL= 5 tabs/day
OXERVATE OPHTH SOLN	QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523
OXYCODONE ER TAB	QL= 2 tabs/day
OZEMPIC INJ	QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
PALYNZIQ INJ	QL= 1 inj/day; Only available through Accredo 800-803-2523
pantoprazole sodium packet	QL= 1 packet/day
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, all other members covered at generic copay Limited to 2 fills/calendar year
PEMAZYRE TAB	QL= 1 tab/day
phentermine cap	QL= 1 tab/day
phentermine tab	QL= 1 tab/day
PHEXXI GEL	QL= 1 box/fill
PICATO GEL	QL= 1 box/fill
pirfenidone cap	QL= 9 caps/day
pirfenidone tab 267mg	QL= 9 tabs/day
pirfenidone tab 801mg	QL= 3 tabs/day
POMALYST CAP	QL= 21 caps/28 days
POTIGA TAB	QL= 3 tabs/day
PRALUENT INJ	QL= 2 inj/28 days
pregabalin cap	QL= 3 caps/day
pregabalin cap 225mg	QL= 2 caps/day
pregabalin cap 300mg	QL= 2 caps/day
pregabalin ER tab	QL= 1 tab/day
pregabalin ER tab 330mg	QL= 2 tabs/day
pregabalin soln	QL= 30ml/day
PRETOMANID TAB	QL= 1 tab/day; Restricted to Infectious Disease Specialist
PREVYMIS TAB	QL= 1 tab/day; Limit 200 tabs/365 days

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**University of Rochester Formulary Cont.**  
**Last Updated\* 10/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
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
QBREXZA PAD	QL= 1 pad/day
QELBREE ER CAP	QL= 3 caps/day
QINLOCK TAB	QL= 3 tabs/day
QNASL NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolon or mometasone
QSYMIA CAP	QL= 1 cap/day
QULIPTA TAB	QL= 1 tab/day
QUVIVIQ TAB	QL= 1 tab/day
RADICAVA ORS STARTER KIT	QL= 70ml/365 days
RADICAVA ORS SUSP	QL= 50mL/28 days
ramelteon tab	QL= 1 tab/day
REGANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill
REPATHA INJ	QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
RETEVMO CAP	QL= 4 caps/day
RETEVMO TAB	QL= 2 tabs/day
RETEVMO TAB 40MG	QL= 3 tabs/day
REVLIMID CAP	QL= 1 cap/day; Only available through Walgreens 888-347-3416; Restricted to Oncology or Hematology Specialist
REXULTI TAB	QL= 1 tab/day
REYVOW TAB	QL= 8 tabs/30 days, 6 fills/year
REZLIDHIA CAP	QL= 2 caps/day
REZUROCK TAB	QL= 1 tab/day
RHOPRESSA OPHTH SOLN	QL= 2.5ml/25 days
RIFLOZA INJ 160MG	QL= 1 inj/30 days; Only available through Orsini 800-410-8575
RINVOQ ER TAB	QL= 1 tab/day
RINVOQ ORAL SOLN	QL= 12ml/day
RIVFLOZA INJ	QL= 1 inj/30 days; Only available through Orsini 800-410-8575
RIVFLOZA VIAL	QL= 2 vials/30 days; Only available through Orsini 800-410-8575
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

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**University of Rochester Formulary Cont.**  
**Last Updated\* 10/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
ROZLYTREK PAK	QL= 6 packs/day
RUBRACA TAB	QL= 4 tabs/day
RYBELSUS TAB	QL=1 tab/day; 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
SAVELLA TAB	QL= 2 tabs/day
SAXENDA INJ	QL= 5 pens/30 days
SCEMBLIX TAB	QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
SCEMBLIX TAB 100MG	QL= 4 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
SECUADO PATCH	QL=1 patch/day
SEGLUROMET TAB	QL= 1 tab/day
SEREVENT DISKUS INHALER	QL= 1 inhaler/30 days
SIGNIFOR INJ	QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
sildenafil tab	QL= 6 tabs/30 days
SIMLANDI INJ (adalimumab-ryvk)	QL= 2 inj/28 days
SIMPONI AUTO-INJECTOR 100MG	QL= 1 inj/28 days
SIMPONI INJ 100MG	QL=1 inj/28 days
SITAVIG TAB	QL= 1 tab/fill
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
SODIUM OXYBATE SOLN	QL= 540ml/30 days; Only available through Xyrem Certified Pharmacy 1-866-997-3688
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
SOTYKTU TAB	QL= 1 tab/day
SPEVIGO INJ	QL= 2 inj/28 days; Only available through Accredo 800-803-2523
SPIKEVAX INJ	QL= 1 dose/17 days
SPIKEVAX INJ 50MCG/0.5ML	QL= 1 dose/24 days

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**University of Rochester Formulary Cont.**  
**Last Updated\* 10/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
SPINOSAD SUSP	QL= 1 bottle/fill
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)
SPRIX NASAL SPRAY	QL= 5 units/5 days
SPRIX SPRAY	QL=5 units/5 days
STEGLATRO TAB	QL= 1 tab/day
STEGLUJAN TAB	QL= 1 tab/day
STELARA INJ	QL= 1 inj/84 days
STENDRA TAB	QL= 6 tabs/30 days
STIVARGA TAB	QL= 4 tabs/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
SUFLAVE SOLN	QL= 2 fills/calendar year
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
sumatriptan/naproxen tab	QL= 9 tabs/fill, 2 fills/30 days
SUNOSI TAB	QL= 1 tab/day
SYMDEKO TAB	QL= 2 tabs/day
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	QL= 6 tabs/30 days
tadalafil tab 2.5mg, 5mg	QL= 1 tab/day
TAFINLAR CAP	QL= 4 caps/day
tafluprost preservative free (pf) ophth soln	QL= 1 vial/day
TAGRISSO TAB	QL= 1 tab/day
TAKHZYRO INJ	QL= 2 inj/28 days
TAKHZYRO INJ 150MG/ML	QL= 2 inj/28 days
TALTZ INJ	QL= 1 inj/28 days
TALTZ INJ 20MG/0.25ML	QL= 1 inj/28 days
TALTZ INJ 40 MG/0.5ML	QL= 1 inj/28 days
TALZENNA CAP 0.25MG	QL= 3 caps/day
TALZENNA CAP 0.5MG, 0.75MG, 1MG	QL= 1 cap/day
TARPEYO CAP	QL= 4 caps/day; Only available through PantherRx Pharmacy 855-726-8479
TAVALISSE TAB	QL= 2 tabs/day
TAVNEOS CAP	QL= 6 caps/day
TAZVERIK TAB	QL= 8 tabs/day

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**University of Rochester Formulary Cont.**  
**Last Updated\* 10/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
TEPMETKO TAB	QL= 2 tabs/day
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 1%	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
TIROSINT-SOL	QL=1 ml/day; Prior Authorization required for members age 9 or older
TRACLEER TAB 32MG	QL= 4 tabs/day; Only available through Accredo 800-803-2523
TRADJENTA TAB	QL= 1 tab/day
travoprost ophth soln	QL= 2.5ml/30 days
TREMFYA INJ	QL= 1 inj/56 days
TREXIMET TAB	QL= 9 tabs/fill, 2 fills/30 days
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
TRIKAFTA THERAPY PACK	QL= 2 packets/day
TRINTELLIX TAB	QL= 1 tab/day
TRULANCE TAB	QL= 1 tab/day
TRUQAP TAB	QL= 64 tabs/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
TUKYSA TAB	QL= 4 tabs/day
TURALIO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306
TUSSICAPS	QL= 20 caps/fill, 2 fills/30 days
TUXARIN ER TAB	QL= 20 tabs/fill, 2 fills/30 days
TUZISTRA XR SUSP	QL= 120ml/fill, 2 fills/30 days
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

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**University of Rochester Formulary Cont.**  
**Last Updated\* 10/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
TYVASO INH SOLN 0.6 MG/ML	QL= 1 ampule/day; Only available through Accredo 800-803-2523
UBRELVY TAB	QL= 10 tabs/30 days, 6 fills/year
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
VALCHLOR GEL	QL= 4 tubes/30 days
VALTOCO NASAL SPRAY	QL= 4 doses/fill
VANCOGIN 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
vardenafil ODT	QL= 6 tabs/30 days
vardenafil tab	QL= 6 tabs/30 days
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
VELSIPITY TAB	QL= 1 tab/day
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 800-803-2523
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days
VEOZAH TAB	QL= 1 tab/day
VERQUVO TAB	QL= 1 tab/day; Restricted to Cardiology Specialist
VERZENIO TAB	QL= 2 tabs/day
VESICARE LS SUSP	QL= 10ml/day
VEVYE OPHTH SOLN	QL= 1 vial/30 days
V-GO INJ KIT	QL= 1 kit/day
VICTOZA INJ, LIRAGLUTIDE SOLN PEN-INJECTOR	QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
VIJOICE GRANULES PACKET	QL= 1 packet/day
VIJOICE TAB	QL= 1 tab/day
VIJOICE TAB 250MG	QL= 2 tabs/day
VITRAKVI CAP 100MG	QL= 2 caps/day
VITRAKVI CAP 25MG	QL= 6 caps/day
VITRAKVI SOLN	QL= 10ml/day
VIVJOA CAP	QL= 18 caps/year
VIZIMPRO TAB	QL= 1 tab/day
VOGELXO GEL PUMP 1%	QL= 4 bottles/30 days
VONJO CAP	QL= 4 caps/day
VOQUEZNA DUAL PAK	QL= 112 pills/14 days
VOQUEZNA TAB	QL= 2 tabs/day
VOSEVI TAB	QL= 1 tab/day
VOWST CAP	QL= 12 caps/fill
VOXZOGO INJ	QL= 1 vial/day; Only available through Accredo 888-773-7376

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**University of Rochester Formulary Cont.**  
**Last Updated\* 10/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
VRAYLAR CAP	QL= 1 cap/day
VRAYLAR PACK	QL= 2 packs/plan year
VTAMA CREAM	QL= 60gm/30 days
VYNDAMAX CAP	QL= 1 cap/day
VYNDAQEL CAP	QL= 4 caps/day
VYZULTA SOLN	QL= 2.5ml/30 days
WAINUA INJ	QL= 1 inj/28 days; Only available through Orsini 800-410-8575
WAKIX TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
WEGOVY INJ	QL= 4 pens/28 days
WEGOVY INJ 1.7MG/0.75ML	QL= 4 pens/28 days
WEGOVY INJ 2.4MG/0.75ML	QL= 4 pens/28 days
WELIREG TAB	QL= 3 tabs/day
WINLEVI CREAM	QL=1 tube/fill
XACIATO GEL	QL= 1 applicator/fill
XADAGO TAB	QL= 1 tab/day
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 25MG	QL= 1 tab/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= 10 ml/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
XERMELO TAB	QL= 3 tabs/day
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 OPTH SOLN	QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist
XOFLUZA TAB	QL= 1 tab/fill

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**University of Rochester Formulary Cont.**  
**Last Updated\* 10/1/2024**  
**Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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/28 days
XOLAIR SYRINGE 150MG/ML	QL= 2 inj/28 days
XOLAIR SYRINGE 300MG/2ML	QL= 1 inj/28 days
XOSPATA TAB	QL= 3 tabs/day
XPHOZAH TAB	QL= 2 tabs/day
XPOVIO PAK	QL= 32 tabs/28 days
XTAMPZA ER CAP	QL= 120 caps/30 days
XTANDI CAP	QL= 4 caps/day
XTANDI TAB 40MG	QL= 4 tabs/day
XTANDI TAB 80MG	QL= 2 tabs/day
XULTOPHY INJ	QL= 15ml/30 days
YUPELRI SOLN	QL= 30 vials/30 days; Step Therapy requires trial of INCRUSE ELLIPTA
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
ZEJULA TAB	QL= 1 tab/day
ZELBORAF TAB	QL= 8 tabs/day
ZEPATIER TAB	QL= 1 tab/day
ZEPBOUND INJ	QL= 4 inj/28 days (2mL/28days)
ZEPOSIA CAP	QL= 1 cap/day
ZEPOSIA STARTER PACK	QL= 1 cap/day
ZETONNA NASAL SPRAY	QL= 2 bottles/fill; Step Therapy requires trial of 2: flunisolide, fluticasone, triamcinolon or mometasone
ZILBRYSQ INJ	QL= 1 inj/day; Only available through PantheRx 855-726-8479
ZILBRYSQ INJ 23MG	QL= 1 inj/day; Only available through PantheRx 855-726-8479
ZILBRYSQ INJ 32.4MG	QL= 1 inj/day; Only available through PantheRx 855-726-8479
ZIOPTAN OPHTH SOLN	QL= 1 vial/day
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 tab	QL= 9 tabs/fill, 2 fills/30 days
zolpidem ER tab	QL= 1 tab/day
zolpidem tab	QL= 1 tab/day
zolpidem tartrate SL tab	QL= 1 tab/day
ZOLPIDEM TARTRATE SL TAB 1.75MG	QL= 1 tab/day
ZOLPIDEM TARTRATE SL TAB 3.5MG	QL= 1 tab/day
ZOMIG SPRAY	QL= 6 sprays/fill, 2 fills/30 days
ZORYVE CREAM	QL= 60 grams/30 days

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**University of Rochester Formulary Cont.**  
**Last Updated\* 10/1/2024**  
**Quantity Limit (QL)**

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**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
ZORYVE FOAM	QL= 60 grams/30 days
ZTALMY SUSP	QL= 1100ml/30 days; Only available through Orsini 800-410-8575
ZURZUVAE CAP 20MG, 25MG	QL= 28 caps/365 days; Only available through Caremark/CVS Specialty 800-378-069
ZURZUVAE CAP 30MG	QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-069
ZYKADIA CAP	QL= 3 caps/day
ZYKADIA TAB	QL= 3 tabs/day
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)
ZYMFENTRA INJ	QL= 2 inj/28 days

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