FORMULARY INSTRUCTIONS

At Child Health Plan *Plus* offered by Colorado Access, we want to make sure you get the prescription medications you need.

This is a list of medications covered by your plan. If a medication is not on the formulary list, it is not covered. Use this list to find out if your medication is covered. Medications are listed alphabetically. Updates are generally made at the first of each month.

Each prescription drug has been assigned a tier. Tiers determine what your copay will be. For example, tier one drugs are usually generic and cost the least, so copays for those drugs will be the lowest. A specialty or brand name drug that is more expensive will have a higher copay.

Tiers are listed to the right of the drug name, along with any special codes that apply. You can view an index explaining the codes at the bottom of each page.

If you have any questions, call us at 303-751-9021 or 888-214-1101 (toll free).

Search Tip:
You can search quickly and easily by clicking on the binoculars icon on your toolbar, or by using the command Control+Shift+F. This will display a search box for you to enter the name of the drug you want to find. If you're not sure about the spelling, you can start your search by typing just the first few letters of the drug name.

If you need this document in large print, Braille, or other formats or languages, or read aloud, or need a copy, call 800-511-5010. For TDD/TTY, call 888-803-4494. Call Monday to Friday, 8 a.m. to 5 p.m. The call is free.

Si necesita este documento en letra grande, Braille, otros formatos o idiomas, o se lea en voz alta, o necesita otra copia, llame al 800-511-5010. Para TDD/TTY, llame al 888-803-4494. Llame de lunes a viernes, de 8 a.m. a 5 p.m. La llamada es gratis.

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.

Colorado Access Child Health Plan Plus HMO Formulary

Alphabetical Index

Last Updated 10/1/2026

Drug Name	Special Code	Tier	Category
abacavir soln (ZIAGEN equiv)	-	1	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	-	1	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	1	ANTIVIRALS
ABRYSVO INJ (QL= 1 dose/lifetime)	QL-VAC	$0	VACCINES
acamprosate calcium DR tab (CAMPRAL equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	1	ANTIDIABETICS
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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
ACCU-CHEK NANO METER	OTC	$0	MEDICAL DEVICES AND SUPPLIES
acebutolol cap (SECTRAL equiv)	-	1	BETA BLOCKERS
acetaminophen cap (TYLENOL equiv)	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen chew tab (TYLENOL equiv)	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen drops (TYLENOL equiv)	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen elixir (TYLENOL equiv)	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen liquid (TYLENOL equiv)	OTC	1	ANALGESICS - NONNARCOTIC
ACETAMINOPHEN SOLN	OTC	2	ANALGESICS - NONNARCOTIC
acetaminophen supp (TYLENOL equiv)	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen tab (TYLENOL equiv)	OTC	1	ANALGESICS - NONNARCOTIC
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1	ANALGESICS - OPIOID
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	1	DIURETICS
acetazolamide tab	-	1	DIURETICS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
acetic acid otic soln (VOSOL equiv)	-	1	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	1	COUGH / COLD / ALLERGY
acitretin cap (SORIATANE equiv)	-	1	DERMATOLOGICALS
ACTHAR GEL INJ (QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHIB INJ, HIBERIX INJ	VAC	$0	VACCINES
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	2	ANTINEOPLASTICS
ACTIVITE TAB	-	1	MULTIVITAMINS
acyclovir cap (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir cream 5%	-	2	DERMATOLOGICALS
acyclovir oint (ZOVIRAX OINT equiv)	-	1	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	1	ANTIVIRALS
ADACEL/BOOSTRIX INJ (QL= 1 inj/28 days; Covered for members aged 6 weeks and older)	QL-VAC	$0	TOXOIDS
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT (YUFLYMA equiv) (QL= 1 kit/fill; 1 fill/plan year)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIC equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML (QL= 2 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 40MG/0.4ML (QL= 2 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
adapalene cream (DIFFERIN equiv)	-	1	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv)	-	1	DERMATOLOGICALS
adapalene gel 0.3% (DIFFERIN equiv)	-	1	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	1	DERMATOLOGICALS
ADBRY INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2	DERMATOLOGICALS
ADBRY INJ (QL= 4 inj/28 days)	LMSP-PA-QL	2	DERMATOLOGICALS
ADVAIR DISKUS INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVIL JR ST TAB	OTC	1	ANALGESICS - ANTI-INFLAMMATORY
AEROCHAMBER	OTC	2	MEDICAL DEVICES AND SUPPLIES
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days for members 6 months and older)	QL-VAC	$0	VACCINES
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2	MIGRAINE PRODUCTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2	MIGRAINE PRODUCTS
albuterol HFA (18gm) inhaler (VENTOLIN equiv) (QL= 2 inhalers/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA (6.7gm, 8.5gm) inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL NEBULIZER SOLN	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	1	DERMATOLOGICALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
ALCLOMETASONE OINT	-	1	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	1	DERMATOLOGICALS
ALCOHOL SWABS	OTC	2	MEDICAL DEVICES AND SUPPLIES
alendronate tab (FOSAMAX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALER-DRYL TAB	OTC	2	ANTIHISTAMINES
alfuzosin SR tab (UROXATRAL equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
ALHEMO INJ	LMSP-PA	2	HEMATOLOGICAL AGENTS - MISC.
allopurinol tab (ZYLOPRIM equiv)	-	1	GOUT AGENTS
ALOCRIL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
alosetron tab (LOTRONEX equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN P OPHTH SOLN 0.15%	-	2	OPHTHALMIC AGENTS
alprazolam ER tab (XANAX XR equiv)	-	2	ANTIANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	2	ANTIANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	1	ANTIANXIETY AGENTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
ALREX OPHTH SUSP	-	2	OPHTHALMIC AGENTS
ALTAFRIN OPHTH SOLN	-	1	OPHTHALMIC AGENTS
ALTRENO LOTION	-	2	DERMATOLOGICALS
ALVESCO INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALYFTREK TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	RESPIRATORY AGENTS - MISC.
ALYFTREK TAB 4-20-50MG (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	RESPIRATORY AGENTS - MISC.
amantadine cap (SYMMETREL equiv)	-	1	ANTIPARKINSON AGENTS
amantadine soln (AMANTADINE equiv)	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
amantadine tab	-	1	ANTIPARKINSON AGENTS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Lumicera 855-847-3553)	LD-QL-RS	1	CARDIOVASCULAR AGENTS - MISC.
amethyst tab (LYBREL equiv)	-	$0	CONTRACEPTIVES
amiloride tab (MIDAMOR equiv)	-	1	DIURETICS
AMILORIDE/HCTZ TAB	-	1	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1	DIURETICS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
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
amlodipine tab (NORVASC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
amlodipine/benazepril cap (LOTREL equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR TAB equiv)	-	1	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	1	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	1	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	1	DERMATOLOGICALS
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	1	DERMATOLOGICALS
amoxapine tab (AMOXAPINE equiv)	-	1	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	1	PENICILLINS
AMOXICILLIN CHEW	-	1	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	1	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	1	PENICILLINS
AMOXICILLIN/CLAVULANATE CHEW TAB	-	1	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1	PENICILLINS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) (QL= 2 caps/day)	QL	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ampicillin cap (AMPICILLIN equiv)	-	1	PENICILLINS
anagrelide cap (AGRYLIN equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM HC CREAM 2.5-1%	-	1	ANORECTAL AND RELATED PRODUCTS
ANALPRAM HC CREAM 2.5-1%	-	2	ANORECTAL AND RELATED PRODUCTS
anastrozole tab (ARIMIDEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANNOVERA RING (QL= 1 ring/year)	QL	$0	CONTRACEPTIVES
ANUCORT-HC SUPP 25MG	-	2	ANORECTAL AND RELATED PRODUCTS
ANUCORT-HC SUPP 30MG	-	2	ANORECTAL AND RELATED PRODUCTS
APAP/CODEINE SOLN	-	2	ANALGESICS - OPIOID

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
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
APRETUDE SUSP (QL= 7 inj/year)	QL	$0	ANTIVIRALS
APTIVUS CAP	-	2	ANTIVIRALS
AQNEURSA PACKET FOR SUSPENSION (QL= 4 packets/day; Only available through CurantHealth 866-437-8040)	LD-PA-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AQVESME TAB 100MG (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
ARANELLE TAB	-	$0	CONTRACEPTIVES
ARBLI SUSP (QL= 330mL/30 days)	PA-QL	2	ANTIHYPERTENSIVES
AREXVY INJ	VAC	$0	VACCINES
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 / ANOREXIANTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
ARNUITY ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
artificial tears	OTC	1	OPHTHALMIC AGENTS
artificial tears (LIQUIFILM equiv)	OTC	1	OPHTHALMIC AGENTS
artificial tears ophth soln (AQUASITE equiv) (QL= 25ml/30 days)	OTC-QL	1	OPHTHALMIC AGENTS
ascorbic acid chew tab	OTC	1	VITAMINS
ascorbic acid tab	OTC	1	VITAMINS
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 (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER (QL= 1 inhaler/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aspirin chew tab 81mg	OTC	$0	ANALGESICS - NONNARCOTIC
aspirin supp	OTC	1	ANALGESICS - NONNARCOTIC

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
aspirin tab 325mg	OTC	$0	ANALGESICS - NONNARCOTIC
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) (QL= 2 caps/day)	QL	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ATORVALIQ SUSP (Covered for members age 9 years and older; and patients that are unable to swallow tablets)	PA	2	ANTIHYPERLIPIDEMICS
atorvastatin tab (LIPITOR equiv)	-	1	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
ATTRUBY PACK (QL= 4 tabs/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
avanafil tab (STENDRA equiv)	-	EXC	CARDIOVASCULAR AGENTS - MISC.
AVAR CLEANSE LIQ 10-5%	-	1	DERMATOLOGICALS
AVAR-E EMOLL CREAM	-	1	DERMATOLOGICALS
AVERI TAB	-	$0	CONTRACEPTIVES
AVMAPKI FAKZYNJA CO-PACK (QL= 1 pack/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVONEX INJ	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AVTOZMA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
AZASITE SOLN	-	2	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	1	ASSORTED 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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
azelastine ophth soln (OPTIVAR equiv)	-	1	OPHTHALMIC AGENTS
azithromycin susp (ZITHROMAX equiv)	-	1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES
BACIT/POLYMY OPHTH OINT	-	1	OPHTHALMIC AGENTS
bacitracin oint	OTC	1	DERMATOLOGICALS
BACITRACIN OPHTH OINT	-	2	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/polymyxin B oint (POLYSPORIN equiv)	OTC	1	DERMATOLOGICALS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1	OPHTHALMIC AGENTS
bacitracin/zinc oint	OTC	1	DERMATOLOGICALS
baclofen tab (BACLOFEN equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
BALCOLTRA TAB	-	$0	CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
BANZEL SUSP	PA	2+penalty	ANTICONVULSANTS
BANZEL TAB	-	2+penalty	ANTICONVULSANTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2	ANTIDIABETICS
BARACLUDE SOLN (Prior Authorization required for members age 9 years and older)	PA	2	ANTIVIRALS
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
BEDDING SPRA AER (QL= 150ml/7 days, Limited to 2 fills/year)	OTC-QL	1	DERMATOLOGICALS
BELLADONNA ALKALOID/OPIUM SUPP	-	2	ULCER DRUGS
benazepril tab (LOTENSIN equiv)	-	1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1	ANTIHYPERTENSIVES
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	2	ANTHELMINTICS
benzocaine gel	OTC	1	MOUTH / THROAT / DENTAL AGENTS
benzocaine paste	OTC	1	MOUTH / THROAT / DENTAL AGENTS
benzonatate cap (TESSALON equiv)	-	1	COUGH / COLD / ALLERGY
benzoyl peroxide cream (NEOBENZ equiv)	OTC	1	DERMATOLOGICALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
benzoyl peroxide gel (OTC) (BENZAC equiv)	OTC	1	DERMATOLOGICALS
benzoyl peroxide liquid (BENZAC equiv)	OTC	1	DERMATOLOGICALS
BENZOYL PEROXIDE LOTION	OTC	1	DERMATOLOGICALS
benzoyl peroxide lotion (OTC) (TRIAZ equiv)	OTC	1	DERMATOLOGICALS
BENZOYL PEROXIDE LOTION 5%	OTC	1	DERMATOLOGICALS
benzphetamine tab	-	EXC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
benztropine tab	-	1	ANTIPARKINSON AGENTS
BERINERT INJ (Only available through Accredo 800-803-2523)	LD-PA	2	HEMATOLOGICAL AGENTS - MISC.
BETAMETH VALERATE LOTION	-	1	DERMATOLOGICALS
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1	DERMATOLOGICALS
betamethasone diproprionate cream (DIPROSONE CREAM equiv)	-	1	DERMATOLOGICALS
betamethasone diproprionate lotion	-	1	DERMATOLOGICALS
betamethasone valerate cream	-	1	DERMATOLOGICALS
betamethasone valerate lotion	-	1	DERMATOLOGICALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
betamethasone valerate oint	-	1	DERMATOLOGICALS
BETASERON INJ	LMSP	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 0.25%	-	2	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN	-	2	OPHTHALMIC AGENTS
bexarotene cap (TARGRETIN equiv) (QL= 10 caps/day)	LMSP-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bexarotene gel (TARGRETIN equiv) (QL= 60 grams/30 days)	LMSP-PA-QL	1	DERMATOLOGICALS
BEXSERO INJ	VAC	$0	VACCINES
BEYFORTUS INJ	VAC	$0	PASSIVE IMMUNIZING AND TREATMENT AGENTS
bicalutamide tab (CASODEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIKTARVY TAB	-	2	ANTIVIRALS
bimatoprost ophth soln (LUMIGAN equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
BIMATOPROST OPHTH SOLN (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
bimatoprost ophth soln (LATISSE equiv)	-	EXC	DERMATOLOGICALS
BIMZELX INJ (QL= 1 mL/28 days)	LMSP-PA-QL	2	DERMATOLOGICALS
BIMZELX INJ 320MG/2ML (QL= 2 mL/56 days)	LMSP-PA-QL	2	DERMATOLOGICALS
BIMZELX SYRINGE (QL= 1 mL/28 days)	LMSP-PA-QL	2	DERMATOLOGICALS
BIMZELX SYRINGE 320MG/2ML (QL= 2 mL/56 days)	LMSP-PA-QL	2	DERMATOLOGICALS
bisoprolol tab (ZEBETA equiv)	-	1	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1	ANTIHYPERTENSIVES
BLANCHE CREAM	-	EXC	DERMATOLOGICALS
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Lumicera 855-847-3553)	LD-QL-RS	1	CARDIOVASCULAR AGENTS - MISC.
bosentan tab for oral susp (TRACLEER equiv) (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	1	CARDIOVASCULAR AGENTS - MISC.
bosutinib tab (BOSULIF equiv)	MSP-PA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

NC =Not Covered		**generic =**small letters	**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
BREO ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	2	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2%	-	1	OPHTHALMIC AGENTS
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv)	-	1	OPHTHALMIC AGENTS
brimonidine/timolol ophth soln (COMBIGAN OPHTH SOLN equiv)	-	1	OPHTHALMIC AGENTS
BRINSUPRI TAB (QL= 1 tab/day; Only available through Maxor Pharmacy 800-658-6046 or Amber Specialty Pharmacy 888-370-1724)	LD-PA-QL	2	RESPIRATORY AGENTS - MISC.
brivaracetam oral soln 10mg/ml (BRIVIACT equiv)	-	2	ANTICONVULSANTS
brivaracetam tab (BRIVIACT equiv)	-	1	ANTICONVULSANTS
BRIVIACT SOLN 10MG/ML	-	2+penalty	ANTICONVULSANTS
BRIVIACT TAB	-	2+penalty	ANTICONVULSANTS
bromocriptine cap (PARLODEL equiv)	-	1	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	1	ANTIPARKINSON AGENTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
BRUKINSA CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553; Restricted to Cardiology or Pulmonology Specialist)	LD-QL-RS	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRUKINSA TAB (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
budesonide inh susp (PULMICORT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide SR cap (ENTOCORT EC equiv)	-	1	CORTICOSTEROIDS
budesonide/formoterol inhaler (SYMBICORT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BUFFERED ASPIRIN TAB	OTC	1	ANALGESICS - NONNARCOTIC
bufferin tab	OTC	1	ANALGESICS - NONNARCOTIC
bumetanide tab (BUMEX equiv)	-	1	DIURETICS
buprenorphine SL tab (SUBUTEX 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)	-	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
bupropion tab (WELLBUTRIN equiv)	-	1	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	1	ANTIDEPRESSANTS
buspirone tab (BUSPAR equiv)	-	1	ANTIANXIETY AGENTS
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	1	ANALGESICS - OPIOID
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.
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.
CABENUVA IM SUSP (QL= 1 kit/30 days)	LMSP-QL	2	ANTIVIRALS
CABENUVA SUSP 600MG-900MG/3ML (QL= 1 kit/30 days)	LMSP-QL	2	ANTIVIRALS
cabergoline tab (DOSTINEX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
CABOMETYX TAB (QL= 1 tab/day)	PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
caffeine citrate soln (CAFCIT equiv) (Covered for members age 11 months and younger)	-	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv)	-	1	DERMATOLOGICALS
calcipotriene oint	-	1	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	1	DERMATOLOGICALS
CALCIPOTRIENE SOLN 0.005%	-	1	DERMATOLOGICALS
calcitonin inj (MIACALCIN equiv)	LMSP	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol soln (ROCALTROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
CALCIUM CARB SUSP	OTC	1	ANTACIDS
calcium carbonate chew tab (TUMS equiv)	OTC	1	ANTACIDS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
calcium carbonate susp	OTC	1	MINERALS & ELECTROLYTES
calcium carbonate tab	OTC	1	MINERALS & ELECTROLYTES
CALCIUM W/ VITAMIN D TAB	OTC	2	MINERALS & ELECTROLYTES
calcium w/vitamin D tab	OTC	1	MINERALS & ELECTROLYTES
CALIBRATION LIQUID	OTC	1	MEDICAL DEVICES AND SUPPLIES
CALQUENCE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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)	LMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
captopril tab (CAPOTEN equiv)	-	1	ANTIHYPERTENSIVES
CAPVAXIVE INJ	VAC	$0	VACCINES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
carbamazepine chew tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	2	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	1	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	1	ANTICONVULSANTS
carbamide peroxide otic soln (DEBROX equiv)	OTC	1	OTIC AGENTS
carbidopa tab (LODOSYN equiv)	-	1	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1	ANTIPARKINSON 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
carboplatin inj (PARAPLATIN equiv)	MSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
carglumic acid tab (CARBAGLU equiv) (Only available through AnovoRx 844-288-5007)	LD-PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
carisoprodol tab (SOMA equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
CAROSPIR SUSP	-	2+penalty	DIURETICS
carteolol ophth soln (OCUPRESS equiv)	-	1	OPHTHALMIC AGENTS
carvedilol tab (COREG equiv)	-	1	BETA BLOCKERS
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
cefaclor cap (CECLOR equiv)	-	1	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	1	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	1	CEPHALOSPORINS
CEFADROXIL TAB	-	2	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	1	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	1	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	1	CEPHALOSPORINS
CEFPODOXIME PROXETIL SUSP	-	1	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	1	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	1	CEPHALOSPORINS

NC =Not Covered		**generic =**small letters	**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
cefprozil tab (CEFZIL equiv)	-	1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1	CEPHALOSPORINS
CELEBREX CAP	-	2+penalty	ANALGESICS - ANTI-INFLAMMATORY
celecoxib cap (CELEBREX equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
CELLCEPT CAP	-	2	ASSORTED CLASSES
CELLCEPT TAB	-	2	ASSORTED CLASSES
cephalexin cap (KEFLEX equiv)	-	1	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	1	CEPHALOSPORINS
CEREZYME INJ	MSP-PA	2	HEMATOPOIETIC AGENTS
cetirizine syrup (ZYRTEC equiv)	OTC	1	ANTIHISTAMINES
cetirizine tab (ZYRTEC equiv)	OTC	1	ANTIHISTAMINES
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv)	OTC	1	COUGH / COLD / ALLERGY
cetrorelix acetate for inj kit (CETROTIDE equiv)	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETROTIDE KIT	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
cevimeline cap (EVOXAC equiv)	-	1	MOUTH / THROAT / DENTAL AGENTS
CHEMET CAP	-	2	ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	1	ANTIANXIETY AGENTS
CHLORDIAZEPOXIDE/CLIDINIUM CAP	-	1	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	1	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	1	MOUTH / THROAT / DENTAL AGENTS
CHLOROQUINE TAB	-	1	ANTIMALARIALS
chloroquine tab (ARALEN equiv)	-	1	ANTIMALARIALS
chlorpromazine tab (THORAZINE equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
chlorthalidone tab	-	1	DIURETICS
chlorzoxazone tab 500mg	-	1	MUSCULOSKELETAL THERAPY AGENTS
cholecalciferol cap (VITAMIN D equiv)	OTC	1	VITAMINS
cholecalciferol tab (VITAMIN D equiv)	OTC	1	VITAMINS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1	ANTIHYPERLIPIDEMICS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
cholestyramine powder (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	1	ANTIHYPERLIPIDEMICS
choline citrate tab (QL= 1 tab/day)	OTC-PA-QL	1	NUTRIENTS
CIBINQO TAB (QL= 1 tab/day)	LMSP-PA-QL	2	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	1	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	1	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	1	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	1	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	1	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
CIMDUO TAB	-	2	ANTIVIRALS
cimetidine soln (CIMETIDINE equiv)	-	1	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	OTC	1	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
CIMZIA INJ 200MG/ML (QL= 2 inj/28 days)	LMSP-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
CINRYZE INJ (QL= 16 vials/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	1	OTIC AGENTS
ciprofloxacin ophth soln (CILOXAN equiv)	-	1	OPHTHALMIC AGENTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
ciprofloxacin susp (CIPRO equiv)	-	1	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	1	FLUOROQUINOLONES
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	1	OTIC AGENTS
CISPLATIN INJ	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cisplatin inj (PLATINOL AQ equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CISPLATIN INJ 50MG/50ML	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
citalopram soln (CELEXA equiv)	-	1	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	1	ANTIDEPRESSANTS
cladribine tab therapy pack (MAVENCLAD equiv)	LMSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CLARITHROMYC SUSP	-	2	MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	1	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	1	MACROLIDES
CLARITIN CHEW TAB	OTC	2	ANTIHISTAMINES
CLEMASTINE TAB 1.34MG	OTC	1	ANTIHISTAMINES
clemastine tab 1.34mg (TAVIST equiv)	OTC	1	ANTIHISTAMINES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
CLEOCIN-T GEL	-	2+penalty	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	1	ANTI-INFECTIVE AGENTS MISC.
clindamycin gel (CLEOCIN GEL equiv)	-	1	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	1	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T 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
CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill)	QL	2	VAGINAL AND RELATED PRODUCTS
CLINISTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
clobazam susp (ONFI equiv) (Prior Authorization required for members age 9 years and older)	PA	1	ANTICONVULSANTS
clobazam tab (ONFI equiv)	-	1	ANTICONVULSANTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
clobetasol foam (OLUX equiv)	-	1	DERMATOLOGICALS
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	PA	1	DERMATOLOGICALS
CLOBEX SPRAY	PA	2+penalty	DERMATOLOGICALS
clomiphene citrate tab (CLOMID equiv)	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLOMIPHENE TAB	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomipramine cap (ANAFRANIL equiv)	-	1	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	1	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	1	ANTICONVULSANTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
clonidine ER tab (KAPVAY equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	1	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	1	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
clotrimazole cream (LOTRIMIN AF equiv)	OTC	1	DERMATOLOGICALS
clotrimazole soln (OTC) (LOTRIMIN equiv)	OTC	1	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	1	MOUTH / THROAT / DENTAL AGENTS
clotrimazole vaginal cream (MYCELEX equiv)	OTC	1	VAGINAL PRODUCTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1	DERMATOLOGICALS
clozapine tab (CLOZARIL equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
CODEINE SULFATE TAB	-	1	ANALGESICS - OPIOID
colchicine tab (COLCRYS equiv)	-	1	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	1	GOUT AGENTS
colesevelam pack (WELCHOL equiv)	-	1	ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	1	ANTIHYPERLIPIDEMICS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
colestipol granule (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	1	ANTIHYPERLIPIDEMICS
COLY-MYCIN S OTIC SUSP	-	2	OTIC AGENTS
COMBIGAN OPHTH SOLN	-	2+penalty	OPHTHALMIC AGENTS
COMBIVENT RESPIMAT INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
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+penalty	ANTIVIRALS
CONCERTA TAB, RITALIN SR TAB	-	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
CONTRACEPTIVE GEL	OTC	$0	VAGINAL PRODUCTS
CORLANOR SOLN	PA	2	CARDIOVASCULAR AGENTS - MISC.

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
CORLANOR TAB	-	2+penalty	CARDIOVASCULAR AGENTS - MISC.
CORTISONE ACETATE TAB	-	2	CORTICOSTEROIDS
COVARYX HS TAB	-	1	ESTROGENS
COVID-19 TEST	OTC	EXC	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	$0	VACCINES
COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days)	QL-VAC	$0	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	$0	VACCINES
CRENESSITY CAP (QL= 2 caps/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
CRENESSITY SOLN (QL= 2ml/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
CREON CAP	-	2	DIGESTIVE AIDS
CRESTOR TAB	-	2+penalty	ANTIHYPERLIPIDEMICS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
cromolyn conc (GASTROCROM equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
cromolyn nasal spray (NASALCROM equiv)	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
cromolyn ophth soln (CROLOM equiv)	-	1	OPHTHALMIC AGENTS
CROMOLYN SODIUM OPHTH SOLN	-	1	OPHTHALMIC AGENTS
cryselle tab	-	$0	CONTRACEPTIVES
CUE COVID-19 INJ TEST CARTRIDGE	OTC	EXC	DIAGNOSTIC PRODUCTS
CUE HEALTH MONITOR	OTC	EXC	DIAGNOSTIC PRODUCTS
cyanocobalamin inj	-	1	HEMATOPOIETIC AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1	MUSCULOSKELETAL THERAPY 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
cyclosporine cap (SANDIMMUNE equiv)	-	1	ASSORTED CLASSES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
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
cyproheptadine syrup	-	1	ANTIHISTAMINES
cyproheptadine tab	-	1	ANTIHISTAMINES
CYSTADANE POWDER (Only available through AnovoRx 844-288-5007)	LD	2	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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	2	ANTICOAGULANTS
danazol cap (DANOCRINE equiv)	-	1	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
dapagliflozin tab (FARXIGA equiv) (QL= 1 tab/day)	QL	1	ANTIDIABETICS
dapagliflozin-metformin er tab (XIGDUO XR equiv) (QL= 1 tab/day)	QL	1	ANTIDIABETICS
dapagliflozin-metformin er tab 5-1000MG (XIGDUO XR equiv) (QL= 2 tabs/day)	QL	1	ANTIDIABETICS
dapsone tab	-	1	ANTI-INFECTIVE AGENTS - MISC.
DAPTACEL INJ, INFANRIX INJ	VAC	$0	TOXOIDS
darunavir tab (PREZISTA equiv)	-	1	ANTIVIRALS
dasatinib tab (SPRYCEL equiv)	LMSP-PA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAWNZERA INJ (QL= 1 inj/28 days; Only available through Orsini 800-410-8575)	LD-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
DAYBUE SOLN (QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	2	NEUROMUSCULAR AGENTS
DAYBUE STIX POWDER (QL= 4 packets/day; Only available through AnovoRx 844-288-5007)	LD-PA-QL	2	NEUROMUSCULAR AGENTS

NC =Not Covered		**generic** =small letters	**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
DAYBUE STIX POWDER 8000MG (QL= 2 packets/day; Only available through AnovoRx 844-288-5007)	LD-PA-QL	2	NEUROMUSCULAR AGENTS
deferasirox granules packet (JADENU equiv)	LMSP	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (JADENU equiv)	LMSP	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab for oral susp (EXJADE equiv)	LMSP	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
DELSTRIGO TAB	-	2	ANTIVIRALS
DENGVAXIA SUSP	VAC	$0	VACCINES
DENTA 5000 CREAM PLUS	-	1	MOUTH / THROAT / DENTAL AGENTS
DEPLIN CAP	-	EXC	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
DEPO-PROVERA INJ	-	$0	CONTRACEPTIVES
DESCOVY TAB	-	$0	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	1	ANTIDEPRESSANTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
desmopressin acetate nasal spray (DDAVP equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESMOPRESSIN NASAL SOLN 1.5MG/ML	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESMOPRESSIN NASAL SPRAY	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESOGEN TAB	-	$0	CONTRACEPTIVES
desonide cream (DESOWEN equiv)	-	2	DERMATOLOGICALS
desonide oint (DESOWEN equiv)	-	2	DERMATOLOGICALS
desoximetasone cream (DESOXIMETASONE equiv)	-	2	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	1	DERMATOLOGICALS
DEXAMETHASONE CONC	-	1	CORTICOSTEROIDS
dexamethasone elixir	-	1	CORTICOSTEROIDS
DEXAMETHASONE PHOSPHATE INJ	-	1	CORTICOSTEROIDS
dexamethasone sodium phosphate inj	-	1	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	1	CORTICOSTEROIDS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
dexamethasone tab (DECADRON equiv)	-	1	CORTICOSTEROIDS
DEXCOM G6 RECEIVER	-	EXC	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR	-	EXC	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER	-	EXC	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 RECEIVER	-	EXC	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR	-	EXC	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR (15-DAY)	-	EXC	MEDICAL DEVICES AND SUPPLIES
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
dexmethylphenidate tab (FOCALIN equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
dextroamphetamine ER cap (DEXEDRINE equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
dextromethorphan/guaifenesin syrup 10-100mg (ROBITUSSIN equiv)	OTC	1	COUGH / COLD / ALLERGY
DIACOMIT CAP	PA	2	ANTICONVULSANTS
DIACOMIT POWDER PACK	PA	2	ANTICONVULSANTS
DIALYVITE TAB	-	1	MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	-	1	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	1	MULTIVITAMINS
DIAPHRAGM	-	2	MEDICAL DEVICES AND SUPPLIES
diazepam conc (VALIUM equiv)	-	1	ANTIANXIETY AGENTS
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	1	ANTIANXIETY AGENTS
diazepam rectal gel (QL= 2 packs/fill)	QL	2	ANTICONVULSANTS
diazepam tab (VALIUM equiv)	-	1	ANTIANXIETY AGENTS
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	QL	1	DERMATOLOGICALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	1	DERMATOLOGICALS
diclofenac potassium tab (CATAFLAM equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1	OPHTHALMIC AGENTS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
dicloxacillin cap (DYNAPEN equiv)	-	1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	1	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	1	ULCER DRUGS
DIETHYLPROPION ER TAB	-	EX C	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
diethylpropion tab	-	EX C	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
DIFFERIN OTC GEL 0.1%	OTC	1	DERMATOLOGICALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
DIFICID SUSP (QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	2	MACROLIDES
DIFICID TAB	-	2+penalty	MACROLIDES
diflunisal tab (DOLOBID equiv)	-	1	ANALGESICS - NONNARCOTIC
difluprednate ophth emulsion (DUREZOL equiv)	-	1	OPHTHALMIC AGENTS
digoxin soln (LANOXIN equiv)	-	1	CARDIOTONICS
DIGOXIN SOLN 0.05MG/ML	-	1	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	1	CARDIOTONICS
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

NC =Not Covered		**generic =**small letters	**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
diltiazem tab (CARDIZEM equiv)	-	1	CALCIUM CHANNEL BLOCKERS
dimethyl fumarate DR cap (TECFIDERA equiv)	LMSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	LMSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
diphenhydramine cap (OTC only)	OTC	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
diphenhydramine cap (BENADRYL equiv) (OTC only)	OTC	1	ANTIHISTAMINES
DIPHENHYDRAMINE LIQUID	OTC	1	ANTIHISTAMINES
diphenhydramine liquid (BENADRYL equiv)	OTC	1	ANTIHISTAMINES
diphenhydramine tab (BENADRYL equiv)	OTC	1	ANTIHISTAMINES
diphenhydramine tab (NYTOL equiv)	OTC	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
DIPHENOXYLATE/ATROPINE LIQUID	-	2	ANTIDIARRHEAL / PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1	ANTIDIARRHEALS
DIPTHERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	$0	TOXOIDS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
dipyridamole tab (PERSANTINE equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
DISKETS TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1	ANALGESICS - OPIOID
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
divalproex sprinkle cap (DEPAKOTE equiv)	-	1	ANTICONVULSANTS
docusate calcium cap (KAOPECTATE equiv)	OTC	1	LAXATIVES
docusate sodium cap (COLACE equiv)	OTC	1	LAXATIVES
docusate sodium liquid (COLACE equiv)	OTC	1	LAXATIVES
docusate sodium syrup (COLACE equiv)	OTC	1	LAXATIVES
docusate sodium tab (COLACE equiv)	OTC	1	LAXATIVES
DOCUSATE SYRUP	OTC	1	LAXATIVES
dofetilide cap (TIKOSYN equiv)	-	1	ANTIARRHYTHMICS
DOPTELET SPRINKLE CAP (QL= 2 caps/day)	LMSP-PA-QL	2	HEMATOPOIETIC AGENTS
DOPTELET TAB (QL= 2 tabs/day)	LMSP-PA-QL	2	HEMATOPOIETIC AGENTS
dorzolamide ophth soln (TRUSOPT equiv)	-	1	OPHTHALMIC AGENTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
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 CAP	-	1	ANTIDEPRESSANTS
DOXEPIN HCL CONC	-	1	ANTIDEPRESSANTS
DOXERCALCIFEROL CAP	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxercalciferol cap (HECTOROL equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	1	TETRACYCLINES
doxycycline monohydrate cap 50mg, 100mg (MONODOX equiv)	-	1	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	1	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	1	TETRACYCLINES
D-PENAMINE TAB	-	2	ASSORTED CLASSES

NC =Not Covered		**generic =**small letters		**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	$0	CONTRACEPTIVES
DROXIA CAP	-	2	HEMATOPOIETIC AGENTS
DRYSOL SOLN	-	1	DERMATOLOGICALS
DULERA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine EC cap (CYMBALTA equiv)	-	1	ANTIDEPRESSANTS
DUPIXENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2	DERMATOLOGICALS
dutasteride cap (AVODART equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
E.E.S. TAB	-	2	MACROLIDES
EBGLYSS INJ (QL= 1 inj/28 days)	LMSP-PA-QL	2	DERMATOLOGICALS
EBGLYSS PEN INJ (QL= 1 inj/28 days)	LMSP-PA-QL	2	DERMATOLOGICALS
econazole cream (SPECTAZOLE equiv)	-	1	DERMATOLOGICALS
EDURANT PED TAB	-	2	ANTIVIRALS
EDURANT TAB	-	2	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	1	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	1	ANTIVIRALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	1	ANTIVIRALS
EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB	-	1	ANTIVIRALS
EFFER-K TAB	-	1	MINERALS & ELECTROLYTES
EFFEXOR XR CAP (Covered for members age 12 years and older)	-	2+penalty	ANTIDEPRESSANTS
EGRIFTA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
EGRIFTA WR KIT	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
EKTERLY TAB (QL= 8 tabs/fill; Only available through Accredo 800-803-2523 or Optum 877-445-6874)	LD-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
eletriptan tab (RELPAX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
ELIGEN B12 TAB	-	EXC	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
ELIQUIS SPRINKLE CAP	-	2	ANTICOAGULANTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
ELIQUIS TAB FOR ORAL SUSP	-	2	ANTICOAGULANTS
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	$0	CONTRACEPTIVES
eltrombopag olamine powder pack for susp (PROMACTA equiv) (QL= 1 packet/day)	LMSP-PA-QL	1	HEMATOPOIETIC AGENTS
eltrombopag olamine tab (PROMACTA equiv) (QL= 1 tab/day)	LMSP-PA-QL	1	HEMATOPOIETIC AGENTS
eltrombopag olamine tab 50MG (PROMACTA equiv) (QL= 2 tabs/day)	LMSP-PA-QL	1	HEMATOPOIETIC AGENTS
eltrombopag olamine tab 75MG (PROMACTA equiv) (QL= 2 tabs/day)	LMSP-PA-QL	1	HEMATOPOIETIC AGENTS
eluryng vaginal ring (NUVARING equiv)	-	$0	CONTRACEPTIVES
EMBECTA INSULIN SYRINGE	--OTC	1	MEDICAL DEVICES AND SUPPLIES
EMBECTA PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2	MIGRAINE PRODUCTS
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/yea	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.

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
emtricitabine cap (EMTRIVA equiv)	-	1	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	$0	ANTIVIRALS
emtricitabine-rilpivirine-tenofovir df tab (COMPLERA equiv)	-	1	ANTIVIRALS
EMTRIVA CAP	-	2+penalty	ANTIVIRALS
EMTRIVA SOLN	-	2	ANTIVIRALS
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 years and 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)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
ENBUMYST SOLN 0.5MG/0.1ML (QL= 12 devices/fill; Only available through Carepoint Pharmacy 855-237-9112)	LD-QL	2	DIURETICS
ENDARI POWDER PACKET (QL= 6 packets/day)	LMSP-PA-QL	2	HEMATOPOIETIC AGENTS
ENFLONSIA INJ	VAC	$0	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ENGERIX-B INJ, RECOMBIVAX-HB INJ (QL: 1 inj/28 days)	QL-VAC	$0	VACCINES
ENGERIX-B INJ, RECOMBIVAX-HB INJ (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES
enoxaparin inj (LOVENOX equiv)	-	1	ANTICOAGULANTS
enpresse tab (TRI-LEVELEN equiv)	-	$0	CONTRACEPTIVES
ENSACOVE CAP (QL= 1 cap/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENSACOVE CAP 100MG (QL= 2 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENSPRYNG INJ (QL= 1 inj/28 days)	LMSP-PA-QL	2	MISCELLANEOUS THERAPEUTIC CLASSES
entacapone tab (COMTAN equiv)	-	2	ANTIPARKINSON AGENTS
ENTRESTO CAP (QL= 2 caps/day; Covered for members age 9 years and older; and patients that are unable to swallow tablets)	PA-QL	2	CARDIOVASCULAR AGENTS - MISC.

NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution	
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	
OTC	Over-the-Counter	PA	Prior Authorization	
QL	Quantity Limit	RDX	Restricted to Diagnosis	
RS	Restricted to Specialist	SMKG	Smoking Cessation	
ST	Step Therapy	VAC	Vaccine Program	

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

Drug Name	Special Code	Tier	Category
ENTYVIO SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
EPCLUSA 200-50MG	PA	2	ANTIVIRALS
EPCLUSA 400-100MG	PA	2	ANTIVIRALS
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	2	ANTICONVULSANTS
EPIFOAM AEROSOL	-	2	DERMATOLOGICALS
epinastine ophth soln (ELESTAT equiv)	-	1	OPHTHALMIC AGENTS
epinephrine inj	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	1	VASOPRESSORS
eplerenone tab (INSPRA equiv)	-	1	ANTIHYPERTENSIVES
EPRONTIA SOLN (Prior Authorization required for members age 9 years and older)	PA	2	ANTICONVULSANTS
EQUETRO CAP	-	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
ERWINAZE INJ	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERY PAD	-	2	DERMATOLOGICALS
ERYTHROMYCIN CAP DR	-	2	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	2	MACROLIDES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
ERYTHROMYCIN EC CAP	-	2	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	1	MACROLIDES
erythromycin ethylsuccinate tab (E.E.S. equiv)	-	2	MACROLIDES
ERYTHROMYCIN GEL	-	1	DERMATOLOGICALS
erythromycin ophth oint	-	1	OPHTHALMIC AGENTS
erythromycin pad	-	1	DERMATOLOGICALS
erythromycin soln	-	1	DERMATOLOGICALS
erythromycin tab (ERY-TAB equiv)	-	1	MACROLIDES
escitalopram soln (LEXAPRO equiv) (QL= 600 units/30 days)	QL	2	ANTIDEPRESSANTS
escitalopram tab 10mg (LEXAPRO equiv) (QL= 1.5 tabs/day)	QL	1	ANTIDEPRESSANTS
escitalopram tab 20mg (LEXAPRO equiv) (QL= 1 tab/day)	QL	1	ANTIDEPRESSANTS
escitalopram tab 5mg (LEXAPRO equiv) (QL= 3 tabs/day)	QL	1	ANTIDEPRESSANTS
esomeprazole cap (NEXIUM equiv)	OTC	1	ULCER DRUGS
esomeprazole DR granule pack (NEXIUM equiv) (Prior Authorization required for members age 9 years and older)	PA	1	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
estazolam tab (PROSOM equiv)	-	1	HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1	ESTROGENS
estradiol patch (CLIMARA equiv)	-	1	ESTROGENS
estradiol patch (VIVELLE-DOT, MINIVELLE equiv)	-	1	ESTROGENS
estradiol tab (ESTRACE equiv)	-	1	ESTROGENS
estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill)	QL	1	ESTROGENS
estradiol/norethindrone tab (ACTIVELLA equiv)	-	1	ESTROGENS
ESTRING (3 copays per Rx)	-	2	VAGINAL PRODUCTS
estrogens, conjugated tab (PREMARIN equiv)	-	1	ESTROGENS
ESTROSTEP FE TAB	-	$0	CONTRACEPTIVES
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
ethacrynic tab (EDECRIN 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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
etodolac tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ETOPOSIDE CAP	LMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etravirine tab (INTELENCE equiv)	-	1	ANTIVIRALS
EULEXIN CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	LMSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab (ZORTRESS equiv)	PA	1	MISCELLANEOUS THERAPEUTIC CLASSES
everolimus tab 5mg (AFINITOR equiv) (QL= 1 tab/day)	LMSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	LMSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVOTAZ TAB	-	2	ANTIVIRALS
EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2	NEUROMUSCULAR AGENTS
EVRYSDI TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2	NEUROMUSCULAR AGENTS
EZALLOR SPRINKLE CAP (Prior Authorization required for members age 9 years and older)	PA	2	ANTIHYPERLIPIDEMICS
ezetimibe tab (ZETIA equiv)	-	1	ANTIHYPERLIPIDEMICS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
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
FARXIGA TAB (QL= 1 tab/day)	QL	2+penalty	ANTIDIABETICS
FASENRA PEN INJ (QL= 1 inj/56 days)	LMSP-PA-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
felbamate susp (FELBATOL equiv)	-	1	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	2	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	1	CALCIUM CHANNEL BLOCKERS
FEMALE CONDOMS	OTC	$0	MEDICAL DEVICES AND SUPPLIES
FEMCON FE CHEW TAB	-	$0	CONTRACEPTIVES
FEMLYV TAB	-	$0	CONTRACEPTIVES
fenofibric acid DR cap (TRILIPIX equiv)	-	1	ANTIHYPERLIPIDEMICS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
fentanyl patch (DURAGESIC equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1	ANALGESICS - OPIOID
FEROTRINSIC CAP	-	1	HEMATOPOIETIC AGENTS
ferrex 150 forte cap	-	1	HEMATOPOIETIC AGENTS
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	2	ANTIDOTES
ferrous sulfate soln (FER-IN-SOL equiv)	OTC	1	HEMATOPOIETIC AGENTS
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	1	URINARY ANTISPASMODICS
fexofenadine susp (ALLEGRA equiv)	OTC	1	ANTIHISTAMINES
fexofenadine tab (ALLEGRA equiv)	OTC	1	ANTIHISTAMINES
fexofenadine/pseudoephedrine 12-hour tab (ALLEGRA-D 12 hour equiv)	OTC	1	COUGH / COLD / ALLERGY
fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv)	OTC	1	COUGH / COLD / ALLERGY
fidaxomicin tab (DIFICID equiv) (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	1	MACROLIDES
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
FINACEA FOAM	-	2	DERMATOLOGICALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
finasteride tab (PROSCAR equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	EXC	DERMATOLOGICALS
fingolimod hcl cap 0.5mg (GILENYA equiv) (QL= 1 cap/day)	LMSP-QL	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
FIRDAPSE TAB (Only available through AnovoRx 844-288-5007)	LD-PA	2	ANTIMYASTHENIC / CHOLINERGIC AGENTS
FIRST OMEPRAZOLE SUSP	-	2	ULCER DRUGS
FIRVANQ SOLN 25MG/ML	-	1	ANTI-INFECTIVE AGENTS - MISC.
FIRVANQ SOLN 50MG/ML	-	1	ANTI-INFECTIVE AGENTS - MISC.
flecainide tab (TAMBOCOR equiv)	-	1	ANTIARRHYTHMICS
FLINTSTONES COMPLETE CHEW	OTC	1	MULTIVITAMINS
FLOLIPID SUSP (Prior Authorization required for members age 9 years and older)	PA	2	ANTIHYPERLIPIDEMICS
FLONASE SENSIMIST NASAL SPRAY	OTC	2	NASAL AGENTS - SYSTEMIC AND TOPICAL

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
FLOVENT HFA INHALER (Prior Authorization not required for member age 4 years and younger)	PA	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUBLOK INJ (QL= 1 inj/28 days)	QL-VAC	$0	VACCINES
FLUCELVAX 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
FLUDARABINE INJ	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUDARABINE INJ	-	2+penalty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fludrocortisone tab (FLORINEF equiv)	-	1	CORTICOSTEROIDS
FLULAVAL INJ, FLUARIX INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older)	QL-VAC	$0	VACCINES
FLUMIST NASAL (QL= 1 dose/28 days)	QL-VAC	$0	VACCINES
flunisolide nasal soln	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	1	DERMATOLOGICALS
fluocinolone acetonide oint	-	1	DERMATOLOGICALS
fluocinolone acetonide soln	-	1	DERMATOLOGICALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
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
FLUORABON SOLN	-	2	MINERALS & ELECTROLYTES
FLUORIDE CHW 0.25MG	-	$0	MINERALS & ELECTROLYTES
FLUORIDEX SENSITIVITY PASTE	-	1	MOUTH / THROAT / DENTAL AGENTS
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1	OPHTHALMIC AGENTS
fluorouracil cream (EFUDEX CREAM equiv)	-	1	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	2	DERMATOLOGICALS
fluorouracil soln (FLUOROURACIL equiv)	-	1	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine soln (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	1	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
FLURAZEPAM CAP	-	2	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
FLURBIPROFEN TAB	-	1	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
flutamide cap (EULEXIN equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUTAMIDE CAP	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUTICASONE HFA INHALER (Prior Authorization not required for member age 4 years and younger)	PA	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone nasal spray (FLONASE equiv)	-	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	1	DERMATOLOGICALS
fluticasone propionate hfa inhal aero (FLUTICASONE equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone propionate oint (CUTIVATE equiv)	-	1	DERMATOLOGICALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv)	-	1	ANTIHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv)	-	1	ANTIHYPERLIPIDEMICS
fluvoxamine ER cap (LUVOX CR equiv)	-	1	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	1	ANTIDEPRESSANTS
FML FORTE OPHTH SUSP	-	2	OPHTHALMIC AGENTS
FOLBEE PLUS CZ TAB	-	1	MULTIVITAMINS
folbee tab (FOLGARD RX equiv)	-	1	HEMATOPOIETIC AGENTS
folic acid tab 1mg	-	$0	HEMATOPOIETIC AGENTS
folic acid tab 400mcg	OTC	$0	HEMATOPOIETIC AGENTS
folic acid tab 800mcg	OTC	$0	HEMATOPOIETIC AGENTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
fosamprenavir tab (LEXIVA equiv)	-	1	ANTIVIRALS
fosinopril tab (MONOPRIL equiv)	-	1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1	ANTIHYPERTENSIVES
FOUNDAYO TAB	-	EXC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
FRAGMIN INJ	-	2	ANTICOAGULANTS
FREESTYLE FREEDOM LITE METER	OTC	$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE 2 RECEIVER	-	EXC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR	-	EXC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2-PLUS SENSOR	-	EXC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 READER	-	EXC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 SENSOR	-	EXC	MEDICAL DEVICES AND SUPPLIES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
FREESTYLE LIBRE 3-PLUS SENSOR	-	EXC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER	-	EXC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY)	-	EXC	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE METER	OTC	$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO METER	OTC	$0	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
FULPHILA INJ	-	2	HEMATOPOIETIC AGENTS
FUROSEMIDE SOLN	-	1	DIURETICS
furosemide soln (LASIX equiv)	-	1	DIURETICS
furosemide tab (LASIX equiv)	-	1	DIURETICS
FUZEON INJ	LMSP	2	ANTIVIRALS
gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)	QL	1	ANTICONVULSANTS

NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
gabapentin cap 100mg (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
galantamine ER cap (RAZADYNE ER equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GARDASIL 9 INJ (Covered for members age 9 years or older)	VAC	$0	VACCINES
gatifloxacin ophth soln (ZYMAXID equiv)	-	1	OPHTHALMIC AGENTS
GAVRETO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gemfibrozil tab (LOPID equiv)	-	1	ANTIHYPERLIPIDEMICS
GENOTROPIN INJ	LMSP-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
GENOTROPIN INJ 5MG	LMSP-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
genteal ophth oint	OTC	1	OPHTHALMIC AGENTS
GENVOYA TAB	-	2	ANTIVIRALS
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	$0	CONTRACEPTIVES
GILENYA CAP 0.25MG (QL= 1 cap/day)	LMSP-QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
glatiramer inj (COPAXONE equiv)	LMSP	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEOSTINE CAP	-	2+penalty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	1	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1	ANTIDIABETICS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
glipizide/metformin tab (METAGLIP equiv)	-	1	ANTIDIABETICS
GLOPERBA SOLN (Prior Authorization required for members age 9 years and older)	PA	2	GOUT AGENTS
glucagon (rdna) for inj kit (QL= 2 inj/fill)	QL	1	ANTIDIABETICS
GLUCAGON DIAGNOSTIC INJ (QL= 2 inj/fill)	QL	2	DIAGNOSTIC PRODUCTS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
GLUCOSE CHEW TAB	OTC	2	ANTIDIABETICS
glucose chew tab (GNP GLUCOSE CHEW equiv)	OTC	2	ANTIDIABETICS
glucose gel	OTC	1	ANTIDIABETICS
GLYBURID MCR TAB	-	1	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	1	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	1	ANTIDIABETICS
glycerin supp (GLYCERIN equiv)	OTC	1	LAXATIVES
glycerol phenylbutyrate liquid (RAVICTI equiv) (Step Therapy requires trial of sodium phenylbutyrate and Pheburane Oral Pellets)	ST	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
glycopyrrolate tab (ROBINUL equiv)	-	1	ULCER DRUGS
GLYGEST PAK	-	EXC	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
GOLYTELY SOLN	-	1	LAXATIVES

NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
GOMEKLI CAP (QL= 84 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GOMEKLI CAP 1MG (QL= 168 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GOMEKLI TAB FOR ORAL SUSP (QL= 168 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill, 1 fill/30 days)	QL	1	ANTIEMETICS
griseofulvin micro tab (GRIFULVIN V equiv)	-	1	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	1	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	1	ANTIFUNGALS
guaifenesin ER tab (MUCINEX equiv)	OTC	1	COUGH / COLD / ALLERGY
guaifenesin syrup 100mg/5ml (ROBITUSSIN equiv)	OTC	1	COUGH / COLD / ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1	COUGH / COLD / ALLERGY
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	QL	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
GVOKE PFS INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
HAEGARDA INJ (Only available through Accredo 800-803-2523)	LD-PA	2	HEMATOLOGICAL AGENTS - MISC.
halobetasol propionate cream (ULTRAVATE equiv)	-	1	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	1	DERMATOLOGICALS
haloperidol lactate conc (HALDOL equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
HARVONI TAB (QL= 1 tab/day)	LMSP-PA-QL	2	ANTIVIRALS
HAVRIX INJ, VAQTA INJ (QL= 1 inj/6 months; Covered for members age 1 year and older)	QL-VAC	$0	VACCINES
HC PRAMOXINE CREAM 1-2.5%	-	2	DERMATOLOGICALS
HC/IODOQUIN CREAM	-	1	DERMATOLOGICALS
HEMLIBRA INJ	LMSP-PA	2	HEMATOLOGICAL AGENTS - MISC.
HEPLISAV-B INJ (QL= 1 inj/28 days; Covered for members age 18 years and older)	QL-VAC	$0	VACCINES
HERNEXEOS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523 or Onco360 877-662-6633)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HIZENTRA INJ	MSP-PA	2	PASSIVE IMMUNIZING AND TREATMENT AGENTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
HOMATROPINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
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	-	2	ANTIDIABETICS
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
HYCAMTIN CAP	LMSP	2	ANTINEOPLASTICS
hydralazine tab (APRESOLINE equiv)	-	1	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	1	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	1	DIURETICS
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1	ANALGESICS - OPIOID
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1	COUGH / COLD / ALLERGY

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	1	ANALGESICS - OPIOID
hydrocortisone cream	--OTC	1	VAGINAL AND RELATED PRODUCTS
hydrocortisone enema (CORTENEMA equiv)	-	1	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	1	DERMATOLOGICALS
hydrocortisone lotion 2% (ALA SCALP equiv)	-	1	DERMATOLOGICALS
HYDROCORTISONE LOTION 2.5%	-	1	DERMATOLOGICALS
hydrocortisone oint	OTC	1	DERMATOLOGICALS
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	1	DERMATOLOGICALS
hydrocortisone succinate inj 100mg (SOLU-CORTEF equiv) (QL= 2 vials/fill)	QL	1	CORTICOSTEROIDS
hydrocortisone supp (ANUSOL HC equiv)	-	2	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	1	CORTICOSTEROIDS
hydromorphone ER tab (EXALGO equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1	ANALGESICS - OPIOID
hydromorphone liquid (DILAUDID-5 LIQUID equiv)	-	1	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	1	ANALGESICS - OPIOID
HYDROXYCHLOROQUINE TAB	-	1	ANTIMALARIALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	1	ANTIMALARIALS
hydroxyurea cap (HYDREA equiv)	-	1	ANTINEOPLASTICS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
hydroxyzine pamoate cap (VISTARIL equiv)	-	1	ANTIANXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	1	ANTIANXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	1	ANTIANXIETY AGENTS
HYFTOR GEL (QL= 10 grams/30 days)	PA-QL	2	DERMATOLOGICALS
HYOSCYAMINE ELXIR	-	1	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
hyoscyamine sulfate CR tab (LEVBID equiv)	-	1	ULCER DRUGS
HYOSCYAMINE SULFATE ER TAB	-	1	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1	ULCER DRUGS
HYOSCYAMINE SULFATE SL TAB	-	1	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1	ULCER DRUGS
HYOSCYAMINE TAB	-	1	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
hyoscyamine tab (LEVSIN equiv)	-	1	ULCER DRUGS
HYPER-SAL NEB SOLN 7%	-	2	COUGH / COLD / ALLERGY
HYQVIA INJ	MSP-PA	2	PASSIVE IMMUNIZING AGENTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
HYRNUO TAB (QL= 4 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBTROZI CAP (QL= 3 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ibuprofen cap 200mg	OTC	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen chew tab (ADVIL equiv)	OTC	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab (Rx only)	-	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab 100mg (ADVIL equiv)	OTC	1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab 200mg (ADVIL equiv)	OTC	1	ANALGESICS - ANTI-INFLAMMATORY
icatibant inj (FIRAZYR equiv)	LMSP-PA	1	HEMATOLOGICAL AGENTS - MISC.
imatinib tab (GLEEVEC equiv)	LMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 420MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-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	ENDOCRINE AND METABOLIC AGENTS - MISC.
imipramine pamoate cap (TOFRANIL PM equiv)	-	1	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	1	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	1	DERMATOLOGICALS
IMKELDI SOLUTION	MSP-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMOVAX INJ	VAC	EXC	VACCINES
INCRELEX INJ (Only available through AnovoRx 844-288-5007)	LD	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
indapamide tab (LOZOL equiv)	-	1	DIURETICS
indomethacin cap (INDOCIN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
INSULIN GLARGINE SOLN PEN-INJ	-	2	ANTIDIABETICS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
INSULIN LISPRO INJ (HUMALOG equiv)	-	1	ANTIDIABETICS
INSULIN LISPRO JR KWIKPEN INJ	-	2	ANTIDIABETICS
INSULIN LISPRO KWIKPEN INJ	-	2	ANTIDIABETICS
INTELENCE TAB	-	2	ANTIVIRALS
INVEGA HAFYERA INJ	PA	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
INVEGA INJ	PA	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
INVEGA TRINZA INJ	PA	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
INZIRQO SUSP (Prior Authorization required for members age 9 years and older)	PA	2	DIURETICS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	1	DERMATOLOGICALS
IOPIDINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
IPOL INJ	VAC	$0	VACCINES
ipratropium neb soln (ATROVENT equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
IQIRVO TAB (QL= 1 tab/day; Only available through Caremark/CVS Specialty 800-378-0695 or Walgreens 888-347-3416)	LD-QL	2	GASTROINTESTINAL AGENTS - MISC.
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1	ANTIHYPERTENSIVES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
iron complex cap 150mg	OTC	1	HEMATOPOIETIC AGENTS
ISENTRESS (HD) TAB	-	2	ANTIVIRALS
ISENTRESS CHEW TAB	-	2	ANTIVIRALS
ISENTRESS POWDER PACK	-	2	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	$0	CONTRACEPTIVES
isoniazid syrup (ISONIAZID equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	1	ANTIMYCOBACTERIAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate ER tab (IMDUR equiv)	-	1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	1	ANTIANGINAL AGENTS
isradipine cap (DYNACIRC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
itraconazole cap (SPORANOX equiv)	PA	1	ANTIFUNGALS
ivabradine hcl tab (CORLANOR equiv)	-	1	CARDIOVASCULAR AGENTS - MISC.
ivermectin tab (STROMECTOL equiv)	-	1	ANTHELMINTICS
IWILFIN TAB (QL= 8 tabs/day; Only available through CurantHealth 866-437-8040)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
IXCHIQ INJ	-	EXC	VACCINES
IXIARO INJ	VAC	EXC	VACCINES
JAKAFI TAB	PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JAKAFI XR TAB	PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JANUMET XR TAB (QL= 2 tabs/day)	QL	2+penalty	ANTIDIABETICS
JAYPIRCA TAB (QL= 2 tabs/day)	LMSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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
JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 years and older)	PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JYNNEOS INJ	VAC	$0	VACCINES
K CITRATE SOLN CITR ACD	-	1	GENITOURINARY AGENTS - MISCELLANEOUS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
K/NA CITRATE SOL CITR ACD	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
KALETRA SOLN	-	2	ANTIVIRALS
KALETRA TAB	-	2+penalty	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	RESPIRATORY AGENTS - MISC.
KAPVAY TAB	-	2+penalty	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
KATERZIA SUSP (Prior Authorization required for members age 9 years and older)	PA	2	CALCIUM CHANNEL BLOCKERS
kelnor tab (DEMULEN equiv)	-	$0	CONTRACEPTIVES
KESIMPTA INJ	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ketoconazole cream (NIZORAL CREAM equiv)	-	1	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL equiv)	-	1	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	1	ANTIFUNGALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
KETO-DIASTIX TEST STRIP	OTC	1	DIAGNOSTIC PRODUCTS
ketorolac ophth soln (ACULAR (LS) equiv)	-	1	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC TROMETHAMINE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
KETOSTIX	OTC	1	DIAGNOSTIC PRODUCTS
ketotifen ophth soln (ZADITOR equiv) (OTC covered only)	OTC	1	OPHTHALMIC AGENTS
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
KINERET INJ (QL= 1 inj/day; Only available throug Biologics 800-850-4306)	LD-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
KINRIX INJ, QUADRACEL DTAP-IPV INJ	VAC	$0	TOXOIDS
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE	VAC	$0	TOXOIDS
KITABIS PAK NEB SOLN (Only available through Walgreens 888-347-3416)	LD	2	AMINOGLYCOSIDES
KLOXXADO NASAL SPRAY	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
KOSELUGO SPRINKLE CAP (QL= 12 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO SPRINKLE CAP 5MG (QL= 20 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
K-PHOS NEUTRAL TAB 155-852-130MG	-	2	MINERALS & ELECTROLYTES
K-PHOS TAB	-	2	MINERALS & ELECTROLYTES
K-TAB	-	1	MINERALS & ELECTROLYTES
KYTRIL TAB (QL= 14 tabs/fill, 1 fill/30 days)	QL	2+penalty	ANTIEMETICS
labetalol tab (NORMODYNE equiv)	-	1	BETA BLOCKERS
lacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30days)	QL	2	ANTICONVULSANTS
lacosamide tab (VIMPAT equiv)	-	1	ANTICONVULSANTS
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
lamivudine soln (EPIVIR equiv)	-	1	ANTIVIRALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
lamivudine tab (EPIVIR equiv)	-	2	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	-	2	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	-	1	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	2	ANTICONVULSANTS
lamotrigine starter kit (LAMICTAL STARTER KIT equiv)	-	1	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	1	ANTICONVULSANTS
LANCET KIT	OTC	1	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	1	MEDICAL DEVICES AND SUPPLIES
lansoprazole cap 15mg (PREVACID equiv)	OTC	1	ULCER DRUGS
lansoprazole cap 30mg	-	2	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
lansoprazole odt (PREVACID SOLUTAB equiv) (Prior Authorization required for members age 9 years and older)	PA	2	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
LANTUS INJ	-	2	ANTIDIABETICS
LANTUS SOLOSTAR INJ	-	2	ANTIDIABETICS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1	OPHTHALMIC AGENTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
LATISSE SOLN	-	EXC	DERMATOLOGICALS
LATUDA TAB	-	2+penalty	ANTIPSYCHOTICS / ANTIMANIC AGENTS
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	$0	CONTRACEPTIVES
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	LMSP-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 CLASSES
letrozole tab (FEMARA equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	1	ANTINEOPLASTICS
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	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
LEVBID ER TAB 0.375MG	-	2	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
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
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.
levofloxacin ophth soln (QUIXIN equiv)	-	1	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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	$0	CONTRACEPTIVES
levothyroxine tab (SYNTHROID equiv)	-	1	THYROID AGENTS
LEVSIN SL TAB 0.125MG	-	2	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
LEVSIN TAB 0.125MG	-	2	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day)	LMSP-PA-QL	1	HEMATOPOIETIC AGENTS
lice aerosol (QL= 150ml/7 days, Limited to 2 fills/year)	OTC-QL	1	DERMATOLOGICALS
lice cream rinse (NIX equiv) (QL= 59ml/7 days, Limited to 2 fills/year)	OTC-QL	1	DERMATOLOGICALS
lice treatment kit (RID equiv)	OTC	1	DERMATOLOGICALS
lice treatment shampoo (PRONTO equiv) (QL= 120ml/7 days, Limited to 2 fills/year)	OTC-QL	1	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	1	DERMATOLOGICALS
LIDOCAINE JELLY 2%	-	2	DERMATOLOGICALS
LIDOCAINE OINT (QL= 107gm/30 days)	QL	1	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	1	DERMATOLOGICALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv)	-	1	MOUTH / THROAT / DENTAL AGENTS
LIDOCAINE/HC CREAM	-	1	ANORECTAL AND RELATED PRODUCTS
lidocaine/prilocaine cream (EMLA equiv)	-	1	DERMATOLOGICALS
LIKMEZ SUSP (Prior Authorization required for members age 9 years and older)	PA	2	ANTI-INFECTIVE AGENTS - MISC.
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	2	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	1	THYROID AGENTS
liraglutide (weight mngmt) soln pen-inj (SAXENDA equiv)	-	EXC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	1	ANTIDIABETICS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
lisdexamfetamine dimesylate cap (VYVANSE equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
lisdexamfetamine dimesylate chew tab (VYVANSE equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	1	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1	ANTIHYPERTENSIVES
LITFULO CAP	-	EXC	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 years and older)	PA	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
LIVDELZI CAP (QL= 1 cap/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI SOLN (QL= 90ml/30 days; Only availabl through Eversana 866-849-4481)	LD-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI TAB (QL= 2 tabs/day)	LMSP-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI TAB 30MG (QL= 1 tab/day)	LMSP-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2	ANTIVIRALS
L-METHYLFOLATE TAB	-	EXC	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
LO LOESTRIN TAB	-	$0	CONTRACEPTIVES
LOKELMA PAK	PA	2	MISCELLANEOUS THERAPEUTIC CLASSES
LOKELMA PAK 5GM	PA	2	MISCELLANEOUS THERAPEUTIC CLASSES
lomustine cap (GLEOSTINE equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
lopinavir/ritonavir soln (KALETRA equiv)	-	1	ANTIVIRALS
lopinavir/ritonavir tab (KALETRA equiv)	-	1	ANTIVIRALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
LOPRESSOR SOLN (QL= 40ml/day)	PA-QL	2	BETA BLOCKERS
loratadine chew tab (CLARITIN equiv)	OTC	1	ANTIHISTAMINES
loratadine ODT (CLARITIN equiv)	OTC	1	ANTIHISTAMINES
loratadine syrup (CLARITIN equiv) (QL= 10ml/day)	OTC-QL	1	ANTIHISTAMINES
loratadine tab (CLARITIN equiv) (QL= 1 tab/day)	OTC-QL	1	ANTIHISTAMINES
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv)	OTC	1	COUGH / COLD / ALLERGY
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv)	OTC	1	COUGH / COLD / ALLERGY
lorazepam conc (ATIVAN equiv)	-	1	ANTIANXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	1	ANTIANXIETY AGENTS
losartan tab (COZAAR equiv)	-	1	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1	ANTIHYPERTENSIVES
LOTEMAX OPHTH OINT	-	2	OPHTHALMIC AGENTS
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	1	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX, ALREX equiv)	-	1	OPHTHALMIC AGENTS
lovastatin tab (MEVACOR equiv)	-	1	ANTIHYPERLIPIDEMICS
loxapine cap (LOXITANE equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2+penalty	OPHTHALMIC AGENTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
lurasidone hcl tab (LATUDA equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
LUVIRA CAP	-	EXC	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
LYRICA CAP (QL= 3 caps/day)	QL	2+penalty	ANTICONVULSANTS
LYRICA CAP 225MG (QL= 2 caps/day)	QL	2+penalty	ANTICONVULSANTS
LYSODREN TAB (Only available through Walgreen 888-347-3416)	LD	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYUMJEV INJ	-	2	ANTIDIABETICS
LYUMJEV KWIKPEN INJ	-	2	ANTIDIABETICS
LYUMJEV TEMPO PEN	-	2	ANTIDIABETICS
LYVISPAH GRANULE PACKET (Prior Authorization required for members age 9 years and older)	PA	2	MUSCULOSKELETAL THERAPY AGENTS
macitentan tab (OPSUMIT equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	1	CARDIOVASCULAR AGENTS - MISC.
mafenide acetate soln packet (SULFAMYLON equiv)	-	2	DERMATOLOGICALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
malathion lotion (OVIDE equiv) (QL= 1 bottle/30 days; Limited to 2 fills/year)	QL	1	DERMATOLOGICALS
MALE CONDOMS	OTC	$0	MEDICAL DEVICES AND SUPPLIES
maraviroc tab (SELZENTRY equiv)	-	1	ANTIVIRALS
MARPLAN TAB	-	2	ANTIDEPRESSANTS
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAVENCLAD THERAPY PAK	LMSP	2+penalty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVYRET PAK (QL= 5 packs/day)	LMSP-PA-QL	2	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	2	ANTIVIRALS
MAXIDEX OPHTH SOLN	-	2	OPHTHALMIC AGENTS
MAYZENT TAB	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
meclizine chew tab (BONINE equiv)	OTC	1	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	OTC	1	ANTIEMETICS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	$0	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	1	PROGESTINS
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	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
meloxicam tab (MOBIC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
MENACTRA INJ	VAC	$0	VACCINES
MENQUADFI INJ (Covered for members age 2 years and older)	VAC	$0	VACCINES
MENVEO INJ (QL= 1 inj/56 days; Covered for members age 2 months and older)	QL-VAC	$0	VACCINES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
mercaptopurine susp (PURIXAN equiv)	PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mercaptopurine tab (PURINETHOL equiv)	-	1	ANTINEOPLASTICS
mesalamine DR tab (LIALDA equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
mesna inj (MESNEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mesna tab (MESNEX equiv)	LMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METANX CAP	-	EXC	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
metformin ER tab (GLUCOPHAGE XR equiv)	-	1	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	1	ANTIDIABETICS
methadone soln (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1	ANALGESICS - OPIOID

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
METHADOSE CONC	ST	2+penalty	ANALGESICS - OPIOID
methadose tab (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1	ANALGESICS - OPIOID
methazolamide tab (NEPTAZANE equiv)	-	1	DIURETICS
METHENAM MAN TAB	-	1	ANTI-INFECTIVE AGENTS - MISC.
methenamine hippurate tab (HIPREX equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
methimazole tab (TAPAZOLE equiv)	-	1	THYROID AGENTS
methocarbamol tab 1000mg (ROBAXIN equiv)	-	1	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
methscopolamine tab (PAMINE equiv)	-	1	ULCER DRUGS
methsuximide cap (CELONTIN equiv)	-	1	ANTICONVULSANTS
METHYLDOPA TAB	-	1	ANTIHYPERTENSIVES
methyldopa tab (ALDOMET equiv)	-	1	ANTIHYPERTENSIVES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill; 1 fill/365 days)	QL	2	OXYTOCICS
methylphenidate CD cap (METADATE CD equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate chew tab (METHYLIN equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate ER cap (QL= 1 cap/day)	QL	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate ER cap (APTENSIO XR equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate ER tab (QL= 1 tab/day)	QL	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
METHYLPHENIDATE ER TAB 27MG (QL= 1 tab/day)	QL	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
METHYLPHENIDATE ER TAB 36MG (QL= 1 tab/day)	QL	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
METHYLPHENIDATE ER TAB 54MG (QL= 1 tab/day)	QL	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylphenidate tab (RITALIN equiv)	-	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	1	CORTICOSTEROIDS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
methylprenisolone sod succinate inj (SOLU-MEDROL equiv)	-	1	CORTICOSTEROIDS
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
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
mexiletine hcl cap	-	1	ANTIARRHYTHMICS
MFLUSIVA INJ (QL= 1 inj/28 days; Covered for members age 50 years and older)	QL-VAC	$0	VACCINES
MICONAZOLE 7 SUPP	OTC	1	VAGINAL PRODUCTS

NC =Not Covered		**generic =**small letters	**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
miconazole 7 supp (MONISTAT equiv)	OTC	1	VAGINAL PRODUCTS
miconazole cream (MICATIN equiv)	OTC	1	DERMATOLOGICALS
miconazole nitrate aerosol (MICATIN equiv)	OTC	1	DERMATOLOGICALS
miconazole nitrate powder (MICATIN equiv)	OTC	1	DERMATOLOGICALS
miconazole vaginal cream (MONISTAT equiv)	OTC	1	VAGINAL PRODUCTS
miconazole vaginal kit (MONISTAT equiv)	OTC	1	VAGINAL PRODUCTS
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
MIDAZOLAM INJ (QL= 1 inj/fill)	QL	2	ANTICONVULSANTS
midodrine tab (PROAMATINE equiv)	-	1	VASOPRESSORS
MIDUELLA, PARAGARD IUD	-	$0	CONTRACEPTIVES
mifepristone tab 200mg (MIFIPREX equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	1	HEMATOPOIETIC AGENTS
milk of magnesium	OTC	1	LAXATIVES
milnacipran hcl tab (SAVELLA equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
milnacipran hcl tab pak (SAVELLA equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MINASTRIN CHEW TAB	-	$0	CONTRACEPTIVES
minocycline cap (MINOCIN equiv)	-	1	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	1	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	1	ANTIHYPERTENSIVES
MIRALAX POWDER	OTC	2+penalty	LAXATIVES
MIRCETTE TAB	-	$0	CONTRACEPTIVES
MIRENA IUD	-	$0	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	1	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	1	ANTIDEPRESSANTS
misoprostol tab (CYTOTEC equiv)	-	1	ULCER DRUGS
M-M-R II INJ	VAC	$0	VACCINES
MNEXSPIKE INJ 10MCG/0.2ML (QL= 1 dose/24 days)	QL-VAC	$0	VACCINES
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
MODEYSO CAP (QL= 20 caps/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
moexipril tab (UNIVASC equiv)	-	1	ANTIHYPERTENSIVES
mometasone cream (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv) (QL= 2 bottles/fill)	OTC-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 tab (SINGULAIR equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
morphine sulfate ER tab (MS CONTIN equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1	ANALGESICS - OPIOID
MORPHINE SULFATE ORAL SOLN 100MG/5ML	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE ORAL SOLN 10MG/5ML	-	1	ANALGESICS - OPIOID
morphine sulfate oral soln 10mg/5ml (MORPHINE SULFATE equiv)	-	1	ANALGESICS - OPIOID
morphine sulfate soln	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE SOLN 20MG/5ML	-	1	ANALGESICS - OPIOID

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
MORPHINE SULFATE SUPP	-	1	ANALGESICS - OPIOID
MORPHINE SULFATE TAB	-	1	ANALGESICS - OPIOID
MOTEGRITY TAB (QL= 1 tab/day)	QL	2+penalty	GASTROINTESTINAL AGENTS - MISC.
MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	1	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	1	FLUOROQUINOLONES
MRESVIA INJ	VAC	$0	VACCINES
MS CONTIN TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2+penalty	ANALGESICS - OPIOID
MULTIGEN FOLIC TAB	-	1	HEMATOPOIETIC AGENTS
MULTIGEN PLUS TAB	-	1	HEMATOPOIETIC AGENTS
MULTIGEN TAB	-	1	HEMATOPOIETIC AGENTS
multiple vitamin liquid	OTC	1	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW 0.25MG	-	1	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW 0.5MG	-	1	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW 1MG	-	1	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	1	MULTIVITAMINS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
multivitamin/minerals tab (STROVITE equiv)	-	1	MULTIVITAMINS
mupirocin oint (BACTROBAN OINT equiv)	-	1	DERMATOLOGICALS
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
MYCOZYL AL SOLN	OTC	1	DERMATOLOGICALS
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	2	ESTROGENS
MYLERAN TAB	LMSP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nabumetone tab (RELAFEN equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	1	BETA BLOCKERS
naftifine cream (NAFTIN equiv)	-	1	DERMATOLOGICALS
naloxone hcl nasal spray (NARCAN equiv)	OTC	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone prefilled inj	-	1	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE PREFILLED INJ	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	1	ANTIDOTES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
naproxen EC tab (NAPROSYN EC equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab 220mg (ALEVE equiv)	OTC	1	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	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
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
NATAZIA TAB	-	$0	CONTRACEPTIVES
NAYZILAM SPRAY (QL= 4 doses/fill)	QL	2	ANTICONVULSANTS
NEBUSAL NEB SOLN	-	2	COUGH / COLD / ALLERGY
NEFAZODONE TAB	-	1	ANTIDEPRESSANTS
NEFFY SPRAY (QL= 2 doses/fill)	QL	2	VASOPRESSORS
NEMLUVIO INJ (QL= 1 inj/56 days)	LMSP-PA-QL	2	DERMATOLOGICALS
NEO/BAC/POLY OPHTH OINT	-	1	OPHTHALMIC AGENTS
NEO/POLY/BAC/HC OPHTH OINT	-	1	OPHTHALMIC AGENTS
neomycin tab	-	1	AMINOGLYCOSIDES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
neomycin/bacitracin/polymyxin oint (NEOSPORIN equiv)	OTC	1	DERMATOLOGICALS
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	1	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	-	1	OTIC AGENTS
neomycin/polymixin/hydrocoritisone 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	-	2	OPHTHALMIC AGENTS
NEORAL SOLN	-	2	ASSORTED CLASSES
NEPHRON FA TAB	-	2	HEMATOPOIETIC AGENTS
NEURONTIN SOLN (QL= 72 mls/day)	QL	2+penalty	ANTICONVULSANTS
NEURONTIN TAB 600MG (QL= 6 tabs/day)	QL	2+penalty	ANTICONVULSANTS

NC =Not Covered		**generic** =small letters		**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
NEURONTIN TAB 800MG (QL= 4.5 tabs/day)	QL	2+penalty	ANTICONVULSANTS
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	2+penalty	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
NEXLETOL TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2	ANTIHYPERLIPIDEMICS
NEXLIZET TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2	ANTIHYPERLIPIDEMICS
NEXPLANON IMPLANT	-	$0	CONTRACEPTIVES
NEXTSTELLIS TAB	-	$0	CONTRACEPTIVES
niacin ER tab (NIASPAN equiv)	-	1	ANTIHYPERLIPIDEMICS
NIASPAN ER TAB	-	2+penalty	ANTIHYPERLIPIDEMICS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
NICOTINE KIT (QL= 1 patch/day; Limited to 3 months per calendar year)	OTC-QL	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (QL= 1 patch/day; Limited to 3 months per calendar year)	OTC-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER	-	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY	-	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	1	CALCIUM CHANNEL BLOCKERS
nilotinib hcl cap (TASIGNA equiv)	LMSP-PA	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NILUTAMIDE TAB	LMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nilutamide tab (NILANDRON equiv)	LMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
nimodipine cap (NIMOTOP equiv)	-	1	CALCIUM CHANNEL BLOCKERS
NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	1	ANTI-INFECTIVE AGENTS - MISC.
nitisinone cap (ORFADIN equiv)	LMSP-PA	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	2	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)	PA	1	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP	-	1	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	1	ANTIANGINAL AGENTS
nitroglycerin oint	-	1	ANTIANGINAL AGENTS
nitroglycerin patch (NITRO-DUR equiv)	-	1	ANTIANGINAL AGENTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
nitroglycerin SL tab (NITROSTAT equiv)	-	1	ANTIANGINAL AGENTS
NIVESTYM INJ	LMSP	2	HEMATOPOIETIC AGENTS
NIZATIDINE CAP	-	2	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
nizatidine cap (AXID equiv)	-	2	ULCER DRUGS
NON-PREFERRED CGM RECEIVER	-	EXC	MEDICAL DEVICES AND SUPPLIES
NON-PREFERRED CGM SENSOR	-	EXC	MEDICAL DEVICES AND SUPPLIES
NON-PREFERRED CGM TRANSMITTER	-	EXC	MEDICAL DEVICES AND SUPPLIES
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	$0	CONTRACEPTIVES
norethindrone acetate/ethinyl estradial FE chew tab (MINASTRIN equiv)	-	$0	CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	-	$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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
NORLIQVA ORAL SOLN	PA	2	CALCIUM CHANNEL BLOCKERS
NORPACE CR CAP	-	2	ANTIARRHYTHMICS
NOR-QD TAB	-	$0	CONTRACEPTIVES
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 POWDER PACK	-	2	ANTIVIRALS
NOVAVAX INJ (QL= 1 dose/24 days)	QL-VAC	$0	VACCINES
NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1	MEDICAL DEVICES AND SUPPLIES
NUCALA INJ (QL= 1 inj/28 days)	LMSP-PA-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
nystatin cream (MYCOSTATIN CREAM equiv)	-	1	DERMATOLOGICALS
nystatin oint	-	1	DERMATOLOGICALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
nystatin susp	-	1	MOUTH / THROAT / DENTAL AGENTS
nystatin tab	-	1	ANTIFUNGALS
nystatin topical powder	-	1	DERMATOLOGICALS
nystatin/triamcinolone cream	-	1	DERMATOLOGICALS
nystatin/triamcinolone oint	-	1	DERMATOLOGICALS
NYVEPRIA INJ	LMSP	2	HEMATOPOIETIC AGENTS
octreotide inj (SANDOSTATIN equiv)	LMSP	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCTREOTIDE INJ 100MCG	LMSP	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODEFSEY TAB	-	2	ANTIVIRALS
ofloxacin ophth soln (OCUFLOX equiv)	-	1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	1	OTIC AGENTS
OFLOXACIN TAB	-	1	FLUOROQUINOLONES
OGSIVEO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OGSIVEO TAB 50MG (QL= 6 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
OJEMDA SUSP (QL= 96ml/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OJEMDA TAB (QL= 24 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	2	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 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 equiv)	-	1	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1	ANTIHYPERTENSIVES
olopatadine ophth soln (PATANOL equiv)	-	1	OPHTHALMIC AGENTS
olopatadine ophth soln 0.2% (PATANOL equiv) (QL= 2.5ml/30 days)	OTC-QL	1	OPHTHALMIC AGENTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
OLUMIANT TAB (QL= 1 tab/day)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
OLUX FOAM	PA	2+penalty	DERMATOLOGICALS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	1	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	1	ULCER DRUGS
omeprazole tab	OTC	1	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
OMLYCLO SYRINGE (QL= 2 inj/28 days)	LMSP-PA-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
OMLYCLO SYRINGE 150MG/ML (QL= 2 inj/28 days)	LMSP-PA-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
OMLYCLO SYRINGE 300MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
OMNITROPE INJ	LMSP-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ondansetron ODT (ZOFRAN equiv)	-	1	ANTIEMETICS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
ondansetron soln (ZOFRAN equiv)	-	1	ANTIEMETICS
ondansetron tab (ZOFRAN equiv)	-	1	ANTIEMETICS
ONYDA XR SUSP	PA	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
OPILL TAB	OTC	$0	CONTRACEPTIVES
OPIUM TINCTURE	-	1	ANTIDIARRHEAL / PROBIOTIC AGENTS
OPZELURA CREAM (QL= 12 tubes/year)	PA-QL	2	DERMATOLOGICALS
ORACIT SOLN	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	RESPIRATORY AGENTS - MISC.

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	RESPIRATORY AGENTS - MISC.
ORLADEYO CAP (QL= 1 cap/day; Only available through CareMed 877-227-3405 or Onco360 877-662-6633)	LD-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
ORLADEYO PACK (QL= 1 packet/day; Only available through CareMed 877-227-3405 or Onco360 877-662-6633)	LD-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
ORTHO TRI-CYCLEN (LO) TAB	-	$0	CONTRACEPTIVES
ORTHO-CYCLEN TAB	-	$0	CONTRACEPTIVES
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
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA XR TAB (QL= 1 tab/day)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
OVACE PLUS LIQ WASH 10%	-	2	DERMATOLOGICALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
OVCON 35 TAB	-	$0	CONTRACEPTIVES
OVIDREL INJ	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
oxaprozin tab (DAYPRO equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
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
oxybutynin ER tab (DITROPAN XL equiv)	-	1	URINARY ANTISPASMODICS
oxybutynin syrup	-	1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	1	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv)	-	1	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	1	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	1	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	1	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1	ANALGESICS - OPIOID

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
OXYCONTIN CR TAB (QL= 60 tabs/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	2	ANALGESICS - OPIOID
OXYCONTIN CR TAB (QL= 120 tabs/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	2+penalty	ANALGESICS - OPIOID
oxymetazoline hcl cream (RHOFADE equiv)	-	EXC	DERMATOLOGICALS
OYSTER SHELL/D TAB	OTC	1	MINERALS & ELECTROLYTES
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	ANTIDIABETICS
OZEMPIC TAB, RYBELSUS TAB (QL=1 tab/day; 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
PALFORZIA SPRINKLE CAP 1 MG (Only available through Walgreens 888-347-3416)	LD-PA	2	ALLERGENIC EXTRACTS / BIOLOGICALS MISC
PALFORZIA STARTER PACK 0.5 MG/1 MG/1.5 MG/3 MG (Only available through Walgreens 888-347-3416)	LD-PA	2	ALLERGENIC EXTRACTS / BIOLOGICALS MISC

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
PALFORZIA STARTER PACK 0.5 MG/1 MG/1.5 MG/3 MG/6 MG (Only available through Walgreens 888-347-3416)	LD-PA	2	ALLERGENIC EXTRACTS / BIOLOGICALS MISC
paliperidone ER tab (INVEGA equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
PALSONIFY TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Orsini 800-410-8575)	LD-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
PANCREAZE CAP	-	2	DIGESTIVE AIDS
pantoprazole EC tab (PROTONIX equiv)	-	1	ULCER DRUGS
paricalcitol cap (ZEMPLAR equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	1	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	1	ANTIDEPRESSANTS
PAXLOVID PAK (QL= 11 tabs/90 days)	QL	2	ANTIVIRALS
PAXLOVID TAB 150-100MG (QL= 20 tabs/fill)	QL	2	ANTIVIRALS
PAXLOVID TAB 300-100MG (QL= 30 tabs/fill)	QL	2	ANTIVIRALS
PEAK FLOW METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
PEDIARIX INJ (QL= 1 inj/2 months; Covered for members aged 6 weeks to 6 years old)	QL-VAC	$0	TOXOIDS
pediatric multivitamin (VITALETS equiv)	OTC	1	MULTIVITAMINS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
PEDVAXHIB INJ	VAC	$0	VACCINES
peg 3350/electrolytes soln (GOLYTELY/COLYTE equiv)	-	1	LAXATIVES
peg 3350/electrolytes soln (NULYTELY equiv)	-	1	LAXATIVES
PEGASYS INJ	LMSP	2	ANTIVIRALS
PENBRAYA INJ	VAC	$0	VACCINES
penicillamine tab (DEPEN TITRATAB equiv)	-	1	MISCELLANEOUS THERAPEUTIC CLASSES
penicillin vk tab (VEETIDS equiv)	-	1	PENICILLINS
PENICILLN VK SOLN	-	1	PENICILLINS
PENMENVY INJ	VAC	$0	VACCINES
PENTACEL INJ	VAC	$0	TOXOIDS
pentamidine neb soln (NEBUPENT equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CR CAP	-	2	GASTROINTESTINAL AGENTS - MISC.
pentoxifylline ER tab (TRENTAL equiv)	-	1	HEMATOLOGICAL AGENTS - MISC.
PERINDOPRIL TAB	-	1	ANTIHYPERTENSIVES
perindopril tab (ACEON equiv)	-	1	ANTIHYPERTENSIVES
permethrin cream (ELIMITE equiv) (QL= 60gm/30 days)	QL	1	DERMATOLOGICALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
perphenazine tab (TRILAFON equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523; Step Therapy requires trial of sodium phenylbutyrate)	LD-ST	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
PHENAZOPYRIDINE TAB	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab (PYRIDIUM equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
PHENDIMETRAZINE ER TAB	-	EXC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
phendimetrazine tab (BONTRIL PDM equiv)	-	EXC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
PHENELZINE SULFATE TAB	-	1	ANTIDEPRESSANTS
phenelzine tab (NARDIL equiv)	-	1	ANTIDEPRESSANTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
phenobarbital elixir	-	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
PHENOBARBITAL ELXIR	-	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
phenobarbital tab	-	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	1	ANTIHYPERTENSIVES
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	-	$0	VAGINAL AND RELATED PRODUCTS
PHOSPHA 250 NEUTRAL TAB	-	1	MINERALS & ELECTROLYTES
PHOSPHO-TRIN K500 TAB	-	1	MINERALS & ELECTROLYTES
phytonadione tab (MEPHYTON equiv)	-	1	VITAMINS
PIFELTRO TAB	-	2	ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1	OPHTHALMIC AGENTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
pilocarpine tab (SALAGEN equiv)	-	1	MOUTH / THROAT / DENTAL AGENTS
pimecrolimus cream (ELIDEL equiv) (Covered for members age 2 years and older; Step Therapy requires trial of tacrolimus oint)	ST	1	DERMATOLOGICALS
pimozide tab (ORAP equiv)	-	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	1	BETA BLOCKERS
pioglitazone tab (ACTOS TAB equiv)	-	1	ANTIDIABETICS
piroxicam cap (FELDENE equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
pitavastatin calcium tab (LIVALO equiv)	-	1	ANTIHYPERLIPIDEMICS
PLAN B TAB	OTC	$0	CONTRACEPTIVES
PLENITY CAP	-	EXC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
PNEUMOVAX INJ (QL= 1 inj/lifetime for members 2 years and older)	QL-VAC	$0	VACCINES
PODIAPN CAP	-	EXC	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
PODOCON SOLN	-	2	DERMATOLOGICALS
PODOFILOX SOLN	-	1	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	1	DERMATOLOGICALS
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	1	LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	2	PHARMACEUTICAL ADJUVANTS
polyethylene glycol packet (MIRALAX equiv)	OTC	1	LAXATIVES
POLY-IRON CAP 150 FORTE	-	1	HEMATOPOIETIC AGENTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1	OPHTHALMIC AGENTS
POLY-VI-FLOR SUSP	-	2	MULTIVITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride ER tab (K-TAB equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	1	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride soln	-	2	MINERALS & ELECTROLYTES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
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 IODIDE ORAL SOLN	-	1	COUGH / COLD / ALLERGY
pramipexole ER tab (MIRAPEX ER equiv)	-	1	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	1	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1-1%	-	2	DERMATOLOGICALS
pravastatin tab (PRAVACHOL equiv)	-	1	ANTIHYPERLIPIDEMICS
prazosin cap (MINIPRESS equiv)	-	1	ANTIHYPERTENSIVES
PRECISION XTRA KETONE TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
PRED MILD OPHTH SOLN	-	2	OPHTHALMIC AGENTS
prednisolone acetate ophth susp (PRED FORTE equiv)	-	1	OPHTHALMIC AGENTS
prednisolone ODT (ORAPRED equiv)	-	1	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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
PREDNISONE SOLN	-	1	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	1	CORTICOSTEROIDS
pregabalin cap (LYRICA equiv)	-	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 soln (LYRICA equiv)	-	1	ANTICONVULSANTS
PREHEVBRIO SUSP (Covered for age 18 years and older)	VAC	$0	VACCINES
PREMARIN TAB	-	2	ESTROGENS
PREMARIN VAGINAL CREAM	-	2	VAGINAL PRODUCTS
PREMPHASE TAB, PREMPRO TAB	-	2	ESTROGENS
PRENATABS RX TAB	-	1	MULTIVITAMINS
PRENATAL 19 TAB	-	1	MULTIVITAMINS
prenatal vitamin	OTC	1	MULTIVITAMINS
PRENATAL VITAMIN	OTC	2	MULTIVITAMINS
PRENATAL VITAMIN (OTC only)	OTC	2	MULTIVITAMINS
PREVACID CAP	-	2	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
PREVACID OTC CAP (QL= 2 caps/day)	OTC-QL	2	ULCER DRUGS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
PREVIDENT 5000 PASTE 1.1%	-	2	MOUTH / THROAT / DENTAL AGENTS
PREVIDENT GEL	-	2	MOUTH / THROAT / DENTAL AGENTS
PREVNAR 20 INJ	VAC	$0	VACCINES
PREVYMIS PAK (QL= 4 packets/day; Limit 800 packets/365 days)	PA-QL	2	ANTIVIRALS
PREZCOBIX TAB	-	2	ANTIVIRALS
PREZISTA SUSP	-	2	ANTIVIRALS
PREZISTA TAB	-	2	ANTIVIRALS
PREZISTA TAB	-	2+penalty	ANTIVIRALS
PRIFTIN TAB	-	2+penalty	ANTIMYCOBACTERIAL AGENTS
primidone tab (MYSOLINE equiv)	-	1	ANTICONVULSANTS
PRIORIX INJ (Covered for members age 1 year an older)	VAC	$0	VACCINES
probenecid tab (BENEMID equiv)	-	1	GOUT AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
prochlorperazine tab (COMPAZINE equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
PROCTOFOAM HC FOAM	-	2	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	1	ANORECTAL AGENTS
progesterone cap (PROMETRIUM equiv)	-	1	PROGESTINS
progesterone oil inj	-	1	PROGESTINS
PROGRAF CAP	-	2	ASSORTED CLASSES
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
propafenone tab (RYTHMOL equiv)	-	1	ANTIARRHYTHMICS
proparacaine ophth soln (ALCAINE equiv)	-	1	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	1	BETA BLOCKERS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
propranolol hcl oral soln 20mg/5ml	-	1	BETA BLOCKERS
PROPRANOLOL SOLN	-	1	BETA BLOCKERS
PROPRANOLOL SOLN 20MG/5ML	-	1	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	1	BETA BLOCKERS
propylthiouracil tab	-	1	THYROID AGENTS
PROQUAD INJ	VAC	$0	VACCINES
protriptyline tab (VIVACTIL equiv)	-	1	ANTIDEPRESSANTS
prucalopride succinate tab (MOTEGRITY equiv) (QL= 1 tab/day)	QL	1	GASTROINTESTINAL AGENTS - MISC.
pseudoephedrine 12hr tab (SUDAFED equiv)	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab (SUDAFED equiv)	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudopseudoephedrine liquid (SUDAFED equiv)	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
PULMOZYME INH SOLN	LMSP	2	RESPIRATORY AGENTS - MISC.
pyrazinamide tab	-	1	ANTIMYCOBACTERIAL AGENTS
PYRIDIUM TAB 100MG	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
PYRIDIUM TAB 200MG	-	2	GENITOURINARY AGENTS - MISCELLANEOUS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
pyridostigmine CR tab (MESTINON equiv)	-	1	ANTIMYASTHENIC / CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	1	ANTIMYASTHENIC / CHOLINERGIC AGENTS
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 years and older)	PA	2	ANTIHYPERTENSIVES
QELBREE ER CAP (QL= 2 caps/day)	PA-QL	2	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
quetiapine tab (SEROQUEL equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv) (QL= 2 tabs/day)	QL	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
quinapril tab (ACCUPRIL equiv)	-	1	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	1	ANTIARRHYTHMICS
quinidine sulfate tab	-	1	ANTIARRHYTHMICS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
QVAR REDIHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
RABAVERT INJ	VAC	EXC	VACCINES
rabeprazole EC tab (ACIPHEX equiv)	-	1	ULCER DRUGS
raloxifene tab (EVISTA equiv)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramipril cap (ALTACE equiv)	-	1	ANTIHYPERTENSIVES
RAVICTI LIQUID (Step Therapy requires trial of sodium phenylbutyrate and Pheburane Oral Pellets)	ST	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
REBIF INJ	LMSP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REDEMPLO PFS INJ (QL= 1 inj/84 days; Only available through Vanscoy Rare Pharmacy 855-826-7269)	LD-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2	ANTIVIRALS
RENOVA CREAM	-	EXC	DERMATOLOGICALS
repaglinide tab (PRANDIN equiv)	-	1	ANTIDIABETICS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
REPATHA INJ (QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2	ANTIHYPERLIPIDEMICS
RETACRIT INJ	-	2	HEMATOPOIETIC AGENTS
RETEVMO CAP (QL= 2 caps/day)	LMSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO CAP 40MG (QL= 3 caps/day)	LMSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO TAB (QL= 2 tabs/day)	LMSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO TAB 40MG (QL= 3 tabs/day)	LMSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETIN-A CREAM	-	1	DERMATOLOGICALS
RETIN-A GEL	-	1	DERMATOLOGICALS
REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	2+penalty	MISCELLANEOUS THERAPEUTIC CLASSES
REVUFORJ TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REVUFORJ TAB 110MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
REVUFORJ TAB 25MG (QL= 8 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REYATAZ POWDER PACK	-	2	ANTIVIRALS
REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	2	MISCELLANEOUS THERAPEUTIC CLASSES
RHOFADE CREAM	-	EXC	DERMATOLOGICALS
RIBAVIRIN CAP	LMSP	1	ANTIVIRALS
ribavirin cap (REBETOL equiv)	LMSP	1	ANTIVIRALS
RIBAVIRIN TAB	LMSP	1	ANTIVIRALS
rifabutin cap (MYCOBUTIN equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
rifapentine tab (PRIFTIN equiv)	-	1	ANTIMYCOBACTERIAL AGENTS
rilpivirine hcl tab (EDURANT equiv)	-	1	ANTIVIRALS
RINVOQ ER TAB (QL= 1 tab/day)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
RINVOQ ORAL SOLN (QL= 12ml/day)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
RISPERDAL INJ	PA	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
risperidone microspheres inj (RISPERDAL equiv)	PA	2	ANTIPSYCHOTICS / ANTIMANIC AGENTS
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
rivaroxaban for susp (XARELTO equiv)	-	1	ANTICOAGULANTS
rivaroxaban tab 2.5mg (XARELTO equiv)	-	1	ANTICOAGULANTS
rivastigmine cap (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 INJ 160MG (QL= 1 inj/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	2	GENITOURINARY AGENTS - MISCELLANEOUS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
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/30 days)	QL	1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days)	QL	1	MIGRAINE PRODUCTS
ROMVIMZA CAP (QL= 8 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ropinirole ER tab (REQUIP XL equiv)	-	1	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	1	ANTIPARKINSON AGENTS
rosuvastatin tab (CRESTOR equiv)	-	1	ANTIHYPERLIPIDEMICS
ROTARIX SUSP	VAC	$0	VACCINES
ROTATEQ INJ	VAC	$0	VACCINES
ROZLYTREK CAP (QL= 3 caps/day)	LMSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROZLYTREK PAK (QL= 6 packs/day)	PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ (Only available through Accredo 800-803-2523)	LD-PA	2	HEMATOLOGICAL AGENTS - MISC.

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
rufinamide susp (BANZEL equiv) (Prior Authorization required for members age 9 years and older)	PA	1	ANTICONVULSANTS
rufinamide tab (BANZEL equiv)	-	1	ANTICONVULSANTS
sacubitril-valsartan tab (ENTRESTO equiv) (QL= 2 tabs/day)	QL	1	CARDIOVASCULAR AGENTS - MISC.
SAFYRAL TAB	-	$0	CONTRACEPTIVES
salicylic acid liquid 17%	OTC	1	DERMATOLOGICALS
salicylic acid pads 40%	OTC	1	DERMATOLOGICALS
saline nasal spray (OCEAN equiv)	OTC	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
SALSALATE TAB	-	1	ANALGESICS - NONNARCOTIC
salsalate tab (DISALCID equiv)	-	1	ANALGESICS - NONNARCOTIC
SANDIMMUNE CAP	-	2	ASSORTED CLASSES
SANDIMMUNE SOLN 100MG/ML	-	2	ASSORTED CLASSES
SAVELLA PAK	-	2+penalty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB	-	2+penalty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
SAXENDA INJ	-	EXC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
scopolamine patch (TRANSDERM-SCOP equiv) (Covered for members age 18 or older)	-	1	ANTIEMETICS
selegiline cap (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	1	ANTIPARKINSON AGENTS
SELENIUM SUL SHA	-	1	DERMATOLOGICALS
SELENIUM SULFIDE LOTION	-	1	DERMATOLOGICALS
selenium sulfide lotion 2.5% (SELSUN equiv)	-	1	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	1	DERMATOLOGICALS
SELZENTRY SOLN	-	2	ANTIVIRALS
SELZENTRY TAB	-	2+penalty	ANTIVIRALS
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ	-	2	ANTIDIABETICS
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN	-	2	ANTIDIABETICS
senna cap (SENOKOT equiv)	OTC	1	LAXATIVES
senna syrup (SENOKOT equiv)	OTC	1	LAXATIVES
senna tab (SENOKOT equiv)	OTC	1	LAXATIVES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
SEPHIENCE POWDER (Only available through Optum Frontier Therapies 855-768-9727 or Orsini 800-410-8575)	LD-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
sertraline conc (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	1	ANTIDEPRESSANTS
sevelamer powder pak (RENVELA PAK equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
SHINGRIX INJ (Covered for members age 19 years and older)	VAC	$0	VACCINES
sildenafil susp (REVATIO equiv) (Prior Authorization required for members age 9 years and older)	PA	2	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv)	PA	1	CARDIOVASCULAR AGENTS - MISC.
SILPHEN COUGH SYRUP	OTC	1	ANTIHISTAMINES
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1	DERMATOLOGICALS
SIMPONI AUTO-INJECTOR 100MG	PA	2	ANALGESICS - ANTI-INFLAMMATORY

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
SIMPONI INJ 100MG	PA	2	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 50MG	PA	2	ANALGESICS - ANTI-INFLAMMATORY
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	1	ANTIHYPERLIPIDEMICS
sirolimus soln (RAPAMUNE equiv)	-	1	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	1	ASSORTED CLASSES
SIRTURO TAB (Restricted to Infectious Disease or Pulmonology Specialist)	RS	2	ANTIMYCOBACTERIAL AGENTS
sitagliptin phosphate-metformin hcl er tab (JANUMET equiv) (QL= 2 tabs/day)	QL	1	ANTIDIABETICS
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)	LMSP-PA-QL	2	DERMATOLOGICALS
SKYRIZI INJ 180 MG/1.2ML	LMSP-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 360MG/2.4ML	LMSP-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 55MG/0.37ML (QL= 1 inj/84 days)	LMSP-PA-QL	2	DERMATOLOGICALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
SKYTROFA INJ	LMSP-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.
SOD SUL/SULF LIQ 9-4.5%	-	1	DERMATOLOGICALS
sodium bicarbonate tab	OTC	1	ANTACIDS
sodium citrate/citric acid soln (BICITRA equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
sodium fluoride chew tab (LURIDE equiv)	-	$0	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT 5000 PLUS equiv)	-	1	MOUTH / THROAT / DENTAL AGENTS
SODIUM FLUORIDE GEL	-	1	MOUTH / THROAT / DENTAL AGENTS
SODIUM FLUORIDE PASTE	-	1	MOUTH / THROAT / DENTAL AGENTS
sodium fluoride soln (LURIDE SOLN. equiv)	-	$0	MINERALS & ELECTROLYTES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
SODIUM FLUORIDE SOLN	-	1	MOUTH / THROAT / DENTAL AGENTS
SODIUM FLUORIDE TAB	-	$0	MINERALS & ELECTROLYTES
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 SULFA LIQ WASH	-	1	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	1	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 (ROSULA equiv)	-	1	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	1	DERMATOLOGICALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
SOFOSBUVIR/VELPATASVIR TAB 400-100MG (QL= 1 tab/day)	PA-QL	1	ANTIVIRALS
SOGROYA INJ	LMSP-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
solifenacin tab (VESICARE equiv)	-	1	URINARY ANTISPASMODICS
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
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
sotalol AF tab (BETAPACE AF equiv)	-	1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	1	BETA BLOCKERS
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 years and older)	PA	2	BETA BLOCKERS
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
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial o ADVAIR, BREO, DULERA, FLUTICASONE/SALMETEROL or BUDESONIDE/FORMOTEROL)	QL-ST	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone susp (CAROSPIR equiv) (Prior Authorization required for members age 9 years and older)	PA	2	DIURETICS
spironolactone tab (ALDACTONE equiv)	-	1	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1	DIURETICS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	$0	CONTRACEPTIVES
STENDRA TAB	-	EXC	CARDIOVASCULAR AGENTS - MISC.
STEQEYMA INJ (QL= 1 inj/84 days)	LMSP-PA-QL	2	DERMATOLOGICALS
STEQEYMA INJ 90MG (QL= 1 inj/84 days)	LMSP-PA-QL	2	DERMATOLOGICALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
STIOLTO INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIBILD TAB (QL= 1 tab/day)	QL	2	ANTIVIRALS
SUBLOCADE SOLN, BRIXADI SOLN	LMSP	2	ANALGESICS - OPIOID
SUBVENITE SUSP (Prior Authorization required for members age 9 years and older)	PA	2	ANTICONVULSANTS
sucralfate susp (CARAFATE equiv)	-	1	ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS
sucralfate tab (CARAFATE equiv)	-	1	ULCER DRUGS
SULFACETAMIDE SOD OPHTH SOLN	-	1	OPHTHALMIC AGENTS
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
SULFAMYLON CREAM	-	2	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
sulfasalazine tab (AZULFIDINE equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	1	ANALGESICS - ANTI-INFLAMMATORY
SUMADAN WASH 9-4.5%	-	2+penalty	DERMATOLOGICALS
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan inj (IMITREX equiv) (QL= 6 inj/fill, 3 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 3 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	1	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 10 vials/fi 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day)	LMSP-PA-QL	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	RESPIRATORY AGENTS - MISC.
SYMFI (LO) TAB	-	2+penalty	ANTIVIRALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
SYNAGIS INJ	LMSP-PA	2	PASSIVE IMMUNIZING AGENTS
TABLOID TAB	-	2	ANTINEOPLASTICS
tacrolimus cap (PROGRAF equiv)	-	1	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	1	DERMATOLOGICALS
tadalafil tab (PAH) (ADCIRCA equiv)	PA	1	CARDIOVASCULAR AGENTS - MISC.
TADLIQ SUSP (Prior Authorization required for members age 9 years and older)	PA	1	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 tabs/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAFINLAR TAB	PA	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; On available through Accredo 800-803-2523)	LD-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
TALTZ INJ (QL= 1 inj/28 days)	LMSP-PA-QL	2	DERMATOLOGICALS
TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days)	LMSP-PA-QL	2	DERMATOLOGICALS
TALTZ INJ 40 MG/0.5ML (QL= 1 inj/28 days)	LMSP-PA-QL	2	DERMATOLOGICALS
tamoxifen tab (NOLVADEX equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
tamsulosin cap (FLOMAX equiv)	-	1	GENITOURINARY AGENTS - MISCELLANEOUS
TASIGNA CAP	LMSP-PA	2+penalty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAVNEOS CAP (QL= 6 caps/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
TAYTULLA CAP	-	$0	CONTRACEPTIVES
tazarotene cream 0.05% (TAZORAC equiv)	-	2	DERMATOLOGICALS
tazarotene cream 0.1% (TAZORAC equiv)	-	2	DERMATOLOGICALS
TAZORAC CREAM	-	2	DERMATOLOGICALS
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	1	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	1	HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	1	HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS
temozolomide cap (TEMODAR equiv)	LMSP	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	1	ANTIVIRALS
terazosin cap (HYTRIN equiv)	-	1	ANTIHYPERTENSIVES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
terbinafine cream (LAMISIL AT equiv)	OTC	1	DERMATOLOGICALS
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
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ	-	1	ANDROGENS-ANABOLIC
testosterone enanthate inj (DELATESTRYL INJ. equiv)	-	1	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ 200MG/ML	-	1	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	QL	1	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	QL	2	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	QL	1	ANDROGENS-ANABOLIC
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	QL	2	ANDROGENS-ANABOLIC

NC =Not Covered		**generic** =small letters	**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	QL	2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 20.25MG/1.25GM (QL= 1 packet/day)	QL	2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP 1% (QL= 4 bottles/30 days)	QL	1	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	QL	1	ANDROGENS-ANABOLIC
TETANUS/DIPHTHERIA TOXOID INJ (Covered for members aged 7 years and older)	VAC	$0	TOXOIDS
tetracycline cap	-	1	TETRACYCLINES
TEZSPIRE INJ (QL= 1 pen/28 days)	PA-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
theophylline soln	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOPHYLLINE TAB ER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
thioridazine hcl tab (THIORIDAZINE equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
TIAGABINE TAB	-	1	ANTICONVULSANTS
tiagabine tab (GABITRIL equiv)	-	1	ANTICONVULSANTS
TICOVAC INJ	VAC	EXC	VACCINES
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 TAB	-	1	BETA BLOCKERS
timolol maleate tab (BLOCADREN equiv)	-	1	BETA BLOCKERS
timolol ophth soln (BETIMOL equiv)	-	1	OPHTHALMIC AGENTS
tinidazole tab (TINDAMAX equiv)	-	1	ANTI-INFECTIVE AGENTS - MISC.

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
tiopronin tab (THIOLA equiv)	LMSP-PA	1	GENITOURINARY AGENTS - MISCELLANEOUS
tiopronin tab delayed release (THIOLA EC equiv)	LMSP-PA	1	GENITOURINARY AGENTS - MISCELLANEOUS
TIROSINT-SOL (Prior Authorization required for members age 9 years and older)	PA	2	THYROID AGENTS
TIVICAY PD TAB	-	2	ANTIVIRALS
TIVICAY TAB	-	2	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	1	MUSCULOSKELETAL THERAPY AGENTS
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	LMSP-RS	1	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	1	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	$0	VAGINAL PRODUCTS
tofacitinib citrate ER tab (XELJANZ equiv) (QL= 1 tab/day)	LMSP-PA-QL	1	ANALGESICS - ANTI-INFLAMMATORY
tofacitinib citrate oral soln (XELJANZ equiv) (QL= 10ml/day)	LMSP-PA-QL	1	ANALGESICS - ANTI-INFLAMMATORY

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
tofacitinib citrate tab (XELJANZ equiv) (QL= 2 tabs/day)	LMSP-PA-QL	1	ANALGESICS - ANTI-INFLAMMATORY
tolnaftate aerosol (TINACTIN equiv)	OTC	1	DERMATOLOGICALS
tolnaftate cream (TINACTIN equiv)	OTC	1	DERMATOLOGICALS
tolnaftate powder (TINACTIN equiv)	OTC	1	DERMATOLOGICALS
tolnaftate soln (TINACTIN equiv)	OTC	1	DERMATOLOGICALS
tolterodine SR cap (DETROL LA equiv)	-	1	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	1	URINARY ANTISPASMODICS
tolvaptan tab (JYNARQUE equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
topiramate oral soln (EPRONTIA equiv) (Prior Authorization required for members age 9 years and older)	PA	1	ANTICONVULSANTS
topiramate sprinkle cap (TOPAMAX equiv)	-	1	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	1	ANTICONVULSANTS
topotecan inj (HYCAMTIN equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
toremifene tab (FARESTON equiv)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torsemide tab (DEMADEX equiv)	-	1	DIURETICS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
TOUJEO SOLOSTAR INJ	-	2	ANTIDIABETICS
TOVIAZ TAB	-	2+penalty	URINARY ANTISPASMODICS
TRACLEER TAB (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2+penalty	CARDIOVASCULAR AGENTS - MISC.
tramadol ER tab (ULTRAM ER equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	1	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	1	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	1	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv)	-	1	HEMOSTATICS
tranylcypromine tab (PARNATE equiv)	-	1	ANTIDEPRESSANTS
travoprost ophth soln (TRAVATAN Z equiv) (QL= 5ml/30 days)	QL	1	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	1	ANTIDEPRESSANTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
TRELEGY ELLIPTA INHALER	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TREMFYA	PA	2	DERMATOLOGICALS
TREMFYA INDUCTION INJ 200MG/ML (QL= 2 inj/28 days; 6 inj/year)	LMSP-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
TREMFYA INJ 200MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	2	GASTROINTESTINAL AGENTS - MISC.
TRESIBA FLEXTOUCH INJ	-	2	ANTIDIABETICS
TRESIBA INJ	-	2	ANTIDIABETICS
tretinoin cap (VESANOID equiv)	LMSP	1	ANTINEOPLASTICS
tretinoin cream	-	1	DERMATOLOGICALS
triamcinolone cream	-	1	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1	MOUTH / THROAT / DENTAL AGENTS
TRIAMCINOLONE LOTION	-	1	DERMATOLOGICALS
triamcinolone oint	-	1	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1	DIURETICS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
triazolam tab (HALCION equiv)	-	1	HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS
trifluoperazine tab (STELAZINE equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	1	OPHTHALMIC AGENTS
trihexyphenidyl elixir (ARTANE equiv)	-	1	ANTIPARKINSON AND RELATED THERAPY AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	1	ANTIPARKINSON AGENTS
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	RESPIRATORY AGENTS - MISC.
TRIKAFTA THERAPY PACK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2	RESPIRATORY AGENTS - MISC.
tri-legest tab (ESTROSTEP FE equiv)	-	$0	CONTRACEPTIVES
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.
TRI-NORINYL TAB	-	$0	CONTRACEPTIVES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	$0	CONTRACEPTIVES
TRIUMEQ PD TAB (QL= 1 tab/day)	QL	2	ANTIVIRALS
TRIUMEQ TAB (QL= 1 tab/day)	QL	2	ANTIVIRALS
TRI-VI-FLOR SUSP	-	2	MULTIVITAMINS
TRI-VITAMIN FLUORIDE DROPS	-	1	MULTIVITAMINS
tropicamide ophth soln (MYDRIACYL equiv)	-	1	OPHTHALMIC AGENTS
TRULICITY INJ (Diagnosis Restricted – Type 2 Diabetes (E11))	RDX	2	ANTIDIABETICS
TRUMENBA INJ (QL= 1 inj/28 days; Covered for members age 18 and older)	QL-VAC	$0	VACCINES
TRYNGOLZA INJ (QL= 1 inj/28 days; Only availabl through Accredo 800-803-2523)	LD-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
tussigon tab (HYCODAN equiv)	-	1	COUGH / COLD / ALLERGY
TWIIST REFILL KIT (QL= 1 kit/month)	QL	2	MEDICAL DEVICES AND SUPPLIES
TWIIST STARTER KIT (QL= 1 kit/month)	QL	2	MEDICAL DEVICES AND SUPPLIES
TWINRIX INJ (QL= 1 inj/28 days; Covered for members aged 10 years and older)	QL-VAC	$0	VACCINES
TWIRLA PATCH	-	$0	CONTRACEPTIVES
TYBLUME TAB	-	$0	CONTRACEPTIVES
TYBOST TAB	-	2	ANTIVIRALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
TYENNE INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY
TYPHIM VI INJ	VAC	EXC	VACCINES
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER 48-80MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG (QL= 8 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG (QL= 8 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 8 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
TYVASO INH SOLN 0.6 MG/ML (Only available through Accredo 800-803-2523)	LD-PA	2	CARDIOVASCULAR AGENTS - MISC.

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	2	MIGRAINE PRODUCTS
UPNEEQ SOLN	-	EXC	OPHTHALMIC AGENTS
ursodiol cap (ACTIGALL equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	1	GASTROINTESTINAL AGENTS - MISC.
USTEKINUMAB-AEKN 45MG/0.5ML (QL= 1 inj/84 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	2	DERMATOLOGICALS
USTEKINUMAB-AEKN 90MG/ML (QL= 1 inj/84 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	2	DERMATOLOGICALS
valacyclovir tab (VALTREX equiv)	-	1	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2	DERMATOLOGICALS
valganciclovir soln (VALCYTE equiv)	-	1	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	1	ANTIVIRALS
valproic acid cap (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	1	ANTICONVULSANTS
valsartan tab (DIOVAN equiv)	-	1	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1	ANTIHYPERTENSIVES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
VALTOCO NASAL SPRAY (QL= 5 doses/fill)	QL	2	ANTICONVULSANTS
VALTYA 1/50 TAB	-	$0	CONTRACEPTIVES
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	QL	2	ANTI-INFECTIVE AGENTS - MISC.
VANFLYTA TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	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
VANRAFIA TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306 or CareMed 877-227-3405)	LD-PA-QL	2	GENITOURINARY AGENTS - MISCELLANEOUS
VARENICLINE TAB (Prior Authorization Required only if member is less than 16 years old)	PA	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab (CHANTIX equiv) (Prior Authorization Required only if member is less than 1 years old)	PA	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab starter pack (CHANTIX equiv) (Limited to 180 days/plan year; Prior Authorization Required only if member is less than 1 years old)	PA-QL-SMKG	$0	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
VARIVAX INJ	VAC	$0	VACCINES
VAXCHORA SUSP	VAC	EXC	VACCINES
VAXELIS INJ (QL= 1 inj/2 months; Covered for members aged 6 weeks to 6 years old)	QL-VAC	$0	TOXOIDS
VAXNEUVANCE INJ	VAC	EXC	VACCINES
VELIVET PAK	-	$0	CONTRACEPTIVES
velivet tab (CYCLESSA equiv)	-	$0	CONTRACEPTIVES
VELTASSA POWDER (QL= 1 packet/day)	PA-QL	2	ASSORTED CLASSES
VELTASSA POWDER 1GM (QL= 4 packets/day)	PA-QL	2	MISCELLANEOUS THERAPEUTIC CLASSES
VEMLIDY TAB	-	2	ANTIVIRALS
venlafaxine ER cap (EFFEXOR XR equiv) (Covered for members 12 years of age or older)	-	1	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv) (Covered for members 12 years of age or older)	-	1	ANTIDEPRESSANTS
VENTAVIS INH SOLN (Only available through Accredo 800-803-2523)	LD-PA	2	CARDIOVASCULAR AGENTS - MISC.
VERAPAMIL ER CAP	-	2	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	1	CALCIUM CHANNEL BLOCKERS
VERELAN CAP	-	2+penalty	CALCIUM CHANNEL BLOCKERS
V-GO INJ KIT (QL= 1 kit/day)	QL	2	MEDICAL DEVICES AND SUPPLIES
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
vigadrone powder pack (Only available through PantheRx 855-726-8479)	LD-PA	1	ANTICONVULSANTS
VIJOICE GRANULES PACKET (QL= 1 packet/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2	MISCELLANEOUS THERAPEUTIC CLASSES
VIJOICE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2	MISCELLANEOUS THERAPEUTIC CLASSES
VIMKUNYA INJ	VAC	EXC	VACCINES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
VIMPAT INJ (QL= 1200 units/30 days)	QL	2+penalty	ANTICONVULSANTS
VIMPAT TAB	-	2+penalty	ANTICONVULSANTS
viorele tab, kariva tab (MIRCETTE equiv)	-	$0	CONTRACEPTIVES
VIRACEPT TAB	-	2	ANTIVIRALS
VIREAD TAB	-	2	ANTIVIRALS
VITAMIN C TAB	OTC	1	VITAMINS
vitamin D cap (RX strength only)	-	1	VITAMINS
vitamin E liquid	OTC	1	DERMATOLOGICALS
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIVOTIF CAP	VAC	EXC	VACCINES
VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
VORANIGO 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
VORANIGO TAB 10MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2	ANTIFUNGALS
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2	ANTIFUNGALS
VOWST CAP (QL= 12 caps/fill; Only available through Orsini 800-410-8575)	LD-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 (QL= 6 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
VOYDEYA TAB THERAPY PACK (QL= 6 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.
VRAYLAR CAP (QL= 1 cap/day)	PA-QL	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
VYBRIQUE ORAL FILM	-	EXC	CARDIOVASCULAR AGENTS - MISC.

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
VYJUVEK GEL	-	EXC	DERMATOLOGICALS
VYKAT XR TAB (QL= 4 tabs/day; Only available through PantherRx 855-726-8479)	LD-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
VYKAT XR TAB 150MG (QL= 3 tabs/day; Only available through PantherRx 855-726-8479)	LD-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
VYKAT XR TAB 75MG (QL= 7 tabs/day; Only available through PantherRx 855-726-8479)	LD-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
VYVANSE CAP	-	2+penalty	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
warfarin tab (COUMADIN equiv)	-	1	ANTICOAGULANTS
WEGOVY HD INJ 7.2MG/0.75ML	-	EXC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
WEGOVY INJ	-	EXC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
WEGOVY INJ 1.7MG/0.75ML	-	EXC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
WEGOVY INJ 2.4MG/0.75ML	-	EXC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
WEGOVY TAB	-	EXC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
WELCHOL PACK	-	2+penalty	ANTIHYPERLIPIDEMICS
WELCHOL TAB	-	2+penalty	ANTIHYPERLIPIDEMICS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WINREVAIR INJ (Only available through Accredo 800-803-2523)	LD-PA	2	CARDIOVASCULAR AGENTS - MISC.
XACIATO GEL (QL= 1 applicator/fill)	QL	2	VAGINAL AND RELATED PRODUCTS
XALKORI CAP (QL= 4 caps/day)	MSP-PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XALKORI SPRINKLE CAP (QL= 4 caps/day)	PA-QL	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XARELTO SUSP	-	2	ANTICOAGULANTS
XARELTO TAB	-	2	ANTICOAGULANTS
XDEMVY DROP (QL= 1 bottle/42 days; Restricted to Ophthalmology or Optometry Specialist; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416)	LD-QL-RS	2	OPHTHALMIC AGENTS
XEMBIFY INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	2	PASSIVE IMMUNIZING AND TREATMENT AGENTS
XENICAL CAP	-	EX C	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
XENLETA TAB	PA	2	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB (QL= 1 tab/day)	QL	2+penalty	ANTIDIABETICS
XIGDUO XR TAB 2.5-1000 (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day)	QL	2+penalty	ANTIDIABETICS
XIGDUO XR TAB 5-500MG (QL= 2 tabs/day)	QL	2+penalty	ANTIDIABETICS
XOFLUZA TAB (QL= 1 tab/fill; Covered for members 12 years of age or older)	QL	2	ANTIVIRALS
XOLAIR INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 150MG/ML (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 300MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
XOLAIR SYRINGE (QL= 2 inj/28 days)	LMSP-PA-QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE 150MG/ML (QL= 2 inj/28 days)	LMSP-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE 300MG/2ML (QL= 1 inj/28 days	LMSP-PA-QL	S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLREMDI CAP (QL= 4 caps/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	2	HEMATOPOIETIC AGENTS
XROMI SOLN (Prior Authorization required for members age 9 years and older)	PA	2	HEMATOPOIETIC AGENTS
XULTOPHY INJ (QL= 15ml/30 days)	QL	2	ANTIDIABETICS
XYZBAC TAB	-	EXC	DIETARY PRODUCTS / DIETARY MANAGEMENT PRODUCTS
YAZ TAB, YASMIN 28 TAB	-	$0	CONTRACEPTIVES
YESINTEK INJ (QL= 1 inj/84 days)	LMSP-PA-QL	2	DERMATOLOGICALS
YESINTEK SYRINGE (QL= 1 inj/84 days)	LMSP-PA-QL	2	DERMATOLOGICALS
YESINTEK SYRINGE 90MG (QL= 1 inj/84 days)	LMSP-PA-QL	2	DERMATOLOGICALS
YEZTUGO INJ (QL= 2 inj/180 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	$0	ANTIVIRALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
YEZTUGO TAB (QL= 4 tabs/28 days; Only availabl through Walgreens 888-347-3416)	LD-PA-QL	$0	ANTIVIRALS
YF-VAX INJ	VAC	EXC	VACCINES
YUTREPIA CAP (QL= 112 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	2	CARDIOVASCULAR AGENTS - MISC.
zafemy patch (XULANE equiv)	-	$0	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	-	1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	1	HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
ZARXIO INJ	LMSP	2	HEMATOPOIETIC AGENTS
ZAVESCA CAP (QL= 3 caps/day)	QL	1	HEMATOPOIETIC AGENTS
ZAVZPRET NASAL SPRAY (QL= 6 units/fill; 60 units/365 days)	PA-QL	2	MIGRAINE PRODUCTS
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	2	ANTIDIABETICS
ZELSUVMI GEL (QL= 1 carton/fill, 2 fills/365 days)	PA-QL	2	DERMATOLOGICALS
ZENPEP CAP	-	2	DIGESTIVE AIDS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
ZEPBOUND INJ	-	EXC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ZEPBOUND KWIKPEN INJ	-	EXC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ZEPBOUND VIAL INJ	-	EXC	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ZEPOSIA CAP	LMSP-PA	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZEPOSIA STARTER PACK	LMSP-PA	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
zidovudine cap (RETROVIR equiv)	-	1	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	1	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	1	ANTIVIRALS
ZILBRYSQ INJ (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	2	HEMATOLOGICAL AGENTS - MISC.

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
ZILBRYSQ INJ 23MG (QL= 1 inj/day; Only availabl 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.
ZIMHI SOLN	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
ZINC GLUCONATE TAB	OTC	1	MINERALS & ELECTROLYTES
ziprasidone cap (GEODON equiv)	-	1	ANTIPSYCHOTICS / ANTIMANIC AGENTS
ZIRGAN OPHTH GEL	-	2	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	1	MACROLIDES
ZOKINVY CAP (QL= 4 caps/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	2	MISCELLANEOUS THERAPEUTIC CLASSES
ZOLINZA CAP	LMSP-PA	2	ANTINEOPLASTICS
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	1	MIGRAINE PRODUCTS
ZONISADE SUSP (Prior Authorization required for members age 9 years and older)	PA	2	ANTICONVULSANTS
zonisamide cap (ZONEGRAN equiv)	-	1	ANTICONVULSANTS
ZORYVE CREAM (QL= 60 grams/30 days)	PA-QL	2	DERMATOLOGICALS

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

Drug Name	Special Code	Tier	Category
ZORYVE CREAM 0.05% (QL= 60gm/30 days)	PA-QL	2	DERMATOLOGICALS
ZORYVE CREAM 0.15% (QL= 60gm/30 days)	PA-QL	2	DERMATOLOGICALS
ZORYVE FOAM (QL= 60 grams/30 days)	PA-QL	2	DERMATOLOGICALS
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	2	ANTICONVULSANTS
ZUBSOLV SL TAB	-	2	ANALGESICS - OPIOID
ZURNAI INJ	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
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

NC =Not Covered		**generic =**small letters	**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Colorado Access Child Health Plan Plus HMO Formulary

Category/Class

Last Updated* 10/1/2026

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) (QL= 2 caps/day	QL	1
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	1
dextroamphetamine ER cap (DEXEDRINE equiv)	-	1
dextroamphetamine tab (DEXEDRINE equiv)	-	1
lisdexamfetamine dimesylate cap (VYVANSE equiv)	-	1
lisdexamfetamine dimesylate chew tab (VYVANSE equiv)	-	1
VYVANSE CAP	-	2+penalty
ANALEPTICS		
caffeine citrate soln (CAFCIT equiv) (Covered for members age 11 months and younger)	-	2
ANOREXIANTS NON-AMPHETAMINE		
benzphetamine tab	-	EXC
DIETHYLPROPION ER TAB	-	EXC
diethylpropion tab	-	EXC
PHENDIMETRAZINE ER TAB	-	EXC
phendimetrazine tab (BONTRIL PDM equiv)	-	EXC
PLENITY CAP	-	EXC
ANTI-OBESITY AGENTS		
FOUNDAYO TAB	-	EXC

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
liraglutide (weight mngmt) soln pen-inj (SAXENDA equiv)	-	EXC
SAXENDA INJ	-	EXC
WEGOVY HD INJ 7.2MG/0.75ML	-	EXC
WEGOVY INJ	-	EXC
WEGOVY INJ 1.7MG/0.75ML	-	EXC
WEGOVY INJ 2.4MG/0.75ML	-	EXC
WEGOVY TAB	-	EXC
XENICAL CAP	-	EXC
ZEPBOUND INJ	-	EXC
ZEPBOUND KWIKPEN INJ	-	EXC
ZEPBOUND VIAL INJ	-	EXC
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine cap (STRATTERA equiv) (QL= 2 caps/day)	QL	1
clonidine ER tab (KAPVAY equiv)	-	1
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	QL	1
ONYDA XR SUSP	PA	2
QELBREE ER CAP (QL= 2 caps/day)	PA-QL	2
KAPVAY TAB	-	2+penalty
STIMULANTS - MISC.		
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	QL	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
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 (QL= 1 cap/day)	QL	1
methylphenidate ER cap (APTENSIO XR equiv)	QL--	1
METHYLPHENIDATE ER TAB (QL= 1 tab/day)	QL	1
METHYLPHENIDATE ER TAB 27MG (QL= 1 tab/day)	QL	1
METHYLPHENIDATE ER TAB 36MG (QL= 1 tab/day)	QL	1
METHYLPHENIDATE ER TAB 54MG (QL= 1 tab/day)	QL	1
methylphenidate soln (METHYLIN equiv)	-	1
methylphenidate tab (RITALIN equiv)	-	1
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	1
CONCERTA TAB, RITALIN SR TAB	-	2
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
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
PALFORZIA SPRINKLE CAP 1 MG (Only available through Walgreens 888-347-3416)	LD-PA	2

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

NC =Not Covered		**generic** =small letters	**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ALLERGENIC EXTRACTS/BIOLOGICALS MISC Cont.		
PALFORZIA STARTER PACK 0.5 MG/1 MG/1.5 MG/3 MG (Only available through Walgreens 888-347-3416)	LD-PA	2
PALFORZIA STARTER PACK 0.5 MG/1 MG/1.5 MG/3 MG/6 MG (Only available through Walgreens 888-347-3416)	LD-PA	2
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin tab	-	1
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	LMSP-RS	1
KITABIS PAK NEB SOLN (Only available through Walgreens 888-347-3416)	LD	2
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
tofacitinib citrate ER tab (XELJANZ equiv) (QL= 1 tab/day)	LMSP-PA-QL	1
tofacitinib citrate oral soln (XELJANZ equiv) (QL= 10ml/day)	LMSP-PA-QL	1
tofacitinib citrate tab (XELJANZ equiv) (QL= 2 tabs/day)	LMSP-PA-QL	1
OLUMIANT TAB (QL= 1 tab/day)	LMSP-PA-QL	2
RINVOQ ER TAB (QL= 1 tab/day)	LMSP-PA-QL	2
RINVOQ ORAL SOLN (QL= 12ml/day)	LMSP-PA-QL	2
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= inj/28 days)	LMSP-PA-QL	2
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	2
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	2
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= inj/28 days)	LMSP-PA-QL	2
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	2
ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT (YUFLYMA equiv) (QL= 1 kit/fi 1 fill/plan year)	LMSP-PA-QL	2
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	2
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	2
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	2
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	2
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML (QL= 2 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	2
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 40MG/0.4ML (QL= 2 inj/28 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	2
SIMPONI AUTO-INJECTOR 100MG	PA	2

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

NC =Not Covered		**generic** =small letters	**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
SIMPONI INJ 100MG	PA	2
SIMPONI INJ 50MG	PA	2
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2
INTERLEUKIN-6 RECEPTOR INHIBITORS		
AVTOZMA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
TYENNE INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ADVIL JR ST TAB	OTC	1
celecoxib cap (CELEBREX equiv)	-	1
diclofenac potassium tab (CATAFLAM equiv)	-	1
diclofenac sodium EC tab (VOLTAREN equiv)	-	1
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	1
etodolac cap (LODINE equiv)	-	1
etodolac ER tab (LODINE XL equiv)	-	1
etodolac tab	-	1
FLURBIPROFEN TAB	-	1
flurbiprofen tab (ANSAID equiv)	-	1
ibuprofen cap 200mg	OTC	1
ibuprofen chew tab (ADVIL equiv)	OTC	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
ibuprofen susp	-	1
ibuprofen tab	-	1
ibuprofen tab (Rx only)	-	1
ibuprofen tab 100mg (ADVIL equiv)	OTC	1
ibuprofen tab 200mg (ADVIL equiv)	OTC	1
indomethacin cap (INDOCIN equiv)	-	1
indomethacin CR cap (INDOCIN SR equiv)	-	1
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	1
meloxicam tab (MOBIC equiv)	-	1
nabumetone tab (RELAFEN equiv)	-	1
naproxen EC tab (NAPROSYN EC equiv)	-	1
naproxen sodium tab (ANAPROX equiv)	-	1
naproxen sodium tab 220mg (ALEVE equiv)	OTC	1
naproxen tab (NAPROSYN equiv)	-	1
oxaprozin tab (DAYPRO equiv)	-	1
piroxicam cap (FELDENE equiv)	-	1
sulindac tab (CLINORIL equiv)	-	1
CELEBREX CAP	-	2+penalty
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	2
OTEZLA XR TAB (QL= 1 tab/day)	LMSP-PA-QL	2
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	1
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	LMSP-PA-QL	2
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	LMSP-PA-QL	2
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	LMSP-PA-QL	2
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	LMSP-PA-QL	2
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25MG (QL= 8 inj/28 days)	LMSP-PA-QL	2
ENBREL INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	2
ENBREL MINI INJ (QL= 4 inj/28 days)	LMSP-PA-QL	2
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	LMSP-PA-QL	2
ANALGESICS - NONNARCOTIC		
ANALGESICS OTHER		
acetaminophen cap (TYLENOL equiv)	OTC	1
acetaminophen chew tab (TYLENOL equiv)	OTC	1
acetaminophen drops (TYLENOL equiv)	OTC	1
acetaminophen elixir (TYLENOL equiv)	OTC	1
acetaminophen liquid (TYLENOL equiv)	OTC	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANALGESICS - NONNARCOTIC Cont.		
acetaminophen supp (TYLENOL equiv)	OTC	1
acetaminophen tab (TYLENOL equiv)	OTC	1
ACETAMINOPHEN SOLN	OTC	2
SALICYLATES		
aspirin chew tab 81mg	OTC	$0
aspirin tab 325mg	OTC	$0
aspirin supp	OTC	1
BUFFERED ASPIRIN TAB	OTC	1
bufferin tab	OTC	1
diflunisal tab (DOLOBID equiv)	-	1
SALSALATE TAB	-	1
salsalate tab (DISALCID equiv)	-	1
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULFATE TAB	-	1
DISKETS TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1
fentanyl patch (DURAGESIC equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1
hydromorphone ER tab (EXALGO equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
hydromorphone liquid (DILAUDID-5 LIQUID equiv)	-	1
hydromorphone tab (DILAUDID equiv)	-	1
methadone soln (Step Therapy requires step through IR opioid if opioid naïve (Opio ER Dependency))	ST	1
methadone tab (DOLOPHINE equiv) (Step Therapy requires step through IR opioid opioid naïve (Opioid ER Dependency))	ST	1
methadose tab (Step Therapy requires step through IR opioid if opioid naïve (Opioi ER Dependency))	ST	1
morphine sulfate ER tab (MS CONTIN equiv) (Step Therapy requires step through II opioid if opioid naïve (Opioid ER Dependency))	ST	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 SOLN 20MG/5ML	-	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 (ROXICODONE equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
tramadol ER tab (ULTRAM ER equiv) (Step Therapy requires step through IR opioid opioid naïve (Opioid ER Dependency))	ST	1
TRAMADOL HCL ER TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1
tramadol tab (ULTRAM equiv)	-	1
OXYCONTIN CR TAB (QL= 60 tabs/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	2
METHADOSE CONC	ST	2+penalty
MS CONTIN TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2+penalty
OXYCONTIN CR TAB (QL= 120 tabs/30 days; Step Therapy requires step through opioid if opioid naïve (Opioid ER Dependency))	QL-ST	2+penalty
OPIOID COMBINATIONS		
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	1
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	1
hydrocodone/acetaminophen tab (LORTAB equiv)	-	1
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	1
OXYCODONE/ACETAMINOPHEN SOLN	-	1
oxycodone/acetaminophen tab (PERCOCET equiv)	-	1
tramadol/acetaminophen tab (ULTRACET equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
APAP/CODEINE SOLN	-	2
OPIOID PARTIAL AGONISTS		
buprenorphine SL tab (SUBUTEX equiv)	-	1
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	1
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	1
SUBLOCADE SOLN, BRIXADI SOLN	LMSP	2
ZUBSOLV SL TAB	-	2
ANDROGENS-ANABOLIC		
ANDROGENS		
danazol cap (DANOCRINE equiv)	-	1
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	1
TESTOSTERONE ENANTHATE INJ	-	1
testosterone enanthate inj (DELATESTRYL INJ. equiv)	-	1
TESTOSTERONE ENANTHATE INJ 200MG/ML	-	1
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	QL	1
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	QL	1
TESTOSTERONE GEL PUMP 1% (QL= 4 bottles/30 days)	QL	1
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	QL	1
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	QL	2
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	QL	2
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	QL	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANDROGENS-ANABOLIC Cont.		
TESTOSTERONE GEL 20.25MG/1.25GM (QL= 1 packet/day)	QL	2
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	1
RECTAL COMBINATIONS		
PROCTOFOAM HC FOAM	-	2
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	1
hydrocortisone supp (ANUSOL HC equiv)	-	2
ANORECTAL AND RELATED PRODUCTS		
RECTAL COMBINATIONS		
ANALPRAM HC CREAM 2.5-1%	-	1
LIDOCAINE/HC CREAM	-	1
ANALPRAM HC CREAM 2.5-1%	-	2
RECTAL STEROIDS		
HYDROCORTISONE CREAM	-	1
ANUCORT-HC SUPP 25MG	-	2
ANUCORT-HC SUPP 30MG	-	2
ANTACIDS		
ANTACIDS - BICARBONATE		
sodium bicarbonate tab	OTC	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTACIDS Cont.		
ANTACIDS - CALCIUM SALTS		
CALCIUM CARB SUSP	OTC	1
calcium carbonate chew tab (TUMS equiv)	OTC	1
calcium carbonate susp	OTC	1
ANTHELMINTICS		
ANTHELMINTICS		
ivermectin tab (STROMECTOL equiv)	-	1
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	2
ANTIANGINAL AGENTS		
NITRATES		
isosorbide dinitrate tab (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 oint	-	1
nitroglycerin patch (NITRO-DUR equiv)	-	1
nitroglycerin SL tab (NITROSTAT equiv)	-	1
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	2
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		

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

NC =Not Covered		**generic =**small letters	**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIANXIETY AGENTS Cont.		
buspirone tab (BUSPAR equiv)	-	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	1
hydroxyzine syrup (ATARAX equiv)	-	1
hydroxyzine tab (ATARAX equiv)	-	1
BENZODIAZEPINES		
alprazolam tab (XANAX equiv)	-	1
chlordiazepoxide cap (LIBRIUM equiv)	-	1
diazepam conc (VALIUM equiv)	-	1
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	1
diazepam tab (VALIUM equiv)	-	1
lorazepam conc (ATIVAN equiv)	-	1
lorazepam tab (ATIVAN equiv)	-	1
alprazolam ER tab (XANAX XR equiv)	-	2
alprazolam ODT (NIRAVAM equiv)	-	2
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	1
quinidine gluconate CR tab	-	1
quinidine sulfate tab	-	1
NORPACE CR CAP	-	2
ANTIARRHYTHMICS TYPE I-B		

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIARRHYTHMICS Cont.		
mexiletine hcl cap	-	1
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	1
propafenone tab (RYTHMOL equiv)	-	1
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	1
dofetilide cap (TIKOSYN equiv)	-	1
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA PEN INJ (QL= 1 inj/56 days)	LMSP-PA-QL	2
NUCALA INJ (QL= 1 inj/28 days)	LMSP-PA-QL	2
OMLYCLO SYRINGE (QL= 2 inj/28 days)	LMSP-PA-QL	2
OMLYCLO SYRINGE 150MG/ML (QL= 2 inj/28 days)	LMSP-PA-QL	2
OMLYCLO SYRINGE 300MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	2
TEZSPIRE INJ (QL= 1 pen/28 days)	PA-QL	2
XOLAIR INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
XOLAIR SYRINGE (QL= 2 inj/28 days)	LMSP-PA-QL	2
XOLAIR INJ 150MG/ML (QL= 2 inj/28 days)	LMSP-PA-QL	S
XOLAIR INJ 300MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	S
XOLAIR SYRINGE 150MG/ML (QL= 2 inj/28 days)	LMSP-PA-QL	S
XOLAIR SYRINGE 300MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	S

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Colorado Access Child Health Plan Plus HMO Formulary

Category/Class

Last Updated* 10/1/2026

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	1
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therap requires trial of ADVAIR, BREO, DULERA, FLUTICASONE/SALMETEROL or BUDESONIDE/FORMOTEROL)	QL-ST	2
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
zafirlukast tab (ACCOLATE equiv)	-	1
STEROID INHALANTS		
budesonide inh susp (PULMICORT equiv)	-	1
ALVESCO INHALER	-	2
ARNUITY ELLIPTA INHALER	-	2
ASMANEX HFA INHALER (QL= 1 inhaler/30 days)	QL	2
ASMANEX INHALER (QL= 1 inhaler/30 days)	QL	2
FLOVENT HFA INHALER (Prior Authorization not required for member age 4 years and younger)	PA	2
FLUTICASONE HFA INHALER (Prior Authorization not required for member age 4 years and younger)	PA	2
fluticasone propionate hfa inhal aero (FLUTICASONE equiv)	-	2
QVAR REDIHALER	-	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
SYMPATHOMIMETICS		
albuterol HFA (6.7gm, 8.5gm) 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
budesonide/formoterol inhaler (SYMBICORT equiv)	-	1
epinephrine inj	-	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
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/3(days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product)	QL-ST	1
levalbuterol neb soln (XOPENEX equiv)	-	1
terbutaline sulfate tab (BRETHINE equiv)	-	1
ADVAIR DISKUS INHALER	-	2
ADVAIR HFA INHALER	-	2
albuterol HFA (18gm) inhaler (VENTOLIN equiv) (QL= 2 inhalers/30 days)	QL	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
BREO ELLIPTA INHALER	-	2
COMBIVENT RESPIMAT INHALER	-	2
DULERA INHALER	-	2
SEREVENT DISKUS INHALER	-	2
STIOLTO INHALER	-	2
TRELEGY ELLIPTA INHALER	-	2
XANTHINES		
theophylline er tab (THEOPHYLLINE ER equiv)	-	1
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
THEOPHYLLINE TAB ER	-	2
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	1
DIRECT FACTOR XA INHIBITORS		
rivaroxaban for susp (XARELTO equiv)	-	1
rivaroxaban tab 2.5mg (XARELTO equiv)	-	1
ELIQUIS SPRINKLE CAP	-	2
ELIQUIS TAB FOR ORAL SUSP	-	2
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTICOAGULANTS Cont.		
XARELTO SUSP	-	2
XARELTO TAB	-	2
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv)	-	1
FRAGMIN INJ	-	2
THROMBIN INHIBITORS		
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	2
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam susp (ONFI equiv) (Prior Authorization required for members age 9 years and older)	PA	1
clobazam tab (ONFI equiv)	-	1
clonazepam ODT (KLONOPIN equiv)	-	1
clonazepam tab (KLONOPIN equiv)	-	1
diazepam rectal gel (QL= 2 packs/fill)	QL	2
MIDAZOLAM INJ (QL= 1 inj/fill)	QL	2
NAYZILAM SPRAY (QL= 4 doses/fill)	QL	2
VALTOCO NASAL SPRAY (QL= 5 doses/fill)	QL	2
ANTICONVULSANTS - MISC.		
brivaracetam tab (BRIVIACT equiv)	-	1
carbamazepine chew tab (TEGRETOL equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
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 cap 100mg (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 tab (VIMPAT equiv)	-	1
lamotrigine chew tab (LAMICTAL 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 susp (TRILEPTAL equiv)	-	1
oxcarbazepine tab (TRILEPTAL equiv)	-	1
pregabalin cap (LYRICA equiv)	-	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)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
primidone tab (MYSOLINE equiv)	-	1
rufinamide susp (BANZEL equiv) (Prior Authorization required for members age 9 years and older)	PA	1
rufinamide tab (BANZEL equiv)	-	1
topiramate oral soln (EPRONTIA equiv) (Prior Authorization required for members a 9 years and older)	PA	1
topiramate sprinkle cap (TOPAMAX equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1
zonisamide cap (ZONEGRAN equiv)	-	1
brivaracetam oral soln 10mg/ml (BRIVIACT equiv)	-	2
carbamazepine ER cap (CARBATROL equiv)	-	2
DIACOMIT CAP	PA	2
DIACOMIT POWDER PACK	PA	2
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	2
EPRONTIA SOLN (Prior Authorization required for members age 9 years and older	PA	2
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmac 844-288-5007)	LD-PA-QL	2
lacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30days)	QL	2
lamotrigine ER tab (LAMICTAL XR equiv)	-	2
SUBVENITE SUSP (Prior Authorization required for members age 9 years and olde	PA	2
ZONISADE SUSP (Prior Authorization required for members age 9 years and older	PA	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	2
BANZEL SUSP	PA	2+penalty
BANZEL TAB	-	2+penalty
BRIVIACT SOLN 10MG/ML	-	2+penalty
BRIVIACT TAB	-	2+penalty
LYRICA CAP (QL= 3 caps/day)	QL	2+penalty
LYRICA CAP 225MG (QL= 2 caps/day)	QL	2+penalty
NEURONTIN SOLN (QL= 72 mls/day)	QL	2+penalty
NEURONTIN TAB 600MG (QL= 6 tabs/day)	QL	2+penalty
NEURONTIN TAB 800MG (QL= 4.5 tabs/day)	QL	2+penalty
VIMPAT INJ (QL= 1200 units/30 days)	QL	2+penalty

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
VIMPAT TAB	-	2+penalty
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	1
felbamate tab (FELBATOL equiv)	-	2
GABA MODULATORS		
TIAGABINE TAB	-	1
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
HYDANTOINS		
phenytoin cap (DILANTIN equiv)	-	1
phenytoin chew tab (DILANTIN equiv)	-	1
phenytoin susp (DILANTIN equiv)	-	1
DILANTIN CAP 30MG	-	2
SUCCINIMIDES		
ethosuximide cap (ZARONTIN equiv)	-	1
ethosuximide soln (ZARONTIN equiv)	-	1
methsuximide cap (CELONTIN equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sodium DR tab (DEPAKOTE equiv)	-	1
divalproex sprinkle cap (DEPAKOTE equiv)	-	1
valproic acid cap (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	-	1
bupropion tab (WELLBUTRIN equiv)	-	1
bupropion XL tab (WELLBUTRIN XL equiv)	-	1
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
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
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
PHENELZINE SULFATE TAB	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
phenelzine tab (NARDIL equiv)	-	1
tranylcypromine tab (PARNATE equiv)	-	1
MARPLAN TAB	-	2
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	1
citalopram tab (CELEXA equiv)	-	1
escitalopram tab 10mg (LEXAPRO equiv) (QL= 1.5 tabs/day)	QL	1
escitalopram tab 20mg (LEXAPRO equiv) (QL= 1 tab/day)	QL	1
escitalopram tab 5mg (LEXAPRO equiv) (QL= 3 tabs/day)	QL	1
fluoxetine cap (PROZAC equiv)	-	1
fluoxetine soln (PROZAC equiv)	-	1
fluoxetine tab (PROZAC equiv)	-	1
fluvoxamine ER cap (LUVOX CR equiv)	-	1
fluvoxamine tab (LUVOX equiv)	-	1
paroxetine ER tab (PAXIL CR equiv)	-	1
paroxetine tab (PAXIL equiv)	-	1
sertraline conc (ZOLOFT equiv)	-	1
sertraline tab (ZOLOFT equiv)	-	1
escitalopram soln (LEXAPRO equiv) (QL= 600 units/30 days)	QL	2
SEROTONIN MODULATORS		
NEFAZODONE TAB	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
trazodone tab (DESYREL equiv)	-	1
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
duloxetine EC cap (CYMBALTA equiv)	-	1
venlafaxine ER cap (EFFEXOR XR equiv) (Covered for members 12 years of age or older)	-	1
venlafaxine tab (EFFEXOR equiv) (Covered for members 12 years of age or older)	-	1
EFFEXOR XR CAP (Covered for members age 12 years and older)	-	2+penalty
TRICYCLIC AGENTS		
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
DOXEPIN HCL CAP	-	1
DOXEPIN HCL CONC	-	1
imipramine pamoate cap (TOFRANIL PM equiv)	-	1
imipramine tab (TOFRANIL equiv)	-	1
nortriptyline cap (PAMELOR equiv)	-	1
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
protriptyline tab (VIVACTIL equiv)	-	1
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	1
ANTIDIABETIC COMBINATIONS		
dapagliflozin-metformin er tab (XIGDUO XR equiv) (QL= 1 tab/day)	QL	1
dapagliflozin-metformin er tab 5-1000MG (XIGDUO XR equiv) (QL= 2 tabs/day)	QL	1
glipizide/metformin tab (METAGLIP equiv)	-	1
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
sitagliptin phosphate-metformin hcl er tab (JANUMET equiv) (QL= 2 tabs/day)	QL	1
XIGDUO XR TAB 2.5-1000 (QL= 2 tabs/day)	QL	2
XULTOPHY INJ (QL= 15ml/30 days)	QL	2
JANUMET XR TAB (QL= 2 tabs/day)	QL	2+penalty
XIGDUO XR TAB (QL= 1 tab/day)	QL	2+penalty
XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day)	QL	2+penalty
XIGDUO XR TAB 5-500MG (QL= 2 tabs/day)	QL	2+penalty
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
metformin tab (GLUCOPHAGE equiv)	-	1
DIABETIC OTHER		
glucagon (rdna) for inj kit (QL= 2 inj/fill)	QL	1
glucose gel	OTC	1
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	2
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	2
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	2
GLUCOSE CHEW TAB	OTC	2
glucose chew tab (GNP GLUCOSE CHEW equiv)	OTC	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
INCRETIN MIMETIC AGENTS		
liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricte – Type 2 Diabetes (E11))	QL-RDX	1
MOUNJARO 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
TRULICITY INJ (Diagnosis Restricted – Type 2 Diabetes (E11))	RDX	2
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2

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

NC =Not Covered		**generic** =small letters	**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
OZEMPIC TAB, RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2
INSULIN		
INSULIN LISPRO INJ (HUMALOG equiv)	-	1
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
HUMALOG TEMPO PEN	-	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
INSULIN GLARGINE SOLN PEN-INJ	-	2
INSULIN LISPRO JR KWIKPEN INJ	-	2
INSULIN LISPRO KWIKPEN INJ	-	2
LANTUS INJ	-	2
LANTUS SOLOSTAR INJ	-	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
LEVEMIR FLEXTOUCH INJ	-	2
LEVEMIR INJ	-	2
LYUMJEV INJ	-	2
LYUMJEV KWIKPEN INJ	-	2
LYUMJEV TEMPO PEN	-	2
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ	-	2
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN	-	2
TOUJEO SOLOSTAR INJ	-	2
TRESIBA FLEXTOUCH INJ	-	2
TRESIBA INJ	-	2
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS TAB equiv)	-	1
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	1
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
dapagliflozin tab (FARXIGA equiv) (QL= 1 tab/day)	QL	1
FARXIGA TAB (QL= 1 tab/day)	QL	2+penalty
SULFONYLUREAS		
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
glipizide tab (GLUCOTROL equiv)	-	1
GLYBURID MCR TAB	-	1
glyburide tab (MICRONASE equiv)	-	1
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
OPIUM TINCTURE	-	1
DIPHENOXYLATE/ATROPINE LIQUID	-	2
ANTIDIARRHEALS		
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
ANTIDOTES		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	2
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	2
OPIOID ANTAGONISTS		
naltrexone tab (REVIA equiv)	-	1
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox granules packet (JADENU equiv)	LMSP	1
deferasirox tab (JADENU equiv)	LMSP	1
deferasirox tab for oral susp (EXJADE equiv)	LMSP	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.		
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-355	LD-PA	1
OPIOID ANTAGONISTS		
naloxone hcl nasal spray (NARCAN equiv)	OTC	1
naloxone prefilled inj	-	1
NARCAN NASAL SPRAY	OTC	1
RIVIVE, REXTOVY SPRAY	OTC	1
KLOXXADO NASAL SPRAY	-	2
NALOXONE PREFILLED INJ	-	2
ZIMHI SOLN	-	2
ZURNAI INJ	-	2
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill, 1 fill/30 days)	QL	1
ondansetron ODT (ZOFRAN equiv)	-	1
ondansetron soln (ZOFRAN equiv)	-	1
ondansetron tab (ZOFRAN equiv)	-	1
KYTRIL TAB (QL= 14 tabs/fill, 1 fill/30 days)	QL	2+penalty
ANTIEMETICS - ANTICHOLINERGIC		
meclizine chew tab (BONINE equiv)	OTC	1
meclizine tab (ANTIVERT equiv)	OTC	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIEMETICS Cont.		
scopolamine patch (TRANSDERM-SCOP equiv) (Covered for members age 18 or older)	-	1
trimethobenzamide cap (TIGAN equiv)	-	1
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
ANTIFUNGALS		
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 tab	-	1
terbinafine tab (LAMISIL equiv)	-	1
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	1
fluconazole tab (DIFLUCAN equiv)	-	1
itraconazole cap (SPORANOX equiv)	PA	1
ketoconazole tab (NIZORAL equiv)	-	1
voriconazole susp (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2
voriconazole tab (VFEND equiv) (Restricted to Infectious Disease Specialist)	RS	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMINE SOLN	-	1
carbinoxamine tab (PALGIC equiv)	-	1
CLEMASTINE TAB 1.34MG	OTC	1
clemastine tab 1.34mg (TAVIST equiv)	OTC	1
diphenhydramine cap (BENADRYL equiv) (OTC only)	OTC	1
DIPHENHYDRAMINE LIQUID	OTC	1
diphenhydramine liquid (BENADRYL equiv)	OTC	1
diphenhydramine tab (BENADRYL equiv)	OTC	1
SILPHEN COUGH SYRUP	OTC	1
ALER-DRYL TAB	OTC	2
ANTIHISTAMINES - NON-SEDATING		
cetirizine syrup (ZYRTEC equiv)	OTC	1
cetirizine tab (ZYRTEC equiv)	OTC	1
fexofenadine susp (ALLEGRA equiv)	OTC	1
fexofenadine tab (ALLEGRA equiv)	OTC	1
loratadine chew tab (CLARITIN equiv)	OTC	1
loratadine ODT (CLARITIN equiv)	OTC	1
loratadine syrup (CLARITIN equiv) (QL= 10ml/day)	OTC-QL	1
loratadine tab (CLARITIN equiv) (QL= 1 tab/day)	OTC-QL	1
CLARITIN CHEW TAB	OTC	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIHISTAMINES Cont.		
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine supp (PHENERGAN equiv)	-	1
promethazine syrup	-	1
promethazine tab (PHENERGAN equiv)	-	1
PROMETHEGAN SUPP	-	1
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2
ANTIHYPERLIPIDEMICS - COMBINATIONS		
NEXLIZET TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvasta lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2
ANTIHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	1
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1
cholestyramine powder (QUESTRAN equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
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	-	2+penalty
WELCHOL TAB	-	2+penalty
FIBRIC ACID DERIVATIVES		
fenofibric acid DR cap (TRILIPIX equiv)	-	1
gemfibrozil tab (LOPID equiv)	-	1
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab (LIPITOR equiv)	-	1
fluvastatin cap (LESCOL equiv)	-	1
fluvastatin ER tab (LESCOL XL equiv)	-	1
lovastatin tab (MEVACOR equiv)	-	1
pitavastatin calcium tab (LIVALO equiv)	-	1
pravastatin tab (PRAVACHOL equiv)	-	1
rosuvastatin tab (CRESTOR equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	1
ATORVALIQ SUSP (Covered for members age 9 years and older; and patients that are unable to swallow tablets)	PA	2
EZALLOR SPRINKLE CAP (Prior Authorization required for members age 9 years and older)	PA	2
FLOLIPID SUSP (Prior Authorization required for members age 9 years and older)	PA	2
CRESTOR TAB	-	2+penalty
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab (ZETIA equiv)	-	1
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv)	-	1
NIASPAN ER TAB	-	2+penalty
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ (QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	1
captopril tab (CAPOTEN equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for membe age 9 years and 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
trandolapril tab (MAVIK equiv)	-	1
QBRELIS SOLN (Prior Authorization required for members age 9 years and older)	PA	2
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLINE equiv)	-	1
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan tab (ATACAND equiv)	-	1
losartan tab (COZAAR equiv)	-	1
olmesartan tab (BENICAR equiv)	-	1
valsartan tab (DIOVAN equiv)	-	1
ARBLI SUSP (QL= 330mL/30 days)	PA-QL	2
ANTIADRENERGIC ANTIHYPERTENSIVES		

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
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
methyldopa tab (ALDOMET equiv)	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
ANTIHYPERTENSIVE COMBINATIONS		
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

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	1
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	1
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv)	-	1
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab (FLAGYL equiv)	-	1
pentamidine neb soln (NEBUPENT equiv)	-	1
tinidazole tab (TINDAMAX equiv)	-	1
TRIMETHOPRIM TAB	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
LIKMEZ SUSP (Prior Authorization required for members age 9 years and older)	PA	2
ANTI-INFECTIVE MISC. - COMBINATIONS		
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
ANTIPROTOZOAL AGENTS		
atovaquone susp (MEPRON equiv)	-	1
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	1
GLYCOPEPTIDES		
FIRVANQ SOLN 25MG/ML	-	1
FIRVANQ SOLN 50MG/ML	-	1
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	QL	2
LEPROSTATICS		
dapsone tab	-	1
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	1
MONOBACTAMS		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; Only available through Walgreens 888-347-3416)	LD-RS	2
OXAZOLIDINONES		
linezolid susp (Restricted to Infectious Disease Specialist)	RS	1
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	1
PLEUROMUTILINS		
XENLETA TAB	PA	2
URINARY ANTI-INFECTIVES		

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
METHENAM MAN TAB	-	1
methenamine hippurate tab (HIPREX equiv)	-	1
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	1
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1
nitrofurantoin susp (FURADANTIN equiv)	PA	1
ANTIMALARIALS		
ANTIMALARIALS		
CHLOROQUINE TAB	-	1
chloroquine tab (ARALEN equiv)	-	1
HYDROXYCHLOROQUINE TAB	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine CR tab (MESTINON equiv)	-	1
pyridostigmine tab (MESTINON equiv)	-	1
FIRDAPSE TAB (Only available through AnovoRx 844-288-5007)	LD-PA	2
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
ethambutol tab (MYAMBUTOL equiv)	-	1
isoniazid syrup (ISONIAZID equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIMYCOBACTERIAL AGENTS Cont.		
isoniazid tab	-	1
pyrazinamide tab	-	1
rifabutin cap (MYCOBUTIN equiv)	-	1
rifampin cap (RIFADIN equiv)	-	1
rifapentine tab (PRIFTIN equiv)	-	1
SIRTURO TAB (Restricted to Infectious Disease or Pulmonology Specialist)	RS	2
PRIFTIN TAB	-	2+penalty
ANTINEOPLASTICS		
ANTIMETABOLITES		
mercaptopurine tab (PURINETHOL equiv)	-	1
methotrexate tab (TREXALL equiv)	-	1
TABLOID TAB	-	2
ANTINEOPLASTIC ENZYME INHIBITORS		
ZOLINZA CAP	LMSP-PA	2
ANTINEOPLASTICS MISC.		
hydroxyurea cap (HYDREA equiv)	-	1
tretinoin cap (VESANOID equiv)	LMSP	1
ACTIMMUNE INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	2
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTINEOPLASTICS Cont.		
leucovorin tab	-	1
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	LMSP	2
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
carboplatin inj (PARAPLATIN equiv)	MSP	1
CISPLATIN INJ	-	1
cisplatin inj (PLATINOL AQ equiv)	-	1
CISPLATIN INJ 50MG/50ML	-	1
cyclophosphamide cap	-	1
temozolomide cap (TEMODAR equiv)	LMSP	1
CYCLOPHOSPHAMIDE TAB	-	2
lomustine cap (GLEOSTINE equiv)	-	2
MYLERAN TAB	LMSP	2
GLEOSTINE CAP	-	2+penalty
ANTIMETABOLITES		
capecitabine tab (XELODA equiv)	LMSP	1
FLUDARABINE INJ	-	1
methotrexate inj	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 years and older)	PA	2
mercaptopurine susp (PURIXAN equiv)	PA	2
FLUDARABINE INJ	-	2+penalty
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERNEXEOS TAB (QL= 3 tabs/day; Only available through Accredo 800-803-2523 or Onco360 877-662-6633)	LD-PA-QL	2
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
anastrozole tab (ARIMIDEX equiv)	-	1
bicalutamide tab (CASODEX equiv)	-	1
flutamide cap (EULEXIN equiv)	-	1
letrozole tab (FEMARA equiv)	-	1
megestrol susp (MEGACE equiv)	-	1
megestrol tab (MEGACE equiv)	-	1
NILUTAMIDE TAB	LMSP	1
nilutamide tab (NILANDRON equiv)	LMSP	1
tamoxifen tab (NOLVADEX equiv)	-	1
toremifene tab (FARESTON equiv)	-	1
EULEXIN CAP	-	2
FLUTAMIDE CAP	-	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	2
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2
ANTINEOPLASTIC - MENIN INHIBITORS		
REVUFORJ TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 c Onco360 877-662-6633)	LD-PA-QL	2
REVUFORJ TAB 110MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2
REVUFORJ TAB 25MG (QL= 8 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2
ANTINEOPLASTIC - PROTEASE ACTIVATORS		
MODEYSO CAP (QL= 20 caps/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	2
ANTINEOPLASTIC COMBINATIONS		
AVMAPKI FAKZYNJA CO-PACK (QL= 1 pack/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	2
ANTINEOPLASTIC ENZYME INHIBITORS		
bosutinib tab (BOSULIF equiv)	MSP-PA	1
dasatinib tab (SPRYCEL equiv)	LMSP-PA	1
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	LMSP-PA-QL	1
everolimus tab 5mg (AFINITOR equiv) (QL= 1 tab/day)	LMSP-PA-QL	1

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

NC =Not Covered		**generic** =small letters	**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	LMSP-PA-QL	1
imatinib tab (GLEEVEC equiv)	LMSP	1
nilotinib hcl cap (TASIGNA equiv)	LMSP-PA	1
sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day)	LMSP-PA-QL	1
BRUKINSA CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553; Restricted to Cardiology or Pulmonology Specialist)	LD-QL-RS	2
BRUKINSA TAB (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	2
CABOMETYX TAB (QL= 1 tab/day)	PA-QL	2
CALQUENCE TAB (QL= 2 tabs/day; Only available through Biologics 800-850-430(or Onco360 877-662-6633)	LD-PA-QL	2
ENSACOVE CAP (QL= 1 cap/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2
ENSACOVE CAP 100MG (QL= 2 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2
GAVRETO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306 c Onco360 877-662-6633)	LD-PA-QL	2
GOMEKLI CAP (QL= 84 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	2
GOMEKLI CAP 1MG (QL= 168 caps/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	2
GOMEKLI TAB FOR ORAL SUSP (QL= 168 tabs/28 days; Only available through Biologics 800-850-4306)	LD-PA-QL	2

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

NC =Not Covered		**generic** =small letters	**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
HYRNUO TAB (QL= 4 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	2
IBTROZI CAP (QL= 3 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2
IMBRUVICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
IMBRUVICA TAB 420MG (QL= 1 tab/day; Only available through Diplomat Pharma 877-977-9118)	LD-PA-QL	2
IMKELDI SOLUTION	MSP-PA	2
JAKAFI TAB	PA	2
JAKAFI XR TAB	PA	2
JAYPIRCA TAB (QL= 2 tabs/day)	LMSP-PA-QL	2
KOSELUGO CAP (QL= 4 caps/day; Only available through Onco360 877-662-6633	LD-PA-QL	2
KOSELUGO CAP 10MG (QL= 8 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	2
KOSELUGO SPRINKLE CAP (QL= 12 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	2
KOSELUGO SPRINKLE CAP 5MG (QL= 20 caps/day; Only available through Onco360 877-662-6633)	LD-PA-QL	2
MEKINIST SOLN	PA	2
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	MSP-PA-QL	2
MEKINIST TAB 2MG (QL= 1 tab/day)	MSP-PA-QL	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
NINLARO CAP (Only available through Diplomat 877-977-9118, Walgreens 888-347-3416, Walmart Specialty 877-453-4566)	LD-PA	2
OGSIVEO TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2
OGSIVEO TAB 50MG (QL= 6 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2
OJEMDA SUSP (QL= 96ml/28 days; Only available through Onco360 877-662-663	LD-PA-QL	2
OJEMDA TAB (QL= 24 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	2
OJJAARA TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2
RETEVMO CAP (QL= 2 caps/day)	LMSP-PA-QL	2
RETEVMO CAP 40MG (QL= 3 caps/day)	LMSP-PA-QL	2
RETEVMO TAB (QL= 2 tabs/day)	LMSP-PA-QL	2
RETEVMO TAB 40MG (QL= 3 tabs/day)	LMSP-PA-QL	2
ROMVIMZA CAP (QL= 8 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2
ROZLYTREK CAP (QL= 3 caps/day)	LMSP-PA-QL	2
ROZLYTREK PAK (QL= 6 packs/day)	PA-QL	2
TAFINLAR CAP (QL= 4 tabs/day)	MSP-PA-QL	2
TAFINLAR TAB	PA	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
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
VITRAKVI CAP 100MG (QL= 2 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
VITRAKVI CAP 25MG (QL= 6 caps/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
VITRAKVI SOLN (QL= 10ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
VONJO CAP (QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2
VORANIGO TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	2
VORANIGO TAB 10MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	2
XALKORI CAP (QL= 4 caps/day)	MSP-PA-QL	2
XALKORI SPRINKLE CAP (QL= 4 caps/day)	PA-QL	2
TASIGNA CAP	LMSP-PA	2+penalty
ANTINEOPLASTIC ENZYMES		
ERWINAZE INJ	-	2
ANTINEOPLASTICS MISC.		

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

NC =Not Covered		**generic** =small letters	**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
bexarotene cap (TARGRETIN equiv) (QL= 10 caps/day)	LMSP-QL	1
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	2
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
mesna inj (MESNEX equiv)	-	1
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
mesna tab (MESNEX equiv)	LMSP	1
IWILFIN TAB (QL= 8 tabs/day; Only available through CurantHealth 866-437-8040)	LD-PA-QL	2
MITOTIC INHIBITORS		
ETOPOSIDE CAP	LMSP	1
TOPOISOMERASE I INHIBITORS		
topotecan inj (HYCAMTIN equiv)	-	1
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	1
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	2
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
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
ropinirole ER tab (REQUIP XL equiv)	-	1
ropinirole tab (REQUIP equiv)	-	1
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
trihexyphenidyl elixir (ARTANE equiv)	-	1
ANTIPARKINSON DOPAMINERGICS		
amantadine soln (AMANTADINE equiv)	-	1
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	1
ANTIPSYCHOTICS/ANTIMANIC AGENTS		

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
ANTIMANIC AGENTS		
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 years and older)	PA	1
ANTIPSYCHOTICS - MISC.		
lurasidone hcl tab (LATUDA equiv)	-	1
VRAYLAR CAP (QL= 1 cap/day)	PA-QL	1
ziprasidone cap (GEODON equiv)	-	1
EQUETRO CAP	-	2
LATUDA TAB	-	2+penalty
BENZISOXAZOLES		
paliperidone ER tab (INVEGA equiv)	-	1
risperidone ODT (RISPERDAL M equiv)	-	1
risperidone soln (RISPERDAL equiv)	-	1
risperidone tab (RISPERDAL equiv)	-	1
INVEGA HAFYERA INJ	PA	2
INVEGA INJ	PA	2
INVEGA TRINZA INJ	PA	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
RISPERDAL INJ	PA	2
risperidone microspheres inj (RISPERDAL equiv)	PA	2
RISPERIDONE ODT	-	2
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1
DIBENZAPINES		
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	QL	1
clozapine tab (CLOZARIL equiv)	-	1
loxapine cap (LOXITANE equiv)	-	1
olanzapine tab (ZYPREXA equiv)	-	1
quetiapine tab (SEROQUEL equiv)	-	1
quetiapine XR tab (SEROQUEL XR equiv) (QL= 2 tabs/day)	QL	1
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	1
fluphenazine tab (PROLIXIN equiv)	-	1
perphenazine tab (TRILAFON equiv)	-	1
prochlorperazine supp (COMPAZINE equiv)	-	1
prochlorperazine tab (COMPAZINE equiv)	-	1
thioridazine hcl tab (THIORIDAZINE equiv)	-	1
trifluoperazine tab (STELAZINE equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
QUINOLINONE DERIVATIVES		
aripiprazole soln (ABILIFY equiv)	-	1
aripiprazole tab (ABILIFY equiv)	-	1
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	1
ANTIVIRALS		
ANTIRETROVIRALS		
APRETUDE SUSP (QL= 7 inj/year)	QL	$0
DESCOVY TAB	-	$0
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	$0
YEZTUGO INJ (QL= 2 inj/180 days; Only available through Walgreens 888-347-34	LD-PA-QL	$0
YEZTUGO TAB (QL= 4 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	$0
abacavir soln (ZIAGEN equiv)	-	1
abacavir tab (ZIAGEN equiv)	-	1
abacavir/lamivudine tab (EPZICOM equiv)	-	1
atazanavir cap (REYATAZ equiv)	-	1
darunavir tab (PREZISTA equiv)	-	1
efavirenz tab (SUSTIVA equiv)	-	1
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	1
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB	-	1
emtricitabine cap (EMTRIVA equiv)	-	1
emtricitabine-rilpivirine-tenofovir df tab (COMPLERA equiv)	-	1
etravirine tab (INTELENCE equiv)	-	1
fosamprenavir tab (LEXIVA equiv)	-	1
lamivudine soln (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
rilpivirine hcl tab (EDURANT equiv)	-	1
ritonavir tab (NORVIR 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

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
BIKTARVY TAB	-	2
CABENUVA IM SUSP (QL= 1 kit/30 days)	LMSP-QL	2
CABENUVA SUSP 600MG-900MG/3ML (QL= 1 kit/30 days)	LMSP-QL	2
CIMDUO TAB	-	2
DELSTRIGO TAB	-	2
DOVATO TAB	-	2
EDURANT PED TAB	-	2
EDURANT TAB	-	2
EMTRIVA SOLN	-	2
EVOTAZ TAB	-	2
FUZEON INJ	LMSP	2
GENVOYA TAB	-	2
INTELENCE TAB	-	2
ISENTRESS (HD) TAB	-	2
ISENTRESS CHEW TAB	-	2
ISENTRESS POWDER PACK	-	2
KALETRA SOLN	-	2
lamivudine tab (EPIVIR equiv)	-	2
NORVIR POWDER PACK	-	2
ODEFSEY TAB	-	2
PIFELTRO TAB	-	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
PREZCOBIX TAB	-	2
PREZISTA SUSP	-	2
PREZISTA TAB	-	2
REYATAZ POWDER PACK	-	2
SELZENTRY SOLN	-	2
STRIBILD TAB (QL= 1 tab/day)	QL	2
TIVICAY PD TAB	-	2
TIVICAY TAB	-	2
TRIUMEQ PD TAB (QL= 1 tab/day)	QL	2
TRIUMEQ TAB (QL= 1 tab/day)	QL	2
TYBOST TAB	-	2
VIRACEPT TAB	-	2
VIREAD TAB	-	2
COMPLERA TAB	-	2+penalty
EMTRIVA CAP	-	2+penalty
KALETRA TAB	-	2+penalty
PREZISTA TAB	-	2+penalty

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
SELZENTRY TAB	-	2+penalty
SYMFI (LO) TAB	-	2+penalty
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK (QL= 11 tabs/90 days)	QL	2
PAXLOVID TAB 150-100MG (QL= 20 tabs/fill)	QL	2
PAXLOVID TAB 300-100MG (QL= 30 tabs/fill)	QL	2
CMV AGENTS		
valganciclovir soln (VALCYTE equiv)	-	1
valganciclovir tab (VALCYTE equiv)	-	1
LIVTENCITY TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2
PREVYMIS PAK (QL= 4 packets/day; Limit 800 packets/365 days)	PA-QL	2
HEPATITIS AGENTS		
RIBAVIRIN CAP	LMSP	1
ribavirin cap (REBETOL equiv)	LMSP	1
RIBAVIRIN TAB	LMSP	1
SOFOSBUVIR/VELPATASVIR TAB 400-100MG (QL= 1 tab/day)	PA-QL	1
BARACLUDE SOLN (Prior Authorization required for members age 9 years and older)	PA	2
EPCLUSA 200-50MG	PA	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
EPCLUSA 400-100MG	PA	2
HARVONI TAB (QL= 1 tab/day)	LMSP-PA-QL	2
lamivudine tab 100mg (EPIVIR HBV equiv)	-	2
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	LMSP-PA-QL	2
MAVYRET PAK (QL= 5 packs/day)	LMSP-PA-QL	2
MAVYRET TAB (QL= 3 tabs/day)	LMSP-PA-QL	2
PEGASYS INJ	LMSP	2
VEMLIDY TAB	-	2
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	1
acyclovir susp (ZOVIRAX equiv)	-	1
acyclovir tab (ZOVIRAX equiv)	-	1
famciclovir tab (FAMVIR equiv)	-	1
valacyclovir tab (VALTREX equiv)	-	1
INFLUENZA AGENTS		
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	1
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	1
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	1
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2
XOFLUZA TAB (QL= 1 tab/fill; Covered for members 12 years of age or older)	QL	2
MISC. ANTIVIRALS		

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
LAGEVRIO CAP (EUA) (QL= 40 caps/fill)	QL	$0
LAGEVRIO CAP 200MG (QL= 40 caps/fill)	QL	2
ASSORTED CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB	-	2
IMMUNOMODULATORS		
THALOMID CAP	MSP	2
IMMUNOSUPPRESSIVE AGENTS		
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
CELLCEPT CAP	-	2
CELLCEPT TAB	-	2
NEORAL SOLN	-	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ASSORTED CLASSES Cont.		
PROGRAF CAP	-	2
SANDIMMUNE CAP	-	2
SANDIMMUNE SOLN 100MG/ML	-	2
POTASSIUM REMOVING RESINS		
sodium polystyrene powder (KAYEXALATE equiv)	-	1
VELTASSA POWDER (QL= 1 packet/day)	PA-QL	2
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
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
LOPRESSOR SOLN (QL= 40ml/day)	PA-QL	2
BETA BLOCKERS NON-SELECTIVE		
nadolol tab (CORGARD equiv)	-	1
pindolol tab (VISKEN equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
propranolol ER cap (INDERAL LA equiv)	-	1
propranolol hcl oral soln 20mg/5ml	-	1
PROPRANOLOL SOLN	-	1
PROPRANOLOL SOLN 20MG/5ML	-	1
propranolol tab (INDERAL equiv)	-	1
sotalol AF tab (BETAPACE AF equiv)	-	1
sotalol tab (BETAPACE equiv)	-	1
TIMOLOL MALEATE TAB	-	1
timolol maleate tab (BLOCADREN equiv)	-	1
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 years and older)	PA	2
CALCIUM CHANNEL BLOCKERS		
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

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
isradipine cap (DYNACIRC equiv)	-	1
nifedipine cap (PROCARDIA equiv)	-	1
nifedipine ER tab (ADALAT CC equiv)	-	1
nimodipine cap (NIMOTOP equiv)	-	1
verapamil SR cap (VERELAN equiv)	-	1
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1
verapamil tab (CALAN equiv)	-	1
KATERZIA SUSP (Prior Authorization required for members age 9 years and older)	PA	2
NORLIQVA ORAL SOLN	PA	2
VERAPAMIL ER CAP	-	2
VERELAN CAP	-	2+penalty
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin soln (LANOXIN equiv)	-	1
DIGOXIN SOLN 0.05MG/ML	-	1
digoxin tab (LANOXIN equiv)	-	1
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

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
sacubitril-valsartan tab (ENTRESTO equiv) (QL= 2 tabs/day)	QL	1
ENTRESTO CAP (QL= 2 caps/day; Covered for members age 9 years and older; and patients that are unable to swallow tablets)	PA-QL	2
IMPOTENCE AGENTS		
avanafil tab (STENDRA equiv)	-	EXC
STENDRA TAB	-	EXC
VYBRIQUE ORAL FILM	-	EXC
PROSTAGLANDIN VASODILATORS		
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
TYVASO DPI POWDER 48-80MCG (QL= 224 cartridges/28 days; 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 MAINTENANCE KIT 32-64MCG (QL= 8 cartridges/day; Or	LD-PA-QL	2
available through Accredo 800-803-2523)		
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG (QL= 8 cartridges/day; Or	LD-PA-QL	2
available through Accredo 800-803-2523)		
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 8 cartridges/day; Onl	LD-PA-QL	2
available through Accredo 800-803-2523)		
TYVASO INH SOLN 0.6 MG/ML (Only available through Accredo 800-803-2523)	LD-PA	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
VENTAVIS INH SOLN (Only available through Accredo 800-803-2523)	LD-PA	2
YUTREPIA CAP (QL= 112 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	2
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR INJ (Only available through Accredo 800-803-2523)	LD-PA	2
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Lumicera 855-847-3553)	LD-QL-RS	1
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Lumicera 855-847-3553)	LD-QL-RS	1
bosentan tab for oral susp (TRACLEER equiv) (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	1
macitentan tab (OPSUMIT equiv) (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	1
TRACLEER TAB (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2+penalty
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab 20mg (REVATIO equiv)	PA	1
tadalafil tab (PAH) (ADCIRCA equiv)	PA	1
TADLIQ SUSP (Prior Authorization required for members age 9 years and older)	PA	1
sildenafil susp (REVATIO equiv) (Prior Authorization required for members age 9 years and older)	PA	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
SINUS NODE INHIBITORS		
ivabradine hcl tab (CORLANOR equiv)	-	1
CORLANOR SOLN	PA	2
CORLANOR TAB	-	2+penalty
TRANSTHYRETIN STABILIZERS		
ATTRUBY PACK (QL= 4 tabs/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	2
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	1
cefadroxil susp (DURICEF equiv)	-	1
cefadroxil tab (DURICEF equiv)	-	1
cephalexin cap (KEFLEX equiv)	-	1
cephalexin susp (KEFLEX equiv)	-	1
CEFADROXIL TAB	-	2
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR CAP	-	1
cefaclor cap (CECLOR equiv)	-	1
cefprozil susp (CEFZIL equiv)	-	1
cefprozil tab (CEFZIL equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
cefuroxime tab (CEFTIN equiv)	-	1
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	1
cefdinir susp (OMNICEF equiv)	-	1
cefixime susp (SUPRAX equiv)	-	1
CEFPODOXIME PROXETIL SUSP	-	1
cefpodoxime proxetil tab (VANTIN equiv)	-	1
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	-	$0
ARANELLE TAB	-	$0
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	$0
AVERI TAB	-	$0
BALCOLTRA TAB	-	$0
cryselle tab	-	$0
DESOGEN TAB	-	$0
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	$0
enpresse tab (TRI-LEVELEN equiv)	-	$0
ESTROSTEP FE TAB	-	$0
FEMCON FE CHEW TAB	-	$0
FEMLYV TAB	-	$0

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	$0
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	$0
kelnor tab (DEMULEN equiv)	-	$0
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	$0
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	$0
LO LOESTRIN TAB	-	$0
MINASTRIN CHEW TAB	-	$0
MIRCETTE TAB	-	$0
NATAZIA TAB	-	$0
NEXTSTELLIS TAB	-	$0
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	$0
norethindrone acetate/ethinyl estradial FE chew tab (MINASTRIN equiv)	-	$0
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	-	$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
ORTHO TRI-CYCLEN (LO) TAB	-	$0
ORTHO-CYCLEN TAB	-	$0
OVCON 35 TAB	-	$0
SAFYRAL TAB	-	$0
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	$0

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
TAYTULLA CAP	-	$0
tri-legest tab (ESTROSTEP FE equiv)	-	$0
TRI-NORINYL TAB	-	$0
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	$0
TYBLUME TAB	-	$0
VALTYA 1/50 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
YAZ TAB, YASMIN 28 TAB	-	$0
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
TWIRLA PATCH	-	$0
zafemy patch (XULANE equiv)	-	$0
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA RING (QL= 1 ring/year)	QL	$0
eluryng vaginal ring (NUVARING equiv)	-	$0
COPPER CONTRACEPTIVES - IUD		
MIDUELLA, PARAGARD IUD	-	$0
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	$0

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
levonorgestrel tab (PLAN B equiv)	OTC	$0
PLAN B TAB	OTC	$0
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMPLANT	-	$0
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ	-	$0
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	$0
PROGESTIN CONTRACEPTIVES - IUD		
MIRENA IUD	-	$0
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	$0
NOR-QD TAB	-	$0
OPILL TAB	OTC	$0
SLYND TAB	-	$0
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide SR cap (ENTOCORT EC equiv)	-	1
DEXAMETHASONE CONC	-	1
dexamethasone elixir	-	1
DEXAMETHASONE PHOSPHATE INJ	-	1
DEXAMETHASONE SODIUM PHOSPHATE INJ	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
DEXAMETHASONE SOLN	-	1
dexamethasone tab (DECADRON equiv)	-	1
hydrocortisone succinate inj 100mg (SOLU-CORTEF equiv) (QL= 2 vials/fill)	QL	1
hydrocortisone tab (CORTEF equiv)	-	1
methylprednisolone dose pack (MEDROL equiv)	-	1
methylprednisolone tab (MEDROL equiv)	-	1
methylprenisolone sod succinate inj (SOLU-MEDROL equiv)	-	1
prednisolone ODT (ORAPRED equiv)	-	1
prednisolone soln	-	1
prednisolone soln (PEDIAPRED equiv)	-	1
PREDNISONE SOLN	-	1
prednisone tab (DELTASONE equiv)	-	1
CORTISONE ACETATE TAB	-	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
MINERALOCORTICOIDS		
fludrocortisone tab (FLORINEF equiv)	-	1
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap (TESSALON equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1
tussigon tab (HYCODAN equiv)	-	1
COUGH/COLD/ALLERGY COMBINATIONS		
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv)	OTC	1
dextromethorphan/guaifenesin syrup 10-100mg (ROBITUSSIN equiv)	OTC	1
fexofenadine/pseudoephedrine 12-hour tab (ALLEGRA-D 12 hour equiv)	OTC	1
fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv)	OTC	1
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	1
loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv)	OTC	1
loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv)	OTC	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
EXPECTORANTS		
guaifenesin ER tab (MUCINEX equiv)	OTC	1
guaifenesin syrup 100mg/5ml (ROBITUSSIN equiv)	OTC	1
POTASSIUM IODIDE ORAL SOLN	-	1
MISC. RESPIRATORY INHALANTS		

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
HYPER-SAL NEB SOLN 7%	-	2
NEBUSAL NEB SOLN	-	2
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	1
DERMATOLOGICALS		
ACNE PRODUCTS		
adapalene cream (DIFFERIN equiv)	-	1
adapalene gel (DIFFERIN equiv)	-	1
adapalene gel 0.3% (DIFFERIN equiv)	-	1
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	1
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	1
AVAR CLEANSE LIQ 10-5%	-	1
AVAR-E EMOLL CREAM	-	1
benzoyl peroxide cream (NEOBENZ equiv)	OTC	1
benzoyl peroxide gel (OTC) (BENZAC equiv)	OTC	1
benzoyl peroxide liquid (BENZAC equiv)	OTC	1
BENZOYL PEROXIDE LOTION	OTC	1
benzoyl peroxide lotion (OTC) (TRIAZ equiv)	OTC	1
BENZOYL PEROXIDE LOTION 5%	OTC	1
clindamycin gel (CLEOCIN GEL equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clindamycin lotion (CLEOCIN- T equiv)	-	1
clindamycin pad (CLEOCIN-T equiv)	-	1
clindamycin topical soln (CLEOCIN-T equiv)	-	1
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	1
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	1
DIFFERIN OTC GEL 0.1%	OTC	1
erythromycin gel	-	1
erythromycin pad	-	1
erythromycin soln	-	1
RETIN-A CREAM	-	1
RETIN-A GEL	-	1
SOD SUL/SULF LIQ 9-4.5%	-	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 (ROSULA equiv)	-	1
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	1
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	1
tretinoin cream	-	1
ALTRENO LOTION	-	2
ERY PAD	-	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
CLEOCIN-T GEL	-	2+penalty
SUMADAN WASH 9-4.5%	-	2+penalty
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
RENOVA CREAM	-	EXC
ANTIBIOTICS - TOPICAL		
bacitracin oint	OTC	1
bacitracin/polymyxin B oint (POLYSPORIN equiv)	OTC	1
bacitracin/zinc oint	OTC	1
gentamicin sulfate cream	-	1
gentamicin sulfate oint	-	1
mupirocin oint (BACTROBAN OINT equiv)	-	1
neomycin/bacitracin/polymyxin oint (NEOSPORIN equiv)	OTC	1
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	1
ciclopirox gel (LOPROX GEL equiv)	-	1
ciclopirox nail soln (PENLAC equiv)	-	1
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	1
ciclopirox topical susp (LOPROX SUSP equiv)	-	1
clotrimazole cream (LOTRIMIN AF equiv)	OTC	1

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

NC =Not Covered		**generic =**small letters	**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clotrimazole soln (OTC) (LOTRIMIN equiv)	OTC	1
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1
econazole cream (SPECTAZOLE equiv)	-	1
HC/IODOQUIN CREAM	-	1
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	1
ketoconazole cream (NIZORAL CREAM equiv)	-	1
ketoconazole shampoo (NIZORAL equiv)	-	1
miconazole cream (MICATIN equiv)	OTC	1
miconazole nitrate aerosol (MICATIN equiv)	OTC	1
miconazole nitrate powder (MICATIN equiv)	OTC	1
MYCOZYL AL SOLN	OTC	1
naftifine cream (NAFTIN equiv)	-	1
nystatin cream (MYCOSTATIN CREAM equiv)	-	1
nystatin oint	-	1
nystatin topical powder	-	1
nystatin/triamcinolone cream	-	1
nystatin/triamcinolone oint	-	1
terbinafine cream (LAMISIL AT equiv)	OTC	1
tolnaftate aerosol (TINACTIN equiv)	OTC	1
tolnaftate cream (TINACTIN equiv)	OTC	1
tolnaftate powder (TINACTIN equiv)	OTC	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
tolnaftate soln (TINACTIN equiv)	OTC	1
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	1
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene gel (TARGRETIN equiv) (QL= 60 grams/30 days)	LMSP-PA-QL	1
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	QL	1
fluorouracil cream (EFUDEX CREAM equiv)	-	1
fluorouracil soln (FLUOROURACIL equiv)	-	1
FLUOROURACIL CREAM 0.5%	-	2
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2
ANTIPSORIATICS		
acitretin cap (SORIATANE equiv)	-	1
calcipotriene cream (DOVONEX CREAM equiv)	-	1
calcipotriene oint	-	1
calcipotriene soln (DOVONEX SOLN equiv)	-	1
CALCIPOTRIENE SOLN 0.005%	-	1
methoxsalen cap (OXSORALEN ULTRA equiv)	-	1
BIMZELX INJ (QL= 1 mL/28 days)	LMSP-PA-QL	2
BIMZELX INJ 320MG/2ML (QL= 2 mL/56 days)	LMSP-PA-QL	2
BIMZELX SYRINGE (QL= 1 mL/28 days)	LMSP-PA-QL	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
BIMZELX SYRINGE 320MG/2ML (QL= 2 mL/56 days)	LMSP-PA-QL	2
METHOXSALEN CAP	-	2
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	LMSP-PA-QL	2
SKYRIZI INJ 55MG/0.37ML (QL= 1 inj/84 days)	LMSP-PA-QL	2
STEQEYMA INJ (QL= 1 inj/84 days)	LMSP-PA-QL	2
STEQEYMA INJ 90MG (QL= 1 inj/84 days)	LMSP-PA-QL	2
TALTZ INJ (QL= 1 inj/28 days)	LMSP-PA-QL	2
TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days)	LMSP-PA-QL	2
TALTZ INJ 40 MG/0.5ML (QL= 1 inj/28 days)	LMSP-PA-QL	2
tazarotene cream 0.05% (TAZORAC equiv)	-	2
tazarotene cream 0.1% (TAZORAC equiv)	-	2
TAZORAC CREAM	-	2
TREMFYA	PA	2
USTEKINUMAB-AEKN 45MG/0.5ML (QL= 1 inj/84 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	2
USTEKINUMAB-AEKN 90MG/ML (QL= 1 inj/84 days; Only available through Lumicera 855-847-3553)	LD-PA-QL	2
YESINTEK INJ (QL= 1 inj/84 days)	LMSP-PA-QL	2
YESINTEK SYRINGE (QL= 1 inj/84 days)	LMSP-PA-QL	2
YESINTEK SYRINGE 90MG (QL= 1 inj/84 days)	LMSP-PA-QL	2
ANTISEBORRHEIC PRODUCTS		

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

NC =Not Covered		**generic** =small letters	**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
SELENIUM SUL SHA	-	1
SELENIUM SULFIDE LOTION	-	1
selenium sulfide lotion 2.5% (SELSUN equiv)	-	1
selenium sulfide shampoo (SELSEB equiv)	-	1
SODIUM SULFA LIQ WASH	-	1
sodium sulfacetamide wash (OVACE WASH equiv)	-	1
OVACE PLUS LIQ WASH 10%	-	2
ANTIVIRALS - TOPICAL		
acyclovir oint (ZOVIRAX OINT equiv)	-	1
acyclovir cream 5%	-	2
ZELSUVMI GEL (QL= 1 carton/fill, 2 fills/365 days)	PA-QL	2
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
mafenide acetate soln packet (SULFAMYLON equiv)	-	2
SULFAMYLON CREAM	-	2
CORTICOSTEROIDS - TOPICAL		
alclometasone cream (ACLOVATE equiv)	-	1
ALCLOMETASONE OINT	-	1
alclometasone oint (ACLOVATE OINT equiv)	-	1
BETAMETH VALERATE LOTION	-	1
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1
betamethasone diproprionate cream (DIPROSONE CREAM equiv)	-	1
betamethasone diproprionate lotion	-	1
betamethasone valerate cream	-	1
betamethasone valerate lotion	-	1
betamethasone valerate oint	-	1
clobetasol foam (OLUX equiv)	-	1
clobetasol propionate cream (TEMOVATE equiv)	-	1
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	1
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	PA	1
desoximetasone oint (TOPICORT equiv)	-	1
fluocinolone acetonide cream	-	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

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
fluocinonide gel	-	1
fluocinonide oint	-	1
fluocinonide soln	-	1
fluticasone propionate cream (CUTIVATE equiv)	-	1
fluticasone propionate oint (CUTIVATE equiv)	-	1
halobetasol propionate cream (ULTRAVATE equiv)	-	1
halobetasol propionate oint (ULTRAVATE equiv)	-	1
hydrocortisone cream	OTC	1
hydrocortisone lotion (HYTONE equiv)	-	1
hydrocortisone lotion 2% (ALA SCALP equiv)	-	1
HYDROCORTISONE LOTION 2.5%	-	1
hydrocortisone oint	OTC	1
hydrocortisone pramoxine cream (PRAMOSONE equiv)	-	1
mometasone cream (ELOCON equiv)	-	1
mometasone oint (ELOCON equiv)	-	1
mometasone soln (ELOCON equiv)	-	1
triamcinolone cream	-	1
TRIAMCINOLONE LOTION	-	1
triamcinolone oint	-	1
desonide cream (DESOWEN equiv)	-	2
desonide oint (DESOWEN equiv)	-	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
desoximetasone cream (DESOXIMETASONE equiv)	-	2
EPIFOAM AEROSOL	-	2
HC PRAMOXINE CREAM 1-2.5%	-	2
PRAMOSONE CREAM 1-1%	-	2
CLOBEX SPRAY	PA	2+penalty
OLUX FOAM	PA	2+penalty
ECZEMA AGENTS		
ADBRY INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
ADBRY INJ (QL= 4 inj/28 days)	LMSP-PA-QL	2
CIBINQO TAB (QL= 1 tab/day)	LMSP-PA-QL	2
DUPIXENT INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
DUPIXENT PEN INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
EBGLYSS INJ (QL= 1 inj/28 days)	LMSP-PA-QL	2
EBGLYSS PEN INJ (QL= 1 inj/28 days)	LMSP-PA-QL	2
OPZELURA CREAM (QL= 12 tubes/year)	PA-QL	2
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	1
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	1
vitamin E liquid	OTC	1

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

NC =Not Covered		**generic** =small letters	**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
HAIR GROWTH AGENTS		
bimatoprost ophth soln (LATISSE equiv)	-	EXC
finasteride tab (PROPECIA equiv)	-	EXC
LATISSE SOLN	-	EXC
LITFULO CAP	-	EXC
IMMUNOMODULATING AGENTS - SYSTEMIC		
NEMLUVIO INJ (QL= 1 inj/56 days)	LMSP-PA-QL	2
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	1
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus cream (ELIDEL equiv) (Covered for members age 2 years and older; Step Therapy requires trial of tacrolimus oint)	ST	1
tacrolimus oint (PROTOPIC OINT equiv)	-	1
HYFTOR GEL (QL= 10 grams/30 days)	PA-QL	2
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOFILOX SOLN	-	1
podofilox soln (CONDYLOX equiv)	-	1
salicylic acid liquid 17%	OTC	1
salicylic acid pads 40%	OTC	1
PODOCON SOLN	-	2
LOCAL ANESTHETICS - TOPICAL		

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

NC =Not Covered		**generic =**small letters	**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
lidocaine gel (GLYDO equiv)	-	1
lidocaine oint (QL= 107gm/30 days)	QL	1
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
LIDOCAINE JELLY 2%	-	2
MISC. TOPICAL		
DRYSOL SOLN	-	1
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
ZORYVE CREAM (QL= 60 grams/30 days)	PA-QL	2
ZORYVE CREAM 0.05% (QL= 60gm/30 days)	PA-QL	2
ZORYVE CREAM 0.15% (QL= 60gm/30 days)	PA-QL	2
ZORYVE FOAM (QL= 60 grams/30 days)	PA-QL	2
PIGMENTING-DEPIGMENTING AGENTS		
BLANCHE CREAM	-	EXC
TRI-LUMA CREAM	-	EXC
ROSACEA AGENTS		
azelaic acid gel (FINACEA equiv)	-	1
metronidazole cream (METROCREAM equiv)	-	1
metronidazole gel (METROGEL equiv)	-	1
metronidazole gel 0.75% (METROGEL equiv)	-	1
metronidazole lotion (METROLOTION equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
FINACEA FOAM	-	2
oxymetazoline hcl cream (RHOFADE equiv)	-	EXC
RHOFADE CREAM	-	EXC
SCABICIDES & PEDICULICIDES		
BEDDING SPRA AER (QL= 150ml/7 days, Limited to 2 fills/year)	OTC-QL	1
lice aerosol (QL= 150ml/7 days, Limited to 2 fills/year)	OTC-QL	1
lice cream rinse (NIX equiv) (QL= 59ml/7 days, Limited to 2 fills/year)	OTC-QL	1
lice treatment kit (RID equiv)	OTC	1
lice treatment shampoo (PRONTO equiv) (QL= 120ml/7 days, Limited to 2 fills/year)	OTC-QL	1
malathion lotion (OVIDE equiv) (QL= 1 bottle/30 days; Limited to 2 fills/year)	QL	1
permethrin cream (ELIMITE equiv) (QL= 60gm/30 days)	QL	1
WOUND CARE PRODUCTS		
VYJUVEK GEL	-	EXC
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGON DIAGNOSTIC INJ (QL= 2 inj/fill)	QL	2
DIAGNOSTIC TESTS		
CLINISTIX TEST STRIP	OTC	1
FREESTYLE INSULINX TEST STRIP	OTC	1
FREESTYLE LITE TEST STRIP	OTC	1
FREESTYLE PRECISION NEO TEST STRIP	OTC	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
DIAGNOSTIC PRODUCTS Cont.		
FREESTYLE 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
PRECISION XTRA KETONE TEST STRIP	OTC	2
COVID-19 TEST	OTC	EXC
CUE COVID-19 INJ TEST CARTRIDGE	OTC	EXC
CUE HEALTH MONITOR	OTC	EXC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
ASTAMED MYO CAP	-	EXC
DEPLIN CAP	-	EXC
ELIGEN B12 TAB	-	EXC
FALESSA TAB	-	EXC
GLYGEST PAK	-	EXC
L-METHYLFOLATE TAB	-	EXC
LUVIRA CAP	-	EXC
METANX CAP	-	EXC
OLLIZAC POWDER	-	EXC
PODIAPN CAP	-	EXC

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS Cont.		
XYZBAC TAB	-	EXC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	2
PANCREAZE CAP	-	2
ZENPEP CAP	-	2
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	1
acetazolamide tab	-	1
methazolamide tab (NEPTAZANE equiv)	-	1
DIURETIC COMBINATIONS		
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
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	1
ethacrynic tab (EDECRIN equiv)	-	1
FUROSEMIDE SOLN	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
DIURETICS Cont.		
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
torsemide tab (DEMADEX equiv)	-	1
ENBUMYST SOLN 0.5MG/0.1ML (QL= 12 devices/fill; Only available through Carepoint Pharmacy 855-237-9112)	LD-QL	2
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1
spironolactone susp (CAROSPIR equiv) (Prior Authorization required for members age 9 years and older)	PA	2
CAROSPIR SUSP	-	2+penalty
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
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
INZIRQO SUSP (Prior Authorization required for members age 9 years and older)	PA	2
ENDOCRINE AND METABOLIC AGENTS - MISC.		

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
BONE DENSITY REGULATORS		
alendronate tab (FOSAMAX equiv)	-	1
calcitonin inj (MIACALCIN equiv)	LMSP	1
ALENDRONATE TAB 40MG	-	2
CORTICOTROPIN		
ACTHAR GEL INJ (QL= 4 vials/fill; Only available through Accredo 800-803-2523 o Walgreens 888-347-3416)	LD-PA-QL	2
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR ANTAGONISTS		
CRENESSITY CAP (QL= 2 caps/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	2
CRENESSITY SOLN (QL= 2ml/day; Only available through PantheRx 855-726-847	LD-PA-QL	2
FERTILITY REGULATORS		
clomiphene citrate tab (CLOMID equiv)	INF	EXC
CLOMIPHENE TAB	INF	EXC
OVIDREL INJ	INF	EXC
GNRH/LHRH ANTAGONISTS		
cetrorelix acetate for inj kit (CETROTIDE equiv)	INF	EXC
CETROTIDE KIT	INF	EXC
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	EXC
EGRIFTA WR KIT	-	EXC
GROWTH HORMONES		
GENOTROPIN INJ	LMSP-PA	2
GENOTROPIN INJ 5MG	LMSP-PA	2
OMNITROPE INJ	LMSP-PA	2
SKYTROFA INJ	LMSP-PA	2
SOGROYA INJ	LMSP-PA	2
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv)	-	1
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ (Only available through AnovoRx 844-288-5007)	LD	2
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	1
calcitriol soln (ROCALTROL equiv)	-	1
carglumic acid tab (CARBAGLU equiv) (Only available through AnovoRx 844-288-5007)	LD-PA	1
DOXERCALCIFEROL CAP	-	1
doxercalciferol cap (HECTOROL equiv)	-	1
levocarnitine soln (CARNITOR equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
levocarnitine tab (CARNITOR equiv)	-	1
nitisinone cap (ORFADIN equiv)	LMSP-PA	1
paricalcitol cap (ZEMPLAR equiv)	-	1
sodium phenylbutyrate powder (BUPHENYL equiv)	-	1
sodium phenylbutyrate tab (BUPHENYL equiv)	-	1
CYSTADANE POWDER (Only available through AnovoRx 844-288-5007)	LD	2
glycerol phenylbutyrate liquid (RAVICTI equiv) (Step Therapy requires trial of sodium phenylbutyrate and Pheburane Oral Pellets)	ST	2
IMCIVREE INJ (QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	2
PHEBURANE ORAL PELLETS (Only available through Accredo 800-803-2523; Ste Therapy requires trial of sodium phenylbutyrate)	LD-ST	2
RAVICTI LIQUID (Step Therapy requires trial of sodium phenylbutyrate and Pheburane Oral Pellets)	ST	2
REDEMPLO PFS INJ (QL= 1 inj/84 days; Only available through Vanscoy Rare Pharmacy 855-826-7269)	LD-PA-QL	2
SEPHIENCE POWDER (Only available through Optum Frontier Therapies 855-768-9727 or Orsini 800-410-8575)	LD-PA	2
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	2
TRYNGOLZA INJ (QL= 1 inj/28 days; Only available through Accredo 800-803-252	LD-PA-QL	2
VYKAT XR TAB (QL= 4 tabs/day; Only available through PantherRx 855-726-8479)	LD-PA-QL	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
VYKAT XR TAB 150MG (QL= 3 tabs/day; Only available through PantherRx 855-726-8479)	LD-PA-QL	2
VYKAT XR TAB 75MG (QL= 7 tabs/day; Only available through PantherRx 855-726-8479)	LD-PA-QL	2
NATRIURETIC PEPTIDES		
VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2
POSTERIOR PITUITARY HORMONES		
desmopressin acetate nasal spray (DDAVP equiv)	-	1
desmopressin acetate tab (DDAVP equiv)	-	1
DESMOPRESSIN NASAL SPRAY	-	1
DESMOPRESSIN NASAL SOLN 1.5MG/ML	-	2
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab 200mg (MIFIPREX equiv)	-	1
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	1
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv)	LMSP	1
OCTREOTIDE INJ 100MCG	LMSP	1
PALSONIFY TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 Orsini 800-410-8575)	LD-PA-QL	2
VASOPRESSIN RECEPTOR ANTAGONISTS		

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

NC =Not Covered		**generic** =small letters	**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
tolvaptan tab (JYNARQUE equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	1
ESTROGENS		
ESTROGEN COMBINATIONS		
COVARYX HS TAB	-	1
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	1
estradiol/norethindrone tab (ACTIVELLA equiv)	-	1
jinteli tab (FEMHRT equiv)	-	1
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	2
PREMPHASE TAB, PREMPRO TAB	-	2
ESTROGENS		
estradiol patch (CLIMARA equiv)	-	1
estradiol patch (VIVELLE-DOT, MINIVELLE equiv)	-	1
estradiol tab (ESTRACE equiv)	-	1
estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill)	QL	1
estrogens, conjugated tab (PREMARIN equiv)	-	1
PREMARIN TAB	-	2
FLUOROQUINOLONES		
FLUOROQUINOLONES		
ciprofloxacin susp (CIPRO equiv)	-	1
ciprofloxacin tab (CIPRO equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
FLUOROQUINOLONES Cont.		
levofloxacin soln (LEVAQUIN equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
moxifloxacin tab (AVELOX equiv)	-	1
OFLOXACIN TAB	-	1
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
prucalopride succinate tab (MOTEGRITY equiv) (QL= 1 tab/day)	QL	1
MOTEGRITY TAB (QL= 1 tab/day)	QL	2+penalty
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	1
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	2
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
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 TAB (QL= 2 tabs/day)	LMSP-PA-QL	2
LIVMARLI TAB 30MG (QL= 1 tab/day)	LMSP-PA-QL	2
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	1
mesalamine DR tab (LIALDA equiv)	-	1
mesalamine enema (ROWASA equiv)	-	1
sulfasalazine EC tab (AZULFIDINE equiv)	-	1
sulfasalazine tab (AZULFIDINE equiv)	-	1
CIMZIA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
CIMZIA INJ 200MG/ML (QL= 2 inj/28 days)	LMSP-PA-QL	2
ENTYVIO SC INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
PENTASA CR CAP	-	2
SKYRIZI INJ 180 MG/1.2ML	LMSP-PA-QL	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
SKYRIZI INJ 360MG/2.4ML	LMSP-PA-QL	2
TREMFYA INDUCTION INJ 200MG/ML (QL= 2 inj/28 days; 6 inj/year)	LMSP-PA-QL	2
TREMFYA INJ 200MG/2ML (QL= 1 inj/28 days)	LMSP-PA-QL	2
INTESTINAL ACIDIFIERS		
lactulose soln	-	1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron tab (LOTRONEX equiv)	-	1
LINZESS CAP (QL= 1 cap/day)	PA-QL	2
LIVE FECAL MICROBIOTA		
VOWST CAP (QL= 12 caps/fill; Only available through Orsini 800-410-8575)	LD-PA-QL	2
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TAB (QL= 1 tab/day; Only available through Caremark/CVS Specialty 800-378-0695 or Walgreens 888-347-3416)	LD-QL	2
LIVDELZI CAP (QL= 1 cap/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	2
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	1
sevelamer powder pak (RENVELA PAK equiv)	-	1
sevelamer tab (RENVELA TAB equiv)	-	1
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		

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

NC =Not Covered		**generic** =small letters	**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
CYTRA K CRYSTALS	-	1
CYTRA-3 SYRUP	-	1
K CITRATE SOLN CITR ACD	-	1
K/NA CITRATE SOL CITR ACD	-	1
ORACIT SOLN	-	1
potassium citrate CR tab (UROCIT-K TAB equiv)	-	1
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1
sodium citrate/citric acid soln (BICITRA equiv)	-	1
CYSTINOSIS AGENTS		
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	2
HYPEROXALURIA AGENTS		
RIVFLOZA INJ (QL= 1 inj/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	2
RIVFLOZA INJ 160MG (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
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TAB (QL= 1 tab/day; Only available through Optum Frontier 855-768-972 or Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	2
VANRAFIA TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306 or CareMed 877-227-3405)	LD-PA-QL	2
PROSTATIC HYPERTROPHY AGENTS		

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
dutasteride cap (AVODART equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
alfuzosin SR tab (UROXATRAL equiv)	-	2
URINARY ANALGESICS		
PHENAZOPYRIDINE TAB	-	1
phenazopyridine tab (PYRIDIUM equiv)	-	1
PYRIDIUM TAB 100MG	-	2
PYRIDIUM TAB 200MG	-	2
URINARY STONE AGENTS		
tiopronin tab (THIOLA equiv)	LMSP-PA	1
tiopronin tab delayed release (THIOLA EC equiv)	LMSP-PA	1
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	1
colchicine tab (COLCRYS equiv)	-	1
GLOPERBA SOLN (Prior Authorization required for members age 9 years and olde	PA	2
URICOSURICS		
probenecid tab (BENEMID equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ALHEMO INJ	LMSP-PA	2
HEMLIBRA INJ	LMSP-PA	2
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant inj (FIRAZYR equiv)	LMSP-PA	1
COMPLEMENT INHIBITORS		
BERINERT INJ (Only available through Accredo 800-803-2523)	LD-PA	2
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 855-726-847)	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; Only available through PantheRx 855-726-8479)	LD-PA-QL	2
VOYDEYA TAB (QL= 6 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	2
VOYDEYA TAB THERAPY PACK (QL= 6 tabs/day; Only available through Onco360 877-662-6633)	LD-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 855-726-84	LD-PA-QL	2
ZILBRYSQ INJ 32.4MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	2
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
PLASMA KALLIKREIN INHIBITORS		
EKTERLY TAB (QL= 8 tabs/fill; Only available through Accredo 800-803-2523 or Optum 877-445-6874)	LD-PA-QL	2
ORLADEYO CAP (QL= 1 cap/day; Only available through CareMed 877-227-3405 Onco360 877-662-6633)	LD-PA-QL	2
ORLADEYO PACK (QL= 1 packet/day; Only available through CareMed 877-227-3405 or Onco360 877-662-6633)	LD-PA-QL	2
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	1
cilostazol tab (PLETAL equiv)	-	1
clopidogrel tab 75mg (PLAVIX equiv)	-	1
dipyridamole tab (PERSANTINE equiv)	-	1
PREKALLIKREIN-DIRECTED ANTISENSE OLIGONUCLEOTIDES (ASO)		
DAWNZERA INJ (QL= 1 inj/28 days; Only available through Orsini 800-410-8575)	LD-PA-QL	2
PYRUVATE KINASE ACTIVATORS		
AQVESME TAB 100MG (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2
PYRUKYND TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	1
ZAVESCA CAP (QL= 3 caps/day)	QL	1
CEREZYME INJ	MSP-PA	2
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	2
AGENTS FOR SICKLE CELL DISEASE		
l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day)	LMSP-PA-QL	1
ENDARI POWDER PACKET (QL= 6 packets/day)	LMSP-PA-QL	2
XROMI SOLN (Prior Authorization required for members age 9 years and older)	PA	2
COBALAMINS		
cyanocobalamin inj	-	1
FOLIC ACID/FOLATES		
folic acid tab 1mg	-	$0
folic acid tab 400mcg	OTC	$0
folic acid tab 800mcg	OTC	$0
HEMATOPOIETIC GROWTH FACTORS		
eltrombopag olamine powder pack for susp (PROMACTA equiv) (QL= 1 packet/day	LMSP-PA-QL	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
eltrombopag olamine tab (PROMACTA equiv) (QL= 1 tab/day)	LMSP-PA-QL	1
eltrombopag olamine tab 50MG (PROMACTA equiv) (QL= 2 tabs/day)	LMSP-PA-QL	1
eltrombopag olamine tab 75MG (PROMACTA equiv) (QL= 2 tabs/day)	LMSP-PA-QL	1
DOPTELET SPRINKLE CAP (QL= 2 caps/day)	LMSP-PA-QL	2
DOPTELET TAB (QL= 2 tabs/day)	LMSP-PA-QL	2
FULPHILA INJ	-	2
NIVESTYM INJ	LMSP	2
NYVEPRIA INJ	LMSP	2
RETACRIT INJ	-	2
ZARXIO INJ	LMSP	2
HEMATOPOIETIC MIXTURES		
FEROTRINSIC CAP	-	1
ferrex 150 forte cap	-	1
folbee tab (FOLGARD RX equiv)	-	1
MULTIGEN FOLIC TAB	-	1
MULTIGEN PLUS TAB	-	1
MULTIGEN TAB	-	1
POLY-IRON CAP 150 FORTE	-	1
NEPHRON FA TAB	-	2
IRON		
ferrous sulfate soln (FER-IN-SOL equiv)	OTC	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
iron complex cap 150mg	OTC	1
STEM CELL MOBILIZERS		
XOLREMDI CAP (QL= 4 caps/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	2
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid soln (AMICAR equiv)	-	1
aminocaproic acid tab (AMICAR equiv)	-	1
tranexamic acid tab (LYSTEDA equiv)	-	1
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine cap (OTC only)	OTC	1
diphenhydramine tab (NYTOL equiv)	OTC	1
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	1
PHENOBARBITAL ELXIR	-	1
phenobarbital tab	-	1
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	1
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
temazepam cap 15mg (RESTORIL equiv)	-	1
temazepam cap 30mg (RESTORIL equiv)	-	1
triazolam tab (HALCION equiv)	-	1
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	1
FLURAZEPAM CAP	-	2
LAXATIVES		
LAXATIVE COMBINATIONS		
GOLYTELY SOLN	-	1
peg 3350/electrolytes soln (GOLYTELY/COLYTE equiv)	-	1
peg 3350/electrolytes soln (NULYTELY equiv)	-	1
LAXATIVES - MISCELLANEOUS		
glycerin supp (GLYCERIN equiv)	OTC	1
lactulose soln	-	1
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	1
polyethylene glycol packet (MIRALAX equiv)	OTC	1
MIRALAX POWDER	OTC	2+penalty
SALINE LAXATIVES		
milk of magnesium	OTC	1
STIMULANT LAXATIVES		
senna cap (SENOKOT equiv)	OTC	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
LAXATIVES Cont.		
senna syrup (SENOKOT equiv)	OTC	1
senna tab (SENOKOT equiv)	OTC	1
SURFACTANT LAXATIVES		
docusate calcium cap (KAOPECTATE equiv)	OTC	1
docusate sodium cap (COLACE equiv)	OTC	1
docusate sodium liquid (COLACE equiv)	OTC	1
docusate sodium syrup (COLACE equiv)	OTC	1
docusate sodium tab (COLACE equiv)	OTC	1
DOCUSATE SYRUP	OTC	1
MACROLIDES		
AZITHROMYCIN		
azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
ZITHROMAX POWDER PACK	-	1
CLARITHROMYCIN		
clarithromycin ER tab (BIAXIN XL equiv)	-	1
clarithromycin tab (BIAXIN equiv)	-	1
CLARITHROMYC SUSP	-	2
ERYTHROMYCINS		
erythromycin ethylsuccinate susp (ERYPED equiv)	-	1
erythromycin tab (ERY-TAB equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
MACROLIDES Cont.		
E.E.S. TAB	-	2
ERYTHROMYCIN CAP DR	-	2
erythromycin DR cap (ERYC equiv)	-	2
ERYTHROMYCIN EC CAP	-	2
erythromycin ethylsuccinate tab (E.E.S. equiv)	-	2
FIDAXOMICIN		
fidaxomicin tab (DIFICID equiv) (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	1
DIFICID SUSP (QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	2
DIFICID TAB	-	2+penalty
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
FEMALE CONDOMS	OTC	$0
MALE CONDOMS	OTC	$0
DIAPHRAGM	-	2
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS METER	OTC	$0
ACCU-CHEK GUIDE CARE METER	OTC	$0
ACCU-CHEK GUIDE ME KIT	OTC	$0

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Colorado Access Child Health Plan Plus HMO Formulary

Category/Class

Last Updated* 10/1/2026

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
ACCU-CHEK NANO METER	OTC	$0
FREESTYLE FREEDOM LITE METER	OTC	$0
FREESTYLE LITE METER	OTC	$0
FREESTYLE PRECISION NEO METER	OTC	$0
CALIBRATION LIQUID	OTC	1
LANCET KIT	OTC	1
LANCETS	OTC	1
TWIIST REFILL KIT (QL= 1 kit/month)	QL	2
TWIIST STARTER KIT (QL= 1 kit/month)	QL	2
V-GO INJ KIT (QL= 1 kit/day)	QL	2
DEXCOM G6 RECEIVER	-	EXC
DEXCOM G6 SENSOR	-	EXC
DEXCOM G6 TRANSMITTER	-	EXC
DEXCOM G7 RECEIVER	-	EXC
DEXCOM G7 SENSOR	-	EXC
DEXCOM G7 SENSOR (15-DAY)	-	EXC
FREESTYLE LIBRE 2 RECEIVER	-	EXC
FREESTYLE LIBRE 2 SENSOR	-	EXC
FREESTYLE LIBRE 2-PLUS SENSOR	-	EXC
FREESTYLE LIBRE 3 READER	-	EXC
FREESTYLE LIBRE 3 SENSOR	-	EXC

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
FREESTYLE LIBRE 3-PLUS SENSOR	-	EXC
FREESTYLE LIBRE RECEIVER	-	EXC
FREESTYLE LIBRE SENSOR (14-DAY)	-	EXC
NON-PREFERRED CGM RECEIVER	-	EXC
NON-PREFERRED CGM SENSOR	-	EXC
NON-PREFERRED CGM TRANSMITTER	-	EXC
MISC. DEVICES		
ALCOHOL SWABS	OTC	2
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE	--OTC	1
B-D PEN NEEDLE	OTC	1
EMBECTA INSULIN SYRINGE	--OTC	1
EMBECTA PEN NEEDLE	OTC	1
NOVOFINE PEN NEEDLE	OTC	1
NOVOTWIST PEN NEEDLE	OTC	1
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1
RESPIRATORY THERAPY SUPPLIES		
PEAK FLOW METER	OTC	1
AEROCHAMBER	OTC	2
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
UBRELVY 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
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	2
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	2
SEROTONIN AGONISTS		
eletriptan tab (RELPAX 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/30 days)	QL	1
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days)	QL	1
SUMATRIPTAN INJ (QL= 4 inj/fill, 2 fills/30 days)	QL	1
sumatriptan inj (IMITREX equiv) (QL= 6 inj/fill, 3 fills/30 days)	QL	1
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 3 fills/3 days)	QL	1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	1
sumatriptan vial inj (IMITREX equiv) (QL= 10 vials/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
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES		
CALCIUM		
calcium carbonate susp	OTC	1
calcium carbonate tab	OTC	1
calcium w/vitamin D tab	OTC	1
OYSTER SHELL/D TAB	OTC	1
CALCIUM W/ VITAMIN D TAB	OTC	2
FLUORIDE		
FLUORIDE CHW 0.25MG	-	$0
sodium fluoride chew tab (LURIDE equiv)	-	$0
sodium fluoride soln (LURIDE SOLN. equiv)	-	$0
SODIUM FLUORIDE TAB	-	$0
FLUORABON SOLN	-	2
PHOSPHATE		
PHOSPHA 250 NEUTRAL TAB	-	1
PHOSPHO-TRIN K500 TAB	-	1
K-PHOS NEUTRAL TAB 155-852-130MG	-	2
K-PHOS TAB	-	2
POTASSIUM		
EFFER-K TAB	-	1
K-TAB	-	1
potassium bicarbonate effer tab (K-LYTE equiv)	-	1

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

NC =Not Covered		**generic =**small letters	**BRANDS** =CAPITAL LETTERS
INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
potassium chloride ER cap (MICRO-K equiv)	-	1
potassium chloride ER tab (K-TAB equiv)	-	1
potassium chloride micro tab (K-DUR equiv)	-	1
POTASSIUM CHLORIDE TAB ER	-	1
potassium chloride powder packet (KLOR-CON equiv)	-	2
potassium chloride soln	-	2
ZINC		
ZINC GLUCONATE TAB	OTC	1
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine tab (DEPEN TITRATAB equiv)	-	1
IMMUNOMODULATORS		
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	1
JOENJA TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	2
REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	2
REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	2+penalty
IMMUNOSUPPRESSIVE AGENTS		
everolimus tab (ZORTRESS equiv)	PA	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
sirolimus soln (RAPAMUNE equiv)	-	1
ENSPRYNG INJ (QL= 1 inj/28 days)	LMSP-PA-QL	2
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE GRANULES PACKET (QL= 1 packet/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2
VIJOICE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2
POTASSIUM REMOVING AGENTS		
LOKELMA PAK	PA	2
LOKELMA PAK 5GM	PA	2
VELTASSA POWDER 1GM (QL= 4 packets/day)	PA-QL	2
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP (QL= 4 caps/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	2
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
benzocaine gel	OTC	1
benzocaine paste	OTC	1
lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv)	-	1
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
nystatin susp	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
MOUTH/THROAT/DENTAL AGENTS Cont.		
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
DENTAL PRODUCTS		
DENTA 5000 CREAM PLUS	-	1
FLUORIDEX SENSITIVITY PASTE	-	1
sodium fluoride cream (PREVIDENT 5000 PLUS equiv)	-	1
SODIUM FLUORIDE GEL	-	1
SODIUM FLUORIDE PASTE	-	1
SODIUM FLUORIDE SOLN	-	1
PREVIDENT 5000 PASTE 1.1%	-	2
PREVIDENT GEL	-	2
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1
THROAT PRODUCTS - MISC.		
cevimeline cap (EVOXAC equiv)	-	1
pilocarpine tab (SALAGEN equiv)	-	1
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
ACTIVITE TAB	-	1
DIALYVITE TAB	-	1
dialyvite tab (NEPHRO-VITE equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
DIALYVITE/ZINC TAB	-	1
FOLBEE PLUS CZ TAB	-	1
MULTIPLE VITAMINS W/ MINERALS		
multivitamin/minerals tab (STROVITE equiv)	-	1
MULTIVITAMINS		
multiple vitamin liquid	OTC	1
PED MULTI VITAMINS W/FL & FE		
POLY-VI-FLOR SUSP	-	2
PED MULTIPLE VITAMINS W/ MINERALS		
pediatric multivitamin (VITALETS equiv)	OTC	1
PED MV W/ FLUORIDE		
MULTIVITAMIN/FLUORIDE CHEW 0.25MG	-	1
MULTIVITAMIN/FLUORIDE CHEW 0.5MG	-	1
MULTIVITAMIN/FLUORIDE CHEW 1MG	-	1
MULTIVITAMIN/FLUORIDE CHEW TAB	-	1
TRI-VITAMIN FLUORIDE DROPS	-	1
TRI-VI-FLOR SUSP	-	2
PED MV W/ IRON		
FLINTSTONES COMPLETE CHEW	OTC	1
pediatric multivitamin (VITALETS equiv)	OTC	1
PRENATAL VITAMINS		

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
PRENATABS RX TAB	-	1
PRENATAL 19 TAB	-	1
prenatal vitamin	OTC	1
PRENATAL VITAMIN	OTC	2
PRENATAL VITAMIN (OTC only)	OTC	2
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab (BACLOFEN equiv)	-	1
carisoprodol tab (SOMA equiv)	-	1
chlorzoxazone tab 500mg	-	1
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	1
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	1
methocarbamol tab 1000mg (ROBAXIN equiv)	-	1
orphenadrine citrate ER tab (NORFLEX equiv)	-	1
tizanidine cap (ZANAFLEX equiv)	-	1
tizanidine tab (ZANAFLEX equiv)	-	1
LYVISPAH GRANULE PACKET (Prior Authorization required for members age 9 years and older)	PA	2
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	1
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS Cont.		
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 Specia 800-238-7828)	LD-PA-QL	2
SOHONOS CAP 1MG (QL= 28 caps/28 days; Only available through CVS Specialt 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 Specialt 800-238-7828)	LD-PA-QL	2
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
saline nasal spray (OCEAN equiv)	OTC	1
NASAL ANTIALLERGY		
azelastine nasal spray 0.1% (ASTELIN equiv)	-	1
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	1
cromolyn nasal spray (NASALCROM equiv)	OTC	1
NASAL STEROIDS		
flunisolide nasal soln	-	1
fluticasone nasal spray (FLONASE equiv)	-	1
mometasone nasal spray (NASONEX equiv) (QL= 2 bottles/fill)	OTC-QL	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.		
NASACORT OTC NASAL SPRAY (QL= 2 bottles/fill)	OTC-QL	1
triamcinolone OTC nasal spray (NASACORT equiv) (QL= 2 bottles/fill)	OTC-QL	1
FLONASE SENSIMIST NASAL SPRAY	OTC	2
SYMPATHOMIMETIC DECONGESTANTS		
pseudoephedrine 12hr tab (SUDAFED equiv)	OTC	1
pseudoephedrine tab (SUDAFED equiv)	OTC	1
pseudopseudoephedrine liquid (SUDAFED equiv)	OTC	1
NEUROMUSCULAR AGENTS		
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP (QL= 3 caps/day; Only available through Biologics 800-850-430	LD-PA-QL	2
RETT SYNDROME AGENTS		
DAYBUE SOLN (QL= 8 bottles/30 days; Only available through AnovoRx 844-288-5007)	LD-PA-QL	2
DAYBUE STIX POWDER (QL= 4 packets/day; Only available through AnovoRx 844-288-5007)	LD-PA-QL	2
DAYBUE STIX POWDER 8000MG (QL= 2 packets/day; Only available through AnovoRx 844-288-5007)	LD-PA-QL	2
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
EVRYSDI TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
NUTRIENTS		

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
NUTRIENTS Cont.		
LIPOTROPICS		
choline citrate tab (QL= 1 tab/day)	OTC-PA-QL	1
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
artificial tears	OTC	1
artificial tears (LIQUIFILM equiv)	OTC	1
artificial tears ophth soln (AQUASITE equiv) (QL= 25ml/30 days)	OTC-QL	1
genteal ophth oint	OTC	1
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL OPHTH SOLN	-	1
betaxolol ophth soln (BETOPTIC-S equiv)	-	1
brimonidine/timolol ophth soln (COMBIGAN OPHTH SOLN equiv)	-	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 ophth gel (TIMOPTIC-XE equiv)	-	1
timolol maleate ophth soln (TIMOPTIC equiv)	-	1
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	1
timolol ophth soln (BETIMOL equiv)	-	1
BETIMOL OPHTH SOLN 0.25%	-	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
BETOPTIC-S OPHTH SOLN	-	2
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	2
ISTALOL OPHTH SOLN	-	2
COMBIGAN OPHTH SOLN	-	2+penalty
CYCLOPLEGIC MYDRIATICS		
ALTAFRIN OPHTH SOLN	-	1
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
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1
OPHTHALMIC ADRENERGIC AGENTS		
apraclonidine ophth soln (IOPIDINE equiv)	-	1
brimonidine ophth soln 0.2%	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv)	-	1
ALPHAGAN P OPHTH SOLN 0.15%	-	2
APRACLONIDINE OPHTH SOLN	-	2
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	2
IOPIDINE OPHTH SOLN	-	2
OPHTHALMIC ANTI-INFECTIVES		
BACIT/POLYMY OPHTH OINT	-	1
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
NEO/BAC/POLY OPHTH OINT	-	1
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	1
ofloxacin ophth soln (OCUFLOX equiv)	-	1
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
SULFACETAMIDE SOD OPHTH SOLN	-	1
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	1
tobramycin ophth soln (TOBREX equiv)	-	1
TRIFLURIDINE OPHTH SOLN	-	1
AZASITE SOLN	-	2
BACITRACIN OPHTH OINT	-	2
XDEMVY DROP (QL= 1 bottle/42 days; Restricted to Ophthalmology or Optometry Specialist; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416)	LD-QL-RS	2
ZIRGAN OPHTH GEL	-	2
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	1
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	1
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523)	LD-PA-QL	2
OPHTHALMIC STEROIDS		
difluprednate ophth emulsion (DUREZOL equiv)	-	1
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	1
loteprednol ophth susp (LOTEMAX, ALREX equiv)	-	1
NEO/POLY/BAC/HC OPHTH OINT	-	1
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1
prednisolone acetate ophth susp (PRED FORTE equiv)	-	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
FML FORTE OPHTH SUSP	-	2
LOTEMAX OPHTH OINT	-	2
MAXIDEX OPHTH SOLN	-	2
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	2
PRED MILD OPHTH SOLN	-	2
OPHTHALMICS - MISC.		
azelastine ophth soln (OPTIVAR equiv)	-	1
cromolyn ophth soln (CROLOM equiv)	-	1
CROMOLYN SODIUM OPHTH SOLN	-	1
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
dorzolamide ophth soln (TRUSOPT equiv)	-	1
epinastine ophth soln (ELESTAT equiv)	-	1
ketorolac ophth soln (ACULAR (LS) equiv)	-	1
KETOROLAC TROMETHAMINE OPHTH SOLN	-	1
ketotifen ophth soln (ZADITOR equiv) (OTC covered only)	OTC	1
olopatadine ophth soln (PATANOL equiv)	-	1
olopatadine ophth soln 0.2% (PATANOL equiv) (QL= 2.5ml/30 days)	OTC-QL	1
ALOCRIL OPHTH 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
UPNEEQ SOLN	-	EXC
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln (LUMIGAN equiv) (QL= 2.5ml/30 days)	QL	1
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1
travoprost ophth soln (TRAVATAN Z equiv) (QL= 5ml/30 days)	QL	1
BIMATOPROST OPHTH SOLN (QL= 2.5ml/30 days)	QL	2
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2+penalty
OTIC AGENTS		

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
OTIC AGENTS Cont.		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	1
carbamide peroxide otic soln (DEBROX equiv)	OTC	1
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	1
ofloxacin otic soln (FLOXIN equiv)	-	1
OTIC COMBINATIONS		
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	1
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	-	1
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv)	-	1
COLY-MYCIN S OTIC SUSP	-	2
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1
fluocinolone otic oil (DERMOTIC equiv)	-	1
OXYTOCICS		
OXYTOCICS		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill; 1 fill/365 days)	QL	2
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ	MSP-PA	2
MONOCLONAL ANTIBODIES		

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
PASSIVE IMMUNIZING AGENTS Cont.		
SYNAGIS INJ	LMSP-PA	2
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ	MSP-PA	2
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ	MSP-PA	2
XEMBIFY INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	2
MONOCLONAL ANTIBODIES		
BEYFORTUS INJ	VAC	$0
ENFLONSIA INJ	VAC	$0
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	1
AMOXICILLIN CHEW	-	1
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab (AMOXIL equiv)	-	1
ampicillin cap (AMPICILLIN equiv)	-	1
NATURAL PENICILLINS		
penicillin vk tab (VEETIDS equiv)	-	1
PENICILLN VK SOLN	-	1
PENICILLIN COMBINATIONS		

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
PENICILLINS Cont.		
AMOXICILLIN/CLAVULANATE CHEW TAB	-	1
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	1
PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	2
PROGESTINS		
PROGESTINS		
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
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium DR tab (CAMPRAL equiv)	-	1
disulfiram tab (ANTABUSE equiv)	-	1
ANTIDEMENTIA AGENTS		

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
galantamine ER cap (RAZADYNE ER equiv)	-	1
rivastigmine cap (EXELON equiv)	-	1
COMBINATION PSYCHOTHERAPEUTICS		
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	1
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
FIBROMYALGIA AGENTS		
milnacipran hcl tab (SAVELLA equiv)	-	1
milnacipran hcl tab pak (SAVELLA equiv)	-	1
SAVELLA PAK	-	2+penalty
SAVELLA TAB	-	2+penalty
MULTIPLE SCLEROSIS AGENTS		
cladribine tab therapy pack (MAVENCLAD equiv)	LMSP	1
dimethyl fumarate DR cap (TECFIDERA equiv)	LMSP	1
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	LMSP	1
fingolimod hcl cap 0.5mg (GILENYA equiv) (QL= 1 cap/day)	LMSP-QL	1
glatiramer inj (COPAXONE equiv)	LMSP	1
AVONEX INJ	LMSP	2
BETASERON INJ	LMSP	2
GILENYA CAP 0.25MG (QL= 1 cap/day)	LMSP-QL	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
KESIMPTA INJ	LMSP	2
MAYZENT TAB	LMSP	2
MAYZENT TAB STARTER PACK	LMSP	2
REBIF INJ	LMSP	2
ZEPOSIA CAP	LMSP-PA	2
ZEPOSIA STARTER PACK	LMSP-PA	2
MAVENCLAD THERAPY PAK	LMSP	2+penalty
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
pimozide tab (ORAP equiv)	-	1
AQNEURSA PACKET FOR SUSPENSION (QL= 4 packets/day; Only available through CurantHealth 866-437-8040)	LD-PA-QL	2
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv)	-	$0
NICOTINE KIT (QL= 1 patch/day; Limited to 3 months per calendar year)	OTC-QL	$0
nicotine patch (NICODERM equiv) (QL= 1 patch/day; Limited to 3 months per calendar year)	OTC-QL-SMKG	$0
NICOTROL INHALER	-	$0
NICOTROL NASAL SPRAY	-	$0
VARENICLINE TAB (Prior Authorization Required only if member is less than 16 years old)	PA	$0

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
varenicline tartrate tab (CHANTIX equiv) (Prior Authorization Required only if memb is less than 16 years old)	PA	$0
varenicline tartrate tab starter pack (CHANTIX equiv) (Limited to 180 days/plan year Prior Authorization Required only if member is less than 16 years old)	PA-QL-SMKG	$0
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
ALYFTREK TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416	LD-PA-QL	2
ALYFTREK TAB 4-20-50MG (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416	LD-PA-QL	2
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
PULMOZYME INH SOLN	LMSP	2
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
TRIKAFTA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	2
TRIKAFTA THERAPY PACK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	2

RESPIRATORY AGENTS - MISC.

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
RESPIRATORY AGENTS - MISC. Cont.		
BRINSUPRI TAB (QL= 1 tab/day; Only available through Maxor Pharmacy 800-658-6046 or Amber Specialty Pharmacy 888-370-1724)	LD-PA-QL	2
TETRACYCLINES		
TETRACYCLINES		
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	1
doxycycline hyclate tab (VIBRATAB equiv)	-	1
doxycycline monohydrate cap 50mg, 100mg (MONODOX equiv)	-	1
doxycycline monohydrate tab (ADOXA equiv)	-	1
doxycycline susp (VIBRAMYCIN equiv)	-	1
minocycline cap (MINOCIN equiv)	-	1
minocycline tab (DYNACIN equiv)	-	1
tetracycline cap	-	1
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1
THYROID HORMONES		
levothyroxine tab (SYNTHROID equiv)	-	1
liothyronine tab (CYTOMEL equiv)	-	1
TIROSINT-SOL (Prior Authorization required for members age 9 years and older)	PA	2
TOXOIDS		

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
TOXOIDS Cont.		
TOXOID COMBINATIONS		
ADACEL/BOOSTRIX INJ (QL= 1 inj/28 days; Covered for members aged 6 weeks and older)	QL-VAC	$0
DAPTACEL INJ, INFANRIX INJ	VAC	$0
DIPTHERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	$0
KINRIX INJ, QUADRACEL DTAP-IPV INJ	VAC	$0
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE	VAC	$0
PEDIARIX INJ (QL= 1 inj/2 months; Covered for members aged 6 weeks to 6 years old)	QL-VAC	$0
PENTACEL INJ	VAC	$0
TETANUS/DIPHTHERIA TOXOID INJ (Covered for members aged 7 years and old	VAC	$0
VAXELIS INJ (QL= 1 inj/2 months; Covered for members aged 6 weeks to 6 years old)	QL-VAC	$0
ULCER DRUGS		
ANTISPASMODICS		
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

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1
hyoscyamine tab (LEVSIN equiv)	-	1
methscopolamine tab (PAMINE equiv)	-	1
BELLADONNA ALKALOID/OPIUM SUPP	-	2
H-2 ANTAGONISTS		
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)	-	2
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	1
PROTON PUMP INHIBITORS		
esomeprazole cap (NEXIUM equiv)	OTC	1
lansoprazole cap 15mg (PREVACID equiv)	OTC	1
omeprazole DR cap (PRILOSEC equiv)	-	1
pantoprazole EC tab (PROTONIX equiv)	-	1
rabeprazole EC tab (ACIPHEX equiv)	-	1
FIRST OMEPRAZOLE SUSP	-	2
PREVACID OTC CAP (QL= 2 caps/day)	OTC-QL	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	1
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
CHLORDIAZEPOXIDE/CLIDINIUM CAP	-	1
HYOSCYAMINE ELXIR	-	1
HYOSCYAMINE SULFATE ER TAB	-	1
HYOSCYAMINE SULFATE SL TAB	-	1
HYOSCYAMINE TAB	-	1
LEVBID ER TAB 0.375MG	-	2
LEVSIN SL TAB 0.125MG	-	2
LEVSIN TAB 0.125MG	-	2
H-2 ANTAGONISTS		
NIZATIDINE CAP	-	2
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	1
PROTON PUMP INHIBITORS		
esomeprazole DR granule pack (NEXIUM equiv) (Prior Authorization required for members age 9 years and older)	PA	1
omeprazole tab	OTC	1
lansoprazole cap 30mg	-	2

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.		
lansoprazole odt (PREVACID SOLUTAB equiv) (Prior Authorization required for members age 9 years and older)	PA	2
PREVACID CAP	-	2
NEXIUM 24HR TAB	OTC	2+penalty
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
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
TOVIAZ TAB	-	2+penalty
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	1
VACCINES		
BACTERIAL VACCINES		
ACTHIB INJ, HIBERIX INJ	VAC	$0

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
VACCINES Cont.		
BEXSERO INJ	VAC	$0
CAPVAXIVE INJ	VAC	$0
MENACTRA INJ	VAC	$0
MENQUADFI INJ (Covered for members age 2 years and older)	VAC	$0
MENVEO INJ (QL= 1 inj/56 days; Covered for members age 2 months and older)	QL-VAC	$0
PEDVAXHIB INJ	VAC	$0
PENBRAYA INJ	VAC	$0
PENMENVY INJ	VAC	$0
PNEUMOVAX INJ (QL= 1 inj/lifetime for members 2 years and older)	QL-VAC	$0
PREVNAR 20 INJ	VAC	$0
TRUMENBA INJ (QL= 1 inj/28 days; Covered for members age 18 and older)	QL-VAC	$0
BCG INJ	VAC	EXC
TYPHIM VI INJ	VAC	EXC
VAXCHORA SUSP	VAC	EXC
VAXNEUVANCE INJ	VAC	EXC
VIVOTIF CAP	VAC	EXC
VIRAL VACCINES		
ABRYSVO INJ (QL= 1 dose/lifetime)	QL-VAC	$0
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days for members 6 months and older)	QL-VAC	$0
AREXVY INJ	VAC	$0
COMIRNATY INJ (QL= 1 dose/17 days)	QL-VAC	$0

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Colorado Access Child Health Plan Plus HMO Formulary

Category/Class

Last Updated* 10/1/2026

DrugName	Special Code	Tier
VACCINES Cont.		
COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days)	QL-VAC	$0
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	$0
COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days)	QL-VAC	$0
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	$0
DENGVAXIA SUSP	VAC	$0
ENGERIX-B INJ, RECOMBIVAX-HB INJ (QL: 1 inj/28 days)	QL-VAC	$0
ENGERIX-B INJ, RECOMBIVAX-HB INJ (QL= 1 inj/28 days)	QL-VAC	$0
FLUBLOK INJ (QL= 1 inj/28 days)	QL-VAC	$0
FLUCELVAX INJ (QL= 1 inj/28 days)	QL-VAC	$0
FLULAVAL INJ, FLUARIX INJ (QL= 2 inj/8 months for members 9 years and young QL= 1 inj/8 months for members 10 years and older)	QL-VAC	$0
FLUMIST NASAL (QL= 1 dose/28 days)	QL-VAC	$0
GARDASIL 9 INJ (Covered for members age 9 years or older)	VAC	$0
HAVRIX INJ, VAQTA INJ (QL= 1 inj/6 months; Covered for members age 1 year an older)	QL-VAC	$0
HEPLISAV-B INJ (QL= 1 inj/28 days; Covered for members age 18 years and older	QL-VAC	$0
IPOL INJ	VAC	$0
JYNNEOS INJ	VAC	$0
MFLUSIVA INJ (QL= 1 inj/28 days; Covered for members age 50 years and older)	QL-VAC	$0
M-M-R II INJ	VAC	$0
MNEXSPIKE INJ 10MCG/0.2ML (QL= 1 dose/24 days)	QL-VAC	$0

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
VACCINES Cont.		
MRESVIA INJ	VAC	$0
NOVAVAX INJ (QL= 1 dose/24 days)	QL-VAC	$0
PREHEVBRIO SUSP (Covered for age 18 years and older)	VAC	$0
PRIORIX INJ (Covered for members age 1 year and older)	VAC	$0
PROQUAD INJ	VAC	$0
ROTARIX SUSP	VAC	$0
ROTATEQ INJ	VAC	$0
SHINGRIX INJ (Covered for members age 19 years and older)	VAC	$0
SPIKEVAX INJ (QL= 1 dose/24 days)	QL-VAC	$0
SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days)	QL-VAC	$0
TWINRIX INJ (QL= 1 inj/28 days; Covered for members aged 10 years and older)	QL-VAC	$0
VARIVAX INJ	VAC	$0
IMOVAX INJ	VAC	EXC
IXCHIQ INJ	-	EXC
IXIARO INJ	VAC	EXC
RABAVERT INJ	VAC	EXC
TICOVAC INJ	VAC	EXC
VIMKUNYA INJ	VAC	EXC
YF-VAX INJ	VAC	EXC
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
VAGINAL AND RELATED PRODUCTS Cont.		
CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill)	QL	2
XACIATO GEL (QL= 1 applicator/fill)	QL	2
VAGINAL ANTI-INFLAMMATORY AGENTS		
hydrocortisone cream	OTC	1
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	-	$0
VAGINAL PRODUCTS		
SPERMICIDES		
CONTRACEPTIVE GEL	OTC	$0
TODAY SPONGE	OTC	$0
VAGINAL ANTI-INFECTIVES		
clindamycin vaginal cream (CLEOCIN equiv) (QL=1 tube/fill)	QL	1
clotrimazole vaginal cream (MYCELEX equiv)	OTC	1
metronidazole vaginal gel (METROGEL equiv)	-	1
MICONAZOLE 7 SUPP	OTC	1
miconazole 7 supp (MONISTAT equiv)	OTC	1
miconazole vaginal cream (MONISTAT equiv)	OTC	1
miconazole vaginal kit (MONISTAT equiv)	OTC	1
terconazole cream (TERAZOL equiv)	-	1
TERCONAZOLE CREAM 0.8%	-	1
terconazole supp (TERAZOL equiv)	-	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

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

DrugName	Special Code	Tier
VAGINAL PRODUCTS Cont.		
VAGINAL ESTROGENS		
ESTRING (3 copays per Rx)	-	2
PREMARIN VAGINAL CREAM	-	2
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	1
NEFFY SPRAY (QL= 2 doses/fill)	QL	2
VASOPRESSORS		
EPINEPHRINE INJ	-	1
midodrine tab (PROAMATINE equiv)	-	1
VITAMINS		
OIL SOLUBLE VITAMINS		
cholecalciferol cap (VITAMIN D equiv)	OTC	1
cholecalciferol tab (VITAMIN D equiv)	OTC	1
phytonadione tab (MEPHYTON equiv)	-	1
vitamin D cap (RX strength only)	-	1
WATER SOLUBLE VITAMINS		
ascorbic acid chew tab	OTC	1
ascorbic acid tab	OTC	1
VITAMIN C TAB	OTC	1

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

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

INF	Infertility	LD	Limited Distribution
LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program
OTC	Over-the-Counter	PA	Prior Authorization
QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SMKG	Smoking Cessation
ST	Step Therapy	VAC	Vaccine Program

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Colorado Access Child Health Plan Plus HMO Formulary
Prior Authorization Drug List
Last Updated* 10/1/2026

Some products on the Formulary are only covered with a prior authorization approval. Drug products requirir prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requi

Drug Name	Tier # for Drug Copay (if prior auth is approved)
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-AATY 80MG/0.8ML PEN (3 PEN) KI	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

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requirir prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requi

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA 80MG/0.8ML	2
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA 40MG/0.4ML	2
ADBRY INJ	2
AIMOVIG INJ	2
AJOVY INJ	2
ALHEMO INJ	2
ALYFTREK TAB	2
ALYFTREK TAB 4-20-50MG	2
AQNEURSA PACKET FOR SUSPENSION	2
AQVESME TAB 100MG	2
ARBLI SUSP	2
ATORVALIQ SUSP	2
ATTRUBY PACK	2
AVMAPKI FAKZYNJA CO-PACK	2
AVTOZMA INJ	2
BANZEL SUSP	2+penalty
BARACLUDE SOLN	2

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requirir prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requi

Drug Name	Tier # for Drug Copay (if prior auth is approved)
BERINERT INJ	2
bexarotene gel	1
BIMZELX INJ	2
BIMZELX INJ 320MG/2ML	2
BIMZELX SYRINGE	2
BIMZELX SYRINGE 320MG/2ML	2
bosentan tab for oral susp	1
bosutinib tab	1
BRINSUPRI TAB	2
BRUKINSA TAB	2
BYLVAY CAP 1200MCG	2
BYLVAY CAP 400MCG	2
BYLVAY SPRINKLE CAP 200MCG	2
BYLVAY SPRINKLE CAP 600MCG	2
CABOMETYX TAB	2
CALQUENCE TAB	2
CAMZYOS CAP	2
carglumic acid tab	1
CEREZYME INJ	2

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requirir prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requi

Drug Name	Tier # for Drug Copay (if prior auth is approved)
choline citrate tab	1
CIBINQO TAB	2
CIMZIA INJ	2
CIMZIA INJ 200MG/ML	2
CINRYZE INJ	2
clobazam susp	1
clobetasol spray	1
CLOBEX SPRAY	2+penalty
CORLANOR SOLN	2
CRENESSITY CAP	2
CRENESSITY SOLN	2
dasatinib tab	1
DAWNZERA INJ	2
DAYBUE SOLN	2
DAYBUE STIX POWDER	2
DAYBUE STIX POWDER 8000MG	2
deferiprone tab	1
DIACOMIT CAP	2
DIACOMIT POWDER PACK	2

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requirir prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requi

Drug Name	Tier # for Drug Copay (if prior auth is approved)
DOPTELET SPRINKLE CAP	2
DOPTELET TAB	2
DUPIXENT INJ	2
DUPIXENT PEN INJ	2
EBGLYSS INJ	2
EBGLYSS PEN INJ	2
EKTERLY TAB	2
eltrombopag olamine powder pack for susp	1
eltrombopag olamine tab	1
eltrombopag olamine tab 50MG	1
eltrombopag olamine tab 75MG	1
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

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requirir prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requi

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ENDARI POWDER PACKET	2
ENSACOVE CAP	2
ENSACOVE CAP 100MG	2
ENSPRYNG INJ	2
ENTRESTO CAP	2
ENTYVIO SC INJ	2
EPCLUSA 200-50MG	2
EPCLUSA 400-100MG	2
EPIDIOLEX SOLN	2
EPRONTIA SOLN	2
esomeprazole DR granule pack	1
everolimus tab	1
everolimus tab (ZORTRESS equiv)	1
everolimus tab 5mg	1
everolimus tab for oral susp	1
EVRYSDI SOLN	2
EVRYSDI TAB	2
EZALLOR SPRINKLE CAP	2
FASENRA PEN INJ	2

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requirir prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requi

Drug Name	Tier # for Drug Copay (if prior auth is approved)
FERRIPROX SOLN	2
FILSPARI TAB	2
FINTEPLA SOLN	2
FIRDAPSE TAB	2
FLOLIPID SUSP	2
FLOVENT HFA INHALER	2
FLUTICASONE HFA INHALER	2
GAVRETO CAP	2
GENOTROPIN INJ	2
GENOTROPIN INJ 5MG	2
GLOPERBA SOLN	2
GOMEKLI CAP	2
GOMEKLI CAP 1MG	2
GOMEKLI TAB FOR ORAL SUSP	2
HAEGARDA INJ	2
HARVONI TAB	2
HEMLIBRA INJ	2
HERNEXEOS TAB	2
HIZENTRA INJ	2

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requirir prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requi

Drug Name	Tier # for Drug Copay (if prior auth is approved)
HYFTOR GEL	2
HYQVIA INJ	2
HYRNUO TAB	2
IBTROZI CAP	2
icatibant inj	1
IMBRUVICA SUSP	2
IMBRUVICA TAB 420MG	2
IMCIVREE INJ	2
IMKELDI SOLUTION	2
INVEGA HAFYERA INJ	2
INVEGA INJ	2
INVEGA TRINZA INJ	2
INZIRQO SUSP	2
itraconazole cap	1
IWILFIN TAB	2
JAKAFI TAB	2
JAKAFI XR TAB	2
JAYPIRCA TAB	2
JOENJA TAB	2

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requirir prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requi

Drug Name	Tier # for Drug Copay (if prior auth is approved)
JYLAMVO SOLN, XATMEP SOLN	2
KALYDECO PAK	2
KALYDECO TAB	2
KATERZIA SUSP	2
KEVZARA INJ	2
KINERET INJ	2
KOSELUGO CAP	2
KOSELUGO CAP 10MG	2
KOSELUGO SPRINKLE CAP	2
KOSELUGO SPRINKLE CAP 5MG	2
lansoprazole odt	2
LEDIPASVIR/SOFOSBUVIR TAB	2
l-glutamine powder packet	1
LIKMEZ SUSP	2
LINZESS CAP	2
lithium oral solution	1
LIVDELZI CAP	2
LIVMARLI SOLN	2
LIVMARLI TAB	2

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requirir prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requi

Drug Name	Tier # for Drug Copay (if prior auth is approved)
LIVMARLI TAB 30MG	2
LIVTENCITY TAB	2
LOKELMA PAK	2
LOKELMA PAK 5GM	2
LOPRESSOR SOLN	2
LYVISPAH GRANULE PACKET	2
macitentan tab	1
MAVYRET PAK	2
MAVYRET TAB	2
MEKINIST SOLN	2
MEKINIST TAB 0.5MG	2
MEKINIST TAB 2MG	2
mercaptopurine susp	2
miglustat cap	1
MODEYSO CAP	2
MYFEMBREE TAB	2
NEMLUVIO INJ	2
nilotinib hcl cap	1
NINLARO CAP	2

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requirir prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requi

Drug Name	Tier # for Drug Copay (if prior auth is approved)
nitazoxanide tab	1
nitisinone cap	1
nitrofurantoin susp	1
NORLIQVA ORAL SOLN	2
NUCALA INJ	2
OGSIVEO TAB	2
OGSIVEO TAB 50MG	2
OJEMDA SUSP	2
OJEMDA TAB	2
OJJAARA TAB	2
OLUMIANT TAB	2
OLUX FOAM	2+penalty
OMLYCLO SYRINGE	2
OMLYCLO SYRINGE 150MG/ML	2
OMLYCLO SYRINGE 300MG/2ML	2
OMNITROPE INJ	2
ONYDA XR SUSP	2
OPZELURA CREAM	2
ORENCIA CLICK INJ	2

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requirir prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requi

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ORENCIA SC INJ 125MG/ML	2
ORENCIA SC INJ 50MG/0.4ML	2
ORENCIA SC INJ 87.5MG/0.7ML	2
ORKAMBI GRANULES PACKET	2
ORKAMBI TAB	2
ORLADEYO CAP	2
ORLADEYO PACK	2
OTEZLA STARTER PACK	2
OTEZLA TAB	2
OTEZLA XR TAB	2
OXERVATE OPHTH SOLN	2
PALFORZIA POWDER PACK	2
PALFORZIA SPRINKLE CAP	2
PALFORZIA SPRINKLE CAP 1 MG	2
PALFORZIA STARTER PACK 0.5 MG/1 MG/1.5 MG/3 MG	2
PALFORZIA STARTER PACK 0.5 MG/1 MG/1.5 MG/3 MG/6 MG	2
PALSONIFY TAB	2

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requirir prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requi

Drug Name	Tier # for Drug Copay (if prior auth is approved)
PREVYMIS PAK	2
PYRUKYND TAB	2
PYRUKYND TAPER PACK	2
QBRELIS SOLN	2
QELBREE ER CAP	2
REDEMPLO PFS INJ	2
RETEVMO CAP	2
RETEVMO CAP 40MG	2
RETEVMO TAB	2
RETEVMO TAB 40MG	2
REVUFORJ TAB	2
REVUFORJ TAB 110MG	2
REVUFORJ TAB 25MG	2
REZUROCK TAB	2
RINVOQ ER TAB	2
RINVOQ ORAL SOLN	2
RISPERDAL INJ	2
risperidone microspheres inj	2
RIVFLOZA INJ	2

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requirir prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requi

Drug Name	Tier # for Drug Copay (if prior auth is approved)
RIVFLOZA INJ 160MG	2
RIVFLOZA VIAL	2
ROMVIMZA CAP	2
ROZLYTREK CAP	2
ROZLYTREK PAK	2
RUCONEST INJ	2
rufinamide susp	1
SEPHIENCE POWDER	2
sildenafil susp	2
sildenafil tab 20mg	1
SIMPONI AUTO-INJECTOR 100MG	2
SIMPONI INJ 100MG	2
SIMPONI INJ 50MG	2
SKYCLARYS CAP	2
SKYRIZI INJ 150MG/ML	2
SKYRIZI INJ 180 MG/1.2ML	2
SKYRIZI INJ 360MG/2.4ML	2
SKYRIZI INJ 55MG/0.37ML	2
SKYTROFA INJ	2

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requirir prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requi

Drug Name	Tier # for Drug Copay (if prior auth is approved)
SOFOSBUVIR/VELPATASVIR TAB 400-100MG	1
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
SOMAVERT INJ	2
SOTYLIZE SOLN 5MG/ML	2
spironolactone susp	2
STEQEYMA INJ	2
STEQEYMA INJ 90MG	2
STRENSIQ INJ	2
SUBVENITE SUSP	2
sunitinib malate cap	1
SYMDEKO TAB	2
SYNAGIS INJ	2
tadalafil tab (PAH)	1
TADLIQ SUSP	1

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requirir prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requi

Drug Name	Tier # for Drug Copay (if prior auth is approved)
TAFINLAR CAP	2
TAFINLAR 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
TASIGNA CAP	2+penalty
TAVNEOS CAP	2
TEZSPIRE INJ	2
tiopronin tab	1
tiopronin tab delayed release	1
TIROSINT-SOL	2
tofacitinib citrate ER tab	1
tofacitinib citrate oral soln	1
tofacitinib citrate tab	1
tolvaptan tab	1
topiramate oral soln	1
TRACLEER TAB	2+penalty

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requirir prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requi

Drug Name	Tier # for Drug Copay (if prior auth is approved)
TREMFYA	2
TREMFYA INDUCTION INJ 200MG/ML	2
TREMFYA INJ 200MG/2ML	2
TRIKAFTA TAB	2
TRIKAFTA THERAPY PACK	2
TRYNGOLZA INJ	2
TYENNE INJ	2
TYVASO DPI POWDER	2
TYVASO DPI POWDER 48-80MCG	2
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	2
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG	2
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG	2
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	2
TYVASO INH SOLN 0.6 MG/ML	2
UBRELVY TAB	2

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requirir prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requi

Drug Name	Tier # for Drug Copay (if prior auth is approved)
USTEKINUMAB-AEKN 45MG/0.5ML	2
USTEKINUMAB-AEKN 90MG/ML	2
VALCHLOR GEL	2
VANFLYTA TAB	2
VANFLYTA TAB 26.5MG	2
VANRAFIA TAB	2
VARENICLINE TAB	$0
varenicline tartrate tab	$0
varenicline tartrate tab starter pack	$0
VELTASSA POWDER	2
VELTASSA POWDER 1GM	2
VENTAVIS INH SOLN	2
vigabatrin powder pack	1
vigabatrin tab	1
vigadrone powder pack	1
VIJOICE GRANULES PACKET	2
VIJOICE TAB	2
VITRAKVI CAP 100MG	2
VITRAKVI CAP 25MG	2

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requirir prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requi

Drug Name	Tier # for Drug Copay (if prior auth is approved)
VITRAKVI SOLN	2
VONJO CAP	2
VORANIGO TAB	2
VORANIGO TAB 10MG	2
VOWST CAP	2
VOXZOGO INJ	2
VOYDEYA TAB	2
VOYDEYA TAB THERAPY PACK	2
VRAYLAR CAP	1
VYKAT XR TAB	2
VYKAT XR TAB 150MG	2
VYKAT XR TAB 75MG	2
WELIREG TAB	2
WINREVAIR INJ	2
XALKORI CAP	2
XALKORI SPRINKLE CAP	2
XEMBIFY INJ	2
XENLETA TAB	2
XOLAIR INJ	2

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requirir prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requi

Drug Name	Tier # for Drug Copay (if prior auth is approved)
XOLAIR INJ 150MG/ML	S
XOLAIR INJ 300MG/2ML	S
XOLAIR SYRINGE	2
XOLAIR SYRINGE 150MG/ML	S
XOLAIR SYRINGE 300MG/2ML	S
XOLREMDI CAP	2
XROMI SOLN	2
YESINTEK INJ	2
YESINTEK SYRINGE	2
YESINTEK SYRINGE 90MG	2
YEZTUGO INJ	$0
YEZTUGO TAB	$0
YUTREPIA CAP	2
ZAVZPRET NASAL SPRAY	2
ZELSUVMI GEL	2
ZEPOSIA CAP	2
ZEPOSIA STARTER PACK	2
ZILBRYSQ INJ	2
ZILBRYSQ INJ 23MG	2

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Some products on the Formulary are only covered with a prior authorization approval. Drug products requirir prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requi

Drug Name	Tier # for Drug Copay (if prior auth is approved)
ZILBRYSQ INJ 32.4MG	2
ZOKINVY CAP	2
ZOLINZA CAP	2
ZONISADE SUSP	2
ZORYVE CREAM	2
ZORYVE CREAM 0.05%	2
ZORYVE CREAM 0.15%	2
ZORYVE FOAM	2
ZTALMY SUSP	2
ZURZUVAE CAP 20MG, 25MG	2
ZURZUVAE CAP 30MG	2

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

- The following 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	acetaminophen cap	acetaminophen chew tab
acetaminophen drops	acetaminophen elixir	acetaminophen liquid	ACETAMINOPHEN SOLN
acetaminophen supp	acetaminophen tab	ADVIL JR ST TAB	AEROCHAMBER
ALCOHOL SWABS	ALER-DRYL TAB	ammonium lactate cream	ammonium lactate lotion
artificial tears	artificial tears ophth soln	ascorbic acid chew tab	ascorbic acid tab
aspirin chew tab 81mg	aspirin supp	aspirin tab 325mg	bacitracin oint
bacitracin/polymyxin B oint	bacitracin/zinc oint	B-D INSULIN SYRINGE	B-D PEN NEEDLE
BEDDING SPRA AER	benzocaine gel	benzocaine paste	benzoyl peroxide cream
benzoyl peroxide gel (OTC)	benzoyl peroxide liquid	BENZOYL PEROXIDE LOTION	benzoyl peroxide lotion (OTC)
BENZOYL PEROXIDE LOTION 5%	BUFFERED ASPIRIN TAB	bufferin tab	CALCIUM CARB SUSP
calcium carbonate chew tab	calcium carbonate susp	calcium carbonate tab	CALCIUM W/ VITAMIN D TAB
calcium w/vitamin D tab	CALIBRATION LIQUID		

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

carbamide peroxide otic soln	cetirizine syrup	cetirizine tab	cetirizine/pseudoephedrine 12-hour tab
cholecalciferol cap	cholecalciferol tab	choline citrate tab	cimetidine tab
CLARITIN CHEW TAB	CLEMASTINE TAB 1.34MG	CLINISTIX TEST STRIP	clotrimazole cream
clotrimazole soln (OTC)	clotrimazole vaginal cream	CONTRACEPTIVE GEL	cromolyn nasal spray
dextromethorphan/guaifenesin syrup 10-100mg	DIFFERIN OTC GEL 0.1%	diphenhydramine cap	diphenhydramine liquid
diphenhydramine tab	docusate calcium cap	docusate sodium cap	docusate sodium liquid
docusate sodium syrup	docusate sodium tab	DOCUSATE SYRUP	EMBECTA INSULIN SYRINGE
EMBECTA PEN NEEDLE	esomeprazole cap	famotidine tab	FEMALE CONDOMS
ferrous sulfate soln	fexofenadine susp	fexofenadine tab	fexofenadine/pseudoephedrine 12-hour tab
fexofenadine/pseudoephedrine 24-hour tab	FLINTSTONES COMPLETE CHEW	FLONASE SENSIMIST NASAL SPRAY	folic acid tab 400mcg
folic acid tab 800mcg	FREESTYLE FREEDOM LITE METER	FREESTYLE INSULINX TEST STRIP	FREESTYLE LITE METER
FREESTYLE LITE TEST STRIP	FREESTYLE PRECISION NEO METER	FREESTYLE PRECISION NEO TEST STRIP	FREESTYLE TEST STRIP
genteal ophth oint	GLUCOSE CHEW TAB	glucose gel	glycerin supp
guaifenesin ER tab	guaifenesin syrup 100mg/5ml	guaifenesin/codeine syrup	HUMULIN MIX INJ
HUMULIN MIX PEN INJ	HUMULIN N INJ	HUMULIN N PEN INJ	HUMULIN R INJ
hydrocortisone cream	hydrocortisone oint	ibuprofen cap 200mg	ibuprofen chew tab
ibuprofen tab 100mg	ibuprofen tab 200mg	iron complex cap 150mg	KETO-DIASTIX TEST STRIP

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

KETOSTIX	ketotifen ophth soln	LANCET KIT	LANCETS
lansoprazole cap 15mg	levonorgestrel tab	lice aerosol	lice cream rinse
lice treatment kit	lice treatment shampoo	loratadine chew tab	loratadine ODT
loratadine syrup	loratadine tab	loratadine/pseudoephedrine 12-hour tab	loratadine/pseudoephedrine 24-hour tab
MALE CONDOMS	meclizine chew tab	meclizine tab	MICONAZOLE 7 SUPP
miconazole cream	miconazole nitrate aeroso	miconazole nitrate powde	miconazole vaginal cream
miconazole vaginal kit	milk of magnesium	MIRALAX POWDER	mometasone nasal spray
multiple vitamin liquid	MYCOZYL AL SOLN	naloxone hcl nasal spray	naproxen sodium tab 220mg
NARCAN NASAL SPRAY	NASACORT OTC NASAL SPRAY	neomycin/bacitracin/polymyxin oint	NEXIUM 24HR TAB
NICOTINE KIT	nicotine patch	NOVOFINE PEN NEEDLE	NOVOTWIST PEN NEEDLE
NOVOTWIST/NOVOFINE PEN NEEDLE	olopatadine ophth soln 0.2%	omeprazole tab	OPILL TAB
OYSTER SHELL/D TAB	PEAK FLOW METER	pediatric multivitamin	PLAN B TAB
polyethylene glycol 3350 powder	polyethylene glycol packe	PRECISION XTRA KETONE TEST STRIP	PRENATAL VITAMIN
PREVACID OTC CAP	pseudoephedrine 12hr tab	pseudoephedrine tab	pseudopseudoephedrine liquid
RIVIVE, REXTOVY SPRAY	salicylic acid liquid 17%	salicylic acid pads 40%	saline nasal spray
senna cap	senna syrup	senna tab	SILPHEN COUGH SYRUP
sodium bicarbonate tab	terbinafine cream	TODAY SPONGE	tolnaftate aerosol
tolnaftate cream	tolnaftate powder	tolnaftate soln	triamcinolone OTC nasal spray

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

VITAMIN C TAB vitamin E liquid zinc gluconate tab

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

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

ACTHAR GEL INJ	ACTIMMUNE INJ	ADALIMUMAB FKJP KIT INJ 20MG/0.4ML	ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT
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-AATY 80MG/0.8ML PEN (3 PEN) KIT	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	ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML	ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 40MG/0.4ML	ADBRY INJ
ALHEMO INJ	ALYFTREK TAB	ALYFTREK TAB 4-20-50MG	ambrisentan tab
AQNEURSA PACKET FOR SUSPENSION	AQVESME TAB 100MG	ATTRUBY PACK	AVMAPKI FAKZYNJA CO-PACK

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

AVONEX INJ	AVTOZMA INJ	BERINERT INJ	BETASERON INJ
bexarotene cap	bexarotene gel	BIMZELX INJ	BIMZELX INJ 320MG/2ML
BIMZELX SYRINGE	BIMZELX SYRINGE 320MG/2ML	bosentan tab	bosentan tab for oral susp
bosutinib tab	BRINSUPRI TAB	BRUKINSA CAP	BRUKINSA TAB
BYLVAY CAP 1200MCG	BYLVAY CAP 400MCG	BYLVAY SPRINKLE CAP 200MCG	BYLVAY SPRINKLE CAP 600MCG
CABENUVA IM SUSP	CABENUVA SUSP 600MG-900MG/3ML	calcitonin inj	CALQUENCE TAB
CAMZYOS CAP	capecitabine tab	carboplatin inj	carglumic acid tab
CAYSTON INH SOLN	CEREZYME INJ	CIBINQO TAB	CIMZIA INJ
CIMZIA INJ 200MG/ML	CINRYZE INJ	cladribine tab therapy pack	CRENESSITY CAP
CRENESSITY SOLN	CYSTADANE POWDER	CYSTADROPS SOLN	CYSTAGON CAP
CYSTARAN OPHTH SOLN	dasatinib tab	DAWNZERA INJ	DAYBUE SOLN
DAYBUE STIX POWDER	DAYBUE STIX POWDER 8000MG	deferasirox granules packet	deferasirox tab
deferasirox tab for oral susp	deferiprone tab	dimethyl fumarate DR cap	dimethyl fumarate DR starter pack
DOPTELET SPRINKLE CAP	DOPTELET TAB	DUPIXENT INJ	DUPIXENT PEN INJ
EBGLYSS INJ	EBGLYSS PEN INJ	EKTERLY TAB	eltrombopag olamine powder pack for susp
eltrombopag olamine tab	eltrombopag olamine tab 50MG	eltrombopag olamine tab 75MG	EMPAVELI INJ
ENBREL INJ 25MG	ENBREL INJ 50MG	ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

ENBUMYST SOLN 0.5MG/0.1ML	ENDARI POWDER PACKET	ENSACOVE CAP	ENSACOVE CAP 100MG
ENSPRYNG INJ	ENTYVIO SC INJ	EPIDIOLEX SOLN	ETOPOSIDE CAP
everolimus tab	everolimus tab 5mg	everolimus tab for oral susp	EVRYSDI SOLN
EVRYSDI TAB	FASENRA PEN INJ	FERRIPROX SOLN	FILSPARI TAB
fingolimod hcl cap 0.5mg	FINTEPLA SOLN	FIRDAPSE TAB	FUZEON INJ
GAVRETO CAP	GENOTROPIN INJ	GENOTROPIN INJ 5MG	GILENYA CAP 0.25MG
glatiramer inj	GOMEKLI CAP	GOMEKLI CAP 1MG	GOMEKLI TAB FOR ORAL SUSP
HAEGARDA INJ	HARVONI TAB	HEMLIBRA INJ	HERNEXEOS TAB
HIZENTRA INJ	HYCAMTIN CAP	HYQVIA INJ	HYRNUO TAB
IBTROZI CAP	icatibant inj	imatinib tab	IMBRUVICA SUSP
IMBRUVICA TAB 420MG	IMCIVREE INJ	IMKELDI SOLUTION	INCRELEX INJ
IQIRVO TAB	IWILFIN TAB	JAYPIRCA TAB	JOENJA TAB
KALYDECO PAK	KALYDECO TAB	KESIMPTA INJ	KEVZARA INJ
KINERET INJ	KITABIS PAK NEB SOLN	KOSELUGO CAP	KOSELUGO CAP 10MG
KOSELUGO SPRINKLE CAP	KOSELUGO SPRINKLE CAP 5MG	LEDIPASVIR/SOFOSBUV IR TAB	lenalidomide cap
l-glutamine powder packet	LIVDELZI CAP	LIVMARLI SOLN	LIVMARLI TAB
LIVMARLI TAB 30MG	LIVTENCITY TAB	LYSODREN TAB	macitentan tab
MATULANE CAP	MAVENCLAD THERAPY PAK	MAVYRET PAK	MAVYRET TAB
MAYZENT TAB	MAYZENT TAB STARTER PACK	MEKINIST TAB 0.5MG	MEKINIST TAB 2MG
mesna tab	miglustat cap	MODEYSO CAP	MYLERAN TAB
NEMLUVIO INJ	nilotinib hcl cap	nilutamide tab	NINLARO CAP
nitisinone cap	NIVESTYM INJ	NUCALA INJ	NYVEPRIA INJ

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

octreotide inj	OCTREOTIDE INJ 100MCG	OGSIVEO TAB	OGSIVEO TAB 50MG
OJEMDA SUSP	OJEMDA TAB	OJJAARA TAB	OLUMIANT TAB
OMLYCLO SYRINGE	OMLYCLO SYRINGE 150MG/ML	OMLYCLO SYRINGE 300MG/2ML	OMNITROPE INJ
ORENCIA CLICK INJ	ORENCIA SC INJ 125MG/ML	ORENCIA SC INJ 50MG/0.4ML	ORENCIA SC INJ 87.5MG/0.7ML
ORKAMBI GRANULES PACKET	ORKAMBI TAB	ORLADEYO CAP	ORLADEYO PACK
OTEZLA STARTER PACK	OTEZLA TAB	OTEZLA XR TAB	OXERVATE OPHTH SOLN
PALFORZIA POWDER PACK	PALFORZIA SPRINKLE CAP	PALFORZIA SPRINKLE CAP 1 MG	PALFORZIA STARTER PACK 0.5 MG/1 MG/1.5 MG/3 MG
PALFORZIA STARTER PACK 0.5 MG/1 MG/1.5 MG/3 MG/6 MG	PALSONIFY TAB	PEGASYS INJ	PHEBURANE ORAL PELLETS
PULMOZYME INH SOLN	PYRUKYND TAB	PYRUKYND TAPER PACK	REBIF INJ
REDEMPLO PFS INJ	RETEVMO CAP	RETEVMO CAP 40MG	RETEVMO TAB
RETEVMO TAB 40MG	REVLIMID CAP	REVUFORJ TAB	REVUFORJ TAB 110MG
REVUFORJ TAB 25MG	REZUROCK TAB	RIBAVIRIN CAP	RIBAVIRIN TAB
RINVOQ ER TAB	RINVOQ ORAL SOLN	RIVFLOZA INJ	RIVFLOZA INJ 160MG
RIVFLOZA VIAL	ROMVIMZA CAP	ROZLYTREK CAP	RUCONEST INJ
SEPHIENCE POWDER	SKYCLARYS CAP	SKYRIZI INJ 150MG/ML	SKYRIZI INJ 180 MG/1.2ML
SKYRIZI INJ 360MG/2.4M	SKYRIZI INJ 55MG/0.37M	SKYTROFA INJ	SOGROYA INJ
SOHONOS CAP 1.5MG	SOHONOS CAP 10MG	SOHONOS CAP 1MG	SOHONOS CAP 2.5MG

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

SOHONOS CAP 5MG	SOMAVERT INJ	STEQEYMA INJ	STEQEYMA INJ 90MG
STRENSIQ INJ	SUBLOCADE SOLN, BRIXADI SOLN	sunitinib malate cap	SYMDEKO TAB
SYNAGIS INJ	TAFINLAR CAP	TAKHZYRO INJ	TAKHZYRO INJ 150MG/ML
TALTZ INJ	TALTZ INJ 20MG/0.25ML	TALTZ INJ 40 MG/0.5ML	TASIGNA CAP
TAVNEOS CAP	temozolomide cap	THALOMID CAP	tiopronin tab
tiopronin tab delayed release	tobramycin neb soln	tofacitinib citrate ER tab	tofacitinib citrate oral soln
tofacitinib citrate tab	tolvaptan tab	TRACLEER TAB	TREMFYA INDUCTION IN 200MG/ML
TREMFYA INJ 200MG/2ML	tretinoin cap	TRIKAFTA TAB	TRIKAFTA THERAPY PACK
TRYNGOLZA INJ	TYENNE INJ	TYVASO DPI POWDER	TYVASO DPI POWDER 48-80MCG
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG	TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG	TYVASO DPI POWDER TITRATION KIT 16-32-48MCG
TYVASO INH SOLN 0.6 MG/ML	USTEKINUMAB-AEKN 45MG/0.5ML	USTEKINUMAB-AEKN 90MG/ML	VALCHLOR GEL
VANFLYTA TAB	VANFLYTA TAB 26.5MG	VANRAFIA TAB	VENTAVIS INH SOLN
vigabatrin powder pack	vigabatrin tab	vigadrone powder pack	VIJOICE GRANULES PACKET
VIJOICE TAB	VITRAKVI CAP 100MG	VITRAKVI CAP 25MG	VITRAKVI SOLN
VONJO CAP	VORANIGO TAB	VORANIGO TAB 10MG	VOWST CAP
VOXZOGO INJ	VOYDEYA TAB	VOYDEYA TAB THERAPY PACK	VYKAT XR TAB
VYKAT XR TAB 150MG	VYKAT XR TAB 75MG	WELIREG TAB	WINREVAIR INJ

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

XALKORI CAP	XDEMVY DROP	XEMBIFY INJ	XOLAIR INJ
XOLAIR INJ 150MG/ML	XOLAIR INJ 300MG/2ML	XOLAIR SYRINGE	XOLAIR SYRINGE 150MG/ML
XOLAIR SYRINGE 300MG/2ML	XOLREMDI CAP	YESINTEK INJ	YESINTEK SYRINGE
YESINTEK SYRINGE 90MG	YEZTUGO INJ	YEZTUGO TAB	YUTREPIA CAP
ZARXIO INJ	ZEPOSIA CAP	ZEPOSIA STARTER PACK	ZILBRYSQ INJ
ZILBRYSQ INJ 23MG	ZILBRYSQ INJ 32.4MG	ZOKINVY CAP	ZOLINZA CAP
ZTALMY SUSP	ZURZUVAE CAP 20MG, 25MG	ZURZUVAE CAP 30MG	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Colorado Access Child Health Plan Plus HMO Formulary

Last Updated* 10/1/2026

Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
DIFICID SUSP	QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvan solution
DISKETS TAB	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
fentanyl patch	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
fidaxomicin tab	QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvan solution
glycerol phenylbutyrate liquid	Step Therapy requires trial of sodium phenylbutyrate and Pheburane Or Pellets
hydromorphone ER tab	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
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
methadone soln	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
methadone tab	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
METHADOSE CONC	

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
methadose tab	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
morphine sulfate ER tab	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
MS CONTIN TAB	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
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
OXYCONTIN CR TAB	QL= 60 tabs/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
PHEBURANE ORAL PELLETS	Only available through Accredo 800-803-2523; Step Therapy requires trial of sodium phenylbutyrate
pimecrolimus cream	Covered for members age 2 years and older; Step Therapy requires tria of tacrolimus oint
RAVICTI LIQUID	Step Therapy requires trial of sodium phenylbutyrate and Pheburane Or Pellets

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
REPATHA INJ	QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatir lovastatin, pravastatin, rosuvastatin, or simvastatin
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, FLUTICASONE/SALMETEROL or BUDESONIDE/FORMOTEROL
tramadol ER tab	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
TRAMADOL HCL ER TAB	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Colorado Access Child Health Plan Plus HMO Formulary
Smoking Cessation Agents
Last Updated* 10/1/2026

Drug Name	Tier # for Drug Copay
nicotine patch(QL= 1 patch/day; Limited to 3 months per calendar year)	$0
varenicline tartrate tab starter pack(Limited to 180 days/plan year; Prior Authorization Required only if member is less than 16 years old)	$0

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Colorado Access Child Health Plan Plus HMO Formulary

Infertility Drug List

Last Updated* 10/1/2026

Drug Name	Tier # for Drug Copay
cetrorelix acetate for inj kit	EXC
CETROTIDE KIT	EXC
clomiphene citrate tab	EXC
CLOMIPHENE TAB	EXC
OVIDREL INJ	EXC

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Colorado Access Child Health Plan Plus HMO Formulary

Last Updated* 10/1/2026

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ABRYSVO INJ	QL= 1 dose/lifetime
ACTHAR GEL INJ	QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
ADACEL/BOOSTRIX INJ	QL= 1 inj/28 days; Covered for members aged 6 weeks and older
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 (1 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 (1 PEN) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT	QL= 1 kit/fill; 1 fill/plan year
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	QL= 2 inj/28 days

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML	QL= 2 inj/28 days; Only available through Lumicera 855-847-3553
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 40MG/0.4ML	QL= 2 inj/28 days; Only available through Lumicera 855-847-3553
ADBRY INJ	QL= 4 inj/28 days
AFLURIA INJ, FLUZONE INJ	QL= 1 inj/28 days for members 6 months and older
AIMOVIG INJ	QL= 1 pack/28 days
AJOVY INJ	QL= 1 pack/28 days
albuterol HFA (18gm) inhaler	QL= 2 inhalers/30 days
albuterol HFA (6.7gm, 8.5gm) inhaler	QL= 2 inhalers/30 days
ALYFTREK TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
ALYFTREK TAB 4-20-50MG	QL= 3 tabs/day; Only available through Walgreens 888-347-3416

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ambrisentan tab	QL= 1 tab/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Lumicera 855-847-3553
amphetamine/dextroamphetamine ER cap	QL= 2 caps/day
ANNOVERA RING	QL= 1 ring/year
aprepitant cap	QL= 3 caps/fill
aprepitant pak	QL= 3 caps/fill
APRETUDE SUSP	QL= 7 inj/year
AQNEURSA PACKET FOR SUSPENSION	QL= 4 packets/day; Only available through CurantHealth 866-437-80
AQVESME TAB 100MG	QL= 2 tabs/day; Only available through Biologics 800-850-4306
ARBLI SUSP	QL= 330mL/30 days
armodafinil tab	QL= 1 tab/day
artificial tears ophth soln	QL= 25ml/30 days
asenapine maleate SL tab	QL= 2 tabs/day
ASMANEX HFA INHALER	QL= 1 inhaler/30 days
ASMANEX INHALER	QL= 1 inhaler/30 days
atomoxetine cap	QL= 2 caps/day
ATTRUBY PACK	QL= 4 tabs/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
AVMAPKI FAKZYNJA CO-PACK	QL= 1 pack/28 days; Only available through Biologics 800-850-4306
AVTOZMA INJ	QL= 2 inj/28 days
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill
BEDDING SPRA AER	QL= 150ml/7 days, Limited to 2 fills/year
bexarotene cap	QL= 10 caps/day
bexarotene gel	QL= 60 grams/30 days
BIMATOPROST OPHTH SOLN	QL= 2.5ml/30 days
BIMZELX INJ	QL= 1 mL/28 days
BIMZELX INJ 320MG/2ML	QL= 2 mL/56 days
BIMZELX SYRINGE	QL= 1 mL/28 days
BIMZELX SYRINGE 320MG/2ML	QL= 2 mL/56 days
bosentan tab	QL= 2 tabs/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Lumicera 855-847-3553
bosentan tab for oral susp	QL= 4 tabs/day; Only available through Accredo 800-803-2523
BRINSUPRI TAB	QL= 1 tab/day; Only available through Maxor Pharmacy 800-658-604 or Amber Specialty Pharmacy 888-370-1724
BRUKINSA CAP	QL= 4 caps/day; Only available through Lumicera 855-847-3553; Restricted to Cardiology or Pulmonology Specialist
BRUKINSA TAB	QL= 2 tabs/day; Only available through Lumicera 855-847-3553
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
CABENUVA IM SUSP	QL= 1 kit/30 days
CABENUVA SUSP 600MG-900MG/3ML	QL= 1 kit/30 days
CABOMETYX TAB	QL= 1 tab/day
CALQUENCE TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
CAMZYOS CAP	QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
choline citrate tab	QL= 1 tab/day
CIBINQO TAB	QL= 1 tab/day
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA INJ 200MG/ML	QL= 2 inj/28 days

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
CINRYZE INJ	QL= 16 vials/28 days; Only available through Accredo 800-803-2523
clindamycin vaginal cream	QL=1 tube/fill
CLINDESSE VAGINAL CREAM	QL= 1 applicator/fill
COMIRNATY INJ	QL= 1 dose/17 days
COMIRNATY INJ 30MCG/0.3ML	QL= 1 dose/17 days
COVID-19 VACCINE INJ 5-11Y (PFIZER)	QL= 1 dose/17 days
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	QL= 1 dose/24 days
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	QL= 1 dose/17 days
CRENESSITY CAP	QL= 2 caps/day; Only available through PantheRx 855-726-8479
CRENESSITY SOLN	QL= 2ml/day; Only available through PantheRx 855-726-8479
cyclosporine ophth emulsion	QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist
CYSTADROPS SOLN	QL= 4 bottles/28 days; Restricted to Ophthalmology Specialist; Only available through Anovo Specialty Pharmacy 844-288-5007
CYSTARAN OPHTH SOLN	QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist; Only available through Walgreens 888-347-3416
dapagliflozin tab	QL= 1 tab/day

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
dapagliflozin-metformin er tab	QL= 1 tab/day
dapagliflozin-metformin er tab 5-1000MG	QL= 2 tabs/day
DAWNZERA INJ	QL= 1 inj/28 days; Only available through Orsini 800-410-8575
DAYBUE SOLN	QL= 8 bottles/30 days; Only available through AnovoRx 844-288-500
DAYBUE STIX POWDER	QL= 4 packets/day; Only available through AnovoRx 844-288-5007
DAYBUE STIX POWDER 8000MG	QL= 2 packets/day; Only available through AnovoRx 844-288-5007
diazepam rectal gel	QL= 2 packs/fill
diclofenac gel	QL= 300gm/30 days
diclofenac gel 1%	QL= 5 tubes/fill
DIFICID SUSP	QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
DOPTELET SPRINKLE CAP	QL= 2 caps/day
DOPTELET TAB	QL= 2 tabs/day
DUPIXENT INJ	QL= 2 inj/28 days
DUPIXENT PEN INJ	QL= 2 inj/28 days
EBGLYSS INJ	QL= 1 inj/28 days
EBGLYSS PEN INJ	QL= 1 inj/28 days
EKTERLY TAB	QL= 8 tabs/fill; Only available through Accredo 800-803-2523 or Optu 877-445-6874

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
eletriptan tab	QL= 9 tabs/fill, 2 fills/30 days
eltrombopag olamine powder pack for susp	QL= 1 packet/day
eltrombopag olamine tab	QL= 1 tab/day
eltrombopag olamine tab 50MG	QL= 2 tabs/day
eltrombopag olamine tab 75MG	QL= 2 tabs/day
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
ENBUMYST SOLN 0.5MG/0.1ML	QL= 12 devices/fill; Only available through Carepoint Pharmacy 855-237-9112
ENDARI POWDER PACKET	QL= 6 packets/day
ENGERIX-B INJ, RECOMBIVAX-HB IN	QL: 1 inj/28 days
ENSACOVE CAP	QL= 1 cap/day; Only available through Biologics 800-850-4306
ENSACOVE CAP 100MG	QL= 2 caps/day; Only available through Biologics 800-850-4306
ENSPRYNG INJ	QL= 1 inj/28 days

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ENTRESTO CAP	QL= 2 caps/day; Covered for members age 9 years and older; and patients that are unable to swallow tablets
ENTYVIO SC INJ	QL= 2 inj/28 days
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/fill
escitalopram soln	QL= 600 units/30 days
escitalopram tab 10mg	QL= 1.5 tabs/day
escitalopram tab 20mg	QL= 1 tab/day
escitalopram tab 5mg	QL= 3 tabs/day
estradiol valerate inj	QL= 5ml/fill
eszopiclone tab	QL= 1 tab/day
everolimus tab	QL= 1 tab/day
everolimus tab 5mg	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
EVRYSDI TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
FARXIGA TAB	QL= 1 tab/day
FASENRA PEN INJ	QL= 1 inj/56 days
fidaxomicin tab	QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FILSPARI TAB	QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 Caremark/CVS Specialty 800-378-0695
fingolimod hcl cap 0.5mg	QL= 1 cap/day
FINTEPLA SOLN	QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007
FLUBLOK INJ	QL= 1 inj/28 days
FLUCELVAX INJ	QL= 1 inj/28 days
FLULAVAL INJ, FLUARIX INJ	QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older
FLUMIST NASAL	QL= 1 dose/28 days
frovatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
gabapentin cap	QL= 9 caps/day
gabapentin cap 100mg	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
GAVRETO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
GILENYA CAP 0.25MG	QL= 1 cap/day
glucagon (rdna) for inj kit	QL= 2 inj/fill

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
GLUCAGON DIAGNOSTIC INJ	QL= 2 inj/fill
GLUCAGON EMR INJ	QL= 2 inj/fill
GLUCAGON INJ KIT	QL= 2 inj/fill
GOMEKLI CAP	QL= 84 caps/28 days; Only available through Biologics 800-850-4306
GOMEKLI CAP 1MG	QL= 168 caps/28 days; Only available through Biologics 800-850-4306
GOMEKLI TAB FOR ORAL SUSP	QL= 168 tabs/28 days; Only available through Biologics 800-850-430
granisetron tab	QL= 14 tabs/fill, 1 fill/30 days
guaifenesin/codeine syrup	QL= 240ml/fill
guanfacine ER tab	QL= 1 tab/day
GVOKE INJ	QL= 2 inj/fill
GVOKE INJ KIT	QL= 2 inj/fill
GVOKE PFS INJ	QL= 2 inj/fill
HARVONI TAB	QL= 1 tab/day
HAVRIX INJ, VAQTA INJ	QL= 1 inj/6 months; Covered for members age 1 year and older
HEPLISAV-B INJ	QL= 1 inj/28 days; Covered for members age 18 years and older
HERNEXEOS TAB	QL= 3 tabs/day; Only available through Accredo 800-803-2523 or Onco360 877-662-6633
hydrocortisone succinate inj 100mg	QL= 2 vials/fill
HYFTOR GEL	QL= 10 grams/30 days

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
HYRNUO TAB	QL= 4 tabs/day; Only available through Onco360 877-662-6633
IBTROZI CAP	QL= 3 caps/day; Only available through Biologics 800-850-4306
IMBRUVICA SUSP	QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118
IMBRUVICA TAB 420MG	QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118
IMCIVREE INJ	QL= 1 inj/day; Only available through PantherRx Pharmacy 855-726-8479
IQIRVO TAB	QL= 1 tab/day; Only available through Caremark/CVS Specialty 800-378-0695 or Walgreens 888-347-3416
IWILFIN TAB	QL= 8 tabs/day; Only available through CurantHealth 866-437-8040
JANUMET XR TAB	QL= 2 tabs/day
JAYPIRCA TAB	QL= 2 tabs/day
JOENJA TAB	QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479
KALYDECO PAK	QL= 2 packets/day; Only available through Walgreens 888-347-3416
KALYDECO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
ketorolac tab	QL= 20 tabs/5 days
KEVZARA INJ	QL= 2 inj/28 days
KINERET INJ	QL= 1 inj/day; Only available through Biologics 800-850-4306

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
KOSELUGO CAP	QL= 4 caps/day; Only available through Onco360 877-662-6633
KOSELUGO CAP 10MG	QL= 8 caps/day; Only available through Onco360 877-662-6633
KOSELUGO SPRINKLE CAP	QL= 12 caps/day; Only available through Onco360 877-662-6633
KOSELUGO SPRINKLE CAP 5MG	QL= 20 caps/day; Only available through Onco360 877-662-6633
KYTRIL TAB	QL= 14 tabs/fill, 1 fill/30 days
lacosamide oral solution	QL= 1200ml/30days
LAGEVRIO CAP (EUA)	QL= 40 caps/fill
LAGEVRIO CAP 200MG	QL= 40 caps/fill
latanoprost ophth soln	QL= 2.5ml/30 days
LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/day
lenalidomide cap	QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; On available through Walgreens 888-347-3416
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
l-glutamine powder packet	QL= 6 packets/day
lice aerosol	QL= 150ml/7 days, Limited to 2 fills/year
lice cream rinse	QL= 59ml/7 days, Limited to 2 fills/year
lice treatment shampoo	QL= 120ml/7 days, Limited to 2 fills/year
lidocaine oint	QL= 107gm/30 days
LINZESS CAP	QL= 1 cap/day

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
liraglutide soln pen-injector	QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
LIVDELZI CAP	QL= 1 cap/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479
LIVMARLI SOLN	QL= 90ml/30 days; Only available through Eversana 866-849-4481
LIVMARLI TAB	QL= 2 tabs/day
LIVMARLI TAB 30MG	QL= 1 tab/day
LIVTENCITY TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
LOPRESSOR SOLN	QL= 40ml/day
loratadine syrup	QL= 10ml/day
loratadine tab	QL= 1 tab/day
LUMIGAN OPHTH SOLN	QL= 2.5ml/30 days
LYRICA CAP	QL= 3 caps/day
LYRICA CAP 225MG	QL= 2 caps/day
macitentan tab	QL= 1 tab/day; Only available through Lumicera 855-847-3553
malathion lotion	QL= 1 bottle/30 days; Limited to 2 fills/year
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

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
MENVEO INJ	QL= 1 inj/56 days; Covered for members age 2 months and older
methylergonovine tab	QL= 28 tabs/fill; 1 fill/365 days
methylphenidate ER cap	QL= 1 cap/day
METHYLPHENIDATE ER TAB	QL= 1 tab/day
METHYLPHENIDATE ER TAB 27MG	QL= 1 tab/day
METHYLPHENIDATE ER TAB 36MG	QL= 1 tab/day
METHYLPHENIDATE ER TAB 54MG	QL= 1 tab/day
MFLUSIVA INJ	QL= 1 inj/28 days; Covered for members age 50 years and older
MIDAZOLAM INJ	QL= 1 inj/fill
MNEXSPIKE INJ 10MCG/0.2ML	QL= 1 dose/24 days
modafinil tab	QL= 2 tabs/day
MODEYSO CAP	QL= 20 caps/28 days; Only available through Onco360 877-662-6633
mometasone nasal spray	QL= 2 bottles/fill
MOTEGRITY TAB	QL= 1 tab/day
MOUNJARO INJ	QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
MYFEMBREE TAB	QL= 1 tab/day
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NASACORT OTC NASAL SPRAY	QL= 2 bottles/fill
NAYZILAM SPRAY	QL= 4 doses/fill
NEFFY SPRAY	QL= 2 doses/fill

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
NEMLUVIO INJ	QL= 1 inj/56 days
NEURONTIN SOLN	QL= 72 mls/day
NEURONTIN TAB 600MG	QL= 6 tabs/day
NEURONTIN TAB 800MG	QL= 4.5 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 KIT	QL= 1 patch/day; Limited to 3 months per calendar year
nicotine patch	QL= 1 patch/day; Limited to 3 months per calendar year
nitazoxanide tab	QL= 6 tabs/3 days
NOVAVAX INJ	QL= 1 dose/24 days
NUCALA INJ	QL= 1 inj/28 days
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
OJEMDA SUSP	QL= 96ml/28 days; Only available through Onco360 877-662-6633
OJEMDA TAB	QL= 24 tabs/28 days; Only available through Onco360 877-662-6633

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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
OMLYCLO SYRINGE	QL= 2 inj/28 days
OMLYCLO SYRINGE 150MG/ML	QL= 2 inj/28 days
OMLYCLO SYRINGE 300MG/2ML	QL= 1 inj/28 days
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
ORKAMBI GRANULES PACKET	QL= 2 packets/day; Only available through Walgreens 888-347-3416
ORKAMBI TAB	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
ORLADEYO CAP	QL= 1 cap/day; Only available through CareMed 877-227-3405 or Onco360 877-662-6633
ORLADEYO PACK	QL= 1 packet/day; Only available through CareMed 877-227-3405 or Onco360 877-662-6633
oseltamivir cap	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
oseltamivir susp	QL= 250ml/fill
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
OTEZLA XR TAB	QL= 1 tab/day
OXERVATE OPHTH SOLN	QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523
OXYCONTIN CR TAB	QL= 60 tabs/30 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
OZEMPIC INJ	QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC TAB, RYBELSUS TAB	QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
PALSONIFY TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Orsini 800-410-8575
PAXLOVID PAK	QL= 11 tabs/90 days
PAXLOVID TAB 150-100MG	QL= 20 tabs/fill
PAXLOVID TAB 300-100MG	QL= 30 tabs/fill
PEDIARIX INJ	QL= 1 inj/2 months; Covered for members aged 6 weeks to 6 years o
permethrin cream	QL= 60gm/30 days
PNEUMOVAX INJ	QL= 1 inj/lifetime for members 2 years and older
pregabalin cap 225mg	QL= 2 caps/day
pregabalin cap 300mg	QL= 2 caps/day

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
PREVACID OTC CAP	QL= 2 caps/day
PREVYMIS PAK	QL= 4 packets/day; Limit 800 packets/365 days
prucalopride succinate tab	QL= 1 tab/day
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
QELBREE ER CAP	QL= 2 caps/day
quetiapine XR tab	QL= 2 tabs/day
REDEMPLO PFS INJ	QL= 1 inj/84 days; Only available through Vanscoy Rare Pharmacy 855-826-7269
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
RETEVMO CAP	QL= 2 caps/day
RETEVMO CAP 40MG	QL= 3 caps/day
RETEVMO TAB	QL= 2 tabs/day
RETEVMO TAB 40MG	QL= 3 tabs/day
REVLIMID CAP	QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Onl available through Walgreens 888-347-3416
REVUFORJ TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
REVUFORJ TAB 110MG	QL= 4 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
REVUFORJ TAB 25MG	QL= 8 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
REZUROCK TAB	QL= 1 tab/day; Only available through Lumicera 855-847-3553
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 INJ 160MG	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/30 days
rizatriptan tab	QL= 12 tabs/30 days
ROMVIMZA CAP	QL= 8 caps/28 days; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
ROZLYTREK CAP	QL= 3 caps/day
ROZLYTREK PAK	QL= 6 packs/day
sacubitril-valsartan tab	QL= 2 tabs/day
sitagliptin phosphate-metformin hcl er tab	QL= 2 tabs/day
SKYCLARYS CAP	QL= 3 caps/day; Only available through Biologics 800-850-4306

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SKYRIZI INJ 150MG/ML	QL= 1 inj/84 days
SKYRIZI INJ 180 MG/1.2ML	
SKYRIZI INJ 360MG/2.4ML	
SKYRIZI INJ 55MG/0.37ML	QL= 1 inj/84 days
SOFOSBUVIR/VELPATASVIR TAB 400-100MG	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
SOLU-CORTEF INJ	QL= 1 vial/fill
SOLU-CORTEF INJ 100MG	QL= 2 vials/fill
SPIKEVAX INJ	QL= 1 dose/24 days
SPIKEVAX INJ 50MCG/0.5ML	QL= 1 dose/24 days

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO DULERA, FLUTICASONE/SALMETEROL or BUDESONIDE/FORMOTEROL
STEQEYMA INJ	QL= 1 inj/84 days
STEQEYMA INJ 90MG	QL= 1 inj/84 days
STRIBILD TAB	QL= 1 tab/day
sumatriptan inj	QL= 6 inj/fill, 3 fills/30 days
sumatriptan nasal spray	QL= 6 sprays/fill, 3 fills/30 days
sumatriptan tab	QL= 9 tabs/30 days
sumatriptan vial inj	QL= 10 vials/fill, 2 fills/30 days
sunitinib malate cap	QL= 1 cap/day
SYMDEKO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
TAFINLAR CAP	QL= 4 tabs/day
TAKHZYRO INJ	QL= 2 inj/28 days; Only available through Accredo 800-803-2523
TAKHZYRO INJ 150MG/ML	QL= 2 inj/28 days; Only available through Accredo 800-803-2523
TALTZ INJ	QL= 1 inj/28 days
TALTZ INJ 20MG/0.25ML	QL= 1 inj/28 days
TALTZ INJ 40 MG/0.5ML	QL= 1 inj/28 days
TAVNEOS CAP	QL= 6 caps/day; Only available through PantheRx 855-726-8479
TESTOSTERONE GEL 1% 25MG	QL= 1 packet/day

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
testosterone gel 1% 50mg	QL= 2 packets/day
testosterone gel 1.62% 1.25gm	QL= 1 packet/day
testosterone gel 1.62% 2.5gm	QL= 2 packets/day
TESTOSTERONE GEL 20.25MG/1.25GM	QL= 1 packet/day
TESTOSTERONE GEL PUMP 1%	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 2 bottles/30 days
TEZSPIRE INJ	QL= 1 pen/28 days
tofacitinib citrate ER tab	QL= 1 tab/day
tofacitinib citrate oral soln	QL= 10ml/day
tofacitinib citrate tab	QL= 2 tabs/day
tolvaptan tab	QL= 2 tabs/day; Only available through Lumicera 855-847-3553
TRACLEER TAB	QL= 4 tabs/day; Only available through Accredo 800-803-2523
travoprost ophth soln	QL= 5ml/30 days
TREMFYA INDUCTION INJ 200MG/ML	QL= 2 inj/28 days; 6 inj/year
TREMFYA INJ 200MG/2ML	QL= 1 inj/28 days
triamcinolone OTC nasal spray	QL= 2 bottles/fill
TRIKAFTA TAB	QL= 84 tabs/28 days; Only available through Walgreens 888-347-341
TRIKAFTA THERAPY PACK	QL= 2 packets/day; Only available through Walgreens 888-347-3416
TRIUMEQ PD TAB	QL= 1 tab/day

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TRIUMEQ TAB	QL= 1 tab/day
TRUMENBA INJ	QL= 1 inj/28 days; Covered for members age 18 and older
TRYNGOLZA INJ	QL= 1 inj/28 days; Only available through Accredo 800-803-2523
TWIIST REFILL KIT	QL= 1 kit/month
TWIIST STARTER KIT	QL= 1 kit/month
TWINRIX INJ	QL= 1 inj/28 days; Covered for members aged 10 years and older
TYENNE INJ	QL= 2 inj/28 days
TYVASO DPI POWDER	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER 48-80MCG	QL= 224 cartridges/28 days; 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 MAINTENANCE KIT 32-64MCG	QL= 8 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG	QL= 8 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER TITRATION KI 16-32-48MCG	QL= 8 cartridges/day; Only available through Accredo 800-803-2523
UBRELVY TAB	QL= 10 tabs/30 days, 6 fills/year
USTEKINUMAB-AEKN 45MG/0.5ML	QL= 1 inj/84 days; Only available through Lumicera 855-847-3553

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
USTEKINUMAB-AEKN 90MG/ML	QL= 1 inj/84 days; Only available through Lumicera 855-847-3553
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Accredo 800-803-2523
VALTOCO NASAL SPRAY	QL= 5 doses/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
VANRAFIA TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306 or CareMed 877-227-3405
varenicline tartrate tab starter pack	Limited to 180 days/plan year; Prior Authorization Required only if member is less than 16 years old
VAXELIS INJ	QL= 1 inj/2 months; Covered for members aged 6 weeks to 6 years o
VELTASSA POWDER	QL= 1 packet/day
VELTASSA POWDER 1GM	QL= 4 packets/day
V-GO INJ KIT	QL= 1 kit/day
VIJOICE GRANULES PACKET	QL= 1 packet/day; Only available through Biologics 800-850-4306
VIJOICE TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306
VIMPAT INJ	QL= 1200 units/30 days
VITRAKVI CAP 100MG	QL= 2 caps/day; Only available through Accredo 800-803-2523

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
VITRAKVI CAP 25MG	QL= 6 caps/day; Only available through Accredo 800-803-2523
VITRAKVI SOLN	QL= 10ml/day; Only available through Accredo 800-803-2523
VONJO CAP	QL= 4 caps/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
VORANIGO TAB	QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
VORANIGO TAB 10MG	QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306
VOWST CAP	QL= 12 caps/fill; Only available through Orsini 800-410-8575
VOXZOGO INJ	QL= 1 vial/day; Only available through Accredo 888-773-7376
VOYDEYA TAB	QL= 6 tabs/day; Only available through Onco360 877-662-6633
VOYDEYA TAB THERAPY PACK	QL= 6 tabs/day; Only available through Onco360 877-662-6633
VRAYLAR CAP	QL= 1 cap/day
VYKAT XR TAB	QL= 4 tabs/day; Only available through PantherRx 855-726-8479
VYKAT XR TAB 150MG	QL= 3 tabs/day; Only available through PantherRx 855-726-8479
VYKAT XR TAB 75MG	QL= 7 tabs/day; Only available through PantherRx 855-726-8479
WELIREG TAB	QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
XACIATO GEL	QL= 1 applicator/fill
XALKORI CAP	QL= 4 caps/day

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XALKORI SPRINKLE CAP	QL= 4 caps/day
XDEMVY DROP	QL= 1 bottle/42 days; Restricted to Ophthalmology or Optometry Specialist; Only available through CVS Specialty 800-238-7828 or Walgreens 888-347-3416
XIGDUO XR TAB	QL= 1 tab/day
XIGDUO XR TAB 2.5-1000	QL= 2 tabs/day
XIGDUO XR TAB 5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-500MG	QL= 2 tabs/day
XOFLUZA TAB	QL= 1 tab/fill; Covered for members 12 years of age or older
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
XOLREMDI CAP	QL= 4 caps/day; Only available through PantherRx Pharmacy 855-726-8479
XULTOPHY INJ	QL= 15ml/30 days
YESINTEK INJ	QL= 1 inj/84 days
YESINTEK SYRINGE	QL= 1 inj/84 days

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
YESINTEK SYRINGE 90MG	QL= 1 inj/84 days
YEZTUGO INJ	QL= 2 inj/180 days; Only available through Walgreens 888-347-3416
YEZTUGO TAB	QL= 4 tabs/28 days; Only available through Walgreens 888-347-3416
YUTREPIA CAP	QL= 112 caps/28 days; Only available through CVS Specialty 800-238-7828
zaleplon cap	QL= 1 cap/day
ZAVESCA CAP	QL= 3 caps/day
ZAVZPRET NASAL SPRAY	QL= 6 units/fill; 60 units/365 days
ZEGALOGUE INJ	QL= 2 inj/fill
ZELSUVMI GEL	QL= 1 carton/fill, 2 fills/365 days
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
ZOKINVY CAP	QL= 4 caps/day; Only available through CVS Specialty 800-237-2767
zolmitriptan ODT	QL= 9 tabs/fill, 2 fills/30 days
zolmitriptan tab	QL= 9 tabs/fill, 2 fills/30 days
ZORYVE CREAM	QL= 60 grams/30 days
ZORYVE CREAM 0.05%	QL= 60gm/30 days
ZORYVE CREAM 0.15%	QL= 60gm/30 days
ZORYVE FOAM	QL= 60 grams/30 days

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.

Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
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 800-378-0695
ZURZUVAE CAP 30MG	QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, 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.