

# 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.

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**Colorado Access Child Health Plan Plus HMO Formulary****Alphabetical Index****Last Updated 12/1/2025**

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
abacavir/lamivudine/zidovudine tab (TRIZIVIR 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
EXC	Plan Exclusion		INF	Infertility	
LD	Limited Distribution		LMSP	Lumicera Mandatory Specialty Pharmacy Program	
MSP	Mandatory Specialty Pharmacy Program		OTC	Over-the-Counter	
PA	Prior Authorization		QL	Quantity Limit	
RDX	Restricted to Diagnosis		RS	Restricted to Specialist	
SMKG	Smoking Cessation		ST	Step Therapy	
VAC	Vaccine Program				

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\*  
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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

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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
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

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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

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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/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
ADVATE, KOVALTRY INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
ADVIL JR ST TAB	OTC	1 ANALGESICS - ANTI-INFLAMMATORY
ADYNOVATE INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
AEROCHAMBER	OTC	2 MEDICAL DEVICES AND SUPPLIES

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AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days for members 6 months and older)	QL-VAC	\$0 VACCINES
AFSTYLA KIT	-	EX HEMATOLOGICAL C AGENTS - MISC.
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	2 MIGRAINE PRODUCTS
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	2 MIGRAINE PRODUCTS
albuterol HFA 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

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albuterol/ipratropium neb soln (DUONEB equiv)	-	1 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alclometasone cream (ACLOVATE equiv)	-	1 DERMATOLOGICALS
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
ALFERON-N INJ	LMSP	2 ANTINEOPLASTICS
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

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alosetron tab (LOTRONEX equiv)	-	1 GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN P OPHTH SOLN 0.15%	-	2 OPHTHALMIC AGENTS
ALPHANATE, HUMATE-P INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
ALPHANINE SD INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
alprazolam ER tab (XANAX XR equiv)	-	2 ANTIANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	2 ANTIANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	1 ANTIANXIETY AGENTS
ALPROLIX INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
ALREX OPHTH SUSP	-	2 OPHTHALMIC AGENTS
ALTRENO LOTION	-	2 DERMATOLOGICALS
ALTUVIPIO INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
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.

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amantadine cap (SYMMETREL equiv)	-	1 ANTI-PARKINSON AGENTS
amantadine soln (AMANTADINE equiv)	-	1 ANTI-PARKINSON AND RELATED THERAPY AGENTS
amantadine tab	-	1 ANTI-PARKINSON 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
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

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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
<b>AMOXICILLIN CHEW TAB</b>	-	1 PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	1 PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	1 PENICILLINS
<b>AMOXICILLIN/CLAVULANATE CHEW TAB</b>	-	1 PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1 PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1 PENICILLINS
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

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anagrelide cap (AGRYLIN equiv)	-	1 HEMATOLOGICAL AGENTS - MISC.
anastrozole tab (ARIMIDEX equiv)	-	1 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANNOVERA RING (QL= 1 ring/year)	QL	\$0 CONTRACEPTIVES
APAP/CODEINE SOLN	-	2 ANALGESICS - OPIOID
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.
ARANELLE TAB	-	\$0 CONTRACEPTIVES
ARBLI SUSP (QL= 330mL/30 days)	PA-QL	2 ANTIHYPERTENSIVES
ariPIPRAZOLE soln (ABILIFY equiv)	-	1 ANTIPSYCHOTICS / ANTIMANIC AGENTS
ariPIPRAZOLE tab (ABILIFY equiv)	-	1 ANTIPSYCHOTICS / ANTIMANIC AGENTS

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armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	QL	1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
ARMOUR THYROID TAB, NATURE THROID TAB	-	1 THYROID AGENTS
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

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

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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
aspirin tab 325mg	OTC	\$0 ANALGESICS - NONNARCOTIC
ASTAMED MYO CAP	-	EX DIETARY PRODUCTS / C 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

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atovaquone susp (MEPRON equiv)	-	1 ANTI-INFECTIVE AGENTS MISC.
ATRALIN GEL, RETIN-A GEL	-	2+p DERMATOLOGICALS enal ty
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
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)	-	EX CARDIOVASCULAR C AGENTS - MISC.
AVERI TAB	-	\$0 CONTRACEPTIVES
AVONEX INJ	LMSP	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
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) (QL= 1 bottle/month)	QL	1 NASAL AGENTS - SYSTEMIC AND TOPICAL

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azelastine nasal spray 0.15% (ASTEPRO equiv) (QL= 1 bottle/month)	QL	1	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	1	OPHTHALMIC AGENTS
azithromycin susp (ZITHROMAX equiv)	-	1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	1	MACROLIDES
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/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN 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+p	ANTICONVULSANTS en ty

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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	EX VACCINES C
B-D INSULIN SYRINGE	--OTC	1 MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	1 MEDICAL DEVICES AND SUPPLIES
BELLADONNA ALKALOID/OPIUM SUPP	-	2 ULCER DRUGS
benazepril tab (LOTENSIN equiv)	-	1 ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1 ANTIHYPERTENSIVES
BENEFIX INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
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

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BENZOYL PEROXIDE GEL	OTC	1 DERMATOLOGICALS
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	-	EX ADHD / C 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 dipropionate cream (DIPROSONE CREAM equiv)	-	1 DERMATOLOGICALS
betamethasone dipropionate lotion	-	1 DERMATOLOGICALS
betamethasone valerate cream	-	1 DERMATOLOGICALS

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betamethasone valerate lotion	-	1 DERMATOLOGICALS
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)	LMSP-PA	1 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bexarotene gel (TARGRETIN equiv)	LMSP-PA	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 (QL= 2.5ml/30 days)	QL	1 OPHTHALMIC AGENTS

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bimatoprost ophth soln	-	EX DERMATOLOGICALS C
bisoprolol tab (ZEBETA equiv)	-	1 BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1 ANTIHYPERTENSIVES
BLEPHAMIDE OPHTH SOLN	-	2 OPHTHALMIC AGENTS
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.
BOSULIF TAB	MSP-PA	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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

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bromocriptine cap (PARLODEL equiv)	-	1 ANTI-PARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	1 ANTI-PARKINSON AGENTS
BRUKINSA CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553; Restricted to Cardiology or Pulmonology Specialist)	LD-QL-RS	2 ANTI-NEOPLASTICS AND ADJUNCTIVE THERAPIES
BRUKINSA TAB (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	2 ANTI-NEOPLASTICS AND ADJUNCTIVE THERAPIES
budesonide inh susp (PULMICORT equiv)	-	1 ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS
budesonide SR cap (ENTOCORT EC equiv)	-	1 CORTICOSTEROIDS
budesonide/formoterol inhaler (SYMBICORT equiv)	-	1 ANTI-ASTHMATIC 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

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bupropion SR tab (ZYBAN equiv)	-	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	1 ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	1 ANTIDEPRESSANTS
buspirone tab (BUSPAR equiv)	-	1 ANTIANXIETY AGENTS
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/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

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cabergoline tab (DOSTINEX equiv)	-	1 ENDOCRINE AND METABOLIC AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day)	PA-QL	2 ANTI NEOPLASTICS 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	-	1 DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	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.

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calcium acetate cap (PHOSLO equiv)	-	1 GASTROINTESTINAL AGENTS - MISC.
CALCIUM CARB SUSP	OTC	1 ANTACIDS
calcium carbonate chew tab (TUMS equiv)	OTC	1 ANTACIDS
calcium carbonate susp	OTC	1 ANTACIDS
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
capecitabine tab (XELODA equiv)	LMSP	1 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
captopril tab (CAPOTEN equiv)	-	1 ANTIHYPERTENSIVES

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CAPVAXIVE INJ	VAC	\$0 VACCINES
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

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

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# Colorado Access Child Health Plan Plus HMO Formulary Cont.

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Drug Name	Special Code	Tier Category
carglumic acid tab (CARBAGLU equiv) (Only available through AnovoRx 844-288-5007)	LD-PA	1 ENDOCRINE AND METABOLIC AGENTS - MISC.
carisoprodol tab (SOMA equiv)	-	1 MUSCULOSKELETAL THERAPY AGENTS
CAROSPIR SUSP	-	2+p DIURETICS enal ty
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 (CECLR 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

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EXC Plan Exclusion	INF	Infertility	
LD Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	
MSP Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	
PA Prior Authorization	QL	Quantity Limit	
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SMKG Smoking Cessation	ST	Step Therapy	
VAC Vaccine Program			

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
CEFPODOXIME PROXETIL SUSP	-	1 CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	1 CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	1 CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	1 CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	1 CEPHALOSPORINS
CELEBREX CAP	-	2+p ANALGESICS - enal ANTI-INFLAMMATORY ty
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) (QL= 10ml/day)	OTC-QL	1 ANTIHISTAMINES
cetirizine tab (ZYRTEC equiv) (QL= 1 tab/day)	OTC-QL	1 ANTIHISTAMINES
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv) (QL= 2 tabs/day)	OTC-QL	1 COUGH / COLD / ALLERGY
cetrorelix acetate for inj kit (CETROTIDE equiv)	INF	EX ENDOCRINE AND C METABOLIC AGENTS - MISC.

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CETROTIDE KIT	INF	EX ENDOCRINE AND C METABOLIC AGENTS - MISC.
cevimeline cap (EVOXAC equiv)	-	1 MOUTH / THROAT / DENTAL AGENTS
CHEMET CAP	-	2 ANTIDOTES
chlordiazepoxide cap (LIBRIUM equiv)	-	1 ANTIANXIETY AGENTS
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

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MSP Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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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

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MSP Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	
PA Prior Authorization	QL	Quantity Limit	
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VAC Vaccine Program			

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
ciprofloxacin susp (CIPRO equiv)	-	1 FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	1 FLUOROQUINOLONES
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	1 OTIC AGENTS
<b>CISPLATIN INJ</b>	-	1 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cisplatin inj (PLATINOL AQ equiv)	-	1 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
<b>CISPLATIN INJ 50MG/50ML</b>	-	1 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
citalopram soln (CELEXA equiv)	-	1 ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	1 ANTIDEPRESSANTS
<b>CLARITHROMYC SUSP</b>	-	2 MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	1 MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	1 MACROLIDES
<b>CLARITIN CHEW TAB</b>	OTC	2 ANTIHISTAMINES
<b>CLEMASTINE TAB 1.34MG</b>	OTC	1 ANTIHISTAMINES
clemastine tab 1.34mg (TAVIST equiv)	OTC	1 ANTIHISTAMINES
<b>CLEOCIN-T GEL</b>	-	2+p DERMATOLOGICALS enal ty
clindamycin cap (CLEOCIN equiv)	-	1 ANTI-INFECTIVE AGENTS MISC.

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LD Limited Distribution	LMSP	Lumicera	Mandatory Specialty
MSP Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	
PA Prior Authorization	QL	Quantity Limit	
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VAC Vaccine Program			

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Drug Name	Special Code	Tier Category
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	2 ANTICONVULSANTS
clobazam tab (ONFI equiv)	-	1 ANTICONVULSANTS
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

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PA Prior Authorization	QL	Quantity Limit	
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VAC Vaccine Program			

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Drug Name	Special Code	Tier Category
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+p DERMATOLOGICALS enal ty
clomiphene citrate tab (CLOMID equiv)	INF	EX ENDOCRINE AND C METABOLIC AGENTS - MISC.
CLOMIPHENE TAB	INF	EX ENDOCRINE AND C METABOLIC AGENTS - MISC.
clomipramine cap (ANAFRANIL equiv)	-	1 ANTIDEPRESSANTS
clonazepam ODT (KLONOPIPIN equiv)	-	1 ANTICONVULSANTS
clonazepam tab (KLONOPIPIN equiv)	-	1 ANTICONVULSANTS
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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
clopidogrel tab 75mg (PLAVIX equiv)	-	1 HEMATOLOGICAL AGENTS - MISC.
clotrimazole cream (LOTRIMIN AF 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
COAGADEX INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
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
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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
COMBIGAN OPHTH SOLN	-	2+p OPHTHALMIC AGENTS enal ty
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+p ANTIVIRALS enal ty
CONCERTA TAB, RITALIN SR TAB	-	2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
CONTRACEPTIVE GEL	OTC	\$0 VAGINAL PRODUCTS
CORIFACT KIT	-	EX HEMATOLOGICAL C AGENTS - MISC.
CORLANOR SOLN	PA	2 CARDIOVASCULAR AGENTS - MISC.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
CORLANOR TAB	PA	2+p CARDIOVASCULAR enal AGENTS - MISC. ty
CORTISONE ACETATE TAB	-	2 CORTICOSTEROIDS
COVID-19 TEST (QL= 8 tests/30 days)	OTC-QL	\$0 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+p ANTIHYPERLIPIDEMICS enal ty
CRIVIXAN CAP	-	2 ANTIVIRALS

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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	EX C	DIAGNOSTIC PRODUCTS
CUE HEALTH MONITOR	OTC	EX C	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

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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
ciproheptadine syrup	-	1 ANTIHISTAMINES
ciproheptadine 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

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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	2 ANTICOAGULANTS
danazol cap (DANOCRINE equiv)	-	1 ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv)	-	1 MUSCULOSKELETAL THERAPY AGENTS
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
DAYBUE SOLN (QL= 8 bottles/30 days; 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

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DEPLIN CAP	-	EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS
DEPO-PROVERA INJ	-	\$0 CONTRACEPTIVES
DESCOVY TAB	-	\$0 ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	1 ANTIDEPRESSANTS
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 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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
DEXAMETHASONE PHOSPHATE INJ	-	1 CORTICOSTEROIDS
dexamethasone sodium phosphate inj	-	1 CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	1 CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	1 CORTICOSTEROIDS
DEXCOM G6 RECEIVER	-	EX MEDICAL DEVICES AND C SUPPLIES
DEXCOM G6 SENSOR	-	EX MEDICAL DEVICES AND C SUPPLIES
DEXCOM G6 TRANSMITTER	-	EX MEDICAL DEVICES AND C SUPPLIES
DEXCOM G7 RECEIVER	-	EX MEDICAL DEVICES AND C SUPPLIES
DEXCOM G7 SENSOR	-	EX MEDICAL DEVICES AND C SUPPLIES
DEXCOM G7 SENSOR (15-DAY)	-	EX MEDICAL DEVICES AND C SUPPLIES
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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dexmethylphenidate tab (FOCALIN equiv)	-	1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
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

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Drug Name	Special Code	Tier Category
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
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
DIETHYLPROMION ER TAB	-	EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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diethylpropion tab	-	EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
DIFFERIN OTC GEL 0.1%	OTC	1 DERMATOLOGICALS
DIFICID SUSP (QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	2 MACROLIDES
DIFICID TAB (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	2 MACROLIDES
diflunisal tab (DOLOBID equiv)	-	1 ANALGESICS - NONNARCOTIC
diluprednate 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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
diltiazem ER cap (TIAZAC equiv)	-	1 CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	1 CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	1 CALCIUM CHANNEL BLOCKERS
dimethyl fumarate DR cap (TECFIDERA equiv)	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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
DIPHENOXYLATE/ATROPINE LIQUID	-	2 ANTIDIARRHEAL / PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1 ANTIDIARRHEALS
DIPTHERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	\$0 TOXOIDS
dipyridamole tab (PERSANTINE equiv)	-	1 HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	1 ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	1 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	2 DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	1 ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	1 ANTICONVULSANTS
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
dorzolamide ophth soln (TRUSOPT equiv)	-	1 OPHTHALMIC AGENTS

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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
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
drospirenone/ethinyl estradiol/levomefolone tab (BEYAZ equiv)	-	\$0 CONTRACEPTIVES
DROXIA CAP	-	2 HEMATOPOIETIC AGENTS

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Drug Name	Special Code	Tier Category
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 CAP	-	1 ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	1 ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	1 ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFU (LO) equiv)	-	1 ANTIVIRALS
EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB	-	1 ANTIVIRALS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
EFFEXOR XR CAP (Covered for members age 12 years and older)	-	2+p ANTIDEPRESSANTS enal ty
EGRIFTA INJ	-	EX ENDOCRINE AND C METABOLIC AGENTS - MISC.
EGRIFTA WR KIT	-	EX ENDOCRINE AND C METABOLIC AGENTS - MISC.
ELIGEN B12 TAB	-	EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2 ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	\$0 CONTRACEPTIVES
ELOCTATE INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
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

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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.
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+p ANTIVIRALS enal ty
EMTRIVA SOLN	-	2 ANTIVIRALS

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

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.**

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**Last Updated 12/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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
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

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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.
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
EPIVIR HBV SOLN	-	2 ANTIVIRALS
eplerenone tab (INSPRA equiv)	-	1 ANTIHYPERTENSIVES
EPRONTIA SOLN (Prior Authorization required for members age 9 years and older)	PA	2 ANTICONVULSANTS

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.**

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
EQUETRO CAP	-	2 ANTIPSYCHOTICS / ANTIMANIC AGENTS
ERWINAZE INJ	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERY PAD	-	2 DERMATOLOGICALS
ERYTHROMYCIN CAP DR erythromycin DR cap (ERYC equiv)	-	2 MACROLIDES
ERYTHROMYCIN EC CAP erythromycin ethylsuccinate susp (ERYPED equiv)	-	2 MACROLIDES
erythromycin ethylsuccinate tab (E.E.S. equiv)	-	1 MACROLIDES
ERYTHROMYCIN GEL erythromycin ophth oint	-	1 DERMATOLOGICALS
erythromycin pad	-	1 OPHTHALMIC AGENTS
erythromycin soln erythromycin tab (ERY-TAB equiv)	-	1 DERMATOLOGICALS
escitalopram soln (LEXAPRO equiv) (QL= 600 units/30 days)	QL	1 MACROLIDES
escitalopram tab 10mg (LEXAPRO equiv) (QL= 1.5 tabs/day)	QL	2 ANTIDEPRESSANTS
escitalopram tab 20mg (LEXAPRO equiv) (QL= 1 tab/day)	QL	1 ANTIDEPRESSANTS

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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
ESPEROCT INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
estazolam tab (PROSOM equiv)	-	1 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
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)	PA-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

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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
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

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Drug Name	Special Code	Tier Category
everolimus tab 5mg (AFINITOR equiv) (QL= 1 tab/day)	LMSP-PA-QL	1 ANTI NEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	LMSP-PA-QL	1 ANTI NEOPLASTICS 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
FALESSA KIT	-	\$0 CONTRACEPTIVES
FALESSA TAB	-	EX DIETARY PRODUCTS / C 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 ANTIDIABETICS
FASENRA PEN INJ (QL= 1 inj/56 days)	LMSP-PA-QL	2 ANTI ASTHMATIC AND BRONCHODILATOR AGENTS

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FEIBA INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
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
fentanyl patch (DURAGESIC equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1 ANALGESICS - OPIOID
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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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
FIBRYGA, RIASTAP INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
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
finasteride tab (PROSCAR equiv)	-	1 GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	EX DERMATOLOGICALS C
fingolimod hcl cap 0.5mg (GILENYA equiv)	LMSP	1 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FINTEPLA SOLN (QL= 12ml/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	2 ANTICONVULSANTS

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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
FLEQSUHVY SUSP (Prior Authorization required for members age 9 years and older)	PA		2 MUSCULOSKELETAL THERAPY AGENTS
FLINTSTONES COMPLETE CHEW	OTC		1 MULTIVITAMINS
FLOLIPID SUSP (Prior Authorization required for members age 9 years and older)	PA		2 ANTIHYPERLIPIDEMICS
FLONASE SENSIIST NASAL SPRAY	OTC		2 NASAL AGENTS - SYSTEMIC AND TOPICAL
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

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FLUDARABINE INJ	-	1 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUDARABINE INJ	-	2+p ANTINEOPLASTICS AND enalADJUNCTIVE THERAPIES ty
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
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

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FLUORABON SOLN	-	2 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
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

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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 oint (CUTIVATE equiv)		-	1 DERMATOLOGICALS
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
fluvoxamine ER cap (LUVOX CR equiv)		-	1 ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)		-	1 ANTIDEPRESSANTS

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

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.**

**Alphabetical Index**

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<b>Drug Name</b>		<b>Special Code</b>	<b>Tier Category</b>
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
fosamprenavir tab (LEXIVA equiv)	-	1	ANTIVIRALS
fosinopril tab (MONOPRIL equiv)	-	1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1	ANTIHYPERTENSIVES
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	-	EX C	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR	-	EX C	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2-PLUS SENSOR	-	EX C	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 READER	-	EX C	MEDICAL DEVICES AND SUPPLIES

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.**

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**Last Updated 12/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
FREESTYLE LIBRE 3 SENSOR	-	EX MEDICAL DEVICES AND C SUPPLIES
FREESTYLE LIBRE 3-PLUS SENSOR	-	EX MEDICAL DEVICES AND C SUPPLIES
FREESTYLE LIBRE RECEIVER	-	EX MEDICAL DEVICES AND C SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY)	-	EX MEDICAL DEVICES AND C 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
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

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gabapentin cap 100mg (NEURONTIN equiv) (QL= 5 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 Luminica 855-847-3553)	LD-PA-QL	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gemfibrozil tab (LOPID equiv)	-	1 ANTIHYPERLIPIDEMICS
GENOTROPIN INJ	LMSP-PA	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 5MG	LMSP-PA	2 ENDOCRINE AND METABOLIC AGENTS - MISC.

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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	PA	2 ANTIVIRALS
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	\$0 CONTRACEPTIVES
GILENYA CAP 0.25MG	LMSP-PA	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
glatiramer inj (COPAXONE equiv)	LMSP	1 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEOSTINE CAP	-	2+p ANTINEOPLASTICS AND enalADJUNCTIVE THERAPIES ty
glimepiride tab (AMARYL equiv)	-	1 ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	1 ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	1 ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	1 ANTIDIABETICS
GLOPERBA SOLN (Prior Authorization required for members age 9 years and older)	PA	2 GOUT AGENTS

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<b>Drug Name</b>		<b>Special Code</b>	<b>Tier Category</b>
GLUCAGEN INJ	-	2	DIAGNOSTIC PRODUCTS
glucagon (rdna) for inj kit (QL= 2 inj/fill, 1 fill/30 day)	QL	1	ANTIDIABETICS
GLUCAGON DIAGNOSTIC INJ (QL= 2 inj/fill, 1 fill/30 days)	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	-	EX	DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS
GOLYTELY SOLN	-	1	LAXATIVES

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
gransetron 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
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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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
HEMLIBRA INJ	LMSP-PA	2 HEMATOLOGICAL AGENTS - MISC.
HEMOFIL M, KOATE INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
heparin flush	-	1 ANTICOAGULANTS
HEPLISAV-B INJ (QL= 1 inj/28 days; Covered for members age 18 years and older)	QL-VAC	\$0 VACCINES
HIZENTRA INJ	MSP-PA	2 PASSIVE IMMUNIZING AGENTS
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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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-PA	2 ANTOINEOPLASTICS
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
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

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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
hydroquinone cream (LUSTRA equiv)	-	EX DERMATOLOGICALS C
hydroxychloroquine tab (PLAQUENIL equiv)	-	1 ANTIMALARIALS
hydroxyurea cap (HYDREA equiv)	-	1 ANTINEOPLASTICS
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 sulfate CR tab (LEVIBID equiv)	-	1 ULCER DRUGS

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hyoscyamine sulfate elixir (LEVSIN equiv)	-	1 ULCER DRUGS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	1 ULCER DRUGS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	1 ULCER DRUGS
hyoscyamine sulfate soln (LEVSIN equiv)	-	1 ULCER DRUGS
hyoscyamine tab (LEVSIN equiv)	-	1 ULCER DRUGS
HYQVIA INJ	MSP-PA	2 PASSIVE IMMUNIZING AGENTS
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.

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IDELVION INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
imatinib tab (GLEEVEC equiv)	LMSP	1 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUWICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUWICA 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	EX VACCINES C
INCRELEX INJ (Only available through AnovoRx 844-288-5007)	LD	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
indapamide tab (LOZOL equiv)	-	1 DIURETICS

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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
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
INVIRASE TAB	-	2 ANTIVIRALS
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

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

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.**

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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
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
ISOSORBIDE MONONITRATE TAB	-	2 ANTIANGINAL AGENTS
ISOXSUPRINE TAB	-	1 CARDIOVASCULAR AGENTS - MISC.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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)	PA	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
IXCHIQ INJ	-	EX VACCINES C
IXIARO INJ	VAC	EX VACCINES C
IXINITY INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
JAKAFI TAB	PA	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JANUMET XR TAB	-	2 ANTIDIABETICS
JARDIANCE TAB (QL= 1 tab/day)	QL	2 ANTIDIABETICS
JAYPIRCA TAB (QL= 2 tabs/day)	LMSP-PA-QL	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
jinteli tab (FEMHRT equiv)	-	1 ESTROGENS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
JIVI INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
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
KALETRA SOLN	-	2 ANTIVIRALS
KALETRA TAB	-	2+p ANTIVIRALS enal ty
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+p ADHD / enal ANTI-NARCOLEPSY / ty 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

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<b>Drug Name</b>		<b>Special Code</b>	<b>Tier Category</b>
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
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
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 through 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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
KLOXXADO NASAL SPRAY	-	2 ANTIDOTES AND SPECIFIC ANTAGONISTS
KOGENATE FS INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
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
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 TAB	-	2 MINERALS & ELECTROLYTES
K-TAB	-	1 MINERALS & ELECTROLYTES
KYTRIL TAB (QL= 14 tabs/fill, 1 fill/30 days)	QL	2+p ANTIEMETICS enaltropine
Iabetalol tab (NORMODYNE equiv)	-	1 BETA BLOCKERS
Iacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30days)	QL	2 ANTICONVULSANTS

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Drug Name	Special Code	Tier Category
lacosamide tab (VIMPAT equiv)	-	1 ANTICONVULSANTS
lactulose soln	-	1 LAXATIVES
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
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) (QL= 2 caps/day)	OTC-QL	1 ULCER DRUGS
lansoprazole cap 30mg (QL= 1 cap/day)	QL	2 ULCER DRUGS / ANTISPASMODICS / ANTICHOLINERGICS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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
LATUDA TAB	-	2+p ANTIPSYCHOTICS / enal ANTIMANIC AGENTS ty
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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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
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

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levofloxacin tab (LEVAQUIN equiv)	-	1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	\$0	CONTRACEPTIVES
levonorgestrel-ethynodiol-2-diene-17-one tab (BALCOLTRA equiv)	-	\$0	CONTRACEPTIVES
levothyroxine tab (SYNTHROID equiv)	-	1	THYROID AGENTS
LEXIVA SUSP	-	2	ANTIVIRALS
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 liquid (RID equiv) (QL= 120ml/7 days, Limited to 2 fills/year)	OTC-QL	1	DERMATOLOGICALS
lice treatment shampoo (PRONTO equiv) (QL= 120ml/7 days, Limited to 2 fills/year)	OTC-QL	1	DERMATOLOGICALS
lidocaine cream 3% (LIDAMANTLE equiv)	-	1	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	1	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	1	DERMATOLOGICALS
LIDOCAINE GEL	-	2	DERMATOLOGICALS
lidocaine oint (QL= 107gm/30 days)	QL	1	DERMATOLOGICALS

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lidocaine soln (XYLOCAINE equiv)	-	1 DERMATOLOGICALS
lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv)	-	1 MOUTH / THROAT / DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	1 ANORECTAL AGENTS
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.
LINDANE SHAMPOO	-	1 DERMATOLOGICALS
linezolid susp (Restricted to Infectious Disease Specialist)	RS	1 ANTI-INFECTIVE AGENTS MISC.
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	1 ANTI-INFECTIVE AGENTS MISC.
LINZESS CAP (QL= 1 cap/day)	PA-QL	2 GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	1 THYROID AGENTS
liraglutide (weight mgmt) soln pen-inj (SAXENDA equiv)	-	EX ADHD / C 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

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lisdexamphetamine dimesylate cap (VYVANSE equiv)	-	1 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
lisdexamphetamine 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	-	EX DERMATOLOGICALS C
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

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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 available 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	-	EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS
LO LOESTRIN TAB	-	\$0 CONTRACEPTIVES
LOKELMA PAK	PA	2 MISCELLANEOUS THERAPEUTIC CLASSES
LOKELMA PAK 5GM	PA	2 MISCELLANEOUS THERAPEUTIC CLASSES
Iomustine cap (GLEOSTINE equiv)	-	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
lopinavir/ritonavir soln (KALETRA equiv)	-	1 ANTIVIRALS
lopinavir/ritonavir tab (KALETRA equiv)	-	1 ANTIVIRALS

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

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Drug Name	Special Code	Tier Category
LOPRESSOR SOLN (QL= 330mL/30 days)	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 OPHTHALMIC AGENTS
lurasidone hcl tab (LATUDA equiv)	-	1 ANTIPSYCHOTICS / ANTIMANIC AGENTS

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SMKG Smoking Cessation	ST	Step Therapy	
VAC Vaccine Program			

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LUVIRA CAP	-	EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS
LYRICA CAP (QL= 3 caps/day)	QL	2+p ANTICONVULSANTS enal ty
LYRICA CAP 225MG (QL= 2 caps/day)	QL	2+p ANTICONVULSANTS enal ty
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
LYVISPAN GRANULE PACKET (Prior Authorization required for members age 9 years and older)	PA	2 MUSCULOSKELETAL THERAPY AGENTS
mafénide acetate soln packet (SULFAMYLYON equiv)	-	2 DERMATOLOGICALS
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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
maraviroc tab (SELZENTRY equiv)	-	1 ANTIVIRALS
MARPLAN TAB	-	2 ANTIDEPRESSANTS
MATULANE CAP	-	2 ANTINEOPLASTICS
MAVENCLAD THERAPY PAK	LMSP	2 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
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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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
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.

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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	-	EX DIETARY PRODUCTS / C 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
METHADOSE CONC	ST	2+p ANALGESICS - OPIOID enal ty
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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
methenamine hippurate tab (HIPREX equiv)	-	1 ANTI-INFECTIVE AGENTS MISC.
methenamine mandelate tab	-	1 ANTI-INFECTIVE AGENTS MISC.
methimazole tab (TAPAZOLE equiv)	-	1 THYROID AGENTS
methocarbamol tab 1000mg (ROBAXIN equiv)	-	1 MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj	-	1 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METHOTREXATE IV SOLN 1000MG/40ML	-	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
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill; 1 fill/365 days)	QL	2 OXYTOCICS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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
methylprednisolone 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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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
MICONAZOLE 7 SUPP	OTC	1 VAGINAL PRODUCTS
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
midodrine tab (PROAMATINE equiv)	-	1 VASOPRESSORS
MIDUELLA, PARAGARD IUD	-	\$0 CONTRACEPTIVES
mifepristone tab 200mg (MIFIPREX equiv)	-	1 ENDOCRINE AND METABOLIC AGENTS - MISC.

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miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	1 HEMATOPOIETIC AGENTS
milk of magnesium	OTC	1 LAXATIVES
MINASTRIN CHEW TAB	-	\$0 CONTRACEPTIVES
minocycline cap (MINOCIN equiv)	-	1 TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	1 TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	1 ANTIHYPERTENSIVES
MIRALAX PACKET	OTC	2+p LAXATIVES enal ty
MIRALAX POWDER	OTC	2+p LAXATIVES enal ty
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

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<b>Drug Name</b>		<b>Special Code</b>	<b>Tier Category</b>
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	1	ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
moexipril tab (UNIVASC equiv)	-	1	ANTIHYPERTENSIVES
mometasone cream (ELOCON equiv)	-	1	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv)	-	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

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morphine sulfate soln	-	1 ANALGESICS - OPIOID
MORPHINE SULFATE SOLN 20MG/5ML	-	1 ANALGESICS - OPIOID
MORPHINE SULFATE SUPP	-	1 ANALGESICS - OPIOID
MORPHINE SULFATE TAB	-	1 ANALGESICS - OPIOID
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+p ANALGESICS - OPIOID enal ty
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
multivitamin/minerals tab (STROVITE equiv)	-	1 MULTIVITAMINS

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

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# Colorado Access Child Health Plan Plus HMO Formulary Cont.

## Alphabetical Index

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Drug Name	Special Code	Tier Category
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
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
naproxen EC tab (NAPROSYN EC equiv)	-	1 ANALGESICS - ANTI-INFLAMMATORY

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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/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
neomycin tab	-	1 AMINOGLYCOSIDES
neomycin/bacitracin/polymyxin oint (NEOSPORIN equiv)	OTC	1 DERMATOLOGICALS
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	1 OPHTHALMIC AGENTS

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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+p ANTICONVULSANTS enal ty
NEURONTIN TAB 600MG (QL= 6 tabs/day)	QL	2+p ANTICONVULSANTS enal ty
NEURONTIN TAB 800MG (QL= 4.5 tabs/day)	QL	2+p ANTICONVULSANTS enal ty
NEVIRAPINE ER TAB	-	1 ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv)	-	1 ANTIVIRALS

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NEVIRAPINE SUSP	-	1 ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	1 ANTIVIRALS
NEXIUM 24HR TAB	OTC	2+p ULCER DRUGS / enal ANTISPASMODICS / ty 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+p ANTIHYPERLIPIDEMICS enal ty
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.

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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 ANTI NEOPLASTICS AND ADJUNCTIVE THERAPIES
nilutamide tab (NILANDRON equiv)	LMSP	1 ANTI NEOPLASTICS AND ADJUNCTIVE THERAPIES
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 ANTI NEOPLASTICS AND ADJUNCTIVE THERAPIES
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	1 ANTI INFECTIVE AGENTS MISC.

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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 patch (NITRO-DUR equiv)	-	1 ANTIANGINAL AGENTS
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	-	EX MEDICAL DEVICES AND C SUPPLIES

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NON-PREFERRED CGM SENSOR	-	EX MEDICAL DEVICES AND C SUPPLIES
NON-PREFERRED CGM TRANSMITTER	-	EX MEDICAL DEVICES AND C SUPPLIES
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	\$0 CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol FE chew tab (MINASTRIN equiv)	-	\$0 CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	-	\$0 CONTRACEPTIVES
norethindrone tab (NORA-QD equiv)	-	\$0 CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	1 PROGESTINS
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	\$0 CONTRACEPTIVES
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

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NORVIR CAP	-	2 ANTIVIRALS
NORVIR POWDER PACK	-	2 ANTIVIRALS
NORVIR SOLN	-	2 ANTIVIRALS
NOVAVAX INJ (QL= 1 dose/24 days)	QL-VAC	\$0 VACCINES
NOVOEIGHT INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
NOVOFINE PEN NEEDLE	OTC	1 MEDICAL DEVICES AND SUPPLIES
NOVOSEVEN RT INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
NOVOTWIST PEN NEEDLE	OTC	1 MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	1 MEDICAL DEVICES AND SUPPLIES
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1 THYROID AGENTS
NUCALA INJ (QL= 1 inj/28 days)	LMSP-PA-QL	2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUWIQ INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
NUWIQ KIT	-	EX HEMATOLOGICAL C AGENTS - MISC.

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nystatin cream (MYCOSTATIN CREAM equiv)	-	1 DERMATOLOGICALS
nystatin oint	-	1 DERMATOLOGICALS
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
OBIZUR INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
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

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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
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	-	EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS
olmesartan tab (BENICAR equiv)	-	1 ANTIHYPERTENSIVES

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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
OLUMIANT TAB (QL= 1 tab/day)	LMSP-PA-QL	2 ANALGESICS - ANTI-INFLAMMATORY
OLUX FOAM	PA	2+p DERMATOLOGICALS enal ty
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
OMNITROPE INJ	LMSP-PA	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
ondansetron ODT (ZOFTRAN equiv)	-	1 ANTIEMETICS
ondansetron soln (ZOFTRAN equiv)	-	1 ANTIEMETICS
ondansetron tab (ZOFTRAN equiv)	-	1 ANTIEMETICS

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ONYDA TAB	PA	2 ADHD / ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
OPILL TAB opium tincture	OTC -	\$0 CONTRACEPTIVES 1 ANTIDIARRHEALS
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2 CARDIOVASCULAR AGENTS - MISC.
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.

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<b>Drug Name</b>		<b>Special Code</b>	<b>Tier Category</b>
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)		LD-PA-QL	2 RESPIRATORY 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
OVCON 35 TAB	-		\$0 CONTRACEPTIVES
OVIDREL INJ	INF		EX ENDOCRINE AND C METABOLIC AGENTS - MISC.
oxaprozin tab (DAYPRO equiv)	-		1 ANALGESICS - ANTI-INFLAMMATORY
oxcarbazepine susp (TRILEPTAL equiv)	-		1 ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-		1 ANTICONVULSANTS

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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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
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+p ANALGESICS - OPIOID enality
OYSTER SHELL/D TAB	OTC	1 MINERALS & ELECTROLYTES

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

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OZEMPIK INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2 ANTIDIABETICS
PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	2 ALLERGENIC EXTRACTS / BIOLOGICALS MISC
PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)	LD-PA	2 ALLERGENIC EXTRACTS / BIOLOGICALS MISC
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
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
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

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MSP Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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
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
PENMENVY INJ	VAC	\$0 VACCINES
PENTACEL INJ	VAC	\$0 TOXOIDS
pentamidine neb soln (NEBUPENT equiv)	-	1 ANTI-INFECTIVE AGENTS MISC.

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MSP Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
PENTASA CR CAP	-	2 GASTROINTESTINAL AGENTS - MISC.
PENTASA CR CAP 500MG	-	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
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 (PYRIDIUM equiv)	-	1 GENITOURINARY AGENTS - MISCELLANEOUS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
PHENDIMETRAZINE ER TAB	-	EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
phendimetrazine tab (BONTRIL PDM equiv)	-	EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
PHENELZINE SULFATE TAB	-	1 ANTIDEPRESSANTS
phenelzine tab (NARDIL equiv)	-	1 ANTIDEPRESSANTS
phenobarbital elixir	-	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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1 MINERALS & ELECTROLYTES
phytonadione tab (MEPHYTON equiv)	-	1 VITAMINS
PIFELTRO TAB	-	2 ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1 OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	1 MOUTH / THROAT / DENTAL AGENTS
pimecrolimus cream (ELIDEL equiv) (Covered for members age 2 years and older; Step Therapy requires trial of tacrolimus oint)	ST	1 DERMATOLOGICALS
PIMOZIDE TAB	-	2 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
PLAN B TAB	OTC	\$0 CONTRACEPTIVES
PLENITY CAP	-	EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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PNEUMOVAX INJ (QL= 1 inj/lifetime for members 2 years and older)	QL-VAC	\$0 VACCINES
PODIAPN CAP	-	EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS
PODOCON SOLN	-	2 DERMATOLOGICALS
PODOFILOX SOLN	-	1 DERMATOLOGICALS
podoflox soln (CONDYLOX equiv)	-	1 DERMATOLOGICALS
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	1 LAXATIVES
POLYETHYLENE GLYCOL 8000 GRANULES	-	2 PHARMACEUTICAL ADJUVANTS
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

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MSP	Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
PA	Prior Authorization	QL Quantity Limit
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
potassium chloride powder packet (KLOR-CON equiv)	-	2 MINERALS & ELECTROLYTES
potassium chloride soln	-	2 MINERALS & ELECTROLYTES
<b>POTASSIUM CHLORIDE TAB ER</b>	-	1 MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K TAB equiv)	-	1 GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1 GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1 GENITOURINARY AGENTS - MISCELLANEOUS
potassium iodide oral soln (SSKI equiv)	-	1 COUGH / COLD / ALLERGY
potassium phosphate monobasic tab (K-PHOS equiv)	-	1 MINERALS & ELECTROLYTES
pramipexole ER tab (MIRAPEX ER equiv)	-	1 ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	1 ANTIPARKINSON AGENTS
<b>PRAMOSONE CREAM 1-1%</b>	-	2 DERMATOLOGICALS
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	1 ANORECTAL AGENTS
pravastatin tab (PRAVACHOL equiv)	-	1 ANTIHYPERLIPIDEMICS
prazosin cap (MINIPRESS equiv)	-	1 ANTIHYPERTENSIVES
<b>PRECISION XTRA KETONE TEST STRIP</b>	OTC	2 DIAGNOSTIC PRODUCTS

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PRED MILD OPHTH SOLN	-	2 OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	2 OPHTHALMIC AGENTS
PREDNICARBATE OIN	-	2 DERMATOLOGICALS
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
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
PREHEVBRIQ SUSP (Covered for age 18 years and older)	VAC	\$0 VACCINES
PREMARIN TAB	-	2 ESTROGENS

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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
PREVNAR 20 INJ	VAC	\$0 VACCINES
PREVYMIC 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+p ANTIVIRALS enal ty
PRIFTIN TAB	-	2 ANTIMYCOBACTERIAL AGENTS

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primidone tab (MYSOLINE equiv)	-	1 ANTICONVULSANTS
PRIMSOL SOLN	-	2 ANTI-INFECTIVE AGENTS MISC.
PRIORIX INJ (Covered for members age 1 year and older)	VAC	\$0 VACCINES
probenecid tab (BENEMID equiv)	-	1 GOUT AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	1 ANTIPSYCHOTICS / ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	1 ANTIPSYCHOTICS / ANTIMANIC AGENTS
PROCTOFOAM HC FOAM	-	2 ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	1 ANORECTAL AGENTS
PROFILNINE INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
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

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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
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
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

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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
PULMOZYME INH SOLN	LMSP	2 RESPIRATORY AGENTS - MISC.
pyrazinamide tab	-	1 ANTIMYCOBACTERIAL AGENTS
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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
quinidine gluconate CR tab	-	1 ANTIARRHYTHMICS
quinidine sulfate tab	-	1 ANTIARRHYTHMICS
QVAR REDIHALER	-	2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
RABAVERT INJ	VAC	EX VACCINES C
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.
REBINYN INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
RECOMBINATE INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
REGRANEX GEL (QL= 30gm/fill)	QL	2 DERMATOLOGICALS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	2 ANTIVIRALS
RENOVA CREAM	-	EX DERMATOLOGICALS
repaglinide tab (PRANDIN equiv)	-	C ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2 ANTIHYPERLIPIDEMICS
REPATHA PUSHTRONEX INJ (QL= 1 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	-	2+p DERMATOLOGICALS enal ty

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REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	2+p MISCELLANEOUS enal THERAPEUTIC CLASSES ty
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
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	-	EX DERMATOLOGICALS C
RIBAVIRIN CAP	LMSP	1 ANTIVIRALS
ribavirin cap (REBETOL equiv)	LMSP	1 ANTIVIRALS
RIBAVIRIN TAB	LMSP	1 ANTIVIRALS
rifabutin cap (MYCOBUTIN equiv)	-	1 ANTIMYCOBACTERIAL AGENTS

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rifampin cap (RIFADIN equiv)	-	1 ANTIMYCOBACTERIAL AGENTS
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
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

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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
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
RIXUBIS INJ	-	EX C	HEMATOLOGICAL AGENTS - MISC.
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
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

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ROZLYTREK CAP (QL= 3 caps/day)	LMSP-PA-QL	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROZLYTREK PAK (QL= 3 packs/day)	PA-QL	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ (Only available through Accredo 800-803-2523)	LD-PA	2 HEMATOLOGICAL AGENTS - MISC.
rufinamide susp (BANZEL equiv)	PA	1 ANTICONVULSANTS
rufinamide tab (BANZEL equiv) (QL= 8 tabs/day)	PA-QL	1 ANTICONVULSANTS
RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2 ANTIDIABETICS
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
salicylic acid shampoo (SALEX equiv)	-	1 DERMATOLOGICALS
saline nasal spray (OCEAN equiv)	OTC	1 NASAL AGENTS - SYSTEMIC AND TOPICAL
salsalate tab (DISALCID equiv)	-	1 ANALGESICS - NONNARCOTIC
SANDIMMUNE CAP	-	2 ASSORTED CLASSES
SANDIMMUNE SOLN 100MG/ML	-	2 ASSORTED CLASSES

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SAVELLA PAK	-	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB	-	2 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAXENDA INJ	-	EX ADHD / C 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 sulfide lotion 2.5% (SELSUN equiv)	-	1 DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	1 DERMATOLOGICALS
SELZENTRY SOLN	-	2 ANTIVIRALS
SELZENTRY TAB	-	2 ANTIVIRALS
SELZENTRY TAB	-	2+p ANTIVIRALS enal ty
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ	-	2 ANTIDIABETICS
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN	-	2 ANTIDIABETICS

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senna cap (SENOKOT equiv)	OTC	1 LAXATIVES
senna syrup (SENOKOT equiv)	OTC	1 LAXATIVES
senna tab (SENOKOT equiv)	OTC	1 LAXATIVES
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.
SEVENFACT INJ	-	EX HEMATOLOGICAL C 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

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SIMPONI AUTO-INJECTOR 100MG	PA	2 ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 100MG	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
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.
SKYTROFA INJ	LMSP-PA	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
SLYND TAB	-	\$0 CONTRACEPTIVES

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smz/tmp (DS) tab (BACTRIM DS equiv)	-	1 ANTI-INFECTIVE AGENTS MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1 ANTI-INFECTIVE AGENTS MISC.
sodium bicarbonate tab	OTC	1 ANTACIDS
sodium chloride neb soln (HYPER-SAL equiv)	OTC	1 COUGH / COLD / ALLERGY
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 (PREVIDENT equiv)	-	1 MOUTH / THROAT / DENTAL AGENTS
sodium fluoride paste (PREVIDENT equiv)	-	1 MOUTH / THROAT / DENTAL AGENTS
sodium fluoride rinse (PREVIDENT equiv)	-	1 MOUTH / THROAT / DENTAL AGENTS
sodium fluoride soln (LURIDE SOLN. equiv)	-	\$0 MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB	-	\$0 MINERALS & ELECTROLYTES

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sodium phenylbutyrate powder (BUPHENYL equiv)	PA	1 ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	PA	1 ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	1 ASSORTED CLASSES
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
SOFOSBUVIR/VELPATASVIR TAB 400-100MG (QL= 1 tab/day)	PA-QL	1 ANTIVIRALS
SOGROYA INJ	LMSP-PA	2 ENDOCRINE AND METABOLIC AGENTS - MISC.

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EXC	Plan Exclusion	INF	Infertility
LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit
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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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
solifenacina 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.
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

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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 of 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
SSKI ORAL SOLN	-		2+p COUGH / COLD / ALLERGY enal ty
STAVUDINE CAP	-		1 ANTIVIRALS
stavudine cap (ZERIT equiv)	-		1 ANTIVIRALS
STENDRA TAB	-		EX CARDIOVASCULAR C 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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
STIMATE NASAL SOLN	-	2 ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER	-	2 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STRIBILD TAB (QL= 1 tab/day)	QL	2 ANTIVIRALS
SUBLOCADE SOLN, BRIXADI SOLN	LMSP	2 ANALGESICS - OPIOID
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
SULFAMYLYON CREAM	-	2 DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	1 GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	1 GASTROINTESTINAL AGENTS - MISC.

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<b>Drug Name</b>		<b>Special Code</b>	<b>Tier Category</b>
sulindac tab (CLINORIL equiv)	-		1 ANALGESICS - ANTI-INFLAMMATORY
SUMADAN WASH 9-4.5%	-		2+p DERMATOLOGICALS
			enal
			ty
SUMATRIPTAN INJ (QL= 6 inj/30 days)	QL		1 MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL		1 MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL		1 MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 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+p ANTIVIRALS
			enal
			ty
SYNAGIS INJ	LMSP-PA		2 PASSIVE IMMUNIZING AGENTS
SYNJARDY TAB (QL= 2 tabs/day)	QL		2 ANTIDIABETICS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2 ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2 ANTIDIABETICS
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; Only 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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
tamoxifen tab (NOLVADEX equiv)	-	1 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	1 GENITOURINARY AGENTS - MISCELLANEOUS
TASIGNA CAP	LMSP-PA	2+p ANTINEOPLASTICS AND enalADJUNCTIVE THERAPIES ty
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
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	1 ANTIVIRALS
terazosin cap (HYTRIN equiv)	-	1 ANTIHYPERTENSIVES
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)	PA	1 ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ	PA	1 ANDROGENS-ANABOLIC
testosterone enanthate inj (DELATESTRYL INJ. equiv)	PA	1 ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ 200MG/ML	PA	1 ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	1 ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	2 ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	1 ANDROGENS-ANABOLIC

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	2 ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2 ANDROGENS-ANABOLIC
TESTOSTERONE GEL 20.25MG/1.25GM (QL= 1 packet/day)	PA-QL	2 ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	1 ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	1 ANDROGENS-ANABOLIC
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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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 (GABITRIL equiv)	-	1 ANTICONVULSANTS
TICOVAC INJ	VAC	EX VACCINES C
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 (BLOCADREN equiv)	-	1 BETA BLOCKERS
timolol ophth soln (BETIMOL equiv)	-	1 OPHTHALMIC AGENTS
tinidazole tab (TINDAMAX equiv)	-	1 ANTI-INFECTIVE AGENTS MISC.
tiopronin tab (THIOLA equiv)	LMSP-PA	1 GENITOURINARY AGENTS - MISCELLANEOUS

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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
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

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tolterodine tab (DETROL equiv)	-		1 URINARY ANTISPASMODICS
tolvaptan tab (SAMSCA, JYNARQUE equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	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
TOUJEO SOLOSTAR INJ	-		2 ANTIDIABETICS
TOVIAZ TAB	-		2+p URINARY enal ANTISPASMODICS ty
TRACLEER TAB (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL		2+p CARDIOVASCULAR enal AGENTS - MISC. ty

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Drug Name	Special Code	Tier Category
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
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

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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
TRESIBA INJ	-	2 ANTIDIABETICS
tretinoin cap (VESANOID equiv)	LMSP	1 ANTINEOPLASTICS
tretinoin cream	-	1 DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv)	-	1 DERMATOLOGICALS
TRETEN INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
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
triazolam tab (HALCION equiv)	-	1 HYPNOTICS / SEDATIVES SLEEP DISORDER AGENTS
tricitrates soln (POLYCITRA-LC equiv)	-	1 GENITOURINARY AGENTS - MISCELLANEOUS
tricon cap (TRINSICON equiv)	-	1 HEMATOPOIETIC AGENTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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 SOLN	-	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	-	EX DERMATOLOGICALS C
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

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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
TRIZIVIR TAB	-	2	ANTIVIRALS
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 available through PantheRx 855-726-8479)	LD-PA-QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
tussigon tab (HYCODAN equiv)	-	1	COUGH / COLD / ALLERGY
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
TYENNE INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2	ANALGESICS - ANTI-INFLAMMATORY

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
TYPHIM VI INJ	VAC	EX VACCINES C
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523 )	LD-PA-QL	2 CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2 CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2 CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2 CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2 CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2 CARDIOVASCULAR AGENTS - MISC.
TYVASO INH SOLN 0.6 MG/ML (Only available through Accredo 800-803-2523)	LD-PA	2 CARDIOVASCULAR AGENTS - MISC.
UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	2 MIGRAINE PRODUCTS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
UPNEEQ SOLN	-	EX OPHTHALMIC AGENTS C
ursodiol cap (ACTIGALL equiv)	-	1 GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	1 GASTROINTESTINAL AGENTS - MISC.
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
VALTOCO NASAL SPRAY (QL= 5 doses/fill)	QL	2 ANTICONVULSANTS
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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
VANFLYTA TAB 26.5MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VANIQA CREAM	-	EX DERMATOLOGICALS C
VARENICLINE TAB (Prior Authorization Required only if member is less than 16 years old)	PA	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab (VARENICLINE equiv) (Prior Authorization Required only if member is less than 16 years old)	PA	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year; Prior Authorization Required only if member is less than 16 years old)	PA-QL-SMKG	\$0 PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VARIVAX INJ	VAC	\$0 VACCINES
VAXCHORA SUSP	VAC	EX VACCINES C
VAXELIS INJ (QL= 1 inj/2 months; Covered for members aged 6 weeks to 6 years old)	QL-VAC	\$0 TOXOIDS
VAXNEUVANCE INJ	VAC	EX VACCINES C
VELIVET PAK	-	\$0 CONTRACEPTIVES

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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.
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	1 ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VERAPAMIL ER CAP	-	2 CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN equiv)	-	1 CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	1 CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	1 CALCIUM CHANNEL BLOCKERS

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
VERELAN CAP	-	2+p CALCIUM CHANNEL enal BLOCKERS ty
V-GO INJ KIT (QL= 1 kit/day)	QL	2 MEDICAL DEVICES AND SUPPLIES
vienna 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
vigadronate 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	EX VACCINES C
VIMPAT INJ (QL= 1200 units/30 days)	QL	2+p ANTICONVULSANTS enal ty

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
VIMPAT TAB	-	2+p ANTICONVULSANTS enal ty
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 D3 TAB	OTC	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	EX VACCINES C
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
VONVENDI INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.

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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.
VYVANSE CAP	-	2+p ADHD / enal ANTI-NARCOLEPSY / ty ANTI-OBESITY / ANOREXIANTS

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warfarin tab (COUMADIN equiv)	-	1 ANTICOAGULANTS
WEGOVY INJ	-	EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
WEGOVY INJ 1.7MG/0.75ML	-	EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
WEGOVY INJ 2.4MG/0.75ML	-	EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
WELCHOL PACK	-	2+p ANTIHYPERLIPIDEMICS enality
WELCHOL TAB	-	2+p ANTIHYPERLIPIDEMICS enality
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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
WILATE INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
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= 2 caps/day)	MSP-PA-QL	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XALKORI SPRINKLE CAP (QL= 4 caps/day)	PA-QL	2 ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XAQUIL XR TAB	-	EX DIETARY PRODUCTS / C DIETARY MANAGEMENT PRODUCTS
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
XELJANZ SOLN (QL= 10 ml/day)	PA-QL	2 ANALGESICS - ANTI-INFLAMMATORY
XELJANZ TAB (QL= 2 tabs/day)	PA-QL	2 ANALGESICS - ANTI-INFLAMMATORY

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

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.**

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**Last Updated 12/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
XELJANZ XR TAB (QL= 1 tab/day)	PA-QL	2 ANALGESICS - ANTI-INFLAMMATORY
XEMBIFY INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	2 PASSIVE IMMUNIZING AND TREATMENT AGENTS
XENICAL CAP	-	EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS
XENLETA TAB	PA	2 ANTI-INFECTIVE AGENTS . MISC.
XIGDUO XR TAB (QI= 2 tabs/day)	QL	2 ANTIDIABETICS
XIGDUO XR TAB 10-1000MG (QL= 1 tab/day)	QL	2 ANTIDIABETICS
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2 ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2 ANTIDIABETICS
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

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**Last Updated 12/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
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	2 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
XYNTHA INJ	-	EX HEMATOLOGICAL C AGENTS - MISC.
XYZBAC TAB	-	EX DIETARY PRODUCTS / C 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

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
YEZTUGO TAB (QL= 4 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	\$0 ANTIVIRALS
YF-VAX INJ	VAC	EX VACCINES C
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
zaflurkast 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
ZEPBOUND INJ	-	EX ADHD / C ANTI-NARCOLEPSY / ANTI-OBESITY / ANOREXIANTS

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VAC Vaccine Program		

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<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
ZEPBOUND VIAL INJ	-	EX ADHD / C 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.
ZILBRYSQ INJ 23MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	2 HEMATOLOGICAL AGENTS - MISC.
ZILBRYSQ INJ 32.4MG (QL= 1 inj/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	2 HEMATOLOGICAL AGENTS - MISC.
ZIMHI SOLN	-	2 ANTIDOTES AND SPECIFIC ANTAGONISTS
zinc gluconate tab	OTC	1 MINERALS & ELECTROLYTES

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<b>Drug Name</b>		<b>Special Code</b>	<b>Tier Category</b>
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
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
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
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
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2	OPHTHALMIC AGENTS

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Alphabetical Index****Last Updated 12/1/2025**

<b>Drug Name</b>	<b>Special Code</b>	<b>Tier Category</b>
ZYRTEC CHILD CHEW TAB	OTC	EX ANTIHISTAMINES C

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**Colorado Access Child Health Plan Plus HMO Formulary**

**Category/Class**

**Last Updated\* 12/1/2025**

<b>DrugName</b>		<b>Special Code</b>	<b>Tier</b>
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS</b>			
<b>AMPHETAMINES</b>			
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv) (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
<b>ANALEPTICS</b>			
caffeine citrate soln (CAFCIT equiv) (Covered for members age 11 months and younger)	-		2
<b>ANOREXIANTS NON-AMPHETAMINE</b>			
BENZPHETAMINE TAB	-		EXC
DIETHYLPROPION ER TAB	-		EXC
diethylpropion tab	-		EXC
PHENDIMETRAZINE ER TAB	-		EXC
phendimetrazine tab (BONTRIL PDM equiv)	-		EXC
PLENITY CAP	-		EXC
<b>ANTI-OBESITY AGENTS</b>			
liraglutide (weight mgmt) soln pen-inj (SAXENDA equiv)	-		EXC

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## Category/Class

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DrugName	Special Code	Tier
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.</b>		
SAXENDA INJ	-	EXC
WEGOVY INJ	-	EXC
WEGOVY INJ 1.7MG/0.75ML	-	EXC
WEGOVY INJ 2.4MG/0.75ML	-	EXC
XENICAL CAP	-	EXC
ZEPBOUND INJ	-	EXC
ZEPBOUND VIAL INJ	-	EXC
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
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 TAB	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
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

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<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.</b>		
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 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
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC</b>		
<b>ALLERGENIC EXTRACTS</b>		
PALFORZIA POWDER PACK (Only available through Walgreens 888-347-3416)	LD-PA	2
PALFORZIA SPRINKLE CAP (Only available through Walgreens 888-347-3416)	LD-PA	2
PALFORZIA SPRINKLE CAP 1 MG (Only available through Walgreens 888-347-3416)	LD-PA	2
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
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		
neomycin tab	-	1

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DrugName	Special Code	Tier
<b>AMINOGLYCOSIDES Cont.</b>		
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
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
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
XELJANZ SOLN (QL= 10 ml/day)	PA-QL	2
XELJANZ TAB (QL= 2 tabs/day)	PA-QL	2
XELJANZ XR TAB (QL= 1 tab/day)	PA-QL	2
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	LMSP-PA-QL	2
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

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## Category/Class

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DrugName	Special Code	Tier
<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
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
SIMPONI INJ 100MG	PA	2
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		
KINERET INJ (QL= 1 inj/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
KEVZARA INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
TYENNE INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		

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SMKG	Smoking Cessation		ST	Step Therapy	
VAC	Vaccine Program				

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
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
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

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NC =Not Covered		generic =small letters		BRANDS =CAPITAL LETTERS	
EXC	Plan Exclusion	INF		Infertility	
LD	Limited Distribution	LMSP		Lumicera Mandatory Specialty Pharmacy Program	
MSP	Mandatory Specialty Pharmacy Program	OTC		Over-the-Counter	
PA	Prior Authorization	QL		Quantity Limit	
RDX	Restricted to Diagnosis	RS		Restricted to Specialist	
SMKG	Smoking Cessation	ST		Step Therapy	
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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
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
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	LMSP-PA-QL	2
OTEZLA TAB (QL= 2 tabs/day)	LMSP-PA-QL	2
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
leflunomide tab (ARAVA equiv)	-	1
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
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
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>ANALGESICS - ANTI-INFLAMMATORY Cont.</b>		
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
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESICS OTHER</b>		
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
acetaminophen supp (TYLENOL equiv)	OTC	1
acetaminophen tab (TYLENOL equiv)	OTC	1
ACETAMINOPHEN SOLN	OTC	2
<b>SALICYLATES</b>		
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

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

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DrugName	Special Code	Tier
<b>ANALGESICS - NONNARCOTIC Cont.</b>		
salsalate tab (DISALCID equiv)	-	1
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
codeine sulfate tab	-	1
fentanyl patch (DURAGESIC equiv) (Step Therapy requires step through IR opioid if ST opioid naïve (Opioid ER Dependency))		1
hydromorphone ER tab (EXALGO equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1
hydromorphone liquid (DILAUDID-5 LIQUID equiv)	-	1
hydromorphone tab (DILAUDID equiv)	-	1
methadone soln (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1
methadone tab (DOLOPHINE equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	1
methadose tab (Step Therapy requires step through IR opioid if opioid naïve (Opioid 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

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**Colorado Access Child Health Plan Plus HMO Formulary**
**Category/Class**
**Last Updated\* 12/1/2025**

DrugName	Special Code	Tier
<b>ANALGESICS - OPIOID Cont.</b>		
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
tramadol ER tab (ULTRAM ER equiv) (Step Therapy requires step through IR opioid ST 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 IF QL-ST 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 QL-ST opioid if opioid naïve (Opioid ER Dependency))	QL-ST	2+penalty

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>ANALGESICS - OPIOID Cont.</b>		
<b>OPIOID COMBINATIONS</b>		
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 (PERCO CET equiv)	-	1
tramadol/acetaminophen tab (ULTRACET equiv)	-	1
APAP/CODEINE SOLN	-	2
<b>OPIOID PARTIAL AGONISTS</b>		
buprenorphine SL tab (SUBUTEX equiv)	-	1
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	1
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/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)	PA	1
TESTOSTERONE ENANTHATE INJ	PA	1
testosterone enanthate inj (DELATESTRYL INJ. equiv)	PA	1

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

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DrugName	Special Code	Tier
<b>ANDROGENS-ANABOLIC Cont.</b>		
TESTOSTERONE ENANTHATE INJ 200MG/ML	PA	1
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	1
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	1
TESTOSTERONE GEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	1
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	1
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	2
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	2
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	2
TESTOSTERONE GEL 20.25MG/1.25GM (QL= 1 packet/day)	PA-QL	2
<b>ANORECTAL AGENTS</b>		
<b>INTRARECTAL STEROIDS</b>		
hydrocortisone enema (CORTENEMA equiv)	-	1
<b>RECTAL COMBINATIONS</b>		
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	1
pramoxine/hydrocortisone cream (ANALPRAM HC equiv)	-	1
PROCTOFOAM HC FOAM	-	2
<b>RECTAL STEROIDS</b>		
proctosol HC cream (ANUSOL HC equiv)	-	1
hydrocortisone supp (ANUSOL HC equiv)	-	2
<b>ANORECTAL AND RELATED PRODUCTS</b>		
<b>RECTAL STEROIDS</b>		

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**Last Updated\* 12/1/2025**

<b>DrugName</b>		<b>Special Code</b>	<b>Tier</b>
<b>ANORECTAL AND RELATED PRODUCTS Cont.</b>			
HYDROCORTISONE CREAM		-	1
<b>ANTACIDS</b>			
<b>ANTACIDS - BICARBONATE</b>			
sodium bicarbonate tab		OTC	1
<b>ANTACIDS - CALCIUM SALTS</b>			
CALCIUM CARB SUSP		OTC	1
calcium carbonate chew tab (TUMS equiv)		OTC	1
calcium carbonate susp		OTC	1
<b>ANTHELMINTICS</b>			
<b>ANTHELMINTICS</b>			
ivermectin tab (STROMECTOL equiv)		-	1
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)		RS	2
<b>ANTIANGINAL AGENTS</b>			
<b>NITRATES</b>			
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 patch (NITRO-DUR equiv)		-	1
nitroglycerin SL tab (NITROSTAT equiv)		-	1

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## Category/Class

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DrugName	Special Code	Tier
<b>ANTIANGINAL AGENTS Cont.</b>		
ISOSORBIDE MONONITRATE TAB	-	2
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	2
<b>ANTIANXIETY AGENTS</b>		
<b>ANTIANXIETY AGENTS - MISC.</b>		
buspirone tab (BUSPAR equiv)	-	1
hydroxyzine pamoate cap (VISTARIL equiv)	-	1
hydroxyzine syrup (ATARAX equiv)	-	1
hydroxyzine tab (ATARAX equiv)	-	1
<b>BENZODIAZEPINES</b>		
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
<b>ANTIARRHYTHMICS</b>		
<b>ANTIARRHYTHMICS TYPE I-A</b>		
disopyramide cap (NORPACE equiv)	-	1

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<b>ANTIARRHYTHMICS Cont.</b>		
quinidine gluconate CR tab	-	1
quinidine sulfate tab	-	1
NORPACE CR CAP	-	2
<b>ANTIARRHYTHMICS TYPE I-B</b>		
mexiletine hcl cap	-	1
<b>ANTIARRHYTHMICS TYPE I-C</b>		
flecainide tab (TAMBOCOR equiv)	-	1
propafenone tab (RYTHMOL equiv)	-	1
<b>ANTIARRHYTHMICS TYPE III</b>		
amiodarone tab (CORDARONE equiv)	-	1
dofetilide cap (TIKOSYN equiv)	-	1
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA PEN INJ (QL= 1 inj/56 days)	LMSP-PA-QL	2
NUCALA INJ (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 SYRINGE 150MG/ML (QL= 2 inj/28 days)	LMSP-PA-QL	2
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ipratropium neb soln (ATROVENT equiv)	-	1

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DrugName	Special Code	Tier
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therap QL-ST requires trial of ADVAIR, BREO, DULERA, FLUTICASONE/SALMETEROL or BUDESONIDE/FORMOTEROL)		2
<b>LEUKOTRIENE MODULATORS</b>		
montelukast chew tab (SINGULAIR equiv)	-	1
montelukast tab (SINGULAIR equiv)	-	1
zafirlukast tab (ACCOLATE equiv)	-	1
<b>STEROID INHALANTS</b>		
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
QVAR REDIHALER	-	2
<b>SYMPATHOMIMETICS</b>		
albuterol HFA inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	1
albuterol neb soln	-	1

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<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
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/30 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
VENTOLIN HFA INHALER (QL= 2 inhalers/30 days)	QL	1
ADVAIR DISKUS INHALER	-	2
ADVAIR HFA INHALER	-	2
BREO ELLIPTA INHALER	-	2
COMBIVENT RESPIMAT INHALER	-	2
DULERA INHALER	-	2
SEREVENT DISKUS INHALER	-	2

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

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.</b>		
STIOLTO INHALER	-	2
TRELEGY ELLIPTA INHALER	-	2
<b>XANTHINES</b>		
theophylline er tab (THEOPHYLLINE ER equiv)	-	1
theophylline ER tab (UNIPHYL equiv)	-	1
theophylline soln	-	1
ELIXOPHYLLIN ELIXIR	-	2
THEOPHYLLINE TAB ER	-	2
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
warfarin tab (COUMADIN equiv)	-	1
<b>DIRECT FACTOR XA INHIBITORS</b>		
rivaroxaban for susp (XARELTO equiv)	-	1
rivaroxaban tab 2.5mg (XARELTO equiv)	-	1
ELIQUIS TAB, ELIQUIS STARTER PACK	-	2
XARELTO SUSP	-	2
XARELTO TAB	-	2
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
enoxaparin inj (LOVENOX equiv)	-	1
heparin flush	-	1
FRAGMIN INJ	-	2

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DrugName	Special Code	Tier
<b>ANTICOAGULANTS Cont.</b>		
<b>THROMBIN INHIBITORS</b>		
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	2
<b>ANTICONVULSANTS</b>		
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
clobazam tab (ONFI equiv)	-	1
clonazepam ODT (KLOONOPIN equiv)	-	1
clonazepam tab (KLOONOPIN equiv)	-	1
clobazam susp (ONFI equiv) (Prior Authorization required for members age 9 years and older)	PA	2
diazepam rectal gel (QL= 2 packs/fill)	QL	2
NAYZILAM SPRAY (QL= 4 doses/fill)	QL	2
VALTOCO NASAL SPRAY (QL= 5 doses/fill)	QL	2
<b>ANTICONVULSANTS - MISC.</b>		
carbamazepine chew tab (TEGRETOL equiv)	-	1
carbamazepine ER tab (TEGRETOL XR equiv)	-	1
carbamazepine susp (TEGRETOL equiv)	-	1
carbamazepine tab (TEGRETOL equiv)	-	1
gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)	QL	1
gabapentin 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

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

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DrugName	Special Code	Tier
<b>ANTICONVULSANTS Cont.</b>		
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
primidone tab (MYSOLINE equiv)	-	1
rufinamide susp (BANZEL equiv)	PA	1
rufinamide tab (BANZEL equiv) (QL= 8 tabs/day)	PA-QL	1
topiramate oral soln (EPRONTIA equiv) (Prior Authorization required for members age 9 years and older)	PA	1
topiramate sprinkle cap (TOPAMAX equiv)	-	1
topiramate tab (TOPAMAX equiv)	-	1

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<b>ANTICONVULSANTS Cont.</b>		
zonisamide cap (ZONEGRAN equiv)	-	1
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
EPONTIA 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
ZONISADE SUSP (Prior Authorization required for members age 9 years and older)	PA	2
ZTALMY SUSP (QL= 1100ml/30 days; Only available through Orsini 800-410-8575)	LD-PA-QL	2
BANZEL SUSP	PA	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

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## Category/Class

Last Updated\* 12/1/2025

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<b>ANTICONVULSANTS Cont.</b>		
NEURONTIN TAB 800MG (QL= 4.5 tabs/day)	QL	2+penalty
VIMPAT INJ (QL= 1200 units/30 days)	QL	2+penalty
VIMPAT TAB	-	2+penalty
<b>CARBAMATES</b>		
felbamate susp (FELBATOL equiv)	-	1
felbamate tab (FELBATOL equiv)	-	2
<b>GABA MODULATORS</b>		
tiagabine tab (GABITRIL equiv)	-	1
vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Lumicera 855-847-3553)	LD-PA	1
vigabatrin tab (SABRIL equiv) (Only available through Lumicera 855-847-3553)	LD-PA	1
vigadronate powder pack (Only available through PantheRx 855-726-8479)	LD-PA	1
<b>HYDANTOINS</b>		
phenytoin cap (DILANTIN equiv)	-	1
phenytoin chew tab (DILANTIN equiv)	-	1
phenytoin susp (DILANTIN equiv)	-	1
DILANTIN CAP 30MG	-	2
<b>SUCCINIMIDES</b>		

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<b>ANTICONVULSANTS Cont.</b>		
ethosuximide cap (ZARONTIN equiv)	-	1
ethosuximide soln (ZARONTIN equiv)	-	1
methsuximide cap (CELONTIN equiv)	-	1
<b>VALPROIC ACID</b>		
divalproex ER tab (DEPAKOTE ER equiv)	-	1
divalproex sodium DR tab (DEPAKOTE equiv)	-	1
divalproex sprinkle cap (DEPAKOTE equiv)	-	1
valproic acid cap (DEPAKENE equiv)	-	1
valproic acid syrup (DEPAKENE equiv)	-	1
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
mirtazapine ODT (REMERON equiv)	-	1
mirtazapine tab (REMERON equiv)	-	1
<b>ANTIDEPRESSANTS - MISC.</b>		
bupropion ER tab (WELLBUTRIN equiv)	-	1
bupropion tab (WELLBUTRIN equiv)	-	1
bupropion XL tab (WELLBUTRIN XL equiv)	-	1
<b>GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID</b>		
ZURZUVAE CAP 20MG, 25MG (QL= 28 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	2

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## Category/Class

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DrugName	Special Code	Tier
<b>ANTIDEPRESSANTS Cont.</b>		
ZURZUVAE CAP 30MG (QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695)	LD-PA-QL	2
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
PHENELZINE SULFATE TAB	-	1
phenelzine tab (NARDIL equiv)	-	1
tranylcypromine tab (PARNATE equiv)	-	1
MARPLAN TAB	-	2
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
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

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DrugName	Special Code	Tier
<b>ANTIDEPRESSANTS Cont.</b>		
sertraline tab (ZOLOFT equiv)	-	1
escitalopram soln (LEXAPRO equiv) (QL= 600 units/30 days)	QL	2
<b>SEROTONIN MODULATORS</b>		
NEFAZODONE TAB	-	1
trazodone tab (DESYREL equiv)	-	1
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
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
<b>TRICYCLIC AGENTS</b>		
amitriptyline tab (ELAVIL equiv)	-	1
amoxapine tab (AMOXAPINE equiv)	-	1
clomipramine cap (ANAFRANIL equiv)	-	1
desipramine tab (NORPRAMIN equiv)	-	1
doxepin cap (SINEQUAN equiv)	-	1
doxepin conc (SINEQUAN equiv)	-	1
imipramine pamoate cap (TOFRANIL PM equiv)	-	1
imipramine tab (TOFRANIL equiv)	-	1

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<b>ANTIDEPRESSANTS Cont.</b>		
nortriptyline cap (PAMELOR equiv)	-	1
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	1
protriptyline tab (VIVACTIL equiv)	-	1
<b>ANTIDIABETICS</b>		
<b>ALPHA-GLUCOSIDASE INHIBITORS</b>		
acarbose tab (PRECOSE equiv)	-	1
<b>ANTIDIABETIC COMBINATIONS</b>		
glipizide/metformin tab (METAGLIP equiv)	-	1
glyburide/metformin tab (GLUCOVANCE equiv)	-	1
JANUMET XR TAB	-	2
SYNJARDY TAB (QL= 2 tabs/day)	QL	2
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	2
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB (QI= 2 tabs/day)	QL	2
XIGDUO XR TAB 10-1000MG (QL= 1 tab/day)	QL	2
XIGDUO XR TAB 2.5-1000MG, 5-1000MG (QL= 2 tabs/day)	QL	2
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	2
XULTOPHY INJ (QL= 15ml/30 days)	QL	2
<b>BIGUANIDES</b>		
metformin ER tab (GLUCOPHAGE XR equiv)	-	1
metformin tab (GLUCOPHAGE equiv)	-	1

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DrugName	Special Code	Tier	
<b>ANTIDIABETICS Cont.</b>			
<b>DIABETIC OTHER</b>			
glucagon (rdna) for inj kit (QL= 2 inj/fill, 1 fill/30 days)	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	
<b>INCRETIN MIMETIC AGENTS</b>			
liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted – 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	
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>			
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	
RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	2	
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<b>ANTIDIABETICS Cont.</b>		
<b>INSULIN</b>		
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
LEVEMIR FLEXTOUCH INJ	-	2
LEVEMIR INJ	-	2

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<b>ANTIDIABETICS Cont.</b>		
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
<b>INSULIN SENSITIZING AGENTS</b>		
pioglitazone tab (ACTOS TAB equiv)	-	1
<b>MEGLITINIDE ANALOGUES</b>		
repaglinide tab (PRANDIN equiv)	-	1
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB (QL= 1 tab/day)	QL	2
JARDIANCE TAB (QL= 1 tab/day)	QL	2
<b>SULFONYLUREAS</b>		
glimepiride tab (AMARYL equiv)	-	1
glipizide ER tab (GLUCOTROL XL equiv)	-	1
glipizide tab (GLUCOTROL equiv)	-	1
GLYBURID MCR TAB	-	1
glyburide tab (MICRONASE equiv)	-	1

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIPERISTALTIC AGENTS</b>		
DIPHENOXYLATE/ATROPINE LIQUID	-	2
<b>ANTIDIARRHEALS</b>		
<b>ANTIPERISTALTIC AGENTS</b>		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	1
opium tincture	-	1
<b>ANTIDOTES</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
CHEMET CAP	-	2
FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071)	LD-PA	2
<b>OPIOID ANTAGONISTS</b>		
naltrexone tab (REVIA equiv)	-	1
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
deferasirox granules packet (JADENU equiv)	LMSP	1
deferasirox tab (JADENU equiv)	LMSP	1
deferasirox tab for oral susp (EXJADE equiv)	LMSP	1
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-355	LD-PA	1
<b>OPIOID ANTAGONISTS</b>		
naloxone hcl nasal spray (NARCAN equiv)	OTC	1
naloxone prefilled inj	-	1

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<b>ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.</b>		
NARCAN NASAL SPRAY	OTC	1
RIVIVE, REXTOVY SPRAY	OTC	1
KLOXXADO NASAL SPRAY	-	2
NALOXONE PREFILLED INJ	-	2
ZIMHI SOLN	-	2
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill, 1 fill/30 days)	QL	1
ondansetron ODT (ZOFTRAN equiv)	-	1
ondansetron soln (ZOFTRAN equiv)	-	1
ondansetron tab (ZOFTRAN equiv)	-	1
KYTRIL TAB (QL= 14 tabs/fill, 1 fill/30 days)	QL	2+penalty
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
meclizine chew tab (BONINE equiv)	OTC	1
meclizine tab (ANTIVERT equiv)	OTC	1
scopolamine patch (TRANSDERM-SCOP equiv) (Covered for members age 18 or older)	-	1
trimethobenzamide cap (TIGAN equiv)	-	1
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	QL	1

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<b>ANTIEMETICS Cont.</b>		
aprepitant pak (EMEND equiv) (QL= 3 caps/fill)	QL	1
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGALS</b>		
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
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
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
<b>ANTIHISTAMINES</b>		
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
CARBINOXAMINE SOLN	-	1
carbinoxamine tab (PALGIC equiv)	-	1
CLEMASTINE TAB 1.34MG	OTC	1

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<b>ANTIHISTAMINES Cont.</b>		
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
<b>ANTIHISTAMINES - NON-SEDATING</b>		
cetirizine syrup (ZYRTEC equiv) (QL= 10ml/day)	OTC-QL	1
cetirizine tab (ZYRTEC equiv) (QL= 1 tab/day)	OTC-QL	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
ZYRTEC CHILD CHEW TAB	OTC	EXC
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
promethazine supp (PHENERGAN equiv)	-	1
promethazine syrup	-	1

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<b>ANTIHISTAMINES Cont.</b>		
promethazine tab (PHENERGAN equiv)	-	1
PROMETHEGAN SUPP	-	1
<b>ANTIHISTAMINES - PIPERIDINES</b>		
cyproheptadine syrup	-	1
cyproheptadine tab	-	1
<b>ANTIHYPERTROPHICS</b>		
<b>ADENOSE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
NEXLIZET TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	2
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	1
<b>BILE ACID SEQUESTRANTS</b>		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	1
cholestyramine powder (QUESTRAN equiv)	-	1
cholestyramine powder pack (QUESTRAN equiv)	-	1
colesevelam pack (WELCHOL equiv)	-	1
colesevelam tab (WELCHOL equiv)	-	1

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<b>ANTIHYPERTENSIVES Cont.</b>		
colestipol granule (COLESTID equiv)	-	1
colestipol powder packet (COLESTID equiv)	-	1
colestipol tab (COLESTID equiv)	-	1
WELCHOL PACK	-	2+penalty
WELCHOL TAB	-	2+penalty
<b>FIBRIC ACID DERIVATIVES</b>		
fenofibric acid DR cap (TRILIPIX equiv)	-	1
gemfibrozil tab (LOPID equiv)	-	1
<b>HMG COA REDUCTASE INHIBITORS</b>		
atorvastatin tab (LIPITOR equiv)	-	1
lovastatin tab (MEVACOR equiv)	-	1
pravastatin tab (PRAVACHOL equiv)	-	1
rosuvastatin tab (CRESTOR equiv)	-	1
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
FOLOLID SUSP (Prior Authorization required for members age 9 years and older)	PA	2

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<b>ANTIHYPERLIPIDEMICS Cont.</b>																																			
CRESTOR TAB		-	2+penalty																																
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>																																			
ezetimibe tab (ZETIA equiv)		-	1																																
<b>NICOTINIC ACID DERIVATIVES</b>																																			
niacin ER tab (NIASPAN equiv)		-	1																																
NIASPAN ER TAB		-	2+penalty																																
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>																																			
REPATHA INJ (QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)		QL-ST	2																																
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)		QL-ST	2																																
<b>ANTIHYPERTENSIVES</b>																																			
<b>ACE INHIBITORS</b>																																			
benazepril tab (LOTENSIN equiv)		-	1																																
captopril tab (CAPOTEN equiv)		-	1																																
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 years and older)		PA	1																																
enalapril tab (VASOTEC equiv)		-	1																																
fosinopril tab (MONOPRIL equiv)		-	1																																
lisinopril tab (PRINIVIL/ZESTRIL equiv)		-	1																																
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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
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
phenoxybenzamine cap (DIBENZYLINE equiv)	-	1
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
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
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
clonidine patch (CATAPRES-TTS equiv)	-	1
clonidine tab (CATAPRES equiv)	-	1
doxazosin tab (CARDURA equiv)	-	1
guanfacine IR tab (TENEX equiv)	-	1
METHYLDOPA TAB	-	1

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methyldopa tab (ALDOMET equiv)	-	1
prazosin cap (MINIPRESS equiv)	-	1
terazosin cap (HYTRIN equiv)	-	1
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
amlodipine/benazepril cap (LOTREL equiv)	-	1
amlodipine/olmesartan tab (AZOR TAB equiv)	-	1
amlodipine/valsartan tab (EXFORGE equiv)	-	1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	1
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	1
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	1
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	1
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	1
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	1
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	1
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	1
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	1
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
eplerenone tab (INSPRA equiv)	-	1
<b>VASODILATORS</b>		

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hydralazine tab (APRESOLINE equiv)	-	1
minoxidil tab (LONITEN equiv)	-	1
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
metronidazole tab (FLAGYL equiv)	-	1
pentamidine neb soln (NEBUPENT equiv)	-	1
tinidazole tab (TINDAMAX equiv)	-	1
TRIMETHOPRIM TAB	-	1
trimethoprim tab (PROLOPRIM equiv)	-	1
LIKMEZ SUSP (Prior Authorization required for members age 9 years and older)	PA	2
PRIMSOL SOLN	-	2
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
smz/tmp (DS) tab (BACTRIM DS equiv)	-	1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	1
<b>ANTIPROTOZOAL AGENTS</b>		
atovaquone susp (MEPRON equiv)	-	1
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	1
<b>GLYCOPEPTIDES</b>		
FIRVANQ SOLN 25MG/ML	-	1
FIRVANQ SOLN 50MG/ML	-	1
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	QL	2

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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VAC	Vaccine Program		

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>ANTI-INFECTIVE AGENTS - MISC. Cont.</b>		
<b>LEPROSTATICs</b>		
dapsone tab	-	1
<b>LINCOsAMIDES</b>		
clindamycin cap (CLEOCIN equiv)	-	1
clindamycin soln (CLEOCIN equiv)	-	1
<b>MONOBACTAMs</b>		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist; LD-RS Only available through Walgreens 888-347-3416)		2
<b>OXAZOLIDINONES</b>		
linezolid susp (Restricted to Infectious Disease Specialist)	RS	1
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	1
<b>PLEUROMUTILINs</b>		
XENLETA TAB	PA	2
<b>URINARY ANTI-INFECTIVES</b>		
methenamine hippurate tab (HIPREX equiv)	-	1
methenamine mandelate tab	-	1
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	1
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	1
nitrofurantoin monohydrate cap (MACROBID equiv)	-	1
nitrofurantoin susp (FURADANTIN equiv)	PA	1
<b>ANTIMALARIALs</b>		

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<b>ANTIMALARIALS Cont.</b>		
<b>ANTIMALARIALS</b>		
CHLOROQUINE TAB	-	1
chloroquine tab (ARALEN equiv)	-	1
hydroxychloroquine tab (PLAQUENIL equiv)	-	1
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
pyridostigmine CR tab (MESTINON equiv)	-	1
pyridostigmine tab (MESTINON equiv)	-	1
FIRDAPSE TAB (Only available through AnovoRx 844-288-5007)	LD-PA	2
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTIMYCOBACTERIAL AGENTS</b>		
ethambutol tab (MYAMBUTOL equiv)	-	1
isoniazid syrup (ISONIAZID equiv)	-	1
isoniazid tab	-	1
pyrazinamide tab	-	1
rifabutin cap (MYCOBUTIN equiv)	-	1
rifampin cap (RIFADIN equiv)	-	1
PRIFTIN TAB	-	2
SIRTURO TAB (Restricted to Infectious Disease or Pulmonology Specialist)	RS	2
<b>ANTINEOPLASTICS</b>		
<b>ANTIMETABOLITES</b>		

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DrugName	Special Code	Tier
<b>ANTINEOPLASTICS Cont.</b>		
mercaptopurine tab (PURINETHOL equiv)	-	1
methotrexate tab (TREXALL equiv)	-	1
TABLOID TAB	-	2
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ZOLINZA CAP	LMSP-PA	2
<b>ANTINEOPLASTICS MISC.</b>		
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
ALFERON-N INJ	LMSP	2
MATULANE CAP	-	2
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
leucovorin tab	-	1
<b>TOPOISOMERASE I INHIBITORS</b>		
HYCAMTIN CAP	LMSP-PA	2
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
carboplatin inj (PARAPLATIN equiv)	MSP	1
CISPLATIN INJ	-	1
cisplatin inj (PLATINOL AQ equiv)	-	1

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
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
<b>ANTIMETABOLITES</b>		
capecitabine tab (XELODA equiv)	LMSP	1
FLUDARABINE INJ	-	1
methotrexate inj	-	1
METHOTREXATE IV SOLN 1000MG/40ML	-	1
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
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
anastrozole tab (ARIMIDEX equiv)	-	1
bicalutamide tab (CASODEX equiv)	-	1

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
flutamide cap (EULEXIN equiv)	-	1
letrozole tab (FEMARA equiv)	-	1
megestrol susp (MEGACE equiv)	-	1
megestrol tab (MEGACE equiv)	-	1
nilutamide tab (NILANDRON equiv)	LMSP	1
tamoxifen tab (NOLVADEX equiv)	-	1
toremifene tab (FARESTON equiv)	-	1
EULEXIN CAP	-	2
FLUTAMIDE CAP	-	2
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	2
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG TAB (QL= 3 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2
<b>ANTINEOPLASTIC - MENIN INHIBITORS</b>		
REVUFORJ TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306 or 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
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
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
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
BOSULIF TAB	MSP-PA	2
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 800-850-4306 or Onco360 877-662-6633)	LD-PA-QL	2
GAVRETO CAP (QL= 4 caps/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	2
IMBRUICA SUSP (QL= 6ml/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
IMBRUICA TAB 420MG (QL= 1 tab/day; Only available through Diplomat Pharmacy 877-977-9118)	LD-PA-QL	2
IMKELDI SOLUTION	MSP-PA	2
JAKAFI TAB	PA	2

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
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
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 877-662-6633)	LD-PA-QL	2
OJEMDA TAB (QL= 24 tabs/28 days; Only available through Onco360 877-662-6633)	LD-PA-QL	2

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
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
ROZLYTREK CAP (QL= 3 caps/day)	LMSP-PA-QL	2
ROZLYTREK PAK (QL= 3 packs/day)	PA-QL	2
TAFINLAR CAP (QL= 4 tabs/day)	MSP-PA-QL	2
TAFINLAR TAB	PA	2
TAZVERIK TAB (QL= 8 tabs/day; Only available through Onco360 877-662-6633)	LD-PA-QL	2
VANFLYTA TAB (QL= 1 tab/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	2
VANFLYTA TAB 26.5MG (QL= 2 tabs/day; Only available through Onco360 877-662-6633 or Biologics 800-850-4306)	LD-PA-QL	2
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

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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= 2 caps/day)	MSP-PA-QL	2
XALKORI SPRINKLE CAP (QL= 4 caps/day)	PA-QL	2
TASIGNA CAP	LMSP-PA	2+penalty
<b>ANTINEOPLASTIC ENZYMES</b>		
ERWINAZE INJ	-	2
<b>ANTINEOPLASTICS MISC.</b>		
bexarotene cap (TARGRETIN equiv)	LMSP-PA	1
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
mesna inj (MESNEX equiv)	-	1
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
mesna tab (MESNEX equiv)	LMSP	1
IWILFIN TAB (QL= 8 tabs/day; Only available through CurantHealth 866-437-8040)	LD-PA-QL	2
<b>MITOTIC INHIBITORS</b>		
ETOPOSIDE CAP	LMSP	1

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<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.</b>		
<b>TOPOISOMERASE I INHIBITORS</b>		
topotecan inj (HYCAMTIN equiv)	-	1
<b>ANTIPARKINSON AGENTS</b>		
<b>ANTIPARKINSON ADJUVANTS</b>		
carbidopa tab (LODOSYN equiv)	-	1
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
benztropine tab	-	1
trihexyphenidyl tab (ARTANE equiv)	-	1
<b>ANTIPARKINSON COMT INHIBITORS</b>		
entacapone tab (COMTAN equiv)	-	2
<b>ANTIPARKINSON DOPAMINERGICS</b>		
amantadine cap (SYMMETREL equiv)	-	1
amantadine tab	-	1
bromocriptine cap (PARLODEL equiv)	-	1
bromocriptine tab (PARLODEL equiv)	-	1
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	1
carbidopa/levodopa ODT (PARCOPA equiv)	-	1
carbidopa/levodopa tab (SINEMET equiv)	-	1
pramipexole ER tab (MIRAPEX ER equiv)	-	1
pramipexole tab (MIRAPEX equiv)	-	1
ropinirole ER tab (REQUIP XL equiv)	-	1

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<b>ANTIPARKINSON AGENTS Cont.</b>		
ropinirole tab (REQUIP equiv)	-	1
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	2
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
selegiline cap (ELDEPRYL equiv)	-	1
selegiline tab (ELDEPRYL equiv)	-	1
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
trihexyphenidyl elixir (ARTANE equiv)	-	1
TRIHEXYPHENIDYL SOLN	-	1
<b>ANTIPARKINSON DOPAMINERGICS</b>		
amantadine soln (AMANTADINE equiv)	-	1
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	1
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
lithium carbonate cap (ESKALITH ER equiv)	-	1
lithium carbonate ER tab (LITHOBID equiv)	-	1
lithium carbonate tab	-	1
lithium oral solution (LITHIUM equiv) (Prior Authorization required for members age PA years and older)	PA	1
<b>ANTIPSYCHOTICS - MISC.</b>		
lurasidone hcl tab (LATUDA equiv)	-	1

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.</b>		
ziprasidone cap (GEODON equiv)	-	1
EQUETRO CAP	-	2
LATUDA TAB	-	2+penalty
<b>BENZISOXAZOLES</b>		
paliperidone ER tab (INVEGA equiv)	-	1
risperidone ODT (RISPERDAL M equiv)	-	1
risperidone soln (RISPERDAL equiv)	-	1
risperidone tab (RISPERDAL equiv)	-	1
INVEGA HAFYERA INJ	PA	2
INVEGA INJ	PA	2
INVEGA TRINZA INJ	PA	2
RISPERDAL INJ	PA	2
risperidone microspheres inj (RISPERDAL equiv)	PA	2
RISPERIDONE ODT	-	2
<b>BUTYROPHENONES</b>		
haloperidol lactate conc (HALDOL equiv)	-	1
haloperidol tab (HALDOL equiv)	-	1
<b>DIBENZAPINES</b>		
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	QL	1
clozapine tab (CLOZARIL equiv)	-	1
<b>Note:</b> Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.		
<b>NC</b> =Not Covered	<b>generic</b> =small letters	<b>BRANDS</b> =CAPITAL LETTERS
EXC	Plan Exclusion	INF Infertility
LD	Limited Distribution	LMSP Lumicera Mandatory Specialty Pharmacy Program
MSP	Mandatory Specialty Pharmacy Program	OTC Over-the-Counter
PA	Prior Authorization	QL Quantity Limit
RDX	Restricted to Diagnosis	RS Restricted to Specialist
SMKG	Smoking Cessation	ST Step Therapy
VAC	Vaccine Program	

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.</b>		
loxpiprazole 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
<b>PHENOTHIAZINES</b>		
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
<b>QUINOLINONE DERIVATIVES</b>		
ariPIPRAZOLE soln (ABILIFY equiv)	-	1
ariPIPRAZOLE tab (ABILIFY equiv)	-	1
<b>THIOXANTHENES</b>		
thiothixene cap (NAVANE equiv)	-	1
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
APRETUDE SUSP (QL= 7 inj/year)	QL	\$0
DESCOVY TAB	-	\$0

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

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>ANTIVIRALS Cont.</b>		
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	\$0
YEZTUGO INJ (QL= 2 inj/180 days; Only available through Walgreens 888-347-3416)	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
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv)	-	1
atazanavir cap (REYATAZ equiv)	-	1
darunavir tab (PREZISTA equiv)	-	1
EFAVIRENZ CAP	-	1
efavirenz tab (SUSTIVA equiv)	-	1
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	1
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	1
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

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

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>ANTIVIRALS Cont.</b>		
lopinavir/ritonavir soln (KALETRA equiv)	-	1
lopinavir/ritonavir tab (KALETRA equiv)	-	1
maraviroc tab (SELZENTRY equiv)	-	1
NEVIRAPINE ER TAB	-	1
nevirapine ER tab (VIRAMUNE XR equiv)	-	1
NEVIRAPINE SUSP	-	1
nevirapine tab (VIRAMUNE equiv)	-	1
ritonavir tab (NORVIR equiv)	-	1
STAVUDINE CAP	-	1
stavudine cap (ZERIT equiv)	-	1
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	1
zidovudine cap (RETROVIR equiv)	-	1
zidovudine syrup (RETROVIR equiv)	-	1
zidovudine tab (RETROVIR equiv)	-	1
APTIVUS CAP	-	2
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
CRIVIXAN CAP	-	2
DELSTRIGO TAB	-	2

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**Colorado Access Child Health Plan Plus HMO Formulary**
**Category/Class**
**Last Updated\* 12/1/2025**

DrugName	Special Code	Tier
<b>ANTIVIRALS Cont.</b>		
DOVATO TAB	-	2
EDURANT PED TAB	-	2
EDURANT TAB	-	2
EMTRIVA SOLN	-	2
EVOTAZ TAB	-	2
FUZEON INJ	LMSP	2
GENVOYA TAB	PA	2
INTELENCE TAB	-	2
INVIRASE TAB	-	2
ISENTRESS (HD) TAB	-	2
ISENTRESS CHEW TAB	-	2
ISENTRESS POWDER PACK	-	2
KALETRA SOLN	-	2
lamivudine tab (EPIVIR equiv)	-	2
LEXIVA SUSP	-	2
NORVIR CAP	-	2
NORVIR POWDER PACK	-	2
NORVIR SOLN	-	2
ODEFSEY TAB	-	2
PIFELTRO TAB	-	2
PREZCOBIX TAB	-	2

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**Colorado Access Child Health Plan Plus HMO Formulary**
**Category/Class**
**Last Updated\* 12/1/2025**

DrugName	Special Code	Tier
<b>ANTIVIRALS Cont.</b>		
PREZISTA SUSP	-	2
PREZISTA TAB	-	2
REYATAZ POWDER PACK	-	2
SELZENTRY SOLN	-	2
SELZENTRY TAB	-	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
TRIZIVIR TAB	-	2
TYBOST TAB	-	2
VIRACEPT TAB	-	2
VIREAD TAB	-	2
COMPLERA TAB	-	2+penalty
EMTRIVA CAP	-	2+penalty
KALETRA TAB	-	2+penalty

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>ANTIVIRALS Cont.</b>		
PREZISTA TAB	-	2+penalty
SELZENTRY TAB	-	2+penalty
SYMFI (LO) TAB	-	2+penalty
<b>ANTIVIRAL COMBINATIONS</b>		
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
<b>CMV AGENTS</b>		
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
<b>HEPATITIS AGENTS</b>		
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

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>ANTIVIRALS Cont.</b>		
BARACLUDE SOLN (Prior Authorization required for members age 9 years and older)	PA	2
EPCLUSA 200-50MG	PA	2
EPCLUSA 400-100MG	PA	2
EPIVIR HBV SOLN	-	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
<b>HERPES AGENTS</b>		
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
<b>INFLUENZA AGENTS</b>		
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	1
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	1

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MSP	Mandatory Specialty Pharmacy Program		OTC	Over-the-Counter	
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DrugName	Special Code	Tier
<b>ANTIVIRALS Cont.</b>		
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
<b>MISC. ANTIVIRALS</b>		
LAGEVRIO CAP (EUA) (QL= 40 caps/fill)	QL	\$0
LAGEVRIO CAP 200MG (QL= 40 caps/fill)	QL	2
<b>ASSORTED CLASSES</b>		
<b>CHELATING AGENTS</b>		
D-PENAMINE TAB	-	2
<b>IMMUNOMODULATORS</b>		
THALOMID CAP	MSP	2
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
azathioprine tab (IMURAN equiv)	-	1
cyclosporine cap (SANDIMMUNE equiv)	-	1
cyclosporine modified cap (NEORAL equiv)	-	1
cyclosporine modified soln (NEORAL equiv)	-	1
mycophenolate DR tab (MYFORTIC equiv)	-	1
mycophenolate mofetil cap (CELLCEPT equiv)	-	1
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	1
mycophenolate mofetil tab (CELLCEPT equiv)	-	1
sirolimus tab (RAPAMUNE equiv)	-	1

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## Category/Class

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DrugName	Special Code	Tier
<b>ASSORTED CLASSES Cont.</b>		
tacrolimus cap (PROGRAF equiv)	-	1
CELLCEPT CAP	-	2
CELLCEPT TAB	-	2
NEORAL SOLN	-	2
PROGRAF CAP	-	2
SANDIMMUNE CAP	-	2
SANDIMMUNE SOLN 100MG/ML	-	2
<b>POTASSIUM REMOVING RESINS</b>		
sodium polystyrene powder (KAYEXALATE equiv)	-	1
VELTASSA POWDER (QL= 1 packet/day)	PA-QL	2
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
carvedilol tab (COREG equiv)	-	1
labetalol tab (NORMODYNE equiv)	-	1
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
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

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier	
<b>BETA BLOCKERS Cont.</b>			
LOPRESSOR SOLN (QL= 330mL/30 days)	PA-QL	2	
<b>BETA BLOCKERS NON-SELECTIVE</b>			
nadolol tab (CORGARD equiv)	-	1	
pindolol tab (VISKEN equiv)	-	1	
propranolol ER cap (INDERAL LA equiv)	-	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 (BLOCADREN equiv)	-	1	
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 years and older)	PA	2	
<b>CALCIUM CHANNEL BLOCKERS</b>			
<b>CALCIUM CHANNEL BLOCKERS</b>			
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	
<b>NC =Not Covered</b>			
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## Category/Class

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DrugName	Special Code	Tier
<b>CALCIUM CHANNEL BLOCKERS Cont.</b>		
diltiazem tab (CARDIZEM equiv)	-	1
felodipine ER tab (PLENDIL equiv)	-	1
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

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>CARDIOVASCULAR AGENTS - MISC. Cont.</b>		
CAMZYOS CAP (QL= 1 cap/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	2
<b>CARDIOVASCULAR AGENTS MISC. - COMBINATIONS</b>		
sacubitil-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
<b>IMPOTENCE AGENTS</b>		
avanafil tab (STENDRA equiv)	-	EXC
STENDRA TAB	-	EXC
<b>PERIPHERAL VASODILATORS</b>		
ISOXSUPRINE TAB	-	1
<b>PROSTAGLANDIN VASODILATORS</b>		
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523 )	LD-PA-QL	2
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG (QL= 224 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2

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LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program
MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier																															
<b>CARDIOVASCULAR AGENTS - MISC. Cont.</b>																																	
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2																															
TYVASO DPI POWDER TITRATION KIT 16-32MCG (QL= 196 cartridges/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	2																															
TYVASO INH SOLN 0.6 MG/ML (Only available through Accredo 800-803-2523)	LD-PA	2																															
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																															
<b>PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR</b>																																	
WINREVAIR INJ (Only available through Accredo 800-803-2523)	LD-PA	2																															
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>																																	
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																															
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2																															
TRACLEER TAB (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2+penalty																															
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>																																	
sildenafil tab 20mg (REVATIO equiv)	PA	1																															
<p><b>Note:</b> Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.</p> <table border="1"> <tr> <td style="text-align: center;"><b>NC</b> =Not Covered</td> <td style="text-align: center;"><b>generic</b> =small letters</td> <td style="text-align: center;"><b>BRANDS</b> =CAPITAL LETTERS</td> </tr> <tr> <td>EXC</td> <td>Plan Exclusion</td> <td>INF</td> <td>Infertility</td> </tr> <tr> <td>LD</td> <td>Limited Distribution</td> <td>LMSP</td> <td>Lumicera Mandatory Specialty Pharmacy Program</td> </tr> <tr> <td>MSP</td> <td>Mandatory Specialty Pharmacy Program</td> <td>OTC</td> <td>Over-the-Counter</td> </tr> <tr> <td>PA</td> <td>Prior Authorization</td> <td>QL</td> <td>Quantity Limit</td> </tr> <tr> <td>RDX</td> <td>Restricted to Diagnosis</td> <td>RS</td> <td>Restricted to Specialist</td> </tr> <tr> <td>SMKG</td> <td>Smoking Cessation</td> <td>ST</td> <td>Step Therapy</td> </tr> <tr> <td>VAC</td> <td>Vaccine Program</td> <td></td> <td></td> </tr> </table>			<b>NC</b> =Not Covered	<b>generic</b> =small letters	<b>BRANDS</b> =CAPITAL LETTERS	EXC	Plan Exclusion	INF	Infertility	LD	Limited Distribution	LMSP	Lumicera Mandatory Specialty Pharmacy Program	MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter	PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis	RS	Restricted to Specialist	SMKG	Smoking Cessation	ST	Step Therapy	VAC	Vaccine Program		
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<b>CARDIOVASCULAR AGENTS - MISC. Cont.</b>		
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
<b>SINUS NODE INHIBITORS</b>		
ivabradine hcl tab (CORLANOR equiv)	PA	1
CORLANOR SOLN	PA	2
CORLANOR TAB	PA	2+penalty
<b>TRANSTHYRETIN STABILIZERS</b>		
ATTRUBY PACK (QL= 4 tabs/day; Only available through Orsini 800-410-8575 or PantheRx 855-726-8479)	LD-PA-QL	2
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
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
<b>CEPHALOSPORINS - 2ND GENERATION</b>		

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<b>CEPHALOSPORINS Cont.</b>		
CEFACLOR CAP	-	1
cefaclor cap (CECLOR equiv)	-	1
cefprozil susp (CEFZIL equiv)	-	1
cefprozil tab (CEFZIL equiv)	-	1
cefuroxime tab (CEFTIN equiv)	-	1
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
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
<b>CONTRACEPTIVES</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
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/levomefolide tab (BEYAZ equiv)	-	\$0

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<b>CONTRACEPTIVES Cont.</b>		
enpresse tab (TRI-LEVELEN equiv)	-	\$0
ESTROSTEP FE TAB	-	\$0
FALESSA KIT	-	\$0
FEMCON FE CHEW TAB	-	\$0
FEMLYV TAB	-	\$0
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 estradiol FE chew tab (MINASTRIN equiv)	-	\$0
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	-	\$0
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	\$0
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	\$0
nortrel tab (OVCON 35 equiv)	-	\$0

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<b>CONTRACEPTIVES Cont.</b>		
ORTHO TRI-CYCLEN (LO) TAB	-	\$0
ORTHO-CYCLEN TAB	-	\$0
OVCON 35 TAB	-	\$0
SAFYRAL TAB	-	\$0
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	\$0
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
VELIVET PAK	-	\$0
velivet tab (CYCLESSA equiv)	-	\$0
vienna tab, lessina tab, kurvelo tab (ALESSE equiv)	-	\$0
viorele tab, kariva tab (MIRCETTE equiv)	-	\$0
YAZ TAB, YASMIN 28 TAB	-	\$0
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
TWIRLA PATCH	-	\$0
zafemny patch (XULANE equiv)	-	\$0
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA RING (QL= 1 ring/year)	QL	\$0
eluryng vaginal ring (NUVARING equiv)	-	\$0

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**Colorado Access Child Health Plan Plus HMO Formulary**

**Category/Class**

**Last Updated\* 12/1/2025**

<b>DrugName</b>		<b>Special Code</b>	<b>Tier</b>
<b>CONTRACEPTIVES Cont.</b>			
<b>COPPER CONTRACEPTIVES - IUD</b>			
MIDUELLA, PARAGARD IUD		-	\$0
<b>EMERGENCY CONTRACEPTIVES</b>			
ELLA TAB		-	\$0
levonorgestrel tab (PLAN B equiv)		OTC	\$0
PLAN B TAB		OTC	\$0
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>			
NEXPLANON IMPLANT		-	\$0
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>			
DEPO-PROVERA INJ		-	\$0
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)		QL	\$0
<b>PROGESTIN CONTRACEPTIVES - IUD</b>			
MIRENA IUD		-	\$0
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>			
norethindrone tab (NORA-QD equiv)		-	\$0
NOR-QD TAB		-	\$0
OPILL TAB		OTC	\$0
SLYND TAB		-	\$0
<b>CORTICOSTEROIDS</b>			
<b>GLUCOCORTICOSTEROIDS</b>			
budesonide SR cap (ENTOCORT EC equiv)		-	1

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DrugName	Special Code	Tier
<b>CORTICOSTEROIDS Cont.</b>		
DEXAMETHASONE CONC	-	1
dexamethasone elixir	-	1
DEXAMETHASONE PHOSPHATE INJ	-	1
DEXAMETHASONE SODIUM PHOSPHATE INJ	-	1
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
methylprednisolone 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
<b>MINERALOCORTICOIDS</b>		

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<b>CORTICOSTEROIDS Cont.</b>		
fludrocortisone tab (FLORINEF equiv)	-	1
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
benzonatate cap (TESSALON equiv)	-	1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	1
tussigon tab (HYCODAN equiv)	-	1
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv) (QL= 2 tabs/day)	OTC-QL	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
<b>EXPECTORANTS</b>		

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DrugName	Special Code	Tier
<b>COUGH/COLD/ALLERGY Cont.</b>		
guaifenesin ER tab (MUCINEX equiv)	OTC	1
guaifenesin syrup 100mg/5ml (ROBITUSSIN equiv)	OTC	1
potassium iodide oral soln (SSKI equiv)	-	1
SSKI ORAL SOLN	-	2+penalty
<b>MISC. RESPIRATORY INHALANTS</b>		
sodium chloride neb soln (HYPER-SAL equiv)	OTC	1
NEBUSAL NEB SOLN	-	2
<b>MUCOLYTICS</b>		
acetylcysteine soln (MUCOMYST equiv)	-	1
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
adapalene cream (DIFFERIN equiv)	-	1
adapalene gel (DIFFERIN equiv)	-	1
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	1
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACUTANE equiv)	-	1
benzoyl peroxide cream (NEOBENZ equiv)	OTC	1
BENZOYL PEROXIDE GEL	OTC	1
benzoyl peroxide gel (OTC) (BENZAC equiv)	OTC	1
benzoyl peroxide liquid (BENZAC equiv)	OTC	1

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<b>DERMATOLOGICALS Cont.</b>		
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
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
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
tretinoin gel (RETIN-A GEL equiv)	-	1

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<b>DERMATOLOGICALS Cont.</b>		
ALTRENO LOTION	-	2
ERY PAD	-	2
ATRALIN GEL, RETIN-A GEL	-	2+penalty
CLEOCIN-T GEL	-	2+penalty
RETIN-A CREAM	-	2+penalty
SUMADAN WASH 9-4.5%	-	2+penalty
<b>AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES</b>		
RENOVA CREAM	-	EXC
<b>ANTIBIOTICS - TOPICAL</b>		
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
<b>ANTIFUNGALS - TOPICAL</b>		

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MSP	Mandatory Specialty Pharmacy Program	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit
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SMKG	Smoking Cessation	ST	Step Therapy
VAC	Vaccine Program		

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>DERMATOLOGICALS Cont.</b>		
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
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	1
econazole cream (SPECTAZOLE equiv)	-	1
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	1
ketoconazole cream (NIZORAL CREAM equiv)	-	1
ketoconazole shampoo (NIZORAL equiv)	-	1
miconazole cream (MICATIN equiv)	OTC	1
miconazole nitrate aerosol (MICATIN equiv)	OTC	1
miconazole nitrate powder (MICATIN equiv)	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

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

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<b>DERMATOLOGICALS Cont.</b>		
tolnaftate aerosol (TINACTIN equiv)	OTC	1
tolnaftate cream (TINACTIN equiv)	OTC	1
tolnaftate powder (TINACTIN equiv)	OTC	1
tolnaftate soln (TINACTIN equiv)	OTC	1
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill)	QL	1
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
bexarotene gel (TARGRETIN equiv)	LMSP-PA	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
<b>ANTIPSORIATICS</b>		
acitretin cap (SORIATANE equiv)	-	1
calcipotriene cream (DOVONEX CREAM equiv)	-	1
calcipotriene oint	-	1
CALCIPOTRIENE SOLN	-	1
calcipotriene soln (DOVONEX SOLN equiv)	-	1
methoxsalen cap (OXSORALEN ULTRA equiv)	-	1

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## Category/Class

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DrugName	Special Code	Tier
<b>DERMATOLOGICALS Cont.</b>		
METHOXSALEN CAP	-	2
SKYRIZI INJ 150MG/ML (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
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
<b>ANTISEBORRHEIC PRODUCTS</b>		
selenium sulfide lotion 2.5% (SELSUN equiv)	-	1
selenium sulfide shampoo (SELSEB equiv)	-	1
sodium sulfacetamide wash (OVACE WASH equiv)	-	1
<b>ANTIVIRALS - TOPICAL</b>		
acyclovir oint (ZOVIRAX OINT equiv)	-	1
acyclovir cream 5%	-	2

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DrugName	Special Code	Tier
<b>DERMATOLOGICALS Cont.</b>		
<b>BURN PRODUCTS</b>		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	1
mafenide acetate soln packet (SULFAMYLON equiv)	-	2
SULFAMYLON CREAM	-	2
<b>CORTICOSTEROIDS - TOPICAL</b>		
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
betamethasone augmented oint (DIPROLENE OINT equiv)	-	1
betamethasone dipropionate cream (DIPROSONE CREAM equiv)	-	1
betamethasone dipropionate 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

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DrugName	Special Code	Tier
<b>DERMATOLOGICALS Cont.</b>		
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
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

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

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DrugName	Special Code	Tier
<b>DERMATOLOGICALS Cont.</b>		
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
desoximetasone cream (DESOXIMETASONE equiv)	-	2
EPIFOAM AEROSOL	-	2
HC PRAMOXINE CREAM 1-2.5%	-	2
PRAMOSONE CREAM 1-1%	-	2
PREDNICARBATE OIN	-	2
CLOBEX SPRAY	PA	2+penalty
OLUX FOAM	PA	2+penalty

## ECZEMA AGENTS

ADBRY INJ (QL= 2 inj/28 days)	LMSP-PA-QL	2
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DrugName	Special Code	Tier
<b>DERMATOLOGICALS Cont.</b>		
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
<b>EMOLLIENTS</b>		
ammonium lactate cream (LAC-HYDRIN equiv)	OTC	1
ammonium lactate lotion (LAC-HYDRIN equiv)	OTC	1
vitamin E liquid	OTC	1
<b>HAIR GROWTH AGENTS</b>		
bimatoprost ophth soln	-	EXC
finasteride tab (PROPECIA equiv)	-	EXC
LITFULO CAP	-	EXC
<b>HAIR REDUCTION AGENTS</b>		
VANIQA CREAM	-	EXC
<b>IMMUNOMODULATING AGENTS - SYSTEMIC</b>		
NEMLUVIO INJ (QL= 1 inj/56 days)	LMSP-PA-QL	2
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
imiquimod cream (ALDARA equiv)	-	1

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<b>DERMATOLOGICALS Cont.</b>		
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
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
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
PODOFILOX SOLN	-	1
podofilox soln (CONDYLOX equiv)	-	1
salicylic acid liquid 17%	OTC	1
salicylic acid pads 40%	OTC	1
salicylic acid shampoo (SALEX equiv)	-	1
PODOCON SOLN	-	2
<b>LOCAL ANESTHETICS - TOPICAL</b>		
lidocaine cream 3% (LIDAMANTLE equiv)	-	1
lidocaine gel (GLYDO equiv)	-	1
lidocaine gel (XYLOCAINE equiv)	-	1
lidocaine oint (QL= 107gm/30 days)	QL	1
lidocaine soln (XYLOCAINE equiv)	-	1
lidocaine/prilocaine cream (EMLA equiv)	-	1
LIDOCAIN GEL	-	2
<b>MISC. TOPICAL</b>		

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**Colorado Access Child Health Plan Plus HMO Formulary**

**Category/Class**

**Last Updated\* 12/1/2025**

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<b>DERMATOLOGICALS Cont.</b>			
DRYSOL SOLN		-	1
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL</b>			
ZORYVE CREAM (QL= 60 grams/30 days)		PA-QL	2
ZORYVE FOAM (QL= 60 grams/30 days)		PA-QL	2
<b>PIGMENTING-DEPIGMENTING AGENTS</b>			
hydroquinone cream (LUSTRA equiv)		-	EXC
TRI-LUMA CREAM		-	EXC
<b>ROSACEA AGENTS</b>			
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
FINACEA FOAM		-	2
RHOFADE CREAM		-	EXC
<b>SCABICIDES &amp; PEDICULICIDES</b>			
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 liquid (RID equiv) (QL= 120ml/7 days, Limited to 2 fills/year)		OTC-QL	1
lice treatment shampoo (PRONTO equiv) (QL= 120ml/7 days, Limited to 2 fills/year)		OTC-QL	1

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<b>DERMATOLOGICALS Cont.</b>		
LINDANE SHAMPOO	-	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
<b>WOUND CARE PRODUCTS</b>		
REGRANEX GEL (QL= 30gm/fill)	QL	2
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC DRUGS</b>		
GLUCAGEN INJ	-	2
GLUCAGON DIAGNOSTIC INJ (QL= 2 inj/fill, 1 fill/30 days)	QL	2
<b>DIAGNOSTIC TESTS</b>		
COVID-19 TEST (QL= 8 tests/30 days)	OTC-QL	\$0
CLINSTIX TEST STRIP	OTC	1
FREESTYLE INSULINX TEST STRIP	OTC	1
FREESTYLE LITE TEST STRIP	OTC	1
FREESTYLE PRECISION NEO TEST STRIP	OTC	1
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

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DrugName	Special Code	Tier
<b>DIAGNOSTIC PRODUCTS Cont.</b>		
CUE COVID-19 INJ TEST CARTRIDGE	OTC	EXC
CUE HEALTH MONITOR	OTC	EXC
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS</b>		
<b>DIETARY MANAGEMENT PRODUCTS</b>		
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
XAQUIL XR TAB	-	EXC
XYZBAC TAB	-	EXC
<b>DIGESTIVE AIDS</b>		
<b>DIGESTIVE ENZYMES</b>		
CREON CAP	-	2
PANCREAZE CAP	-	2
<b>DIURETICS</b>		

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DrugName	Special Code	Tier
<b>DIURETICS Cont.</b>		
<b>CARBONIC ANHYDRASE INHIBITORS</b>		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	1
acetazolamide tab	-	1
methazolamide tab (NEPTAZANE equiv)	-	1
<b>DIURETIC COMBINATIONS</b>		
AMILORIDE/HCTZ TAB	-	1
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	1
<b>LOOP DIURETICS</b>		
bumetanide tab (BUMEX equiv)	-	1
ethacrynic tab (EDECIN equiv)	-	1
<b>FUROSEMIDE SOLN</b>		
furosemide soln (LASIX equiv)	-	1
furosemide tab (LASIX equiv)	-	1
torsemide tab (DEMADEX equiv)	-	1
<b>POTASSIUM SPARING DIURETICS</b>		
amiloride tab (MIDAMOR equiv)	-	1
spironolactone tab (ALDACTONE equiv)	-	1

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VAC	Vaccine Program			

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## Category/Class

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DrugName	Special Code	Tier
<b>DIURETICS Cont.</b>		
spironolactone susp (CAROSPIR equiv) (Prior Authorization required for members age 9 years and older)	PA	2
CAROSPIR SUSP	-	2+penalty
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
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
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
alendronate tab (FOSAMAX equiv)	-	1
calcitonin inj (MIACALCIN equiv)	LMSP	1
ALENDRONATE TAB 40MG	-	2
<b>CORTICOTROPIN</b>		
ACTHAR GEL INJ (QL= 4 vials/fill; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL	2
<b>CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR ANTAGONISTS</b>		

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<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
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
<b>FERTILITY REGULATORS</b>		
clomiphene citrate tab (CLOMID equiv)	INF	EXC
CLOMIPHENE TAB	INF	EXC
OVIDREL INJ	INF	EXC
<b>GNRH/LHRH ANTAGONISTS</b>		
cetorelix acetate for inj kit (CETROTIDE equiv)	INF	EXC
CETROTIDE KIT	INF	EXC
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	2
<b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>		
EGRIFTA INJ	-	EXC
EGRIFTA WR KIT	-	EXC
<b>GROWTH HORMONES</b>		
GENOTROPIN INJ	LMSP-PA	2
GENOTROPIN INJ 5MG	LMSP-PA	2
OMNITROPE INJ	LMSP-PA	2
SKYTROFA INJ	LMSP-PA	2

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<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
SOGROYA INJ	LMSP-PA	2
<b>HORMONE RECEPTOR MODULATORS</b>		
raloxifene tab (EVISTA equiv)	-	1
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX INJ (Only available through AnovoRx 844-288-5007)	LD	2
<b>METABOLIC MODIFIERS</b>		
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
levocarnitine tab (CARNITOR equiv)	-	1
nitisinone cap (ORFADIN equiv)	LMSP-PA	1
paricalcitol cap (ZEMPLAR equiv)	-	1
sodium phenylbutyrate powder (BUPHENYL equiv)	PA	1
sodium phenylbutyrate tab (BUPHENYL equiv)	PA	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

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<b>ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.</b>		
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
TRYNGOLZA INJ (QL= 1 inj/28 days; Only available through PantheRx 855-726-84	LD-PA-QL	2
<b>Natriuretic Peptides</b>		
VOXZOGO INJ (QL= 1 vial/day; Only available through Accredo 888-773-7376)	LD-PA-QL	2
<b>Posterior Pituitary Hormones</b>		
desmopressin acetate nasal spray (DDAVP equiv)	-	1
desmopressin acetate tab (DDAVP equiv)	-	1
DESMOPRESSIN NASAL SPRAY	-	1
STIMATE NASAL SOLN	-	2
<b>Progesterone Receptor Antagonists</b>		
mifepristone tab 200mg (MIFIPREX equiv)	-	1
<b>Prolactin Inhibitors</b>		
cabergoline tab (DOSTINEX equiv)	-	1
<b>Somatostatic Agents</b>		
octreotide inj (SANDOSTATIN equiv)	LMSP	1
OCTREOTIDE INJ 100MCG	LMSP	1

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<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>																																		
tolvaptan tab (SAMSCA, JYNARQUE equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	1																																
<b>ESTROGENS</b>																																		
<b>ESTROGEN COMBINATIONS</b>																																		
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																																
<b>ESTROGENS</b>																																		
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)	PA-QL	1																																
estrogens, conjugated tab (PREMARIN equiv)	-	1																																
PREMARIN TAB	-	2																																
<b>FLUOROQUINOLONES</b>																																		
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ciprofloxacin susp (CIPRO equiv)	-	1																																
ciprofloxacin tab (CIPRO equiv)	-	1																																
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<b>FLUOROQUINOLONES Cont.</b>		
levofloxacin soln (LEVAQUIN equiv)	-	1
levofloxacin tab (LEVAQUIN equiv)	-	1
moxifloxacin tab (AVELOX equiv)	-	1
OFLOXACIN TAB	-	1
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
ursodiol cap (ACTIGALL equiv)	-	1
ursodiol tab (URSO (FORTE) equiv)	-	1
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
cromolyn conc (GASTROCROM equiv)	-	2
<b>GASTROINTESTINAL STIMULANTS</b>		
metoclopramide soln (REGLAN equiv)	-	1
metoclopramide tab (REGLAN equiv)	-	1
<b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS</b>		
BYLVAY CAP 1200MCG (QL= 5 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	2
BYLVAY CAP 400MCG (QL= 15 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	2
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day; Only available through PantheRx Pharmacy 855-726-8479)	LD-PA-QL	2

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<b>GASTROINTESTINAL AGENTS - MISC. Cont.</b>		
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
<b>INFLAMMATORY BOWEL AGENTS</b>		
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
PENTASA CR CAP 500MG	-	2
SKYRIZI INJ 180 MG/1.2ML	LMSP-PA-QL	2
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

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<b>INTESTINAL ACIDIFIERS</b>		
lactulose soln	-	1
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
alosetron tab (LOTRONEX equiv)	-	1
LINZESS CAP (QL= 1 cap/day)	PA-QL	2
<b>LIVE FECAL MICROBIOTA</b>		
VOWST CAP (QL= 12 caps/fill; Only available through Orsini 800-410-8575)	LD-PA-QL	2
<b>PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS</b>		
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
<b>PHOSPHATE BINDER AGENTS</b>		
calcium acetate cap (PHOSLO equiv)	-	1
sevelamer powder pak (RENELA PAK equiv)	-	1
sevelamer tab (RENELA TAB equiv)	-	1
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		
CYTRA K CRYSTALS	-	1
CYTRA-3 SYRUP	-	1
ORACIT SOLN	-	1

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<b>GENITOURINARY AGENTS - MISCELLANEOUS Cont.</b>		
potassium citrate CR tab (UROCIT-K TAB equiv)	-	1
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	1
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	1
sodium citrate/citric acid soln (BICITRA equiv)	-	1
tricitrates soln (POLYCITRA-LC equiv)	-	1
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON CAP (Only available through CVS Specialty 800-238-7828)	LD	2
<b>HYPEROXALURIA AGENTS</b>		
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
<b>IGA NEPHROPATHY (IGAN) AGENTS</b>		
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
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
dutasteride cap (AVODART equiv)	-	1
finasteride tab (PROSCAR equiv)	-	1
tamsulosin cap (FLOMAX equiv)	-	1
alfuzosin SR tab (UROXATRAL equiv)	-	2
<b>URINARY ANALGESICS</b>		

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<b>GENITOURINARY AGENTS - MISCELLANEOUS Cont.</b>		
phenazopyridine tab (PYRIDIUM equiv)	-	1
<b>URINARY STONE AGENTS</b>		
tiopronin tab (THIOLA equiv)	LMSP-PA	1
tiopronin tab delayed release (THIOLA EC equiv)	LMSP-PA	1
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
colchicine/probenecid tab (COL-BENEMID equiv)	-	1
<b>GOUT AGENTS</b>		
allopurinol tab (ZYLOPRIM equiv)	-	1
colchicine tab (COLCRYS equiv)	-	1
GLOPERBA SOLN (Prior Authorization required for members age 9 years and older)	PA	2
<b>URICOSURICS</b>		
probenecid tab (BENEMID equiv)	-	1
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
ALHEMO INJ	LMSP-PA	2
HEMLIBRA INJ	LMSP-PA	2
ADVATE, KOVALTRY INJ	-	EXC
ADYNOVATE INJ	-	EXC
AFSTYLA KIT	-	EXC
ALPHANATE, HUMATE-P INJ	-	EXC

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

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>HEMATOLOGICAL AGENTS - MISC. Cont.</b>		
ALPHANINE SD INJ	-	EXC
ALPROLIX INJ	-	EXC
ALTUVIPIO INJ	-	EXC
BENEFIX INJ	-	EXC
COAGADEX INJ	-	EXC
CORIFACT KIT	-	EXC
ELOCTATE INJ	-	EXC
ESPEROCT INJ	-	EXC
FEIBA INJ	-	EXC
FIBRYGA, RIASTAP INJ	-	EXC
HEMOFIL M, KOATE INJ	-	EXC
IDELVION INJ	-	EXC
IXINITY INJ	-	EXC
JIVI INJ	-	EXC
KOGENATE FS INJ	-	EXC
NOVOEIGHT INJ	-	EXC
NOVOSEVEN RT INJ	-	EXC
NUWIQ INJ	-	EXC
NUWIQ KIT	-	EXC
OBIZUR INJ	-	EXC
PROFILNINE INJ	-	EXC

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>HEMATOLOGICAL AGENTS - MISC. Cont.</b>		
REBINYN INJ	-	EXC
RECOMBINATE INJ	-	EXC
RIXUBIS INJ	-	EXC
SEVENFACT INJ	-	EXC
TRETTEN INJ	-	EXC
VONVENDI INJ	-	EXC
WILATE INJ	-	EXC
XYNTHA INJ	-	EXC
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
icatibant inj (FIRAZYR equiv)	LMSP-PA	1
<b>COMPLEMENT INHIBITORS</b>		
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 855-726-8479)	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

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<b>HEMATOLOGICAL AGENTS - MISC. Cont.</b>																																	
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																															
<b>HEMATORHEOLOGIC AGENTS</b>																																	
pentoxifylline ER tab (TRENTAL equiv)	-	1																															
<b>PLASMA KALLIKREIN INHIBITORS</b>																																	
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																															
<b>PLATELET AGGREGATION INHIBITORS</b>																																	
anagrelide cap (AGRYLIN equiv)	-	1																															
cilostazol tab (PLETAL equiv)	-	1																															
clopidogrel tab 75mg (PLAVIX equiv)	-	1																															
dipyridamole tab (PERSANTINE equiv)	-	1																															
<b>PYRUVATE KINASE ACTIVATORS</b>																																	
PYRUKYND TAB (QL= 2 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2																															
PYRUKYND TAPER PACK (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2																															
<b>HEMATOPOIETIC AGENTS</b>																																	
<b>AGENTS FOR GAUCHER DISEASE</b>																																	
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	1																															
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DrugName	Special Code	Tier
<b>HEMATOPOIETIC AGENTS Cont.</b>		
ZAVESCA CAP (QL= 3 caps/day)	QL	1
CEREZYME INJ	MSP-PA	2
<b>AGENTS FOR SICKLE CELL ANEMIA</b>		
DROXIA CAP	-	2
<b>AGENTS FOR SICKLE CELL DISEASE</b>		
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
<b>COBALAMINS</b>		
cyanocobalamin inj	-	1
<b>FOLIC ACID/FOLATES</b>		
folic acid tab 1mg	-	\$0
folic acid tab 400mcg	OTC	\$0
folic acid tab 800mcg	OTC	\$0
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
eltrombopag olamine powder pack for susp (PROMACTA equiv) (QL= 1 packet/day)	LMSP-PA-QL	1
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
FULPHILA INJ	-	2
NIVESTYM INJ	LMSP	2

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<b>HEMATOPOIETIC AGENTS Cont.</b>		
NYVEPRIA INJ	LMSP	2
RETACRIT INJ	-	2
ZARXIO INJ	LMSP	2
<b>HEMATOPOIETIC MIXTURES</b>		
ferrex 150 forte cap	-	1
folbee tab (FOLGARD RX equiv)	-	1
MULTIGEN FOLIC TAB	-	1
MULTIGEN PLUS TAB	-	1
MULTIGEN TAB	-	1
tricon cap (TRINSICON equiv)	-	1
NEPHRON FA TAB	-	2
<b>IRON</b>		
ferrous sulfate soln (FER-IN-SOL equiv)	OTC	1
iron complex cap 150mg	OTC	1
<b>STEM CELL MOBILIZERS</b>		
XOLREMDI CAP (QL= 4 caps/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	2
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
aminocaproic acid soln (AMICAR equiv)	-	1
aminocaproic acid tab (AMICAR equiv)	-	1

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<b>HEMOSTATICS Cont.</b>																																	
tranexamic acid tab (LYSTEDA equiv)	-	1																															
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>																																	
<b>ANTIHISTAMINE HYPNOTICS</b>																																	
diphenhydramine cap (OTC only)	OTC	1																															
diphenhydramine tab (NYTOL equiv)	OTC	1																															
<b>BARBITURATE HYPNOTICS</b>																																	
phenobarbital elixir	-	1																															
phenobarbital tab	-	1																															
<b>NON-BARBITURATE HYPNOTICS</b>																																	
estazolam tab (PROSOM equiv)	-	1																															
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	1																															
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	1																															
temazepam cap 15mg (RESTORIL equiv)	-	1																															
temazepam cap 30mg (RESTORIL equiv)	-	1																															
triazolam tab (HALCION equiv)	-	1																															
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	1																															
FLURAZEPAM CAP	-	2																															
<b>LAXATIVES</b>																																	
<b>LAXATIVE COMBINATIONS</b>																																	
GOLYTELY SOLN	-	1																															
peg 3350/electrolytes soln (GOLYTELY/COLYTE equiv)	-	1																															
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DrugName	Special Code	Tier
<b>LAXATIVES Cont.</b>		
peg 3350/electrolytes soln (NULYTELY equiv)	-	1
<b>LAXATIVES - MISCELLANEOUS</b>		
glycerin supp (GLYCERIN equiv)	OTC	1
lactulose soln	-	1
polyethylene glycol 3350 powder (MIRALAX equiv)	OTC	1
MIRALAX PACKET	OTC	2+penalty
MIRALAX POWDER	OTC	2+penalty
<b>SALINE LAXATIVES</b>		
milk of magnesium	OTC	1
<b>STIMULANT LAXATIVES</b>		
senna cap (SENOKOT equiv)	OTC	1
senna syrup (SENOKOT equiv)	OTC	1
senna tab (SENOKOT equiv)	OTC	1
<b>SURFACTANT LAXATIVES</b>		
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

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LAXATIVES Cont.		
DOCUSATE SYRUP	OTC	1
MACROLIDES		
<b>AZITHROMYCIN</b>		
azithromycin susp (ZITHROMAX equiv)	-	1
azithromycin tab (ZITHROMAX equiv)	-	1
ZITHROMAX POWDER PACK	-	1
<b>CLARITHROMYCIN</b>		
clarithromycin ER tab (BIAXIN XL equiv)	-	1
clarithromycin tab (BIAXIN equiv)	-	1
CLARITHROMYC SUSP	-	2
<b>ERYTHROMYCINS</b>		
erythromycin ethylsuccinate susp (ERYPED equiv)	-	1
erythromycin tab (ERY-TAB equiv)	-	1
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
<b>FIDAXOMICIN</b>		
fidaxomicin tab (DIFICID equiv) (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	1

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DrugName	Special Code	Tier
<b>MACROLIDES Cont.</b>		
DIFICID SUSP (QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	2
DIFICID TAB (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	2
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>CONTRACEPTIVES</b>		
FEMALE CONDOMS	OTC	\$0
MALE CONDOMS	OTC	\$0
DIAPHRAGM	-	2
<b>DIABETIC SUPPLIES</b>		
ACCU-CHEK AVIVA PLUS METER	OTC	\$0
ACCU-CHEK GUIDE CARE METER	OTC	\$0
ACCU-CHEK GUIDE ME KIT	OTC	\$0
ACCU-CHEK NANO METER	OTC	\$0
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
V-GO INJ KIT (QL= 1 kit/day)	QL	2

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<b>MEDICAL DEVICES AND SUPPLIES Cont.</b>		
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
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
<b>MISC. DEVICES</b>		
ALCOHOL SWABS	OTC	2
<b>PARENTERAL THERAPY SUPPLIES</b>		
B-D INSULIN SYRINGE	--OTC	1

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**Colorado Access Child Health Plan Plus HMO Formulary**

**Category/Class**

**Last Updated\* 12/1/2025**

<b>DrugName</b>		<b>Special Code</b>	<b>Tier</b>
<b>MEDICAL DEVICES AND SUPPLIES Cont.</b>			
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
<b>RESPIRATORY THERAPY SUPPLIES</b>			
PEAK FLOW METER		OTC	1
AEROCHAMBER		OTC	2
<b>MIGRAINE PRODUCTS</b>			
<b>CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG</b>			
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
<b>MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES</b>			
AIMOVIG INJ (QL= 1 pack/28 days)		PA-QL	2
AJOVY INJ (QL= 1 pack/28 days)		PA-QL	2
EMGALITY INJ (QL= 1 inj/28 days)		PA-QL	2
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)		PA-QL	2
<b>SEROTONIN AGONISTS</b>			
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)		QL	1
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days)		QL	1

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DrugName	Special Code	Tier
<b>MIGRAINE PRODUCTS Cont.</b>		
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days)	QL	1
sumatriptan inj (QL= 6 inj/30 days)	QL	1
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	1
sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days)	QL	1
<b>MINERALS &amp; ELECTROLYTES</b>		
<b>CALCIUM</b>		
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
<b>FLUORIDE</b>		
sodium fluoride chew tab (LURIDE equiv)	-	\$0
sodium fluoride soln (LURIDE SOLN. equiv)	-	\$0
SODIUM FLUORIDE TAB	-	\$0
FLUORABON SOLN	-	2
<b>PHOSPHATE</b>		
phospha 250 neutral tab (K-PHOS NEUTRAL equiv)	-	1
potassium phosphate monobasic tab (K-PHOS equiv)	-	1

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DrugName	Special Code	Tier
<b>MINERALS &amp; ELECTROLYTES Cont.</b>		
K-PHOS TAB	-	2
<b>POTASSIUM</b>		
K-TAB	-	1
potassium bicarbonate effer tab (K-LYTE equiv)	-	1
potassium chloride ER cap (MICRO-K equiv)	-	1
potassium chloride ER tab (K-TAB equiv)	-	1
potassium chloride micro tab (K-DUR equiv)	-	1
POTASSIUM CHLORIDE TAB ER	-	1
potassium chloride powder packet (KLOR-CON equiv)	-	2
potassium chloride soln	-	2
<b>ZINC</b>		
zinc gluconate tab	OTC	1
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
penicillamine tab (DEPEN TITRATAB equiv)	-	1
<b>IMMUNOMODULATORS</b>		
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	1
JOENJA TAB (QL= 2 tabs/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	2
REZUROCK TAB (QL= 1 tab/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	2

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DrugName	Special Code	Tier
<b>MISCELLANEOUS THERAPEUTIC CLASSES Cont.</b>		
REVLIMID CAP (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only available through Walgreens 888-347-3416)	LD-QL-RS	2+penalty
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
everolimus tab (ZORTRESS equiv)	PA	1
sirolimus soln (RAPAMUNE equiv)	-	1
ENSPRYNG INJ (QL= 1 inj/28 days)	LMSP-PA-QL	2
<b>PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS</b>		
VIJOICE GRANULES PACKET (QL= 1 packet/day; Only available through Biologic 800-850-4306)	LD-PA-QL	2
VIJOICE TAB (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL	2
<b>POTASSIUM REMOVING AGENTS</b>		
LOKELMA PAK	PA	2
LOKELMA PAK 5GM	PA	2
VELTASSA POWDER 1GM (QL= 4 packets/day)	PA-QL	2
<b>PROGERIA TREATMENT AGENTS</b>		
ZOKINVY CAP (QL= 4 caps/day; Only available through CVS Specialty 800-237-2767)	LD-PA-QL	2
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
benzocaine gel	OTC	1
benzocaine paste	OTC	1

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DrugName	Special Code	Tier
<b>MOUTH/THROAT/DENTAL AGENTS Cont.</b>		
lidocaine viscous soln (XYLOCAINE HCL (MOUTH-THROAT) equiv)	-	1
<b>ANTI-INFECTIVES - THROAT</b>		
clotrimazole troches (MYCELEX TROCHES equiv)	-	1
nystatin susp	-	1
<b>ANTISEPTICS - MOUTH/THROAT</b>		
chlorhexidine gluconate soln (PERIDEX equiv)	-	1
<b>DENTAL PRODUCTS</b>		
FLUORIDEX SENSITIVITY PASTE	-	1
sodium fluoride cream (PREVIDENT 5000 PLUS equiv)	-	1
sodium fluoride gel (PREVIDENT equiv)	-	1
sodium fluoride paste (PREVIDENT equiv)	-	1
sodium fluoride rinse (PREVIDENT equiv)	-	1
<b>STEROIDS - MOUTH/THROAT</b>		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	1
<b>THROAT PRODUCTS - MISC.</b>		
cevimeline cap (EVOXAC equiv)	-	1
pilocarpine tab (SALAGEN equiv)	-	1
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX W/ FOLIC ACID</b>		
DIALYVITE TAB	-	1
dalyvite tab (NEPHRO-VITE equiv)	-	1

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DrugName	Special Code	Tier
<b>MULTIVITAMINS Cont.</b>		
DIALYVITE/ZINC TAB	-	1
FOLBEE PLUS CZ TAB	-	1
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
multivitamin/minerals tab (STROVITE equiv)	-	1
<b>MULTIVITAMINS</b>		
multiple vitamin liquid	OTC	1
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
POLY-VI-FLOR SUSP	-	2
<b>PED MULTIPLE VITAMINS W/ MINERALS</b>		
pediatric multivitamin (VITALETS equiv)	OTC	1
<b>PED MV W/ FLUORIDE</b>		
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
<b>PED MV W/ IRON</b>		
FLINTSTONES COMPLETE CHEW	OTC	1
pediatric multivitamin (VITALETS equiv)	OTC	1
<b>PRENATAL VITAMINS</b>		

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DrugName	Special Code	Tier
<b>MULTIVITAMINS Cont.</b>		
PRENATABS RX TAB	-	1
PRENATAL 19 TAB	-	1
prenatal vitamin	OTC	1
PRENATAL VITAMIN	OTC	2
PRENATAL VITAMIN (OTC only)	OTC	2
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
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
FLEQSUHVY SUSP (Prior Authorization required for members age 9 years and older) PA		2
LYVISPAH GRANULE PACKET (Prior Authorization required for members age 9 years and older) PA		2
<b>DIRECT MUSCLE RELAXANTS</b>		
dantrolene cap (DANTRIUM equiv)	-	1

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DrugName	Special Code	Tier
<b>MUSCULOSKELETAL THERAPY AGENTS Cont.</b>		
<b>FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS</b>		
SOHONOS CAP 1.5MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	2
SOHONOS CAP 10MG (QL= 56 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	2
SOHONOS CAP 1MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	2
SOHONOS CAP 2.5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	2
SOHONOS CAP 5MG (QL= 28 caps/28 days; Only available through CVS Specialty 800-238-7828)	LD-PA-QL	2
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENTS - MISC.</b>		
saline nasal spray (OCEAN equiv)	OTC	1
<b>NASAL ANTIALLERGY</b>		
azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 1 bottle/month)	QL	1
azelastine nasal spray 0.15% (ASTEPRO equiv) (QL= 1 bottle/month)	QL	1
cromolyn nasal spray (NASALCROM equiv)	OTC	1
<b>NASAL STEROIDS</b>		
flunisolide nasal soln	-	1
fluticasone nasal spray (FLONASE equiv)	-	1

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<b>NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.</b>		
mometasone nasal spray (NASONEX equiv)	-	1
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
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
pseudoephedrine 12hr tab (SUDAFED equiv)	OTC	1
pseudoephedrine tab (SUDAFED equiv)	OTC	1
pseudopseudoephedrine liquid (SUDAFED equiv)	OTC	1
<b>NEUROMUSCULAR AGENTS</b>		
<b>FRIEDRICH'S ATAXIA AGENTS</b>		
SKYCLARYS CAP (QL= 3 caps/day; Only available through Biologics 800-850-430 844-288-5007)	LD-PA-QL	2
<b>RETT SYNDROME AGENTS</b>		
DAYBUE SOLN (QL= 8 bottles/30 days; Only available through AnovoRx 800-803-2523)	LD-PA-QL	2
<b>SPINAL MUSCULAR ATROPHY AGENTS (SMA)</b>		
EVRYSDI SOLN (QL= 6.67ml/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
EVRYSDI TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	2
<b>NUTRIENTS</b>		
<b>LIPOTROPICS</b>		
choline citrate tab (QL= 1 tab/day)	OTC-PA-QL	1
<b>OPHTHALMIC AGENTS</b>		

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<b>OPHTHALMIC AGENTS Cont.</b>		
<b>ARTIFICIAL TEARS AND LUBRICANTS</b>		
artificial tears	OTC	1
artificial tears (LIQUIFILM equiv)	OTC	1
artificial tears ophth soln (AQUASITE equiv) (QL= 25ml/30 days)	OTC-QL	1
gentear ophth oint	OTC	1
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
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
BETOPTIC-S OPHTH SOLN	-	2
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	2
ISTALOL OPHTH SOLN	-	2

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<b>OPHTHALMIC AGENTS Cont.</b>		
COMBIGAN OPHTH SOLN	-	2+penalty
<b>CYCLOPLEGIC MYDRIATICS</b>		
atropine ophth oint	-	1
atropine ophth soln (ISOPTO ATROPINE equiv)	-	1
ATROPINE SUL SOLN 1% OPHTH	-	1
ATROPINE SULFATE OPHTH OINT	-	1
cyclopentolate ophth soln (CYCLOGYL equiv)	-	1
phenylephrine ophth soln (MYDFRIN equiv)	-	1
tropicamide ophth soln (MYDRIACYL equiv)	-	1
CYCLOMYDRIL OPHTH SOLN	-	2
HOMATROPINE OPHTH SOLN	-	2
<b>MIOTICS</b>		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	1
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
apraclonidine ophth soln (IOPIDINE equiv)	-	1
brimonidine ophth soln 0.2%	-	1
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

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IOPIDINE OPHTH SOLN	-	2
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	1
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	1
ciprofloxacin ophth soln (CILOXAN equiv)	-	1
erythromycin ophth oint	-	1
gatifloxacin ophth soln (ZYMAXID equiv)	-	1
GENTAK OPHTH OINT	-	1
gentamicin ophth soln (GARAMYCIN equiv)	-	1
levofloxacin ophth soln (QUIXIN equiv)	-	1
LEVOFLOXACIN OPHTH SOLN 0.5%	-	1
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	1
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	1
ofloxacin ophth soln (OCUFLOX equiv)	-	1
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	1
SULFACETAMIDE 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

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

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>OPHTHALMIC AGENTS Cont.</b>		
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
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	1
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
proparacaine ophth soln (ALCAINE equiv)	-	1
<b>OPHTHALMIC NERVE GROWTH FACTORS</b>		
OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523)	LD-PA-QL	2
<b>OPHTHALMIC STEROIDS</b>		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	1
difluprednate ophth emulsion (DUREZOL equiv)	-	1
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	1
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	1
loteprednol ophth susp (LOTEMAX, ALREX equiv)	-	1
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	1
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	1
prednisolone acetate ophth susp (PRED FORTE equiv)	-	1

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<b>OPHTHALMIC AGENTS Cont.</b>		
PREDNISOLONE OPHTH SUSP	-	1
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	1
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	1
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	1
ALREX OPHTH SUSP	-	2
BLEPHAMIDE OPHTH SOLN	-	2
FML FORTE OPHTH SUSP	-	2
LOTEMAX OPHTH OINT	-	2
MAXIDEX OPHTH SOLN	-	2
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	2
PRED MILD OPHTH SOLN	-	2
PRED-G OPHTH SOLN	-	2
ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered))	QL	2
<b>OPHTHALMICS - MISC.</b>		
azelastine ophth soln (OPTIVAR equiv)	-	1
cromolyn ophth soln (CROLOM equiv)	-	1
CROMOLYN SODIUM OPHTH SOLN	-	1
diclofenac sodium ophth soln (VOLTAREN equiv)	-	1
dorzolamide ophth soln (TRUSOPT equiv)	-	1
epinastine ophth soln (ELESTAT equiv)	-	1
ketorolac ophth soln (ACULAR (LS) equiv)	-	1

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DrugName	Special Code	Tier
<b>OPHTHALMIC AGENTS Cont.</b>		
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
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	1
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	1
travoprost ophth soln (TRAVATAN Z equiv) (QL= 5ml/30 days)	QL	1
LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	2
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
acetic acid otic soln (VOSOL equiv)	-	1
carbamide peroxide otic soln (DEBROX equiv)	OTC	1
<b>OTIC ANTI-INFECTIVES</b>		
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	1
ofloxacin otic soln (FLOXIN equiv)	-	1

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DrugName	Special Code	Tier
<b>OTIC AGENTS Cont.</b>		
<b>OTIC COMBINATIONS</b>		
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
<b>OTIC STEROIDS</b>		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	1
fluocinolone otic oil (DERMOTIC equiv)	-	1
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill; 1 fill/365 days)	QL	2
<b>PASSIVE IMMUNIZING AGENTS</b>		
<b>IMMUNE SERUMS</b>		
HIZENTRA INJ	MSP-PA	2
<b>MONOCLONAL ANTIBODIES</b>		
SYNAGIS INJ	LMSP-PA	2
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
HYQVIA INJ	MSP-PA	2
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
HIZENTRA INJ	MSP-PA	2

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DrugName	Special Code	Tier
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS Cont.</b>		
XEMBIFY INJ (Only available through Diplomat Pharmacy 877-977-9118)	LD-PA	2
<b>MONOCLONAL ANTIBODIES</b>		
BEYFORTUS INJ	VAC	\$0
ENFLONSIA INJ	VAC	\$0
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
amoxicillin cap (TRIMOX equiv)	-	1
AMOXICILLIN CHEW TAB	-	1
amoxicillin susp (TRIMOX equiv)	-	1
amoxicillin tab (AMOXIL equiv)	-	1
ampicillin cap (AMPICILLIN equiv)	-	1
<b>NATURAL PENICILLINS</b>		
penicillin vk tab (VEETIDS equiv)	-	1
<b>PENICILLIN COMBINATIONS</b>		
AMOXICILLIN/CLAVULANATE CHEW TAB	-	1
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	1
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
dicloxacillin cap (DYNAPEN equiv)	-	1
<b>PHARMACEUTICAL ADJUVANTS</b>		
<b>SEMI SOLID VEHICLES</b>		

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DrugName	Special Code	Tier
<b>PHARMACEUTICAL ADJUVANTS Cont.</b>		
POLYETHYLENE GLYCOL 8000 GRANULES	-	2
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
medroxyprogesterone tab (PROVERA equiv)	-	1
megestrol ES susp (MEGACE ES equiv)	-	1
<b>MEGESTROL SUSP</b>	-	1
norethindrone tab (AYGESTIN equiv)	-	1
progesterone cap (PROMETRIUM equiv)	-	1
progesterone oil inj	-	1
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
acamprosate calcium DR tab (CAMPRAL equiv)	-	1
disulfiram tab (ANTABUSE equiv)	-	1
<b>ANTIDEMENTIA AGENTS</b>		
galantamine ER cap (RAZADYNE ER equiv)	-	1
rivastigmine cap (EXELON equiv)	-	1
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	1
PERPHENAZINE/ AMITRIPTYLINE TAB	-	1
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA PAK	-	2

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## Category/Class

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DrugName	Special Code	Tier
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
SAVELLA TAB	-	2
<b>MULTIPLE SCLEROSIS AGENTS</b>		
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)	LMSP	1
glatiramer inj (COPAXONE equiv)	LMSP	1
AVONEX INJ	LMSP	2
BETASERON INJ	LMSP	2
GILENYA CAP 0.25MG	LMSP-PA	2
KESIMPTA INJ	LMSP	2
MAVENCLAD THERAPY PAK	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
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
AQNEURSA PACKET FOR SUSPENSION (QL= 4 packets/day; Only available through CurantHealth 866-437-8040)	LD-PA-QL	2
PIMOZIDE TAB	-	2
<b>SMOKING DETERRENTS</b>		

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<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.</b>		
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
varenicline tartrate tab (VARENICLINE equiv) (Prior Authorization Required only if member is less than 16 years old)	PA	\$0
varenicline tartrate tab starter pack (VARENICLINE PAK equiv) (Limited to 180 days/plan year; Prior Authorization Required only if member is less than 16 years old)	PA-QL-SMKG	\$0
<b>RESPIRATORY AGENTS - MISC.</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
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

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<b>RESPIRATORY AGENTS - MISC. Cont.</b>			
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 Walgreen 888-347-3416)	LD-PA-QL	2	
<b>TETRACYCLINES</b>			
<b>TETRACYCLINES</b>			
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	
<b>THYROID AGENTS</b>			
<b>ANTITHYROID AGENTS</b>			
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<b>THYROID AGENTS Cont.</b>		
methimazole tab (TAPAZOLE equiv)	-	1
propylthiouracil tab	-	1
<b>THYROID HORMONES</b>		
ARMOUR THYROID TAB, NATURE THROID TAB	-	1
levothyroxine tab (SYNTHROID equiv)	-	1
liothyronine tab (CYTOMEL equiv)	-	1
np thyroid tab (ARMOUR THYROID, NATURE THROID equiv)	-	1
TIROSINT-SOL (Prior Authorization required for members age 9 years and older)	PA	2
<b>TOXOIDS</b>		
<b>TOXOID COMBINATIONS</b>		
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 older)	VAC	\$0

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**Category/Class**

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<b>TOXOIDS Cont.</b>			
VAXELIS INJ (QL= 1 inj/2 months; Covered for members aged 6 weeks to 6 years old)		QL-VAC	\$0
<b>ULCER DRUGS</b>			
<b>ANTISPASMODICS</b>			
chlordiazepoxide/clidinium cap (LIBRAX equiv)		-	1
dicyclomine cap (BENTYL equiv)		-	1
dicyclomine soln (BENTYL equiv)		-	1
dicyclomine tab (BENTYL equiv)		-	1
glycopyrrolate tab (ROBINUL equiv)		-	1
hyoscyamine sulfate CR tab (LEVBID equiv)		-	1
hyoscyamine sulfate elixir (LEVSIN equiv)		-	1
hyoscyamine sulfate ODT (ANASPAZ equiv)		-	1
hyoscyamine sulfate SL tab (LEVSIN equiv)		-	1
hyoscyamine sulfate soln (LEVSIN equiv)		-	1
hyoscyamine tab (LEVSIN equiv)		-	1
methscopolamine tab (PAMINE equiv)		-	1
BELLADONNA ALKALOID/OPIUM SUPP		-	2
<b>H-2 ANTAGONISTS</b>			
cimetidine soln (CIMETIDINE equiv)		-	1
cimetidine tab (TAGAMET equiv)		OTC	1
famotidine susp (PEPCID equiv)		-	1

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

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>ULCER DRUGS Cont.</b>		
famotidine tab (PEPCID equiv)	OTC	1
nizatidine cap (AXID equiv)	-	2
<b>MISC. ANTI-ULCER</b>		
sucralfate tab (CARAFATE equiv)	-	1
<b>PROTON PUMP INHIBITORS</b>		
esomeprazole cap (NEXIUM equiv)	OTC	1
lansoprazole cap 15mg (PREVACID equiv) (QL= 2 caps/day)	OTC-QL	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
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
misoprostol tab (CYTOTEC equiv)	-	1
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS</b>		
<b>H-2 ANTAGONISTS</b>		
NIZATIDINE CAP	-	2
<b>MISC. ANTI-ULCER</b>		
sucralfate susp (CARAFATE equiv)	-	1
<b>PROTON PUMP INHIBITORS</b>		

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.</b>		
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 (QL= 1 cap/day)	QL	2
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
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	1
oxybutynin ER tab (DITROPAN XL equiv)	-	1
oxybutynin syrup	-	1
oxybutynin tab (DITROPAN equiv)	-	1
solifenacain tab (VESICARE equiv)	-	1
tolterodine SR cap (DETROL LA equiv)	-	1
tolterodine tab (DETROL equiv)	-	1
TOVIAZ TAB	-	2+penalty
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>URINARY ANTISPASMODICS Cont.</b>		
bethanechol tab (URECHOLINE equiv)	-	1
<b>VACCINES</b>		
<b>BACTERIAL VACCINES</b>		
ACTHIB INJ, HIBERIX INJ	VAC	\$0
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
<b>VIRAL VACCINES</b>		

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>VACCINES Cont.</b>		
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
COMIRNATY INJ (QL= 1 dose/17 days)	QL-VAC	\$0
COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days)	QL-VAC	\$0
COVID-19 VACCINE 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 younger 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 and older)	QL-VAC	\$0
HEPLISAV-B INJ (QL= 1 inj/28 days; Covered for members age 18 years and older)	QL-VAC	\$0
IPOP INJ	VAC	\$0
JYNNEOS INJ	VAC	\$0

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>VACCINES Cont.</b>		
M-M-R II INJ	VAC	\$0
MNEXSPIKE INJ 10MCG/0.2ML (QL= 1 dose/24 days)	QL-VAC	\$0
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

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# Colorado Access Child Health Plan Plus HMO Formulary

## Category/Class

Last Updated\* 12/1/2025

DrugName	Special Code	Tier
<b>VAGINAL AND RELATED PRODUCTS</b>		
<b>VAGINAL ANTI-INFECTIVES</b>		
CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill)	QL	2
XACIATO GEL (QL= 1 applicator/fill)	QL	2
<b>VAGINAL ANTI-INFLAMMATORY AGENTS</b>		
hydrocortisone cream	OTC	1
<b>VAGINAL CONTRACEPTIVE - PH MODULATORS</b>		
PHEXXI GEL	-	\$0
<b>VAGINAL PRODUCTS</b>		
<b>SPERMICIDES</b>		
CONTRACEPTIVE GEL	OTC	\$0
TODAY SPONGE	OTC	\$0
<b>VAGINAL ANTI-INFECTIVES</b>		
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

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**Colorado Access Child Health Plan Plus HMO Formulary**

**Category/Class**

**Last Updated\* 12/1/2025**

<b>DrugName</b>		<b>Special Code</b>	<b>Tier</b>
<b>VAGINAL PRODUCTS Cont.</b>			
terconazole supp (TERAZOL equiv)		-	1
<b>VAGINAL ESTROGENS</b>			
ESTRING (3 copays per Rx)		-	2
PREMARIN VAGINAL CREAM		-	2
<b>VASOPRESSORS</b>			
<b>ANAPHYLAXIS THERAPY AGENTS</b>			
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)		QL	1
NEFFY SPRAY (QL= 2 doses/fill)		QL	2
<b>VASOPRESSORS</b>			
epinephrine inj		-	1
midodrine tab (PROAMATINE equiv)		-	1
<b>VITAMINS</b>			
<b>OIL SOLUBLE VITAMINS</b>			
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
VITAMIN D3 TAB		OTC	1
<b>WATER SOLUBLE VITAMINS</b>			
ascorbic acid chew tab		OTC	1
ascorbic acid tab		OTC	1

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**Colorado Access Child Health Plan Plus HMO Formulary****Category/Class****Last Updated\* 12/1/2025**

<b>DrugName</b>		<b>Special Code</b>	<b>Tier</b>
<b>VITAMINS Cont.</b>			
VITAMIN C TAB		OTC	1

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**Colorado Access Child Health Plan Plus HMO Formulary**  
**Prior Authorization Drug List**  
**Last Updated\* 12/1/2025**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
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) KIT	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

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**Colorado Access Child Health Plan Plus HMO Formulary cont.****Prior Authorization Drug List****Last Updated\* 12/1/2025**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
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
ARBLI SUSP	2
ATORVALIQ SUSP	2
ATTRUBY PACK	2
BANZEL SUSP	2+penalty
BARACLODE SOLN	2
BERINERT INJ	2
bexarotene cap	1
bexarotene gel	1

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**Colorado Access Child Health Plan Plus HMO Formulary cont.****Prior Authorization Drug List****Last Updated\* 12/1/2025**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
bosentan tab for oral susp	1
BOSULIF 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
choline citrate tab	1
CIBINQO TAB	2
CIMZIA INJ	2
CIMZIA INJ 200MG/ML	2
CINRYZE INJ	2
clobazam susp	2
clobetasol spray	1

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
CLOBEX SPRAY	2+penalty
CORLANOR SOLN	2
CORLANOR TAB	2+penalty
CRENESSITY CAP	2
CRENESSITY SOLN	2
dasatinib tab	1
DAYBUE SOLN	2
deferiprone tab	1
DIACOMIT CAP	2
DIACOMIT POWDER PACK	2
DUPIXENT INJ	2
DUPIXENT PEN INJ	2
EBGLYSS INJ	2
EBGLYSS PEN INJ	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

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Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
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
ENDARI POWDER PACKET	2
ENSPRYNG INJ	2
ENTRESTO CAP	2
ENTYVIO SC INJ	2
EPCLUSIA 200-50MG	2
EPCLUSIA 400-100MG	2
EPIDIOLEX SOLN	2
EPRONTIA SOLN	2
esomeprazole DR granule pack	1
estradiol valerate inj	1
everolimus tab	1
everolimus tab (ZORTRESS equiv)	1

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**Colorado Access Child Health Plan Plus HMO Formulary cont.****Prior Authorization Drug List****Last Updated\* 12/1/2025**

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
everolimus tab 5mg	1
everolimus tab for oral susp	1
EVRYSDI SOLN	2
EVRYSDI TAB	2
EZALLOR SPRINKLE CAP	2
FASENRA PEN INJ	2
FERRIPROX SOLN	2
FILSPARI TAB	2
FINTEPLA SOLN	2
FIRDAPSE TAB	2
FLEQSUVY SUSP	2
FLOLIPID SUSP	2
FLOVENT HFA INHALER	2
FLUTICASONE HFA INHALER	2
GAVRETO CAP	2
GENOTROPIN INJ	2
GENOTROPIN INJ 5MG	2
GENVOYA TAB	2
GILENYA CAP 0.25MG	2

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Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
GLOPERBA SOLN	2
HAEGARDA INJ	2
HARVONI TAB	2
HEMLIBRA INJ	2
HIZENTRA INJ	2
HYCAMTIN CAP	2
HYFTOR GEL	2
HYQVIA INJ	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
ivabradine hcl tab	1

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**Colorado Access Child Health Plan Plus HMO Formulary cont.****Prior Authorization Drug List****Last Updated\* 12/1/2025**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
IWILFIN TAB	2
JAKAFI TAB	2
JAYPIRCA TAB	2
JOENJA TAB	2
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

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
lithium oral solution	1
LIVDELZI CAP	2
LIVMARLI SOLN	2
LIVMARLI TAB	2
LIVMARLI TAB 30MG	2
LIVTENCITY TAB	2
LOKELMA PAK	2
LOKELMA PAK 5GM	2
LOPRESSOR SOLN	2
LYVISPAH GRANULE PACKET	2
MAVYRET PAK	2
MAVYRET TAB	2
MEKINIST SOLN	2
MEKINIST TAB 0.5MG	2
MEKINIST TAB 2MG	2
mercaptopurine susp	2
miglustat cap	1
MYFEMBREE TAB	2
NEMLUVIO INJ	2

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
nilotinib hcl cap	1
NINLARO CAP	2
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
OMNITROPE INJ	2
ONYDA TAB	2
OPSUMIT TAB	2
OPZELURA CREAM	2
ORENCIA CLICK INJ	2

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
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
OTEZLA STARTER PACK	2
OTEZLA 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
PREVYMIS PAK	2
PYRUKYND TAB	2
PYRUKYND TAPER PACK	2
QBRELIS SOLN	2

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
QELBREE ER CAP	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
RIVFLOZA INJ 160MG	2
RIVFLOZA VIAL	2
ROZLYTREK CAP	2
ROZLYTREK PAK	2
RUCONEST INJ	2

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Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
rufinamide susp	1
rufinamide tab	1
sildenafil susp	2
sildenafil tab 20mg	1
SIMPONI AUTO-INJECTOR 100MG	2
SIMPONI INJ 100MG	2
SKYCLARYS CAP	2
SKYRIZI INJ 150MG/ML	2
SKYRIZI INJ 180 MG/1.2ML	2
SKYRIZI INJ 360MG/2.4ML	2
SKYTROFA INJ	2
sodium phenylbutyrate powder	1
sodium phenylbutyrate tab	1
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

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
SOHONOS CAP 5MG	2
SOMAVERT INJ	2
SOTYLIZE SOLN 5MG/ML	2
spironolactone susp	2
STEQEYMA INJ	2
STEQEYMA INJ 90MG	2
sunitinib malate cap	1
SYMDEKO TAB	2
SYNAGIS INJ	2
tadalafil tab (PAH)	1
TADLIQ SUSP	1
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

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
TAVNEOS CAP	2
TAZVERIK TAB	2
testosterone cypionate inj	1
TESTOSTERONE ENANTHATE INJ	1
TESTOSTERONE ENANTHATE INJ 200MG/ML	1
TESTOSTERONE GEL 1% 25MG	2
testosterone gel 1% 50mg	1
testosterone gel 1.62% 1.25gm	2
testosterone gel 1.62% 2.5gm	2
TESTOSTERONE GEL 20.25MG/1.25GM	2
TESTOSTERONE GEL PUMP 1%	1
testosterone gel pump 1.62%	1
TEZSPIRE INJ	2
tiopronin tab	1
tiopronin tab delayed release	1
TIROSINT-SOL	2
tolvaptan tab	1
topiramate oral soln	1
TRACLEER TAB	2+penalty

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
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 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 DPI POWDER TITRATION KIT 16-32MCG	2
TYVASO INH SOLN 0.6 MG/ML	2
UBRELVY TAB	2

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Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
VALCHLOR GEL	2
VANFLYTA TAB	2
VANFLYTA TAB 26.5MG	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
vigadronate powder pack	1
VIJOICE GRANULES PACKET	2
VIJOICE TAB	2
VITRAKVI CAP 100MG	2
VITRAKVI CAP 25MG	2
VITRAKVI SOLN	2
VONJO CAP	2
VORANIGO TAB	2

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Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization.

<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
VORANIGO TAB 10MG	2
VOWST CAP	2
VOXZOGO INJ	2
VOYDEYA TAB	2
VOYDEYA TAB THERAPY PACK	2
WELIREG TAB	2
WINREVAIR INJ	2
XALKORI CAP	2
XALKORI SPRINKLE CAP	2
XELJANZ SOLN	2
XELJANZ TAB	2
XELJANZ XR TAB	2
XEMBIFY INJ	2
XENLETA TAB	2
XOLAIR INJ	2
XOLAIR SYRINGE	2
XOLAIR SYRINGE 150MG/ML	2
XOLREMDI CAP	2
XROMI SOLN	2

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
YESINTEK INJ	2
YESINTEK SYRINGE	2
YESINTEK SYRINGE 90MG	2
YEZTUGO INJ	\$0
YEZTUGO TAB	\$0
YUTREPIA CAP	2
ZAVZPRET NASAL SPRAY	2
ZEPOSIA CAP	2
ZEPOSIA STARTER PACK	2
ZILBRYSQ INJ	2
ZILBRYSQ INJ 23MG	2
ZILBRYSQ INJ 32.4MG	2
ZOKINVY CAP	2
ZOLINZA CAP	2
ZONISADE SUSP	2
ZORYVE CREAM	2
ZORYVE FOAM	2
ZTALMY SUSP	2
ZURZUVAE CAP 20MG, 25MG	2

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<b>Drug Name</b>	<b>Tier # for Drug Copay (if prior auth is approved)</b>
ZURZUVAE CAP 30MG	2

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**Colorado Access Child Health Plan Plus HMO Formulary****Last Updated\* 12/1/2025****Over-the-Counter (OTC)**

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

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

ACCU-CHEK AVIVA PLUS METER	ACCU-CHEK AVIVA PLUS TEST STRIP	ACCU-CHEK GUIDE CARE METER	ACCU-CHEK GUIDE ME KIT
ACCU-CHEK GUIDE TEST STRIP	ACCU-CHEK NANO METER	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 ointment	bacitracin/zinc oint	B-D INSULIN SYRINGE	B-D PEN NEEDLE
benzocaine gel	benzocaine paste	benzoyl peroxide cream	BENZOYL PEROXIDE GEL
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

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calcium w/vitamin D tab	CALIBRATION LIQUID	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 vaginal cream	CONTRACEPTIVE GEL
COVID-19 TEST	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 INSULIN TEST STRIP	FREESTYLE LITE METER	FREESTYLE LITE TEST STRIP	FREESTYLE PRECISION NEO METER
FREESTYLE PRECISION NEO TEST STRIP	FREESTYLE TEST STRIP	gentleal 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			

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KETO-DIASTIX TEST STRIP	KETOSTIX	ketotifen ophth soln	LANCET KIT
LANCETS	lansoprazole cap 15mg	levonorgestrel tab	lice aerosol
lice cream rinse	lice treatment kit	lice treatment liquid	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 aerosol
miconazole nitrate powder	miconazole vaginal cream	miconazole vaginal kit	milk of magnesium
MIRALAX PACKET	MIRALAX POWDER	multiple vitamin liquid	naloxone hcl nasal spray
naproxen sodium tab 220mg	NARCAN NASAL SPRAY	NASACORT OTC NASAL SPRAY	neomycin/bacitracin/poly myxin oint
NEXIUM 24HR TAB	NICOTINE KIT	nicotine patch	NOVOFINE PEN
NOVOTWIST PEN	NOVOTWIST/NOVOFINE PEN NEEDLE	olopatadine ophth soln 0.2%	NEEDLE
NEEDLE	OYSTER SHELL/D TAB	PEAK FLOW METER	omeprazole tab
OPILL TAB	polyethylene glycol 3350 powder	PRECISION XTRA KETONE TEST STRIP	pediatric multivitamin
PLAN B TAB	pseudoephedrine 12hr tab	pseudoephedrine tab	PRENATAL VITAMIN
PREVACID OTC CAP	salicylic acid liquid 17%	salicylic acid pads 40%	pseudopseudoephedrine liquid
RIVIVE, REXTOVY SPRAY	senna syrup	senna tab	saline nasal spray
senna cap	sodium chloride neb soln	terbinafine cream	SILPHEN COUGH SYRUP
sodium bicarbonate tab	tolnaftate cream	tolnaftate powder	TODAY SPONGE
tolnaftate aerosol			tolnaftate soln

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triamcinolone OTC nasal   VITAMIN C TAB  
spray  
zinc gluconate tab

VITAMIN D3 TAB

vitamin E liquid

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# Colorado Access Child Health Plan Plus HMO Formulary

Last Updated\* 12/1/2025

## 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
ALFERON-N INJ	ALHEMO INJ	ALYFTREK TAB	ALYFTREK TAB 4-20-50MG
ambrisentan tab	AQNEURSA PACKET FOR SUSPENSION	ATTRUBY PACK	AVONEX INJ

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BERINERT INJ bosentan tab BRUKINSA TAB	BETASERON INJ bosentan tab for oral susp BYLVAY CAP 1200MCG	bexarotene cap BOSULIF TAB BYLVAY CAP 400MCG	bexarotene gel BRUKINSA CAP BYLVAY SPRINKLE CAP 200MCG calcitonin inj
BYLVAY SPRINKLE CAP 600MCG	CABENUVA IM SUSP	CABENUVA SUSP 600MG-900MG/3ML	
CALQUENCE TAB carglumic acid tab	CAMZYOS CAP	capecitabine tab	carboplatin inj
CIMZIA INJ	CAYSTON INH SOLN	CEREZYME INJ	CIBINQO TAB
CRENESSITY SOLN	CIMZIA INJ 200MG/ML	CINRYZE INJ	CRENESSITY CAP
CYSTARAN OPHTH SOLN	CYSTADANE POWDER	CYSTADROPS SOLN	CYSTAGON CAP
deferasirox tab	dasatinib tab	DAYBUE SOLN	deferasirox granules packet
dimethyl fumarate DR starter pack	deferasirox tab for oral susp	deferiprone tab	dimethyl fumarate DR cap
EBGLYSS PEN INJ	DUPIXENT INJ	DUPIXENT PEN INJ	EBGLYSS INJ
eltrombopag olamine tab 75MG	eltrombopag olamine powder pack for susp	eltrombopag olamine tab	eltrombopag olamine tab 50MG
ENBREL MINI INJ	EMPAVELI INJ	ENBREL INJ 25MG	ENBREL INJ 50MG
ENTYVIO SC INJ everolimus tab 5mg	ENBREL SURECLICK INJ 50MG	ENDARI POWDER PACKET	ENSPRYNG INJ
FASENRA PEN INJ	EPIDIOLEX SOLN	ETOPOSIDE CAP	everolimus tab
FINTEPLA SOLN	everolimus tab for oral susp	EVRYSDI SOLN	EVRYSDI TAB
GENOTROPIN INJ	FERRIPROX SOLN	FILSPARI TAB	fingolimod hcl cap 0.5mg
	FIRDAPSE TAB	FUZEON INJ	GAVRETO CAP
	GENOTROPIN INJ 5MG	GILENYA CAP 0.25MG	glatiramer inj

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HAEGARDA INJ	HARVONI TAB	HEMLIBRA INJ	HIZENTRA INJ
HYCAMTIN CAP	HYQVIA INJ	icatibant inj	imatinib tab
IMBRUVICA SUSP	IMBRUVICA TAB 420MG	IMCIVREE INJ	IMKELDI SOLUTION
INCRELEX INJ	IQIRVO TAB	IWLFIN 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
MAVENCLAD THERAPY PAK	MAVYRET PAK	MAVYRET TAB	MAYZENT TAB
MAYZENT TAB STARTER MEKINIST TAB 0.5MG PACK	MEKINIST TAB 2MG		mesna tab
miglustat cap	MYLERAN TAB	NEMLUVIO INJ	nilotinib hcl cap
nilutamide tab	NINLARO CAP	nitisinone cap	NIVESTYM INJ
NUCALA INJ	NYVEPRIA INJ	octreotide inj	OCTREOTIDE INJ 100MCG
OGSIVEO TAB	OGSIVEO TAB 50MG	OJEMDA SUSP	OJEMDA TAB
OJJAARA TAB	OLUMIANT TAB	OMNITROPE INJ	OPSUMIT TAB
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	OTEZLA STARTER PACK	OTEZLA TAB
OXERVATE OPHTH SOLN	PALFORZIA POWDER PACK	PALFORZIA SPRINKLE CAP	PALFORZIA SPRINKLE CAP 1 MG

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

PALFORZIA STARTER PACK 0.5 MG/1 MG/1.5 MG/3 MG PULMOZYME INH SOLN	PALFORZIA STARTER PACK 0.5 MG/1 MG/1.5 MG/3 MG/6 MG PYRUKYND TAB	PEGASYS INJ	PHEBURANE ORAL PELLETS
RETEVMO CAP REVLIMID CAP REZUROCK TAB RINVOQ ORAL SOLN ROZLYTREK CAP SKYRIZI INJ 180 MG/1.2ML	RETEVMO CAP 40MG REVUFORJ TAB RIBAVIRIN CAP RIVFLOZA INJ RUCONEST INJ SKYRIZI INJ 360MG/2.4M SKYTROFA INJ	PYRUKYND TAPER PACK RETEVMO TAB REVUFORJ TAB 110MG RIBAVIRIN TAB RIVFLOZA INJ 160MG SKYCLARYS CAP SKYRIZI INJ 150MG/ML SOGROYA INJ	RETEVMO TAB 40MG REVUFORJ TAB 25MG RINVOQ ER TAB RIVFLOZA VIAL SKYRIZI INJ 150MG/ML SOGROYA INJ
SOHONOS CAP 1.5MG SOHONOS CAP 5MG SUBLOCADE SOLN, BRIXADI SOLN TAFINLAR CAP	SOHONOS CAP 10MG SOMAVERT INJ sunitinib malate cap TAKHZYRO INJ	SOHONOS CAP 1MG STEQEYMA INJ SYMDEKO TAB TAKHZYRO INJ 150MG/ML	SOHONOS CAP 2.5MG STEQEYMA INJ 90MG SYNAGIS INJ TALTZ INJ
TALTZ INJ 20MG/0.25ML TAZVERIK TAB tiopronin tab delayed release	TALTZ INJ 40 MG/0.5ML temozolomide cap tobramycin neb soln	TASIGNA CAP THALOMID CAP tolvaptan tab tretinoin cap	TAVNEOS CAP tiopronin tab TRACLEER TAB TRIKAFTA TAB
TREMFYA INDUCTION IN 200MG/ML TRIKAFTA THERAPY PACK	TREMFYA INJ 200MG/2ML TRYNGOLZA INJ	TYENNE INJ	TYVASO DPI POWDER

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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 16-32MCG
TYVASO DPI POWDER TITRATION KIT 16-32MCG/ML	TYVASO INH SOLN 0.6	VALCHLOR GEL	VANFLYTA TAB
VANFLYTA TAB 26.5MG vigadrone powder pack	VENTAVIS INH SOLN VIJOICE GRANULES PACKET	vigabatrin powder pack VIJOICE TAB	vigabatrin 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	WELIREG TAB	WINREVAIR INJ	XALKORI CAP
PACK			
XDEMVY DROP	XEMBIFY INJ	XOLAIR INJ	XOLAIR SYRINGE
XOLAIR SYRINGE	XOLREMDI CAP	YESINTEK INJ	YESINTEK SYRINGE
150MG/ML			
YESINTEK SYRINGE	YEZTUGO INJ	YEZTUGO TAB	YUTREPIA CAP
90MG			
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	

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# Colorado Access Child Health Plan Plus HMO Formulary

Last Updated\* 12/1/2025

## 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
DIFICID TAB	QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvan solution
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 Oi Pellets
hydromorphone ER tab	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
LEVALBUTEROL INHALER, XOPENEX	QL= 2 inhalers/fill, 2 fills/30 days; Step Therapy requires trial of VENTOLIN HFA or an albuterol HFA product
HFA INHALER	
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.\*\*  
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## Colorado Access Child Health Plan Plus HMO Formulary Cont.

Last Updated\* 12/1/2025

### 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 trial of tacrolimus oint
RAVICTI LIQUID	Step Therapy requires trial of sodium phenylbutyrate and Pheburane Oral Pellets

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Step Therapy (ST)**

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

**Step Therapy (ST) Medications**

<b>Drug Name</b>	<b>Step Therapy Requirements</b>
REPATHA INJ	QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
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)

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**Colorado Access Child Health Plan Plus HMO Formulary****Smoking Cessation Agents****Last Updated\* 12/1/2025**

<b>Drug Name</b>	<b>Tier # for Drug Copay</b>
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nicotine patch( QL= 1 patch/day; Limited to 3 months per calendar year)	\$0
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varenicline tartrate tab starter pack( Limited to 180 days/plan year; Prior	\$0
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Authorization Required only if member is less than 16 years old)	
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**Colorado Access Child Health Plan Plus HMO Formulary****Infertility Drug List****Last Updated\* 12/1/2025**

<b>Drug Name</b>	<b>Tier # for Drug Copay</b>
cetorelix acetate for inj kit	EXC
CETROTIDE KIT	EXC
clomiphene citrate tab	EXC
CLOMIPHENE TAB	EXC
OVIDREL INJ	EXC

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Products listed may not be all inclusive and are subject to change.

**Colorado Access Child Health Plan Plus HMO Formulary****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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	QL= 2 inj/28 days
PFS (2 SYRINGE) KIT	
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	QL= 1 kit/fill; 1 fill/plan year
(3 PEN) KIT	
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	QL= 2 inj/28 days

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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 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
ambrisentan tab	QL= 1 tab/day; Restricted to Cardiology or Pulmonology Specialist; Only available through Lumicera 855-847-3553

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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 866-437-8020
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
azelastine nasal spray 0.1%	QL= 1 bottle/month
azelastine nasal spray 0.15%	QL= 1 bottle/month
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
bimatoprost ophth soln	QL= 2.5ml/30 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
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/30 days
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

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
cetirizine syrup	QL= 10ml/day
cetirizine tab	QL= 1 tab/day
cetirizine/pseudoephedrine 12-hour tab	QL= 2 tabs/day
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
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 TEST	QL= 8 tests/30 days
COVID-19 VACCINE INJ 5-11Y (PFIZER)	QL= 1 dose/17 days

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	QL= 1 dose/24 days
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	QL= 1 dose/17 days
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
DAYBUE SOLN	QL= 8 bottles/30 days; Only available through AnovoRx 844-288-500
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
DIFICID 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.\*\*  
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**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
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
ENDARI POWDER PACKET	QL= 6 packets/day
ENGERIX-B INJ, RECOMBIVAX-HB INJ	QL: 1 inj/28 days
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.\*\*  
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## Colorado Access Child Health Plan Plus HMO Formulary Cont.

Last Updated\* 12/1/2025

### 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.

**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
FILSPARI TAB	QL= 1 tab/day; Only available through Optum Frontier 855-768-9727 Caremark/CVS Specialty 800-378-0695
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
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 Lumicera 855-847-3553
glucagon (rdna) for inj kit	QL= 2 inj/fill, 1 fill/30 days
GLUCAGON DIAGNOSTIC INJ	QL= 2 inj/fill, 1 fill/30 days
GLUCAGON EMR INJ	QL= 2 inj/fill
GLUCAGON INJ KIT	QL= 2 inj/fill
granisetron tab	QL= 14 tabs/fill, 1 fill/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.\*\*  
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**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
hydrocortisone succinate inj 100mg	QL= 2 vials/fill
HYFTOR GEL	QL= 10 grams/30 days
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
JARDIANCE 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.

**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
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
lansoprazole cap 15mg	QL= 2 caps/day
lansoprazole cap 30mg	QL= 1 cap/day
latanoprost ophth soln	QL= 2.5ml/30 days
LEDIPASVIR/SOFOSBUVIR 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.

**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
lenalidomide cap	QL= 1 cap/day; Restricted to Oncology or Hematology Specialist; Only 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 liquid	QL= 120ml/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
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= 330mL/30 days
loratadine syrup	QL= 10ml/day

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
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
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
MNEXSPIKE INJ 10MCG/0.2ML	QL= 1 dose/24 days
modafinil tab	QL= 2 tabs/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/30 days
NASACORT OTC NASAL SPRAY	QL= 2 bottles/fill

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
NAYZILAM SPRAY	QL= 4 doses/fill
NEFFY SPRAY	QL= 2 doses/fill
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

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
OJEMDA TAB	QL= 24 tabs/28 days; Only available through Onco360 877-662-6633
OJJAARA TAB	QL= 1 tab/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
olopatadine ophth soln 0.2%	QL= 2.5ml/30 days
OLUMIANT TAB	QL= 1 tab/day
OPSUMIT TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
OPZELURA CREAM	QL= 12 tubes/year
ORENCIA CLICK INJ	QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days
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
oseltamivir cap	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill
oseltamivir susp	QL= 250ml/fill
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
OXERVATE OPHTH SOLN	QL= 8 kits/affected eye/lifetime; Only available through Accredo 800-803-2523

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
OXYCONTIN CR TAB	QL= 120 tabs/30 days; Step Therapy requires step through IR opioid opioid naïve (Opioid ER Dependency)
OZEMPIK INJ	QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
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 old
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
PREVACID OTC CAP	QL= 2 caps/day
PREVYMIS PAK	QL= 4 packets/day; Limit 800 packets/365 days
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
REGRANEX GEL	QL= 30gm/fill
RELENZA DISKHALER	QL= 1 inhaler/fill

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
REPATHA INJ	QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
RETEVMO CAP	QL= 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; Only available through Walgreens 888-347-3416
REVUFORJ TAB	QL= 2 tabs/day; Only available through Biologics 800-850-4306 or Onco360 877-662-6633
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

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
ROZLYTREK CAP	QL= 3 caps/day
ROZLYTREK PAK	QL= 3 packs/day
rufinamide tab	QL= 8 tabs/day
RYBELSUS TAB	QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
sacubitril-valsartan tab	QL= 2 tabs/day
SKYCLARYS CAP	QL= 3 caps/day; Only available through Biologics 800-850-4306
SKYRIZI INJ 150MG/ML	QL= 1 inj/84 days
SKYRIZI INJ 180 MG/1.2ML	
SKYRIZI INJ 360MG/2.4ML	
SOFOBUVIR/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

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
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
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/30 days
sumatriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
sumatriptan tab	QL= 9 tabs/30 days
sumatriptan vial inj	QL= 5 inj/fill, 2 fills/30 days

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
sunitinib malate cap	QL= 1 cap/day
SYMDEKO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day
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
TAZVERIK TAB	QL= 8 tabs/day; Only available through Onco360 877-662-6633
testosterone gel 1% 25mg	QL= 1 packet/day
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

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.\*\*  
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## Colorado Access Child Health Plan Plus HMO Formulary Cont.

Last Updated\* 12/1/2025

### 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 20.25MG/1.25GM	QL= 1 packet/day
TESTOSTERONE GEL PUMP 1% testosterone gel pump 1.62%	QL= 4 bottles/30 days QL= 2 bottles/30 days
TEZSPIRE INJ tolvaptan tab	QL= 1 pen/28 days QL= 2 tabs/day; Only available through Walgreens 888-347-3416
TRACLEER TAB travoprost ophth soln	QL= 4 tabs/day; Only available through Accredo 800-803-2523 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
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 PantheRx 855-726-8479
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

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
TYVASO DPI POWDER	QL= 224 cartridges/28 days; Only available through Accredo
MAINTENANCE KIT 32-48MCG	800-803-2523
TYVASO DPI POWDER	QL= 224 cartridges/28 days; Only available through Accredo
MAINTENANCE KIT 32-64MCG	800-803-2523
TYVASO DPI POWDER	QL= 224 cartridges/28 days; Only available through Accredo
MAINTENANCE KIT 48-64MCG	800-803-2523
TYVASO DPI POWDER TITRATION KIT	QL= 252 cartridges/28 days; Only available through Accredo
16-32-48MCG	800-803-2523
TYVASO DPI POWDER TITRATION KIT	QL= 196 cartridges/28 days; Only available through Accredo
16-32MCG	800-803-2523
UBRELVY TAB	QL= 10 tabs/30 days, 6 fills/year
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
varenicline tartrate tab starter pack	Limited to 180 days/plan year; Prior Authorization Required only if member is less than 16 years old

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
VAXELIS INJ	QL= 1 inj/2 months; Covered for members aged 6 weeks to 6 years old
VELTASSA POWDER	QL= 1 packet/day
VELTASSA POWDER 1GM	QL= 4 packets/day
VENTOLIN HFA INHALER	QL= 2 inhalers/30 days
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
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

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
VOYDEYA TAB THERAPY PACK	QL= 6 tabs/day; Only available through Onco360 877-662-6633
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= 2 caps/day
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
XELJANZ SOLN	QL= 10 ml/day
XELJANZ TAB	QL= 2 tabs/day
XELJANZ XR TAB	QL= 1 tab/day
XIGDUO XR TAB	QL= 2 tabs/day
XIGDUO XR TAB 10-1000MG	QL= 1 tab/day
XIGDUO XR TAB 2.5-1000MG, 5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG	QL= 1 tab/day
XOFLUZA TAB	QL= 1 tab/fill; Covered for members 12 years of age or older
XOLAIR INJ	QL= 2 inj/28 days

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**Colorado Access Child Health Plan Plus HMO Formulary Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
XOLAIR SYRINGE	QL= 2 inj/28 days
XOLAIR SYRINGE 150MG/ML	QL= 2 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
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
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

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety 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 Cont.****Last Updated\* 12/1/2025****Quantity Limit (QL)**

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

**Quantity Limit (QL) Medications**

<b>Drug Name</b>	<b>Quantity Limit</b>
ZORYVE CREAM	QL= 60 grams/30 days
ZORYVE FOAM	QL= 60 grams/30 days
ZTALMY SUSP	QL= 1100ml/30 days; Only available through Orsini 800-410-8575
ZURZUVAE CAP 20MG, 25MG	QL= 28 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695
ZURZUVAE CAP 30MG	QL= 14 caps/365 days; Only available through Caremark/CVS Specialty 800-378-0695
ZYLET OPHTH SUSP	QL= 5ml/fill (10ml bottle is Not Covered)

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