2024 UMP Preferred Drug List for Public Employees Benefits Board (PEBB) and School Employees Benefits Board (SEBB) members

What is the UMP Preferred Drug List?

The Uniform Medical Plan (UMP) Preferred Drug List (PDL) offers a choice of covered prescription drugs that are safe, effective, and evidence-based.

How does the PDL work?

This PDL classifies prescription drugs into tiers. The amount you pay for your prescription drug depends on its tier, the pharmacy you use, and your plan benefits. For all plans, you pay $0 for covered preventive drugs. Also, for all plans you do not have to meet your deductible before the plan pays for covered insulins. Coinsurance for covered insulin is capped at $35 per 30-day supply.

Applies to the following plans: UMP Classic, UMP Select, UMP Achieve 1, UMP Achieve 2, UMP Plus (PEBB and SEBB), UMP CDHP, and UMP High Deductible*	
Tier	**How much you pay at network pharmacies per 30day supply**
Preventive Tier	$0
Value Tier	5% coinsurance or $10 whichever is less
Tier 1	10% coinsurance or $25 whichever is less
Tier 2	30% coinsurance or $75 whichever is less Covered insulins: 30% coinsurance or $35 whichever is less

*** For UMP CDHP and UMP High Deductible, tiers only apply to covered insulins**

How is prescription drug coverage different for UMP Consumer-Directed Health Plan (CDHP) and UMP High Deductible?

Tiers do not apply to most prescription drugs. After you meet your deductible, you pay 15 percent coinsurance for prescription drugs on the PDL, **except for the following**:

- **Covered preventive drugs:** You pay $0.
- **Covered insulins:** The deductible is waived, and your cost-share will be the amount shown in the table above when you fill your insulin prescription at a network pharmacy. If you have not met your deductible, your coinsurance will be applied to your deductible.

Additionally, for certain prescription drugs, the deductible is waived and you pay 15 percent coinsurance when you use a network pharmacy. The table below shows what drugs this applies to.

Drug class	Drugs	
Angiotensin Converting Enzyme (ACE) inhibitors	enalapril enalapril/hydrochlorothiazide	lisinopril lisinopril/hydrochlorothiazide
Anti-resorptive therapy	alendronate	
Beta-blockers	atenolol bisoprolol/hydrochlorothiazide carvedilol	metoprolol succinate metoprolol tartrate
Inhaled corticosteroids	budesonide suspension	fluticasone HFA
Non-insulin glucose lowering agents	glimepiride glipizide glyburide	glyburide/metformin metformin
Continuous glucose monitors	Freestyle Libre	Dexcom
Glucose meters	To learn how to receive a free glucose meter manufactured by Ascensia or Abbott, contact WSRxS customer service at 1-888-361-1611 (TRS: 711).	
Selective Serotonin Reuptake Inhibitors (SSRIs)	citalopram escitalopram	fluoxetine sertraline
Statins Age 40 & over: Deductible waived, covered as Preventive ($0) Age under 40: Deductible waived, 15% coinsurance	rosuvastatin atorvastatin lovastatin	pravastatin simvastatin

Who decides which prescription drugs are on the PDL?

Two organizations determine which prescription drugs are on the PDL. The Washington State Pharmacy and Therapeutics Committee (an independent group of doctors and pharmacists) and Washington State Prescription Services (WSRxS) recommend safe and effective prescription drugs for the PDL. WSRxS determines what tier the prescription drugs are placed on and which drugs are cost-effective.

Does the PDL contain pricing information?

The PDL contains information about what percentage or maximum cost-share you may pay. To determine your estimated cost based on the specifics of your plan and coverage, use UMP's Prescription Price Check Tool at the website listed under "For More Information."

How do I read the PDL?

The tables below define some terms you will find in the PDL. The PDL changes throughout the year as new prescription drugs are approved for use. New prescription drugs may not be covered during the first 180 days they are available.

Drug tier key	Drug tier description
CAPITAL LETTERS	Brand name prescription drugs
Small letters	Generic prescription drugs
Preventive	Preventive drugs required under the Patient Protection and Affordable Care Act or recommended by the U.S. Preventive Services Task Force and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention
Value	Specific high-value prescription drugs used to treat certain chronic conditions
Tier 1	Primarily low-cost generic prescription drugs
Tier 2	Preferred brand-name drugs and high-cost generic prescription drugs
Tier 1 Specialty	Specialty prescription drugs that are safe, effective, and represent the most cost-effective option within their therapeutic category
Tier 2 Specialty	Specialty prescription drugs that have been reviewed by UMP and found to be clinically effective at a favorable cost when compared with other prescription drugs in the same category

Special Code	Special Code description
AMSP	Ardon Mandatory Specialty Pharmacy Program: Specialty drugs are used to treat complex chronic health conditions. They often require special handling techniques, careful administration, and a unique ordering process. Most specialty drugs require preauthorization. The plan only covers specialty drugs when you purchase them through Ardon Health, UMP's specialty pharmacy. To set up an account with Ardon Health, call 1-855-425-4085. If Ardon Health does not have access to a specialty drug, we will notify you about how to fill your prescription at another network specialty pharmacy. The plan will only cover it through that specialty pharmacy. If Ardon gains access to the specialty drug, we will send you a notification asking you to transfer your prescription to Ardon Health.
LD	Limited Distribution: You must access these specialty prescription drugs through the exclusive specialty pharmacy indicated. All limited distribution drugs require a preauthorization before they can be dispensed.
LMSP	Lumicera Mandatory Specialty Pharmacy Program: You must access these specialty drugs through the exclusive Lumicera Specialty pharmacy. Lumicera Mandatory Specialty Pharmacy Program prescription drugs require a preauthorization before they can be dispensed. To enroll with Lumicera Specialty Pharmacy, call toll-free at 855-847-3553.
OTC	Over-the-Counter: While some drugs may be purchased without a professional provider's prescription, to be covered under UMP you must have a prescription and buy it at the pharmacy counter. WSRxS follows the federal designation of over the counter (OTC) prescription drugs to decide if an OTC prescription drug is covered.
PA	Preauthorization: These drugs require preauthorization to determine if they are medically necessary. You must receive approval before the plan will cover the drug. You, your prescribing provider, or your pharmacist may contact WSRxS to initiate the preauthorization process.
QL	Quantity limits: Some prescription drugs have limits to how much you can get per prescription or refill.
RDX	Restricted to Diagnosis: The plan will cover these drugs if they are prescribed for an approved diagnosis. The pharmacy must submit the diagnosis code on the claim.
SF	Split Fill: These prescription drugs are limited to two 15 day fills per month for the first 3 months of therapy.
SMKG	Smoking Cessation: Smoking cessation prescription drugs are in the preventive tier and covered at no cost to you. Certain restrictions may apply.
ST	Step Therapy: You must try certain prescription drugs for your condition before the plan will cover these drugs.
VAC	Vaccine Program: Certain immunizations and related administration fees are covered at no cost to you if received at network retail pharmacies.

For more information:

- Refer to your plan's current certificate of coverage by visiting Forms and publications at **hca.wa.gov/ump-coc**
- Call Washington State Rx Services at 1-888-361-1611 (TRS: 711)
- Visit UMP's Prescriptions drugs webpages to access UMP's Price Check Tool or find more information:
  - PEBB Program members: **ump.regence.com/pebb/benefits/prescriptions**
  - SEBB Program members: **ump.regence.com/sebb/benefits/prescriptions**

The PDL may change throughout the year. For a previous version, please contact WSRxS at 1-888-361-1611 (TRS: 711).

Nondiscrimination notice

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

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

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

If you need any of the above, call Customer Service at:

1-888-361-1611 (TRS: 711)

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

Washington State Rx Services
Attention: Appeal Unit
P.O. Box 40168
Portland, OR 97240-0168
Fax: 866-923-0412

Scott White coordinates our nondiscrimination work:

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

You can also file a civil rights complaint with:

The U.S. Department of Health and Human Services, Office for Civil Rights

- Online complaint portal - https://ocrportal.hhs.gov/ocr/portal lobby.jsf
- Mail - U.S. Department of Health and Human Services
  200 Independence Ave S.W.
  HHH Building, Room 509F
  Washington, D.C. 20201
- Phone - 1-800-368-1019
  800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

The Washington State Office of the Insurance Commissioner

- Online complaint portal - https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status
- Phone - 800-562-6900
  360-586-0241 (TDD)

Complaint forms are available at https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx

WASHINGTON STATE PRESCRIPTION SERVICES

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-888-361-1611 (TRS: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-888-361-1611 (TRS: 711)

注意：如果您說中文，可得到免費語言幫助服務。請致電 1-888-361-1611（聾啞人專用 TRS: 711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-888-361-1611 (TRS: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-888-361-1611 (TRS: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم 1-888-361-1611 (الهاتف النصي: TRS: 711)

توجہ دیں: اگر آپ اردو (URDU) بولتے ہیں تو لسانی اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ 1-888-361-1611 (TRS: 711) پر کال کریں

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-888-361-1611 (текстовый телефон TRS: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-888-361-1611 (TRS: 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با 1-888-361-1611 (TRS: 711) تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-888-361-1611 पर कॉल करें (TRS: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzdienste zur Verfügung. Rufen sie 1-888-361-1611 (TRS: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-888-361-1611（TRS:、テレタイプライターをご利用の方は711）までお電話ください。

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવો) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-888-361-1611 (TRS: 711) પર કૉલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຽຄ່າ. ໂທ 1-888-361-1611 (TRS: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-888-361-1611 (TRS: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-888-361-1611 (TRS: 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-888-361-1611 (TRS: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-888-361-1611 (TRS: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-888-361-1611 (TRS: 711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-888-361-1611 (TRS: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-888-361-1611 (TRS: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-888-361-1611 (TRS: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-888-361-1611 (obsługa TRS: 711)

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

UMP Preferred Drug List
Alphabetical Index
Last Updated 4/1/2024

Drug Name	Special Code	Tier	Category
abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days)	QL	Tier 1	ANTIVIRALS
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIVIRALS
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
ABILIFY ASIMTUFII INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MAINTENA INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABRYSVO INJ (QL= 1 inj/fill, 1 fill/lifetime)	QL-VAC	Preventive	VACCINES
ACAM2000 INJ	-	Preventive	VACCINES
acamprosate calcium DR tab (CAMPRAL equiv)	-	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	Tier 1	ANTIDIABETICS
acebutolol cap (SECTRAL equiv)	-	Tier 1	BETA BLOCKERS
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
acetaminophen/codeine soln (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	Tier 1	MIGRAINE PRODUCTS
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	Tier 2	MIGRAINE PRODUCTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	Tier 1	DIURETICS
acetazolamide tab	-	Tier 1	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	Tier 1	OTIC AGENTS
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	Tier 1	OTIC AGENTS
acetylcysteine soln (MUCOMYST equiv)	-	Tier 1	COUGH/COLD/ALLERGY
acitretin cap (SORIATANE equiv) (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Tier 2	DERMATOLOGICALS
ACTHAR HP GEL INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHAR INJ 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTINEL LIQUID (QL= 1200ml/30 days)	QL	Tier 2	COUGH/COLD/ALLERGY
ACULAR (LS) OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
ACUVAIL OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	Tier 1	ANTIVIRALS

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

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

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

Drug Name	Special Code	Tier	Category
acyclovir cream (ZOVIRAX equiv)	-	Tier 2	DERMATOLOGICALS
acyclovir oint (ZOVIRAX OINT equiv)	-	Tier 2	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	Tier 1	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	Tier 1	ANTIVIRALS
ADACEL/BOOSTRIX INJ	VAC	Preventive	TOXOIDS
ADALIMUMAB-ADAZ INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
adapalene cream (DIFFERIN equiv) (QL= 360g/30 days)	QL	Tier 1	DERMATOLOGICALS
adapalene gel 0.3% (DIFFERIN equiv) (QL= 360g/30 days)	QL	Tier 1	DERMATOLOGICALS
adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day)	AMSP-QL	Tier 1 Specialty	ANTIVIRALS
ADMELOG INJ, INSULIN LISPRO INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2	ANTIDIABETICS
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) (QL= units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2	ANTIDIABETICS
ADVIL COLD/ TAB SINUS (QL= 240 tabs/30 days)	QL	Tier 1	COUGH/COLD/ALLERGY
AEROCHAMBER (QL= 1 device/365 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
AFLURIA INJ	VAC	Preventive	VACCINES
AFLURIA INJ, FLUZONE INJ	VAC	Preventive	VACCINES
AFREZZA INH POWDER (QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2	ANTIDIABETICS
AFREZZA INH POWDER (QL= 360 inhalations/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2	ANTIDIABETICS
AFREZZA INH POWDER (QL= 630 inhalations/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2	ANTIDIABETICS
AFSTYLA KIT (Only available through Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty	HEMATOLOGICAL AGENTS - MISC.
AJOVY INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	MIGRAINE PRODUCTS
ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days)	QL	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days)	QL	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL NEBULIZER SOLN	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL TAB ER	-	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

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Drug Name	Special Code	Tier	Category
alclometasone cream (ACLOVATE equiv)	-	Tier 1	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	Tier 1	DERMATOLOGICALS
ALECENSA CAP (QL= 8 caps/day)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv) (QL= 300ml/28 days)	QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	Value	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	Value	ENDOCRINE AND METABOLIC AGENTS - MISC.
alfuzosin SR tab (UROXATRAL equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
aliskiren tab (TEKTURNA equiv) (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB))	ST	Tier 2	ANTIHYPERTENSIVES
allopurinol tab (ZYLOPRIM equiv)	-	Tier 1	GOUT AGENTS
almotriptan tab (AXERT equiv) (QL= 12 tabs/30 days; Step Therapy requires 30 day trial of 2: naratriptan tab, rizatriptan tab or sumatriptan tab)	QL-ST	Tier 2	MIGRAINE PRODUCTS
almotriptan tab (AXERT equiv) (QL= 9 tabs/30 days; Step Therapy requires 30 day trial of 2: naratriptan tab, rizatriptan tab, or sumatriptan tab)	QL-ST	Tier 2	MIGRAINE PRODUCTS
ALOCRIL OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
alosetron tab (LOTRONEX equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
alprazolam ER tab (XANAX XR equiv)	-	Tier 1	ANTIANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	Tier 2	ANTIANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	Tier 1	ANTIANXIETY AGENTS
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
amantadine cap (SYMMETREL equiv)	-	Tier 1	ANTIPARKINSON AGENTS
amantadine syrup (SYMMETREL equiv)	-	Tier 1	ANTIPARKINSON AGENTS
amantadine tab	-	Tier 1	ANTIPARKINSON AGENTS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day)	AMSP-PA-QL	Tier 1 Specialty	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	Tier 1	DERMATOLOGICALS
AMCINONIDE LOTION	-	Tier 2	DERMATOLOGICALS
amcinonide oint (Step therapy requires trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol))	ST	Tier 2	DERMATOLOGICALS
amethyst tab (LYBREL equiv)	-	Preventive	CONTRACEPTIVES
amiloride tab (MIDAMOR equiv)	-	Tier 1	DIURETICS
AMILORIDE/HCTZ TAB	-	Tier 1	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	Tier 1	DIURETICS
aminocaproic acid soln (AMICAR equiv)	AMSP	Tier 1 Specialty	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	Tier 2	HEMOSTATICS
amiodarone tab (CORDARONE equiv)	-	Tier 1	ANTIARRHYTHMICS
amitriptyline tab (ELAVIL equiv)	-	Value	ANTIDEPRESSANTS
amlodipine tab (NORVASC equiv)	-	Value	CALCIUM CHANNEL BLOCKERS

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

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Drug Name	Special Code	Tier	Category
amlodipine/atorvastatin tab (CADUET equiv) (QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin))	QL-ST	Tier 2	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	Tier 1	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR TAB equiv)	-	Tier 1	ANTIHYPERTENSIVES
amlodipine/valsartan tab (EXFORGE equiv)	-	Tier 1	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) (QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ)	QL-ST	Tier 2	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv)	-	Tier 1	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv)	-	Tier 1	DERMATOLOGICALS
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	Tier 2	DERMATOLOGICALS
amoxapine tab (QL= 4 tabs/day)	QL	Tier 1	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	Tier 1	PENICILLINS
amoxicillin chew tab (AMOXIL equiv)	-	Tier 1	PENICILLINS
AMOXICILLIN CHEW TAB 250MG	-	Tier 1	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	Tier 1	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	Tier 1	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	Tier 1	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	Tier 1	PENICILLINS
amphetamine tab (EVEKEO equiv) (QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 10mg (ADDERALL equiv) (QL= 180 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 12.5mg (ADDERALL equiv) (QL= 150 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 15mg (ADDERALL equiv) (QL= 120 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 20mg (ADDERALL equiv) (QL= 90 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 30mg (ADDERALL equiv) (QL= 60 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 5mg (ADDERALL equiv) (QL= 360 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 240 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

Drug Name	Special Code	Tier	Category
ampicillin cap (AMPICILLIN equiv)	-	Tier 1	PENICILLINS
anagrelide cap (AGRYLIN equiv)	-	Tier 1	HEMATOLOGICAL AGENTS - MISC.
anastrozole tab (ARIMIDEX equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANNOVERA RING	-	Preventive	CONTRACEPTIVES
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	Tier 1	OTIC AGENTS
APAP/CODEINE SOLN (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
APIDRA INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2	ANTIDIABETICS
APIDRA SOLOSTAR INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2	ANTIDIABETICS
apomorphine inj (APOKYN equiv) (QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767)	LD-QL	Tier 1 Specialty	ANTIPARKINSON AND RELATED THERAPY AGENTS
apraclonidine ophth soln 0.5% (IOPIDINE equiv)	-	Tier 2	OPHTHALMIC AGENTS
aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Tier 1	ANTIEMETICS
aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Tier 1	ANTIEMETICS
aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Tier 1	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron)	QL-ST	Tier 1	ANTIEMETICS
APTIOM TAB (QL= 1 tab/day)	QL	Tier 2	ANTICONVULSANTS
APTIVUS CAP (QL= 4 caps/day)	QL	Tier 2	ANTIVIRALS
APTIVUS SOLN (QL= 380ml/30 days)	QL	Tier 2	ANTIVIRALS
ARANESP INJ (QL= 4 syringes/30 days)	AMSP-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS
ARANESP INJ (QL= 4 vials/30 days)	AMSP-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS
AREXVY INJ (QL= 1 inj/day, 1 fill/lifetime; Covered for members 60 years of age and older)	QL-VAC	Preventive	VACCINES
arformoterol tartrate neb soln (BROVANA equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARISTADA 675MG/2.4ML INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARISTADA INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
armodafinil tab 250mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	Tier 2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	Preventive	CONTRACEPTIVES
aspirin chew tab 81mg (Covered for females only)	-	Preventive	ANALGESICS - NONNARCOTIC
aspirin ec tab 325mg (Covered for females only)	OTC	Preventive	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for females only)	OTC	Preventive	ANALGESICS - NONNARCOTIC
aspirin tab (Covered for females only)	OTC	Preventive	ANALGESICS - NONNARCOTIC
aspirin/codeine tab (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
aspirin/dipyridamole cap (AGGRENOX equiv)	-	Tier 2	HEMATOLOGICAL AGENTS - MISC.
ASPRUZYO SPRINKLE GRANULES (QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab)	QL-ST	Tier 2	ANTIANGINAL AGENTS
atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Tier 1	ANTIVIRALS
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Tier 1	ANTIVIRALS
atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day)	QL	Tier 1	ANTIVIRALS
atenolol tab (TENORMIN equiv)	-	Value	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	Tier 1	ANTIHYPERTENSIVES
atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
atomoxetine cap 10mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	Tier 1	ANTIMALARIALS
ATRIPLA TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
atropine ophth oint	-	Tier 1	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days)	QL	Tier 1	OPHTHALMIC AGENTS
ATROVENT HFA INHALER (QL= 25.8gm/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AUSTEDO TAB 12MG (QL= 120 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO TAB 6MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO TAB 9MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
AUSTEDO XR TAB 12MG (QL= 90 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB 24MG (QL= 60 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB 6MG (QL= 210 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AVC VAGINAL CREAM	-	Tier 2	VAGINAL PRODUCTS
AVONEX INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
azathioprine tab (IMURAN equiv)	-	Tier 1	ASSORTED CLASSES
azathioprine tab 100mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg)	QL-ST	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
azathioprine tab 75mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg)	QL-ST	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
azelaic acid gel (FINACEA equiv) (QL= 300g/30 days)	QL	Tier 1	DERMATOLOGICALS
azelastine ophth soln (OPTIVAR equiv)	-	Tier 1	OPHTHALMIC AGENTS
azithromycin susp (ZITHROMAX equiv)	-	Tier 1	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	Tier 1	MACROLIDES
BACITRACIN OPHTH OINT	-	Tier 2	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	Tier 1	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	Tier 1	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	Tier 1	OPHTHALMIC AGENTS
baclofen susp (BACLOFEN equiv) (QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab (BACLOFEN equiv)	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN TAB 5MG	-	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
BALCOLTRA TAB	-	Preventive	CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/month)	QL	Tier 2	ANTIDIABETICS
BARACLUDE SOLN (QL= 630ml/30 days)	AMSP-PA-QL	Tier 2 Specialty	ANTIVIRALS
BASAGLAR KWIKPEN INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
B-D INSULIN SYRINGE	--OTC	Tier 1	MEDICAL DEVICES AND SUPPLIES
BD NEEDLES	OTC	Tier 1	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	Tier 1	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv) (QL= 8 tabs/day)	QL	Tier 2	ULCER DRUGS
BELLADONNA ALKALOID/OPIUM SUPP	-	Tier 2	ULCER DRUGS
benazepril tab (LOTENSIN equiv)	-	Tier 1	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	Tier 1	ANTIHYPERTENSIVES
BENZNIDAZOLE TAB	-	Tier 2	ANTHELMINTICS
benzonatate cap (TESSALON equiv)	-	Tier 1	COUGH/COLD/ALLERGY
benztropine tab	-	Tier 1	ANTIPARKINSON AGENTS
betaine powder for oral solution (CYSTADANE equiv) (QL= 540 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	Tier 1	DERMATOLOGICALS
betamethasone augmented gel	-	Tier 1	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	Tier 1	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	Tier 1	DERMATOLOGICALS
betamethasone diproprionate cream (DIPROSONE CREAM equiv)	-	Tier 1	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
betamethasone diproprionate lotion	-	Tier 1	DERMATOLOGICALS
betamethasone diproprionate oint (DIPROSONE OINT equiv)	-	Tier 1	DERMATOLOGICALS
betamethasone valerate cream	-	Tier 1	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ FOAM equiv)	-	Tier 2	DERMATOLOGICALS
betamethasone valerate lotion	-	Tier 1	DERMATOLOGICALS
betamethasone valerate oint	-	Tier 1	DERMATOLOGICALS
betaxolol ophth soln (BETOPTIC-S equiv)	-	Tier 1	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	Tier 1	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	Tier 1	URINARY ANTISPASMODICS
bexarotene cap (TARGRETIN equiv)	AMSP-PA-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bexarotene gel (TARGRETIN equiv) (QL= 60g/30 days)	AMSP-PA-QL	Tier 1 Specialty	DERMATOLOGICALS
BEXSERO INJ	VAC	Preventive	VACCINES
BEYAZ TAB	-	Preventive	CONTRACEPTIVES
bicalutamide tab (CASODEX equiv)	-	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIKTARVY TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
bimatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Tier 2	OPHTHALMIC AGENTS
bismuth/metro/tetra cap (PYLERA equiv) (Step therapy requires trial of oral metronidazole and tetracycline)	ST	Tier 2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
bisoprolol tab (ZEBETA equiv)	-	Tier 1	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	Value	ANTIHYPERTENSIVES
BLEPHAMIDE OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Tier 1 Specialty	CARDIOVASCULAR AGENTS - MISC.
BOSULIF CAP (QL= 5 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOSULIF TAB (Only available through Walgreens 888-347-3416)	LD-PA-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRILINTA TAB (QL= 2 tabs/day)	QL	Tier 2	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Tier 2	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2% (ALPHAGAN equiv)	-	Tier 1	OPHTHALMIC AGENTS
brimonidine tartrate gel (MIRVASO equiv) (QL= 60 grams/30 days; ST req trial of azelaic acid gel and metronidazole topical)	QL-ST	Tier 2	DERMATOLOGICALS
brimonidine tartrate ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Tier 2	OPHTHALMIC AGENTS
brimonidine tartrate-timolol maleate ophth soln (COMBIGAN equiv) (QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate)	QL-ST	Tier 2	OPHTHALMIC AGENTS
brinzolamide ophth susp (AZOPT equiv) (Step Therapy requires trial of dorzolamide 2% ophth soln)	ST	Tier 2	OPHTHALMIC AGENTS
bromfenac ophth soln (BROMDAY equiv) (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	Tier 2	OPHTHALMIC AGENTS

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

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Drug Name	Special Code	Tier	Category
bromfenac sodium ophth soln 0.07% (PROLENSA equiv) (QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	QL-ST	Tier 2	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	Tier 1	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	Tier 1	ANTIPARKINSON AGENTS
budesonide ER tab (UCERIS equiv)	-	Tier 2	CORTICOSTEROIDS
budesonide inh susp 0.25mg/2ml, 0.5mg/2ml (PULMICORT equiv) (QL= 120 units/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide inh susp 1mg/2ml (QL= 60 units/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide rectal foam (UCERIS equiv) (QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema)	QL-ST	Tier 2	ANORECTAL AND RELATED PRODUCTS
budesonide SR cap (ENTOCORT EC equiv)	-	Tier 1	CORTICOSTEROIDS
budesonide/formoterol inhaler (BREYNA equiv) (QL= 10.3g/30 days; Step therapy requires trial of one: WIXELA, fluticasone/salmeterol)	QL-ST	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide/formoterol inhaler (SYMBICORT equiv) (QL= 10.2gm/30 days; ST req trial of 3: DULERA, fluticasone/salmeterol and wixela)	QL-ST	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BUDESONIDE/FORMOTEROL INHALER 160-4.5 MCG/ACT (QL= 10.2gm/30 days; Step therapy requires trial of one: WIXELA, fluticasone/salmeterol)	QL-ST	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BUDESONIDE/FORMOTEROL INHALER 80-4.5 MCG/ACT (QL= 10.2gm/30 days; Step therapy requires trial of one: WIXELA, fluticasone/salmeterol)	QL-ST	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bumetanide tab (BUMEX equiv)	-	Tier 1	DIURETICS
buprenorphine hcl buccal film (BELBUCA equiv) (Step therapy requires trial of buprenorphine patch)	ST	Tier 2	ANALGESICS - OPIOID
buprenorphine patch (BUTRANS equiv)	-	Tier 1	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	Tier 1	ANALGESICS - OPIOID
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	Tier 1	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	Tier 1	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	Tier 1	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	Tier 1	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	Tier 1	ANTIDEPRESSANTS
buspirone tab (BUSPAR equiv)	-	Tier 1	ANTIANXIETY AGENTS
butalbital/acetaminophen cap	-	Tier 2	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day)	QL	Tier 1	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine soln	-	Tier 1	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine/codeine cap (FIORICET/CODEINE equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
butalbital/aspirin/caffeine/codeine cap (FIORINAL/CODEINE equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
butorphanol nasal spray (QL= 5ml/30 days)	QL	Tier 1	ANALGESICS - OPIOID
BYETTA INJ (QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Tier 2	ANTIDIABETICS
cabergoline tab (DOSTINEX equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
CABOMETYX TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
caffeine citrate soln (CAFCIT equiv)	-	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
calcipotriene cream (DOVONEX CREAM equiv)	-	Tier 1	DERMATOLOGICALS
calcipotriene oint	-	Tier 1	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	Tier 1	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	Tier 2	DERMATOLOGICALS
calcipotriene-betamethasone dipropionate susp (CALCIPOTRIENE/ BETAMETHASONE SUSP equiv) (QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene)	QL-ST	Tier 2	DERMATOLOGICALS
calcitonin inj (MIACALCIN equiv)	-	Tier 2	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitonin nasal spray (MIACALCIN equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol soln (CALCITRIOL equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	Tier 2	MEDICAL DEVICES AND SUPPLIES
CALQUENCE CAP (QL= 2 caps/day)	AMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALQUENCE TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
candesartan tab (ATACAND equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 1	ANTIHYPERTENSIVES
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	Tier 1	ANTIHYPERTENSIVES
capecitabine tab (XELODA equiv)	AMSP	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPMIST DM TAB (QL= 4 tabs/day)	QL	Tier 2	COUGH/COLD/ALLERGY
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin/menthol topical patch (SINELEE equiv)	-	Tier 2	DERMATOLOGICALS
captopril tab (CAPOTEN equiv) (Step Therapy requires trial of 2 angiotensin-converting enzyme (ACE) inhibitors)	ST	Tier 2	ANTIHYPERTENSIVES
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	Tier 1	ANTIHYPERTENSIVES
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug)	--ST	Tier 2	ANTIHYPERTENSIVES
carbamazepine chew tab (TEGRETOL equiv)	-	Tier 1	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	Tier 1	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	Tier 1	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	Tier 1	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	Tier 1	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	Tier 1	ANTIPARKINSON AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	Tier 1	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	Tier 1	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	Tier 1	ANTIPARKINSON AGENTS
carbidopa-levodopa-entacapone tab 12.5-50-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS

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Drug Name	Special Code	Tier	Category
carbidopa-levodopa-entacapone tab 18.75-75-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 25-100-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 31.25-125-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 37.5-150-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa-levodopa-entacapone tab 50-200-200mg (STALEVO equiv) (QL= 6 tabs/day)	QL	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
CARBINOXAMINE SOLN (QL= 40ml/day)	QL	Tier 1	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv) (QL= 240 tabs/30 days)	QL	Tier 1	ANTIHISTAMINES
carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376)	LD-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
carisoprodol tab (SOMA equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
CARTEOLOL OPHTH SOLN	-	Tier 1	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	Tier 1	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	Tier 2	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	Value	BETA BLOCKERS
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD	Tier 2 Specialty	ANTI-INFECTIVE AGENTS - MISC.
cefadroxil cap (DURICEF equiv)	-	Tier 1	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	Tier 1	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	Tier 1	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	Tier 1	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	Tier 1	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	Tier 1	CEPHALOSPORINS
cefixime susp (SUPRAX equiv)	-	Tier 1	CEPHALOSPORINS
cefpodoxime proxetil susp (VANTIN equiv)	-	Tier 1	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	Tier 1	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	Tier 1	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	Tier 1	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	Tier 1	CEPHALOSPORINS
celecoxib cap (CELEBREX equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
cephalexin cap (KEFLEX equiv)	-	Tier 1	CEPHALOSPORINS
cephalexin cap 750mg (QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexin 500mg tab/cap)	QL-ST	Tier 2	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	Tier 1	CEPHALOSPORINS
CEPHALEXIN TAB	-	Tier 1	CEPHALOSPORINS
CEQUR SIMPLICITY 2U (QL= 10 patches/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
CEQUR SIMPLICITY INSERTER (QL= 1 device/lifetime)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
CEQUR SIMPLICITY INSERTER (QL= 1 inserter/lifetime)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
CERDELGA CAP (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty	HEMATOPOIETIC AGENTS

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Drug Name	Special Code	Tier	Category
CERVARIX INJ	VAC	Preventive	VACCINES
CERVICAL CAP	-	Preventive	MEDICAL DEVICES AND SUPPLIES
cevimeline cap (EVOXAC equiv)	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHENODAL TAB	-	Tier 2 Specialty	GASTROINTESTINAL AGENTS - MISC.
chlordiazepoxide cap (LIBRIUM equiv)	-	Tier 1	ANTIANXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	Tier 1	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
chloroquine tab (ARALEN equiv)	-	Tier 1	ANTIMALARIALS
CHLOROTHIAZIDE TAB	-	Tier 1	DIURETICS
chlorothiazide tab (DIURIL equiv)	-	Tier 1	DIURETICS
chlorpromazine tab (THORAZINE equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	Value	DIURETICS
chlorzoxazone tab (QL= 4 tabs/day)	QL	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 375mg (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
cicatrace kit (REXASIL equiv)	-	Tier 2	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	Tier 1	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	Tier 1	DERMATOLOGICALS
ciclopirox nail soln (PENLAC SOLN equiv)	-	Tier 1	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	Tier 1	DERMATOLOGICALS
ciclopirox topical susp (LOPROX SUSP equiv)	-	Tier 1	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	Tier 1	HEMATOLOGICAL AGENTS - MISC.
CIMDUO TAB	-	Tier 2	ANTIVIRALS
cimetidine soln (CIMETIDINE equiv)	-	Tier 1	ULCER DRUGS
cimetidine tab (TAGAMET equiv)	-	Tier 1	ULCER DRUGS
cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day)	QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ciporofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	Tier 1	OTIC AGENTS
CIPRO SUSP	-	Tier 1	FLUOROQUINOLONES

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ciprofloxacin ophth soln (CILOXAN equiv)	-	Tier 1	OPHTHALMIC AGENTS
CIPROFLOXACIN OTIC SOLN	-	Tier 2	OTIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	Tier 1	FLUOROQUINOLONES
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	Tier 1	FLUOROQUINOLONES
citalopram soln (CELEXA equiv)	-	Tier 1	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	Value	ANTIDEPRESSANTS
CLARITHROMYC SUSP	-	Tier 2	MACROLIDES
clarithromycin ER tab (BIAXIN XL equiv)	-	Tier 1	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	Tier 1	MACROLIDES
clindamycin cap (CLEOCIN equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv) (QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Tier 2	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	Tier 1	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	Tier 1	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	Tier 1	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	Tier 1	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv) (QL= 1 tube/fill)	QL	Tier 1	VAGINAL PRODUCTS
clindamycin/tretinoin gel (ZIANA equiv) (QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin)	QL-ST	Tier 2	DERMATOLOGICALS
clobazam susp (ONFI equiv) (QL= 480ml/30 days)	QL	Tier 1	ANTICONVULSANTS
clobazam tab (ONFI equiv)	-	Tier 1	ANTICONVULSANTS
clobetasol E foam (OLUX E equiv)	-	Tier 2	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	-	Tier 1	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	-	Tier 1	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	-	Tier 1	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	Tier 1	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	Tier 1	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	Tier 1	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	Tier 1	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	-	Tier 1	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	-	Tier 1	DERMATOLOGICALS
clocortolone pivalate cream (CLOCORTOLONE equiv) (QL= 1 tube/30 days; Step therapy requires trial of one preferred topical steroid)	QL-ST	Tier 2	DERMATOLOGICALS
clomipramine cap (ANAFRANIL equiv)	-	Tier 1	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	Tier 1	ANTICONVULSANTS
clonazepam tab (KLONOPIN equiv)	-	Tier 1	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/NOREXIANTS
clonidine patch (CATAPRES-TTS equiv)	-	Tier 2	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	Tier 1	ANTIHYPERTENSIVES
clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days)	QL	Tier 1	HEMATOLOGICAL AGENTS - MISC.
clopidogrel tab 75mg (PLAVIX equiv)	-	Tier 1	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	Tier 1	ANTIANXIETY AGENTS
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	Tier 1	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	Tier 1	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	Tier 1	DERMATOLOGICALS
CLOZAPINE ODT (QL= 3 tabs/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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Drug Name	Special Code	Tier	Category
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
codeine sulfate tab (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
CODEINE SULFATE TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
CODITUSSIN LIQUID DAC (QL= 1200ml/30 days)	QL	Tier 2	COUGH/COLD/ALLERGY
colchicine cap (MITIGARE equiv) (QL= 4 caps/day)	QL	Tier 2	GOUT AGENTS
colchicine tab (COLCRYS equiv) (QL= 4 tabs/day)	QL	Tier 1	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	Tier 1	GOUT AGENTS
cold/allergy elx children (QL= 2400ml/30 days)	QL	Tier 1	COUGH/COLD/ALLERGY
colesevelam pack (WELCHOL equiv) (Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol)	ST	Tier 2	ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMETRIQ KIT (Only available through Optum 877-445-6874)	LD-PA	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMIRNATY INJ	VAC	Preventive	VACCINES
COMIRNATY INJ 30MCG/0.3ML	VAC	Preventive	VACCINES
COMPLERA TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
CONCEPT DHA CAP	-	Tier 2	MULTIVITAMINS
CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days)	QL	Tier 1	DIAGNOSTIC PRODUCTS
CONTOUR TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1	DIAGNOSTIC PRODUCTS
CONTRACEPTIVE FILM	OTC	Preventive	VAGINAL PRODUCTS
CONTRACEPTIVE FOAM	OTC	Preventive	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	Preventive	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	Preventive	VAGINAL PRODUCTS
CORTISONE ACETATE TAB	-	Tier 2	CORTICOSTEROIDS
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
COSENTYX INJ (2-PACK) (QL= 2 inj/56 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
COSENTYX INJ 300MG/2ML (QL= 1 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
COTELLIC TAB (QL= 3 tabs/day)	LMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COVID-19 TEST (QL= 2 tests/30 days)	QL	Preventive	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL=1 inj/fill)	QL	Preventive	VACCINES

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VAC	Vaccine Program				

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

Drug Name	Special Code	Tier	Category
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL	Preventive	VACCINES
COVID-19 VACCINE INJ 5-11Y (PFIZER)	VAC	Preventive	VACCINES
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	VAC	Preventive	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	VAC	Preventive	VACCINES
CREON CAP	-	Tier 2	DIGESTIVE AIDS
CRIXIVAN CAP	-	Tier 2	ANTIVIRALS
cromolyn conc (GASTROCROM equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	Tier 1	OPHTHALMIC AGENTS
CROMOLYN SODIUM OPHTH SOLN	-	Tier 1	OPHTHALMIC AGENTS
cryselle tab	-	Preventive	CONTRACEPTIVES
CUE HEALTH MIS MONITOR (QL= 1 kit/year)	QL	Preventive	DIAGNOSTIC PRODUCTS
cyanocobalamin inj	-	Tier 1	HEMATOPOIETIC AGENTS
cyanocobalamin nasal spray 500mcg/0.1ml (NASCOBAL equiv) (ST req trial of cyanocobalamin injection)	ST	Tier 2	HEMATOPOIETIC AGENTS
cyclobenzaprine ER cap (AMRIX equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab (FLEXERIL equiv)	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (Trial of 2: cyclobenzaprine 5mg, cyclobenzaprine 10mg, tizanidine, methocarbamol, baclofen, chlorzoxazone, orphenadrine)	ST	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	Tier 1	OPHTHALMIC AGENTS
cyclophosphamide cap	-	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
cycloserine cap (CYCLOSERINE equiv)	-	Tier 1	ANTIMYCOBACTERIAL AGENTS
cyclosporine cap (SANDIMMUNE equiv)	-	Tier 2	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	Tier 1	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	Tier 1	ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days)	QL	Tier 1	OPHTHALMIC AGENTS
cyproheptadine syrup	-	Tier 1	ANTIHISTAMINES
cyproheptadine tab	-	Tier 1	ANTIHISTAMINES
CYSTADANE POWDER (QL= 540 grams/30 days; Only available through AnovoRx 844-288-5007)	LD-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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CYSTAGON CAP 150MG (Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-RDX	Tier 2 Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTAGON CAP 50MG (QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-QL-RDX	Tier 2 Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416)	LD-QL-RDX	Tier 2 Specialty	OPHTHALMIC AGENTS
CYTRA K CRYSTALS	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
dabigatran etexilate mesylate cap (PRADAXA equiv) (QL= 2 caps/day)	QL	Tier 1	ANTICOAGULANTS
DAKLINZA TAB (Only available through Lumicera 855-847-3553)	LMSP-PA	Tier 2 Specialty	ANTIVIRALS
dalfampridine ER tab (AMPYRA equiv)	AMSP-PA	Tier 1 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
danazol cap (DANOCRINE equiv) (QL= 4 caps/day)	QL	Tier 1	ANDROGENS-ANABOLIC
dantrolene cap (DANTRIUM equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
dapsone gel (ACZONE equiv) (QL= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Tier 2	DERMATOLOGICALS
dapsone tab	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
darifenacin SR tab (ENABLEX equiv) (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	Tier 2	URINARY ANTISPASMODICS
darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
darunavir tab 800mg (PREZISTA equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIVIRALS
deferasirox granules packet (JADENU equiv)	AMSP-PA	Tier 1 Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (EXJADE equiv)	AMSP-PA	Tier 1 Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab 90mg, 360mg (JADENU equiv)	AMSP-PA	Tier 1 Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Tier 1 Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab 1000mg (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Tier 1 Specialty	ANTIDOTES AND SPECIFIC ANTAGONISTS
deflazacort tab (EMFLAZA equiv)	AMSP-PA	Tier 2 Specialty	CORTICOSTEROIDS
DELSTRIGO TAB	-	Tier 2	ANTIVIRALS
demeclocycline tab (DECLOMYCIN equiv)	-	Tier 1	TETRACYCLINES
DEPO-PROVERA INJ (QL= 1 inj/84 days)	QL	Preventive	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days)	QL	Preventive	CONTRACEPTIVES
dermawerx pak (DERMACINRX KIT equiv) (QL= 1 kit/30 days)	QL	Tier 1	DERMATOLOGICALS
DESCOVY TAB (QL= 1 tab/day)	PA-QL	Tier 2	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	Tier 1	ANTIDEPRESSANTS
desmopressin acetate nasal spray (DDAVP equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
desmopressin acetate tab (DDAVP equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
desonate gel	-	Tier 2	DERMATOLOGICALS
desonide cream	-	Tier 1	DERMATOLOGICALS
desonide lotion	-	Tier 1	DERMATOLOGICALS
desonide oint	-	Tier 1	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	Tier 1	DERMATOLOGICALS
desoximetasone gel (TOPICORT equiv)	-	Tier 1	DERMATOLOGICALS
desoximetasone oint (TOPICORT equiv)	-	Tier 1	DERMATOLOGICALS
desoximetasone spray 0.25% (TOPICORT equiv)	-	Tier 2	DERMATOLOGICALS
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIDEPRESSANTS
DEXAMETHASONE CONC	-	Tier 2	CORTICOSTEROIDS
dexamethasone elixir	-	Tier 1	CORTICOSTEROIDS
dexamethasone pak (DEXPAK equiv)	-	Tier 1	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	Tier 2	CORTICOSTEROIDS
dexamethasone tab (DEXAMETHASONE equiv)	-	Tier 1	CORTICOSTEROIDS
DEXAMETHASONE TAB 20MG (QL= 8 tabs/30 days)	QL	Tier 2	CORTICOSTEROIDS
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/30 days)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 RECEIVER (QL= 1 receiver/year)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR (QL= 3 sensors/30 days)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
dexlansoprazole DR cap (DEXILANT equiv) (Covered for members age 17 or younger; QL=1 cap/day; Step therapy requires trial of all: omeprazole, esomeprazole, lansoprazole cap, rabeprazole, and pantoprazole tab)	QL-ST	Tier 2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 60 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 240 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexmethylphenidate tab 5mg (FOCALIN equiv) (QL= 120 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DEXPAK TAB (Step Therapy requires trial of dexamethasone)	ST	Tier 2	CORTICOSTEROIDS
dextroamphetamine 5mg tab (QL= 180 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dextroamphetamine ER cap 10mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dextroamphetamine ER cap 15mg (QL= 4 caps/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dextroamphetamine ER cap 5mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv) (QL= 1800ml/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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dextroamphetamine sulfate tab 20mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dextroamphetamine tab 10mg (QL= 6 tabs/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DIALYVITE TAB	-	Tier 1	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	Tier 1	MULTIVITAMINS
DIAPHRAGM	-	Preventive	MEDICAL DEVICES AND SUPPLIES
diazepam conc (VALIUM equiv)	-	Tier 1	ANTIANXIETY AGENTS
diazepam oral soln (QL= 360ml/30 days)	QL	Tier 1	ANTIANXIETY AGENTS
diazepam rectal gel (QL= 1 pack/30 days)	QL	Tier 2	ANTICONVULSANTS
diazepam tab (VALIUM equiv)	-	Tier 1	ANTIANXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	Tier 1	ANTIDIABETICS
dichlorphenamide tab (KEVEYIS equiv) (QL= 4 tabs/day)	AMSP-PA-QL	Tier 1 Specialty	DIURETICS
diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month)	QL	Tier 1	DERMATOLOGICALS
diclofenac potassium (migraine) packet (CAMBIA equiv) (QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan))	QL-ST	Tier 2	MIGRAINE PRODUCTS
diclofenac potassium cap (ZIPSOR equiv) (QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets)	QL-ST	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab (CATAFLAM equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab 25mg (QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets)	QL-ST	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium ophth soln (VOLTAREN equiv)	-	Tier 1	OPHTHALMIC AGENTS
diclofenac sodium soln 2% (Step therapy requires trial of of diclofenac 1.5% soln)	ST	Tier 2	DERMATOLOGICALS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv)	-	Tier 2	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
dicloxacillin cap (DYNAPEN equiv)	-	Tier 1	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	Tier 1	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	Tier 1	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	Tier 1	ULCER DRUGS
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	QL	Tier 1	ANTIVIRALS
DIDANOSINE DR CAP (QL= 2 caps/day)	QL	Tier 2	ANTIVIRALS
DIFICID SUSP (QL= 126 mL/10 days)	QL	Tier 2	MACROLIDES
DIFICID TAB (QL= 20 tabs/10 days)	QL	Tier 2	MACROLIDES
diflorasone oint	-	Tier 2	DERMATOLOGICALS
diflunisal tab (DOLOBID equiv)	-	Tier 1	ANALGESICS - NONNARCOTIC
difluprednate ophth emulsion (DUREZOL equiv) (QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp)	QL-ST	Tier 2	OPHTHALMIC AGENTS
digoxin soln (LANOXIN equiv)	-	Tier 2	CARDIOTONICS

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digoxin tab (LANOXIN equiv)	-	Tier 1	CARDIOTONICS
digoxin tab 62.5mcg (LANOXIN equiv) (QL= 1 tab/day)	QL	Tier 1	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 24ml/28 days)	QL	Tier 2	MIGRAINE PRODUCTS
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Tier 2	MIGRAINE PRODUCTS
DILANTIN CAP 30MG	-	Tier 2	ANTICONVULSANTS
diltiazem ER cap (CARDIZEM CD equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
dimethyl fumarate DR cap (TECFIDERA equiv) (QL= 60 caps/30 days)	AMSP-QL	Tier 1 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= 60 caps/30 days)	AMSP-QL	Tier 1 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	Tier 1	ANTIHISTAMINES
diphenhydramine inj	-	Tier 1	ANTIHISTAMINES
DIPHENOXYLATE/ATROPINE LIQUID	-	Tier 2	ANTIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	Tier 1	ANTIDIARRHEALS
dipyridamole tab (PERSANTINE equiv)	-	Tier 1	HEMATOLOGICAL AGENTS - MISC.
disopyramide cap (NORPACE equiv)	-	Tier 1	ANTIARRHYTHMICS
disopyramide ER cap (NORPACE CR equiv)	-	Tier 1	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIURIL SUSP	-	Tier 2	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	Tier 1	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	Tier 1	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	Tier 1	ANTICONVULSANTS
dofetilide cap (TIKOSYN equiv)	-	Tier 2	ANTIARRHYTHMICS
donepezil ODT (ARICEPT equiv)	-	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 10mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 5mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS
dorzolamide ophth soln (TRUSOPT equiv)	-	Tier 1	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Tier 1	OPHTHALMIC AGENTS
dorzolamide/timolol ophth soln (COSOPT equiv)	-	Tier 1	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
doxazosin tab (CARDURA equiv)	-	Tier 1	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	Tier 1	ANTIDEPRESSANTS
doxepin hcl cream (ST req trial of a topical corticosteroid AND topical tacrolimus)	ST	Tier 2	DERMATOLOGICALS

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doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	Tier 2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
doxercalciferol cap (HECTOROL equiv)	-	Tier 2	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxycycline hyclate cap (QL= 2 caps/day)	QL	Tier 1	TETRACYCLINES
doxycycline hyclate cap 50mg (VIBRAMYCIN equiv) (QL= 2 caps/day)	QL	Tier 1	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2	TETRACYCLINES
doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 1	TETRACYCLINES
doxycycline hyclate DR tab 200mg (DORYX equiv) (QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2	TETRACYCLINES
doxycycline hyclate DR tab 50mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2	TETRACYCLINES
doxycycline hyclate DR tab 75mg (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day)	QL	Tier 1	TETRACYCLINES
doxycycline hyclate tab 150mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Tier 2	TETRACYCLINES
doxycycline hyclate tab 50mg (TARGADOX equiv) (Step Therapy requires trial of doxycycline monohydrate)	ST	Tier 2	TETRACYCLINES
doxycycline hyclate tab 75mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Tier 2	TETRACYCLINES
doxycycline monohydrate cap (MONODOX equiv) (QL= 2 caps/day)	QL	Tier 2	TETRACYCLINES
doxycycline monohydrate cap 100mg (MONODOX equiv) (QL= 2 caps/day)	QL	Tier 2	TETRACYCLINES
doxycycline monohydrate cap 50mg (MONODOX equiv) (QL= 2 caps/day)	QL	Tier 1	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day)	QL	Tier 1	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA PAK equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Tier 2	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	Tier 1	TETRACYCLINES
doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days)	QL	Tier 1	ANTIEMETICS
D-PENAMINE TAB	-	Tier 2	ASSORTED CLASSES
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	QL	Tier 2	ANTIEMETICS
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	Preventive	CONTRACEPTIVES
DROXIA CAP	-	Tier 2	HEMATOPOIETIC AGENTS
droxidopa cap (NORTHERA equiv)	AMSP	Tier 1 Specialty	VASOPRESSORS
DRYSOL SOLN	-	Tier 2	DERMATOLOGICALS
duloxetine cap 40mg (IRENKA equiv) (QL= 2 caps/day)	QL	Tier 2	ANTIDEPRESSANTS
duloxetine EC cap 20mg (QL= 6 caps/day)	QL	Tier 1	ANTIDEPRESSANTS
duloxetine EC cap 30mg (QL= 4 caps/day)	QL	Tier 1	ANTIDEPRESSANTS
duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day)	QL	Tier 1	ANTIDEPRESSANTS
DUPIXENT INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
dutasteride cap (AVODART equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS

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dutasteride/tamsulosin cap (JALYN equiv) (Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap)	ST	Tier 2	GENITOURINARY AGENTS - MISCELLANEOUS
econazole cream (SPECTAZOLE equiv)	-	Tier 1	DERMATOLOGICALS
EDURANT TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
EFAVIRENZ CAP	-	Tier 1	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	Tier 1	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	Tier 1	ANTIVIRALS
eletriptan tab (RELPAX equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Tier 2	MIGRAINE PRODUCTS
ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days)	QL	Tier 2	ANTICOAGULANTS
ELIQUIS TAB 2.5MG (QL= 60 tabs/30 days)	QL	Tier 2	ANTICOAGULANTS
ELIQUIS TAB 5MG (QL= 74 tabs/30 days)	QL	Tier 2	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	Preventive	CONTRACEPTIVES
ELMIRON CAP	-	Tier 2	GENITOURINARY AGENTS - MISCELLANEOUS
eluryng vaginal ring (NUVARING equiv)	-	Preventive	CONTRACEPTIVES
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day)	QL	Tier 1	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days)	QL	Tier 1	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days)	QL	Preventive	ANTIVIRALS
EMTRIVA SOLN (QL= 850ml/30 days)	QL	Tier 2	ANTIVIRALS
enalapril maleate oral soln (EPANED equiv) (QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab)	QL-ST	Tier 2	ANTIHYPERTENSIVES
enalapril tab (VASOTEC equiv)	-	Value	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	Value	ANTIHYPERTENSIVES
ENBREL INJ (QL= 8 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 25MG (QL= 8 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
ENDARI POWDER PACK (Step Therapy requires trial of hydroxyurea cap)	LMSP-ST	Tier 2 Specialty	HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	PA	Tier 2	VAGINAL PRODUCTS
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	Preventive	VACCINES
enoxaparin inj (LOVENOX equiv)	-	Tier 1	ANTICOAGULANTS
enoxaparin inj 300mg (LOVENOX equiv)	-	Tier 1	ANTICOAGULANTS
enpresse tab (TRI-LEVELEN equiv)	-	Preventive	CONTRACEPTIVES
entacapone tab (COMTAN equiv)	-	Tier 1	ANTIPARKINSON AGENTS

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entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	Tier 1 Specialty	ANTIVIRALS
ENTRESTO TAB (QL= 2 tabs/day)	QL	Tier 2	CARDIOVASCULAR AGENTS - MISC.
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	Tier 2 Specialty	ANTICONVULSANTS
epinephrine hcl nasal soln (ADRENALIN equiv)	-	Tier 2	NASAL AGENTS - SYSTEMIC AND TOPICAL
epinephrine inj (ADRENALIN equiv)	-	Tier 1	VASOPRESSORS
EPINEPHRINE INJ	-	Tier 2	VASOPRESSORS
EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
EPIVIR HBV SOLN (QL= 720ml/30 days)	AMSP-QL	Tier 2 Specialty	ANTIVIRALS
eplerenone tab (INSPRA equiv)	-	Tier 1	ANTIHYPERTENSIVES
ergotamine/caffeine tab (CAFERGOT equiv) (QL= 40 tabs/28 days)	QL	Tier 2	MIGRAINE PRODUCTS
ERIVEDGE CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB 240MG (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 100mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 150mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERY PAD	-	Tier 1	DERMATOLOGICALS
erythromycin DR cap (ERYC equiv)	-	Tier 1	MACROLIDES
ERYTHROMYCIN EC CAP	-	Tier 2	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	Tier 1	MACROLIDES
erythromycin gel	-	Tier 1	DERMATOLOGICALS
erythromycin ophth oint	-	Tier 1	OPHTHALMIC AGENTS
erythromycin pad	-	Tier 1	DERMATOLOGICALS
erythromycin soln	-	Tier 1	DERMATOLOGICALS
erythromycin tab (ERY-TAB equiv)	-	Tier 1	MACROLIDES
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	Tier 1	MACROLIDES
escitalopram soln (LEXAPRO equiv)	-	Tier 1	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	Value	ANTIDEPRESSANTS
estazolam tab (PROSOM equiv)	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	Tier 1	ESTROGENS
estradiol cream (ESTRACE equiv)	-	Tier 2	VAGINAL PRODUCTS
estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days)	QL	Tier 2	ESTROGENS
estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days)	QL	Tier 2	ESTROGENS
estradiol tab (ESTRACE equiv)	-	Tier 1	ESTROGENS
estradiol td gel (DIVIGEL equiv) (QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Tier 2	ESTROGENS

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Drug Name	Special Code	Tier	Category
estradiol td gel 1.25mg/1.25gm (DIVIGEL equiv) (QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Tier 2	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	Tier 1	VAGINAL PRODUCTS
estradiol valerate inj (ST req trial of 2: estradiol tab, estradiol patch, estradiol vaginal tab, Estring)	ST	Tier 2	ESTROGENS
estradiol/norethindrone tab (ACTIVELLA equiv)	-	Tier 1	ESTROGENS
ESTRING (QL= 1 ring/90 days; 3 copays per Rx)	QL	Tier 2	VAGINAL PRODUCTS
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ethacrynic tab (EDECRIN equiv)	-	Tier 2	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	Tier 1	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	Tier 1	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	Tier 1	ANTICONVULSANTS
etodolac cap (LODINE equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
etoposide cap (VEPESID equiv)	-	Tier 1	ANTINEOPLASTICS
ETOPOSIDE CAP	-	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day)	QL	Tier 1	ANTIVIRALS
etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab (ZORTRESS equiv) (QL= 2 tabs/day)	AMSP-PA-QL-SF	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
everolimus tab for oral susp (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVOTAZ TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
exemestane tab (AROMASIN equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Tier 2 Specialty	NEUROMUSCULAR AGENTS
ezetimibe tab (ZETIA equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day; Step Therapy requires trial of simvastatin AND ezetimibe)	QL-ST	Tier 1	ANTIHYPERLIPIDEMICS
FALESSA KIT	-	Preventive	CONTRACEPTIVES
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
famciclovir tab 500mg (FAMVIR equiv) (QL= 21 tabs/fill, 2 fills/month)	QL	Tier 1	ANTIVIRALS
FARXIGA TAB (QL= 1 tab/day)	QL	Tier 2	ANTIDIABETICS
febuxostat tab (ULORIC equiv) (QL= 1 tab/day)	QL	Tier 2	GOUT AGENTS
felbamate susp (FELBATOL equiv) (QL= 30ml/day)	QL	Tier 1	ANTICONVULSANTS
felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day)	QL	Tier 1	ANTICONVULSANTS
felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day)	QL	Tier 1	ANTICONVULSANTS
felodipine ER tab (PLENDIL equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
FEMALE CONDOMS	OTC	Preventive	MEDICAL DEVICES AND SUPPLIES
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	Tier 2	ANTIHYPERLIPIDEMICS

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fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	Tier 2	ANTIHYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
fenoprofen calcium cap (NALFON equiv) (QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	QL-ST	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
fenoprofen calcium tab (Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
fentanyl citrate lollipop (ACTIQ equiv) (QL= 18 lozenges/fill for members age 20 or younger; QL= 42 lozenges/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	PA-QL	Tier 2	ANALGESICS - OPIOID
fentanyl patch (DURAGESIC equiv) (QL=15 patches/30 days)	PA-QL	Tier 2	ANALGESICS - OPIOID
fesoterodine fumarate er tab (TOVIAZ equiv) (QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin tab/syrup/ER tab, tolterodine tab/SR cap, trospium tab/SR cap)	QL-ST	Tier 2	URINARY ANTISPASMODICS
FIASP FLEXTOUCH INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
FIASP INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
FIASP PENFILL INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
FIASP PUMP CARTRIDGE (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
finasteride tab (PROSCAR equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
fingolimod hcl cap (GILENYA equiv) (QL= 30 caps/30 days)	AMSP-QL	Tier 1 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FLAREX OPHTH SUSP	-	Tier 2	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv) (QL= 8 tabs/day; Step therapy requires trial of oxybutynin chloride or solifenacin succinate)	QL-ST	Tier 2	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	Tier 1	ANTIARRHYTHMICS
FLORIVA DROPS	-	Tier 2	MINERALS & ELECTROLYTES
FLUTICASONE DISKUS INHALER (QL= 2 inhalers/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER 110MCG (QL =1 inhaler/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER 220MCG (QL= 2 inhalers/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER 44MCG (QL= 2 inhalers/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUAD INJ	VAC	Preventive	VACCINES
FLUAD QUAD INJ	VAC	Preventive	VACCINES
FLUBLOK INJ	VAC	Preventive	VACCINES
FLUBLOK QUAD PF INJ	VAC	Preventive	VACCINES
FLUCELVAX QUAD INJ	VAC	Preventive	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	Tier 1	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	Tier 1	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	Tier 1	ANTIFUNGALS
fludrocortisone tab (FLORINEF equiv)	-	Tier 1	CORTICOSTEROIDS

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Drug Name	Special Code	Tier	Category
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	Preventive	VACCINES
FLUMIST QUADRIVALENT NASAL SUSP	VAC	Preventive	VACCINES
FLUOCINOLONE ACET CREAM	-	Tier 1	DERMATOLOGICALS
fluocinolone acetonide cream	-	Tier 1	DERMATOLOGICALS
fluocinolone acetonide oil	-	Tier 1	DERMATOLOGICALS
fluocinolone acetonide oint	-	Tier 1	DERMATOLOGICALS
fluocinolone acetonide soln	-	Tier 1	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	Tier 1	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	Tier 1	DERMATOLOGICALS
fluocinonide cream 0.1%	-	Tier 2	DERMATOLOGICALS
fluocinonide emollient cream	-	Tier 1	DERMATOLOGICALS
fluocinonide gel	-	Tier 1	DERMATOLOGICALS
fluocinonide oint	-	Tier 1	DERMATOLOGICALS
fluocinonide soln	-	Tier 1	DERMATOLOGICALS
FLUORABON SOLN (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive	MINERALS & ELECTROLYTES
FLUORIDEX SENSITIVITY PASTE	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	Tier 1	OPHTHALMIC AGENTS
fluorouracil cream (EFUDEX CREAM equiv)	-	Tier 1	DERMATOLOGICALS
fluorouracil soln (FLUOROURACIL equiv)	-	Tier 1	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
FLUOXETINE CAP (PMDD)	-	Value	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine cap 90mg (PROZAC equiv)	-	Tier 1	ANTIDEPRESSANTS
fluoxetine soln (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
FLUOXETINE TAB	-	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine tab 10mg, 20mg (PROZAC equiv)	-	Value	ANTIDEPRESSANTS
FLUOXETINE TAB 60MG	-	Tier 2	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
flurandrenolide cream (CORDRAN equiv)	-	Tier 2	DERMATOLOGICALS
flurandrenolide lotion (CORDRAN equiv)	-	Tier 2	DERMATOLOGICALS
flurandrenolide oint (CORDRAN equiv)	-	Tier 2	DERMATOLOGICALS
FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	Tier 2	OPHTHALMIC AGENTS
FLURBIPROFEN TAB	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
flutamide cap (EULEXIN equiv)	-	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUTICASONE DISKUS INHALER (QL= 2 inhalers/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER 110MCG (QL= 2 inhalers/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER 220MCG (QL= 2 inhalers/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER 44MCG (QL= 2 inhalers/30 days)	QL	Value	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE LOTION (ST req tri of 2 lower-mid potency topical corticosteroid (eg. Betamet lot 0.05%, Fluocin crm 0.025%))	ST	Tier 2	DERMATOLOGICALS

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Drug Name	Special Code	Tier	Category
fluticasone propionate cream (CUTIVATE equiv)	-	Tier 1	DERMATOLOGICALS
fluticasone propionate lotion (CUTIVATE equiv)	-	Tier 2	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	Tier 1	DERMATOLOGICALS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days)	QL	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv) (QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventive	ANTIHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventive	ANTIHYPERLIPIDEMICS
FLUVIRIN INJ	VAC	Preventive	VACCINES
fluvoxamine ER cap (LUVOX CR equiv) (QL= 2 caps/day)	QL	Tier 2	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	Tier 1	ANTIDEPRESSANTS
FLUZONE HD PF INJ	VAC	Preventive	VACCINES
FLUZONE HIGH DOSE PF INJ	VAC	Preventive	VACCINES
FLUZONE QUAD INJ	VAC	Preventive	VACCINES
FLUZONE/FLUARIX QUAD INJ	VAC	Preventive	VACCINES
FOLBEE PLUS CZ TAB	-	Tier 1	MULTIVITAMINS
folic acid tab 1mg (Covered at $0 for females only; All other members covered at generic copay)	-	Preventive	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for females only)	OTC	Preventive	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for females only)	OTC	Preventive	HEMATOPOIETIC AGENTS
fondaparinux inj 10mg/0.8ml (ARIXTRA equiv)	-	Tier 1	ANTICOAGULANTS
fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv)	-	Tier 1	ANTICOAGULANTS
fondaparinux inj 5mg/0.4ml (ARIXTRA equiv)	-	Tier 1	ANTICOAGULANTS
fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv)	-	Tier 1	ANTICOAGULANTS
formoterol fumarate neb soln (PERFOROMIST equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day)	QL	Tier 1	ANTIVIRALS
fosfomycin tromethamine powder pack (MONUROL equiv)	-	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	Tier 1	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	Tier 1	ANTIHYPERTENSIVES
FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 READER (QL= 1 receiver/1 year)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	Tier 1	MEDICAL DEVICES AND SUPPLIES

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FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIPS (QL= 300 strips/30 days)	QL	Tier 1	DIAGNOSTIC PRODUCTS
frovatriptan tab (FROVA equiv) (QL= 10 tabs/30 days)	QL	Tier 2	MIGRAINE PRODUCTS
FULPHILA INJ (QL= 2 syringes/28 days)	AMSP-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS
FUROSEMIDE SOLN	-	Value	DIURETICS
furosemide soln (LASIX equiv)	-	Value	DIURETICS
furosemide tab (LASIX equiv)	-	Value	DIURETICS
FUZEON INJ	AMSP	Tier 2 Specialty	ANTIVIRALS
gabapentin (once-daily) tab (GRALISE equiv) (QL= 2 tabs/day)	PA-QL	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
gabapentin cap (NEURONTIN equiv)	-	Tier 1	ANTICONVULSANTS
gabapentin tab (NEURONTIN equiv)	-	Tier 1	ANTICONVULSANTS
galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day)	QL	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days)	QL	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GARDASIL 9 INJ	VAC	Preventive	VACCINES
GARDASIL INJ	VAC	Preventive	VACCINES
gatifloxacin ophth soln (ZYMAXID equiv)	-	Tier 2	OPHTHALMIC AGENTS
GAVILYTE-C SOLN (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive	LAXATIVES
gavilyte-h kit	-	Tier 2	LAXATIVES
gefitinib tab (QL= 1 tab/day)	AMSP-PA-QL	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
gemfibrozil tab (LOPID equiv)	-	Tier 1	ANTIHYPERLIPIDEMICS
GENOTROPIN INJ 0.2MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.4MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.6MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 0.8MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.2MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.4MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.6MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 1.8MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 12MG (QL= 4 cartridges/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.

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GENOTROPIN INJ 1MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 2MG (QL= 21 syringes/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	Tier 1	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	Tier 1	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	Tier 1	DERMATOLOGICALS
gentamicin sulfate oint	-	Tier 1	DERMATOLOGICALS
GENVOYA TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	Preventive	CONTRACEPTIVES
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glatiramer inj 20mg/ml (COPAXONE equiv) (QL= 30 syringes/30 days)	AMSP-QL	Tier 1 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
glatiramer inj 40mg/ml (COPAXONE equiv) (QL= 12 syringes/28 days)	AMSP-QL	Tier 1 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
glimepiride tab (AMARYL equiv)	-	Value	ANTIDIABETICS
glipizide ER tab (GLUCOTROL XL equiv)	-	Value	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	Value	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	Tier 1	ANTIDIABETICS
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill, 2 fills/month)	QL	Tier 2	ANTIDIABETICS
GLUCAGEN INJ	-	Tier 2	DIAGNOSTIC PRODUCTS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	Tier 2	ANTIDIABETICS
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	Tier 2	ANTIDIABETICS
GLYBURID MCR TAB	-	Tier 1	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	Value	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	Value	ANTIDIABETICS
glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day)	QL	Tier 1	ULCER DRUGS
glycopyrrolate tab (ROBINUL equiv)	-	Tier 1	ULCER DRUGS
GLYXAMBI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Tier 2	ANTIDIABETICS
granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days)	QL	Tier 1	ANTIEMETICS
griseofulvin micro tab (GRIFULVIN V equiv)	-	Tier 2	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	Tier 1	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	Tier 2	ANTIFUNGALS
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month)	OTC-QL	Tier 1	COUGH/COLD/ALLERGY
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month)	OTC-QL	Tier 2	COUGH/COLD/ALLERGY
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	Tier 1	ANTIHYPERTENSIVES
GUANIDINE TAB	-	Tier 1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
GVOKE INJ (QL= 2 inj/fill, 2 fills/month)	QL	Tier 2	ANTIDIABETICS
GVOKE INJ KIT (QL= 2 vials/fill, 2 fills/30 days)	QL	Tier 2	ANTIDIABETICS

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GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month)	QL	Tier 2	ANTIDIABETICS
HADLIMA INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	HEMATOLOGICAL AGENTS - MISC.
HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	HEMATOLOGICAL AGENTS - MISC.
halcinonide cream (HALOG equiv) (Step Therapy requires trial of 2 High potency corticosteroids)	ST	Tier 2	DERMATOLOGICALS
halobetasol propionate cream (ULTRAVATE equiv)	-	Tier 1	DERMATOLOGICALS
halobetasol propionate foam (HALOBETASOL AER equiv) (ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol))	ST	Tier 2	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	Tier 1	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	Tier 1	DERMATOLOGICALS
haloperidol decanoate inj	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol lactate conc (HALDOL equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HAVRIX INJ, VAQTA INJ	VAC	Preventive	VACCINES
HC BUTYRATE CREAM	-	Tier 1	DERMATOLOGICALS
HC BUTYRATE SOLN	-	Tier 2	DERMATOLOGICALS
HEMLIBRA INJ	AMSP-PA	Tier 2 Specialty	HEMATOLOGICAL AGENTS - MISC.
heparin porcine inj	-	Tier 1	ANTICOAGULANTS
HEPLISAV-B INJ	VAC	Preventive	VACCINES
HEXALEN CAP (Only available through Walgreens 888-347-3416)	LD	Tier 2 Specialty	ANTINEOPLASTICS
HOMATROPINE OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2	ANTIDIABETICS
HUMALOG KWIKPEN INJ (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2	ANTIDIABETICS
HUMALOG KWIKPEN INJ (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2	ANTIDIABETICS
HUMALOG KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2	ANTIDIABETICS
HUMALOG MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2	ANTIDIABETICS
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2	ANTIDIABETICS
HUMALOG PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2	ANTIDIABETICS
HUMULIN MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2	ANTIDIABETICS

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HUMULIN MIX PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2	ANTIDIABETICS
HUMULIN N INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2	ANTIDIABETICS
HUMULIN N PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2	ANTIDIABETICS
HUMULIN R INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2	ANTIDIABETICS
HUMULIN R INJ U-500 (QL= 40 units/30 days)	QL	Tier 1	ANTIDIABETICS
HUMULIN R U-500 KWIKPEN INJ (QL= 24 units/30 days)	QL	Tier 1	ANTIDIABETICS
HYCAMTIN CAP	LMSP-PA	Tier 2 Specialty	ANTINEOPLASTICS
HYD POL/CPM SUSP (QL= 10ml/day)	QL	Tier 1	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	Tier 1	ANTIHYPERTENSIVES
hydrochlorothiazide cap (MICROZIDE equiv)	-	Value	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	Value	DIURETICS
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
hydrocodone/acetaminophen cap (LORCET equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10-325mg (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5-325mg (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	Tier 1	COUGH/COLD/ALLERGY

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Drug Name	Special Code	Tier	Category
hydrocodone/homatropine syrup (HYCODAN equiv)	-	Tier 1	COUGH/COLD/ALLERGY
HYDROCODONE/IBUPROFEN TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocodone/ibuprofen tab (VICOPROFEN equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydrocortisone butyrate cream (LOCOID equiv)	-	Tier 1	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	Tier 1	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	Tier 1	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	Tier 1	DERMATOLOGICALS
hydrocortisone cream (PROCTOCORT equiv)	-	Tier 1	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	Tier 1	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	Tier 1	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	Tier 2	DERMATOLOGICALS
hydrocortisone oint	-	Tier 1	DERMATOLOGICALS
hydrocortisone tab (CORTEF equiv)	-	Tier 1	CORTICOSTEROIDS
hydrocortisone valerate cream	-	Tier 1	DERMATOLOGICALS
hydrocortisone valerate oint (WESTCORT equiv)	-	Tier 1	DERMATOLOGICALS
hydromorphone ER tab 12mg (EXALGO equiv) (QL= 1 tab/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
hydromorphone ER tab 16mg (EXALGO equiv) (QL= 1 tab/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
hydromorphone ER tab 32mg (EXALGO equiv) (QL= 2 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
hydromorphone ER tab 8mg (EXALGO equiv) (QL= 1 tab/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
hydromorphone liquid (DILAUDID equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
HYDROMORPHONE SUPP (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
hydroxychloroquine tab (PLAQUENIL equiv)	-	Tier 1	ANTIMALARIALS
HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days)	AMSP-PA-QL	Tier 2 Specialty	PROGESTINS
hydroxyurea cap (HYDREA equiv)	-	Tier 1	ANTINEOPLASTICS
hydroxyzine pamoate cap (VISTARIL equiv)	-	Tier 1	ANTIANXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	Tier 1	ANTIANXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	Tier 1	ANTIANXIETY AGENTS
HYOPHEN TAB	-	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
HYPERRAB INJ, IMOGAM INJ	-	Tier 2	PASSIVE IMMUNIZING AND TREATMENT AGENTS
HYPODERMIC NEEDLES	OTC	Tier 2	MEDICAL DEVICES AND SUPPLIES
ibandronate tab 150mg (BONIVA equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab cold/sinus (QL= 240 tabs/30 days)	QL	Tier 1	COUGH/COLD/ALLERGY
icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days)	AMSP-PA-QL	Tier 1 Specialty	HEMATOLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
ICLUSIG TAB (Only available through AcariaHealth 800-511-5144)	LD-PA-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
icosapent ethyl cap 0.5gm (VASCEPA equiv) (QL= 2 caps/day)	QL	Tier 1	ANTIHYPERLIPIDEMICS
icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day)	QL	Tier 1	ANTIHYPERLIPIDEMICS
imatinib tab 100mg (GLEEVEC equiv) (QL= 3 tabs/day)	AMSP-PA-QL	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imatinib tab 400mg (GLEEVEC equiv) (QL= 2 tabs/day)	AMSP-PA-QL	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA SUSP (QL= 2 bottles/30 days; Only available through Optum 877-445-6874)	LD-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
imipramine pamoate cap (TOFRANIL PM equiv)	-	Tier 2	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	Tier 1	ANTIDEPRESSANTS
imiquimod cream 3.75% (IMIQUIMOD equiv) (QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution)	QL-ST	Tier 2	DERMATOLOGICALS
imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days)	QL	Tier 1	DERMATOLOGICALS
IMOVAX INJ	-	Tier 2	VACCINES
IMPAVIDO CAP (QL= 3 caps/day)	AMSP-QL	Tier 2 Specialty	ANTI-INFECTIVE AGENTS - MISC.
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	Preventive	CONTRACEPTIVES
INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
indapamide tab (LOZOL equiv)	-	Tier 1	DIURETICS
indomethacin cap (INDOCIN equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
indomethacin suppository (INDOCIN equiv) (QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxen, diclofenac, meloxicam, etc))	QL-ST	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
indomethacin susp (INDOCIN equiv) (QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp)	QL-ST	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
INFANRIX INJ	VAC	Preventive	TOXOIDS
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days	QL	Value	ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (1 UNIT DIAL) (QL= 18ml/3 days)	QL	Value	ANTIDIABETICS

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Drug Name	Special Code	Tier	Category
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (2 UNIT DIAL) (QL= 18ml/3 days)	QL	Value	ANTIDIABETICS
INSULIN LISP INJ 100/ML (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
INTELENCE TAB (QL= 4 tabs/day)	QL	Tier 2	ANTIVIRALS
INTELENCE TAB 25MG (QL= 4 tabs/day)	QL	Tier 2	ANTIVIRALS
INTRON-A INJ	AMSP	Tier 2 Specialty	ANTINEOPLASTICS
INVEGA HAFYERA INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA SUSTENNA INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVEGA TRINZA INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVIRASE CAP (QL= 10 caps/day)	QL	Tier 2	ANTIVIRALS
INVIRASE TAB (QL= 4 tabs/day)	QL	Tier 2	ANTIVIRALS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	Tier 1	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	Tier 2	DERMATOLOGICALS
IPOL INJ	-	Preventive	VACCINES
ipratropium nasal spray (ATROVENT equiv)	-	Tier 1	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
irbesartan tab (AVAPRO equiv)	-	Tier 1	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	Tier 1	ANTIHYPERTENSIVES
ISENTRESS (HD) TAB (QL= 2 tabs/day)	QL	Tier 2	ANTIVIRALS
ISENTRESS CHEW TAB (QL= 6 tabs/day)	QL	Tier 2	ANTIVIRALS
ISENTRESS POWDER PACK (QL= 2 packets/day)	QL	Tier 2	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	Preventive	CONTRACEPTIVES
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	Tier 1	MIGRAINE PRODUCTS
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	Tier 2	MIGRAINE PRODUCTS
ISONIAZID TAB	-	Tier 1	ANTIMYCOBACTERIAL AGENTS
isosorbide dinitrate SL tab	-	Tier 1	ANTIANGINAL AGENTS
isosorbide dinitrate tab 40mg (ISORDIL equiv) (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER)	ST	Tier 2	ANTIANGINAL AGENTS
isosorbide dinitrate tab 5mg (ISORDIL equiv)	-	Tier 1	ANTIANGINAL AGENTS
isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day)	QL	Tier 1	CARDIOVASCULAR AGENTS - MISC.
isosorbide mononitrate ER tab (IMDUR equiv)	-	Tier 1	ANTIANGINAL AGENTS
ISOSORBIDE MONONITRATE TAB	-	Tier 1	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	Tier 1	ANTIANGINAL AGENTS
ISOXSUPRINE TAB (QL= 120 tabs/30 days)	QL	Tier 2	CARDIOVASCULAR AGENTS - MISC.
isradipine cap (DYNACIRC equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
itraconazole cap (SPORANOX equiv)	-	Tier 1	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	-	Tier 2	ANTIFUNGALS
ivermectin cream (SOOLANTRA equiv) (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Tier 2	DERMATOLOGICALS
ivermectin tab (STROMECTOL equiv)	-	Tier 1	ANTHELMINTICS
IYUZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln)	QL-ST	Tier 2	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
JAKAFI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JARDIANCE TAB (QL= 1 tab/day)	QL	Tier 2	ANTIDIABETICS
JENTADUETO TAB (QL= 2 tabs/day)	QL	Tier 2	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	Tier 2	ANTIDIABETICS
jinteli tab (FEMHRT equiv)	-	Tier 1	ESTROGENS
JULUCA TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
junel FE tab (LOESTRIN FE equiv)	-	Preventive	CONTRACEPTIVES
junel tab (LOESTRIN equiv)	-	Preventive	CONTRACEPTIVES
JUXTAPID CAP (Only available through Accredo 888-773-7376)	LD-PA	Tier 2 Specialty	ANTIHYPERLIPIDEMICS
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNNEOS INJ	-	Preventive	VACCINES
KALETRA TAB 100-25MG (QL= 2 tabs/day)	QL	Tier 2	ANTIVIRALS
KALETRA TAB 200-50MG (QL= 4 tabs/day)	QL	Tier 2	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	RESPIRATORY AGENTS - MISC.
kelnor tab (DEMULEN equiv)	-	Preventive	CONTRACEPTIVES
ketoconazole cream (NIZORAL CREAM equiv)	-	Tier 1	DERMATOLOGICALS
ketoconazole foam 2% (EXTINA equiv)	-	Tier 2	DERMATOLOGICALS
ketoconazole shampoo	-	Tier 1	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	Tier 1	ANTIFUNGALS
ketorolac inj	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln .05% (ACULAR (LS) equiv)	-	Tier 1	OPHTHALMIC AGENTS
ketorolac ophth soln .4% (ACULAR (LS) equiv)	-	Tier 2	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
KISQALI PAK (QL= 91 tabs/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KLOXXADO NASAL SPRAY	-	Tier 2	ANTIDOTES AND SPECIFIC ANTAGONISTS
KRINTAFEL TAB (QL= 2 tabs/365 days)	QL	Tier 2	ANTIMALARIALS
K-TAB	-	Tier 1	MINERALS & ELECTROLYTES
KYLEENA IUD	-	Preventive	CONTRACEPTIVES
labetalol tab (NORMODYNE equiv)	-	Tier 1	BETA BLOCKERS
lacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30 days)	QL	Tier 1	ANTICONVULSANTS
lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lactulose soln	-	Tier 1	LAXATIVES

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Drug Name	Special Code	Tier	Category
LAGEVRIO CAP 200MG (QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older)	QL	Tier 2	ANTIVIRALS
lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days)	QL	Tier 1	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day)	AMSP-QL	Tier 1 Specialty	ANTIVIRALS
lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	Tier 1	ANTICONVULSANTS
lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lamotrigine ODT 100mg (LAMICTAL equiv) (QL= 3 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lamotrigine ODT 200mg (LAMICTAL equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lamotrigine ODT 25mg (LAMICTAL equiv) (QL= 6 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lamotrigine ODT 50mg (LAMICTAL equiv) (QL= 6 tabs/day)	QL	Tier 1	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	Tier 1	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	Tier 1	ANTICONVULSANTS
LAMPIT TAB 120MG (QL= 225 tabs/30 days)	QL	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
LAMPIT TAB 30MG (QL= 360 tabs/30 days)	QL	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
LANCET KIT	OTC	Tier 2	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	Tier 2	MEDICAL DEVICES AND SUPPLIES
lanthanum carbonate chew tab (FOSRENOL equiv) (QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab)	QL-ST	Tier 1	GASTROINTESTINAL AGENTS - MISC.
lanthanum carbonate chew tab 500mg (FOSRENOL equiv) (QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab)	QL-ST	Tier 1	GASTROINTESTINAL AGENTS - MISC.
lapatinib ditosylate tab (TYKERB equiv) (QL= 5 tabs/day)	AMSP-PA-QL	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
latanoprost ophth soln (XALATAN equiv)	-	Value	OPHTHALMIC AGENTS
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	Preventive	CONTRACEPTIVES
leflunomide tab (ARAVA equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Tier 1 Specialty	MISCELLANEOUS THERAPEUTIC CLASSES
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
letrozole tab (FEMARA equiv)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	Tier 1	ANTINEOPLASTICS
LEUPROLIDE INJ (QL= 1 kit/90 days)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
levalbuterol neb soln (XOPENEX equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levetiracetam ER tab (KEPPRA XR equiv)	-	Tier 1	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	Tier 1	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	Tier 1	ANTICONVULSANTS
LEVOBUNOLOL OPHTH SOLN	-	Tier 1	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv)	-	Tier 1	OPHTHALMIC AGENTS

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

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Drug Name	Special Code	Tier	Category
levocarnitine soln (CARNITOR equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
levofloxacin ophth soln (QUIXIN equiv)	-	Tier 1	OPHTHALMIC AGENTS
levofloxacin oral soln 25mg/ml (LEVOFLOXACIN equiv)	-	Tier 1	FLUOROQUINOLONES
levofloxacin soln (LEVAQUIN equiv)	-	Tier 1	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	Tier 1	FLUOROQUINOLONES
levonorgestrel tab (PLAN B equiv)	OTC	Preventive	CONTRACEPTIVES
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	Preventive	CONTRACEPTIVES
levothyroxine tab (SYNTHROID equiv)	-	Tier 1	THYROID AGENTS
lidocaine cream 3% (LIDAMANTLE equiv)	-	Tier 2	DERMATOLOGICALS
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	Tier 2	DERMATOLOGICALS
LIDOCAINE GEL	-	Tier 1	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	Tier 1	DERMATOLOGICALS
lidocaine gel (XYLOCAINE equiv)	-	Tier 2	DERMATOLOGICALS
lidocaine lotion	-	Tier 2	DERMATOLOGICALS
lidocaine oint (QL= 8gm/day)	QL	Tier 1	DERMATOLOGICALS
LIDOCAINE ORAL SOLN 4%	-	Tier 2	MOUTH/THROAT/DENTAL AGENTS
lidocaine soln (XYLOCAINE equiv)	-	Tier 1	DERMATOLOGICALS
lidocaine viscous soln 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv)	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	Tier 1	ANORECTAL AGENTS
lidocaine/hydrocortisone kit (ANALPRAM equiv)	-	Tier 1	ANORECTAL AGENTS
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	Tier 1	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	Tier 1	DERMATOLOGICALS
LIKMEZ SUSP (QL= 210ml/14 days)	QL	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
linezolid susp	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	Tier 1	THYROID AGENTS
lisdexamfetamine dimesylate cap (VYVANSE equiv) (QL= 1 cap/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
lisdexamfetamine dimesylate chew tab (VYVANSE equiv) (QL= 1 tab/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	Value	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	Value	ANTIHYPERTENSIVES
lithium carbonate cap (ESKALITH ER equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium oral solution (LITHIUM equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LO LOESTRIN TAB	-	Preventive	CONTRACEPTIVES
LOCOID LIPOCREAM	-	Tier 1	DERMATOLOGICALS
LOKELMA PAK (QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone)	QL-ST	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
LONSURF TAB (Only available through Optum 877-445-6874 or Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	Tier 1	ANTIDIARRHEALS
lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days)	QL	Tier 1	ANTIVIRALS

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Drug Name	Special Code	Tier	Category
lopinavir-ritonavir tab 100-25mg (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day)	QL	Tier 1	ANTIVIRALS
lorazepam conc (ATIVAN equiv)	-	Tier 1	ANTIANXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	Tier 1	ANTIANXIETY AGENTS
LORTUSS EX LIQUID (QL= 1200ml/30 days)	QL	Tier 1	COUGH/COLD/ALLERGY
LORTUSS LIQUID (QL= 1200ml/30 days)	QL	Tier 2	COUGH/COLD/ALLERGY
losartan tab (COZAAR equiv)	-	Value	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	Value	ANTIHYPERTENSIVES
LOTEMAX OPHTH OINT 0.5% (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Tier 2	OPHTHALMIC AGENTS
loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 5 grams/28 days; Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	Tier 2	OPHTHALMIC AGENTS
loteprednol etabonate ophth susp 0.2% (ALREX equiv) (QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	Tier 2	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX equiv)	-	Tier 1	OPHTHALMIC AGENTS
lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
loxapine cap (LOXITANE equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lubiprostone cap (AMITIZA equiv) (QL= 60 caps/30 days)	QL	Tier 1	GASTROINTESTINAL AGENTS - MISC.
LUPRON DEPOT INJ	AMSP-PA	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days)	AMSP-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ (1-MONTH) (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPRON DEPOT-PED INJ (3-MONTH) (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
malathion lotion (OVIDE equiv)	-	Tier 1	DERMATOLOGICALS
MAPROTILINE TAB	-	Tier 1	ANTIDEPRESSANTS
maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 tabs/day)	QL	Tier 1	ANTIVIRALS
MAR-COF CG LIQUID (QL= 473ml/month)	QL	Tier 2	COUGH/COLD/ALLERGY
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	Tier 2 Specialty	ANTINEOPLASTICS
MAVYRET PAK (QL= 5 packets/day)	AMSP-QL	Tier 1 Specialty	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day)	AMSP-QL	Tier 1 Specialty	ANTIVIRALS
MAXIDEX OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
MECLOFENAMATE CAP	-	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days)	QL	Preventive	CONTRACEPTIVES

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medroxyprogesterone tab (PROVERA equiv)	-	Tier 1	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	Tier 2	ANTIMALARIALS
megestrol ES susp (MEGACE ES equiv)	-	Tier 1	PROGESTINS
megestrol susp (MEGACE equiv)	-	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
megestrol tab (MEGACE equiv)	-	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST SOLN (QL= 40ml/day)	LMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meloxicam (VIVLODEX equiv) (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
MELPHALAN TAB	AMSP	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine soln (NAMENDA equiv) (QL= 300 ml/30 days)	QL	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine titrapak (NAMENDA equiv) (QL= 49 tabs/28 days)	QL	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	Preventive	VACCINES
M-END DMX LIQUID (QL= 1800ml/30 days)	QL	Tier 2	COUGH/COLD/ALLERGY
MENHIBRIX INJ	VAC	Preventive	VACCINES
MENOMUNE INJ	VAC	Preventive	VACCINES
MENQUADFI INJ	VAC	Preventive	VACCINES
MENVEO INJ	VAC	Preventive	VACCINES
MENVEO SOLN	VAC	Preventive	VACCINES
MEPERIDINE SOLN (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
meperidine tab (DEMEROL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
meprobamate tab (MILTOWN equiv)	-	Tier 2	ANTIANXIETY AGENTS
mercaptopurine tab (PURINETHOL equiv)	-	Tier 1	ANTINEOPLASTICS
mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day)	QL	Tier 1	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day)	QL	Tier 1	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv) (QL= 4 caps/day)	QL	Tier 1	GASTROINTESTINAL AGENTS - MISC.

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mesalamine ER cap (PENTASA equiv) (QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA)	QL-ST	Tier 2	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	QL	Tier 1	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	Tier 2	GASTROINTESTINAL AGENTS - MISC.
MESALAMINE TAB DR 800MG	-	Tier 2	GASTROINTESTINAL AGENTS - MISC.
MESNEX TAB	AMSP	Tier 2 Specialty	ANTINEOPLASTICS
METAPROTERENOL SYRUP	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
metaxalone tab (SKELAXIN equiv)	-	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
metformin ER osmotic tab (FORTAMET equiv)	-	Tier 2	ANTIDIABETICS
metformin ER osmotic tab (GLUMETZA equiv) (Step Therapy requires trial of metformin or metformin ER)	--ST	Tier 2	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	Value	ANTIDIABETICS
metformin soln (RIOMET equiv)	-	Tier 2	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	Value	ANTIDIABETICS
methadone soln (QL= 4 ml/day)	QL	Tier 1	ANALGESICS - OPIOID
methadone soln 10mg/5ml (QL= 20ml/day)	QL	Tier 1	ANALGESICS - OPIOID
methadone soln 5mg/5ml (QL= 40ml/day)	QL	Tier 1	ANALGESICS - OPIOID
methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day)	QL	Tier 1	ANALGESICS - OPIOID
methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day)	QL	Tier 1	ANALGESICS - OPIOID
methadose tab (QL= 1 tab/day)	PA-QL	Tier 1	ANALGESICS - OPIOID
methamphetamine tab (DESOXYN equiv) (QL= 5 tabs/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methazolamide tab (NEPTAZANE equiv) (Step Therapy requires trial of acetazolamide)	ST	Tier 2	DIURETICS
methenamine hippurate tab (HIPREX equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
methenamine mandelate tab	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
methimazole tab (TAPAZOLE equiv)	-	Tier 1	THYROID AGENTS
methocarbamol tab (ROBAXIN equiv)	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj	-	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	Tier 1	ANTINEOPLASTICS
methoxsalen cap (OXSORALEN ULTRA equiv)	-	Tier 1	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	Tier 1	ULCER DRUGS
methsuximide cap (CELONTIN equiv) (QL= 4 caps/day; ST requires trial of ethosuximide tab/soln)	QL-ST	Tier 2	ANTICONVULSANTS
METHYCLOTHIAZIDE TAB	-	Tier 1	DIURETICS
methyldopa tab (ALDOMET equiv)	-	Tier 1	ANTIHYPERTENSIVES
METHYLDOPA TAB	-	Tier 2	ANTIHYPERTENSIVES
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	Tier 1	ANTIHYPERTENSIVES
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	Tier 2	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv)	-	Tier 1	OXYTOCICS
methylphenidate CD cap (METADATE CD equiv) (QL= 1 cap/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate chew tab (METHYLIN equiv) (QL= 3 tabs/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv) (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

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METHYLPHENIDATE ER TAB (QL= 1 tab/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 10mg (QL= 3 tabs/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 18mg (QL= 1 tab/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 20mg (QL= 3 tabs/day)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 27mg (QL= 1 tab/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 36mg (QL= 1 tabs/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 54mg (QL= 1 tab/day)	QL	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate tab 10mg (RITALIN equiv) (QL= 180 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate tab 20mg (RITALIN equiv) (QL= 90 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate tab 5mg (RITALIN equiv) (QL= 360 tabs/30 days)	QL	Tier 1	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate td patch (DAYTRANA equiv) (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylprednisolone dose pack (MEDROL equiv)	-	Tier 1	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	Tier 1	CORTICOSTEROIDS
methyltestosterone cap (QL= 150 tablets/30 days)	PA-QL	Tier 2	ANDROGENS-ANABOLIC
METIPRANOLOL OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
metoclopramide soln (REGLAN equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
metoclopramide tab (REGLAN equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	Tier 1	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	Value	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	Value	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	Tier 1	ANTIHYPERTENSIVES
metronidazole cap (FLAGYL equiv)	-	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	Tier 1	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	Tier 2	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	Tier 1	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	Tier 2	VAGINAL PRODUCTS
metyrosine cap (DEMSER equiv) (QL= 448 caps/28 days)	PA-QL	Tier 2	ANTIHYPERTENSIVES
mexiletine hcl cap	-	Tier 1	ANTIARRHYTHMICS
mibelas chew tab (MINASTRIN equiv)	-	Preventive	CONTRACEPTIVES
MICORT-HC CREAM	-	Tier 2	DERMATOLOGICALS
midazolam hcl syrup	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
midazolam inj (MIDAZOLAM equiv)	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
midodrine tab (PROAMATINE equiv)	-	Tier 1	VASOPRESSORS

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mifepristone tab (MIFEPREX equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
mifepristone tab (KORLYM equiv) (Ql= 4 tabs/day; Only available through Korlym SPARK program (855-456-7596))	--LD-PA-QL	Tier 1 Specialty	ANTIDIABETICS
MIGERGOT SUPP (QL= 20 supp/28 days)	QL	Tier 2	MIGRAINE PRODUCTS
MIGLITOL TAB	-	Tier 2	ANTIDIABETICS
miglitol tab (MIGLITOL equiv)	-	Tier 2	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	Tier 1 Specialty	HEMATOPOIETIC AGENTS
minocycline cap (MINOCIN equiv)	-	Tier 1	TETRACYCLINES
minocycline ER tab (SOLODYN equiv) (QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab)	QL-ST	Tier 2	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	Tier 2	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	Tier 1	ANTIHYPERTENSIVES
MIRENA IUD	-	Preventive	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	Tier 1	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	Tier 1	ANTIDEPRESSANTS
misoprostol tab (CYTOTEC equiv)	-	Tier 1	ULCER DRUGS
M-M-R II INJ	VAC	Preventive	VACCINES
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	Value	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
moexipril tab (UNIVASC equiv)	-	Tier 1	ANTIHYPERTENSIVES
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	Tier 1	ANTIHYPERTENSIVES
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	Tier 1	ANTIHYPERTENSIVES
MOLINDONE TAB	-	Tier 2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	Preventive	ANTIVIRALS
mometasone cream (ELOCON equiv)	-	Tier 1	DERMATOLOGICALS
mometasone oint (ELOCON equiv)	-	Tier 1	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	Tier 1	DERMATOLOGICALS
montelukast chew tab (SINGULAIR equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast tab (SINGULAIR equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MORPHINE SULF SOLN (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Tier 2	ANALGESICS - OPIOID
morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 1	ANALGESICS - OPIOID
morphine sulfate ER cap 10mg (KADIAN equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
morphine sulfate ER cap 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 1	ANALGESICS - OPIOID

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Drug Name	Special Code	Tier	Category
morphine sulfate ER cap 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
morphine sulfate ER cap 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
morphine sulfate ER cap 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day)	PA-QL	Tier 1	ANALGESICS - OPIOID
MORPHINE SULFATE SOLN (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
MORPHINE SULFATE SOLN (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
morphine sulfate tab (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
MORPHINE SULFATE TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
MOVANTIK TAB (QL= 30 tabs/30 days)	PA-QL	Tier 2	GASTROINTESTINAL AGENTS - MISC.
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	Tier 1	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	Tier 1	FLUOROQUINOLONES
multigen plus tab (CHROMAGEN FORTE equiv)	-	Tier 1	HEMATOPOIETIC AGENTS
multigen tab (CHROMAGEN equiv)	-	Tier 1	HEMATOPOIETIC AGENTS
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	Preventive	MULTIVITAMINS
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	Preventive	MULTIVITAMINS
MULTIVITAMIN/FLUORIDE CHEW TAB	-	Preventive	MULTIVITAMINS
mupirocin cream (BACTROBAN CREAM equiv)	-	Tier 1	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	Tier 1	DERMATOLOGICALS
mycophenolate DR tab (MYFORTIC equiv)	-	Tier 1	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	Tier 1	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	Tier 1	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	Tier 1	ASSORTED CLASSES
MYLERAN TAB	AMSP	Tier 2 Specialty	ANTINEOPLASTICS
nabumetone tab (RELAFEN equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	Tier 1	BETA BLOCKERS
naftifine cream (NAFTIN equiv) (QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products)	QL-ST	Tier 2	DERMATOLOGICALS
NAFTIFINE CREAM 1%	-	Tier 2	DERMATOLOGICALS
naftifine gel (NAFTIN equiv)	-	Tier 2	DERMATOLOGICALS
naftifine hcl gel 2% (QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream)	QL-ST	Tier 2	DERMATOLOGICALS
naloxone hcl nasal spray (NARCAN equiv)	-	Value	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	-	Tier 1	ANTIDOTES AND SPECIFIC ANTAGONISTS

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Drug Name	Special Code	Tier	Category
NALOXONE NASAL SPRAY	-	Value	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone prefilled inj	-	Tier 1	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fills/month)	--QL	Tier 1	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	Tier 1	ANTIDOTES
NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab)	QL-ST	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP (QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
naproxen EC tab (NAPROSYN EC equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	Tier 2	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)	QL	Tier 1	MIGRAINE PRODUCTS
NARCAN HCL SPRAY (OTC)	OTC	Value	ANTIDOTES AND SPECIFIC ANTAGONISTS
NATACYN OPHTH SUSP (QL= 45ml/30 days)	QL	Tier 2	OPHTHALMIC AGENTS
NATAZIA TAB	-	Preventive	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	Tier 1	ANTIDIABETICS
nebivolol hcl tab (BYSTOLIC equiv) (QL= 1 tab/day)	QL	Tier 1	BETA BLOCKERS
NEFAZODONE TAB	-	Tier 1	ANTIDEPRESSANTS
nefazodone tab 50mg, 250mg	-	Tier 1	ANTIDEPRESSANTS
neomycin tab	-	Tier 1	AMINOGLYCOSIDES
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	Tier 1	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	-	Tier 1	OTIC AGENTS
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv)	-	Tier 1	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	Tier 1	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	Tier 1	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
NEPHRON FA TAB	-	Tier 2	HEMATOPOIETIC AGENTS
nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIVIRALS
NEVIRAPINE ER TAB (QL= 3 tabs/day)	QL	Tier 2	ANTIVIRALS
NEVIRAPINE SUSP (QL= 1200ml/30 days)	QL	Tier 2	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days)	QL	Tier 2	COUGH/COLD/ALLERGY
NEXPLANON IMPLANT	-	Preventive	CONTRACEPTIVES
NEXTSTELLIS TAB (QL= 28 tabs/24 days)	QL	Preventive	CONTRACEPTIVES
niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
NICAZELDOXY KIT	-	Tier 2	TETRACYCLINES
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days)	AMSP-PA-QL	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	Tier 2	CALCIUM CHANNEL BLOCKERS
NINLARO CAP	AMSP-PA	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nisoldipine ER tab (SULAR equiv)	-	Tier 2	CALCIUM CHANNEL BLOCKERS
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/fill, 2 fills/month)	QL	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
nitisinone cap (ORFADIN equiv)	LMSP-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-BID OINT	-	Tier 2	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin susp (FURADANTIN equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP	-	Tier 1	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	Tier 2	ANTIANGINAL AGENTS
nitroglycerin oint (RECTIV equiv) (Diagnosis Restricted – Anal Fissure (K60.2))	RDX	Tier 1	ANORECTAL AND RELATED PRODUCTS
nitroglycerin patch (NITRO-DUR equiv)	-	Tier 1	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	Tier 1	ANTIANGINAL AGENTS
nizatidine cap (AXID equiv)	-	Tier 1	ULCER DRUGS
NIZATIDINE CAP	-	Tier 2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
nizoral a-d shampoo (NIZORAL equiv)	OTC	Tier 1	DERMATOLOGICALS
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv)	-	Preventive	CONTRACEPTIVES
norethindrone tab (NORA-QD equiv)	-	Preventive	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	Tier 1	PROGESTINS
norethindrone/ethinyl estradiol 21 tab (LOESTRIN 21 equiv)	-	Preventive	CONTRACEPTIVES
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	Preventive	CONTRACEPTIVES
norethindrone/ethinyl estradiol tab (LOESTRIN equiv)	-	Preventive	CONTRACEPTIVES
NORPACE CR CAP	-	Tier 2	ANTIARRHYTHMICS

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nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	Preventive	CONTRACEPTIVES
nortrel tab (OVCON 35 equiv)	-	Preventive	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	Tier 1	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	Tier 1	ANTIDEPRESSANTS
NORVIR CAP (QL= 12 caps/day)	QL	Tier 2	ANTIVIRALS
NORVIR POWDER PACK (QL= 12 packets/day)	QL	Tier 2	ANTIVIRALS
NORVIR SOLN (QL= 480ml/30 days)	QL	Tier 2	ANTIVIRALS
NOVOFINE PEN NEEDLE	OTC	Tier 1	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ (QL= 60 units/30 days)	OTC-QL	Value	ANTIDIABETICS
NOVOLIN 70/30 INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLIN N INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLIN N RELION INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLIN R INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLIN RELION INJ 70/30 (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLIN VIAL (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLOG FLEXPEN INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLOG INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLOG MIX INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOLOG PENFILL INJ (QL= 60 units/30 days)	QL	Value	ANTIDIABETICS
NOVOPEN ECHO (QL= 1 pen device/365 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST PEN NEEDLE	OTC	Tier 1	MEDICAL DEVICES AND SUPPLIES
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	Tier 1	MEDICAL DEVICES AND SUPPLIES
NUBEQA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NUCALA INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUEDEXTA CAP (QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA)	QL-ST	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NUVARING	-	Preventive	CONTRACEPTIVES
NUVESSA VAGINAL GEL, VANDAZOLE GEL (QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln)	QL-ST	Tier 2	VAGINAL PRODUCTS
NUWIQ INJ	AMSP-PA	Tier 2 Specialty	HEMATOLOGICAL AGENTS - MISC.
NUWIQ KIT	AMSP-PA	Tier 2 Specialty	HEMATOLOGICAL AGENTS - MISC.
nystatin cream (MYCOSTATIN CREAM equiv)	-	Tier 1	DERMATOLOGICALS
nystatin oint	-	Tier 1	DERMATOLOGICALS
nystatin powder	-	Tier 1	ANTIFUNGALS
nystatin susp	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	Tier 1	ANTIFUNGALS
nystatin topical powder	-	Tier 1	DERMATOLOGICALS
nystatin/triamcinolone cream	-	Tier 1	DERMATOLOGICALS
nystatin/triamcinolone oint	-	Tier 1	DERMATOLOGICALS
NYVEPRIA INJ (QL= 2 inj/28 days)	AMSP-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS

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octreotide inj (SANDOSTATIN equiv)	AMSP-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCTREOTIDE INJ 100MCG	AMSP-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ODEFSEY TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
ODOMZO CAP	AMSP-PA-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	Tier 1	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	Tier 1	OTIC AGENTS
ofloxacin tab (FLOXIN equiv)	-	Tier 1	FLUOROQUINOLONES
olanzapine inj (ZYPREXA equiv)	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/fluoxetine cap (SYMBYAX equiv) (QL= 1 cap/day)	QL	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
olmesartan tab (BENICAR equiv)	-	Tier 1	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) (QL= 30 tabs/30 days)	QL	Tier 1	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	Tier 1	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv) (QL= 30.5ml/30 days)	QL	Tier 2	NASAL AGENTS - SYSTEMIC AND TOPICAL
OLYSIO CAP (Only available through Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty	ANTIVIRALS
omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day)	QL	Tier 1	ANTIHYPERLIPIDEMICS
OMNIPOD 5 G6 KIT (QL= 1 kit/year)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G6 MIS PODS (QL= 15 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G7 MIS PODS (QL= 15 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 PACK PODS (QL= 15 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH KIT (QL= 1 kit/year)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS (QL= 15 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 10 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 15 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 20 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 25 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 30 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 35 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT 40 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	Tier 2	MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ (QL= 9 cartridges/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMNITROPE INJ 5.8MG (QL= 8 vials/28 days)	AMSP-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
ondansetron ODT (ZOFRAN equiv)	-	Tier 1	ANTIEMETICS
ondansetron soln (ZOFRAN equiv) (QL= 50ml/fill, 1 fill/15 days)	QL	Tier 1	ANTIEMETICS
ONDANSETRON TAB	-	Tier 1	ANTIEMETICS
ondansetron tab (ZOFRAN equiv)	-	Tier 1	ANTIEMETICS
OPILL TAB	-	Preventive	CONTRACEPTIVES

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

Drug Name	Special Code	Tier	Category
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
OPVEE NASAL SPRAY	-	Tier 2	ANTIDOTES AND SPECIFIC ANTAGONISTS
ORACIT SOLN	-	Tier 2	GENITOURINARY AGENTS - MISCELLANEOUS
ORENITRAM TAB (Only available through Accredo 888-773-7376)	LD-PA	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	RESPIRATORY AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) (QL= 4 tabs/day; Step therapy requires trial of 2: baclofen tab, tizanidine tab/cap, cyclobenzaprine tab, methocarbamol tab, carisoprodol tab, orphenadrine tab)	QL-ST	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Tier 1	ANTIVIRALS
oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Tier 1	ANTIVIRALS
oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days)	QL	Tier 1	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days)	QL	Tier 1	ANTIVIRALS
OTEZLA STARTER PACK (QL= 1 pack/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	Tier 1	OTIC AGENTS
OXANDROLONE TAB	PA	Tier 1	ANDROGENS-ANABOLIC
oxaprozin tab (DAYPRO equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv) (Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab)	ST	Tier 2	ANTIANXIETY AGENTS
oxcarbazepine susp (TRILEPTAL equiv)	-	Tier 1	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	Tier 1	ANTICONVULSANTS
oxiconazole nitrate cream (OXISTAT equiv)	-	Tier 2	DERMATOLOGICALS
oxybutynin ER tab (DITROPAN XL equiv)	-	Tier 1	URINARY ANTISPASMODICS
oxybutynin syrup	-	Tier 1	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	Tier 1	URINARY ANTISPASMODICS
oxycodone cap (OXYIR equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2	ANALGESICS - OPIOID
OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID

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Drug Name	Special Code	Tier	Category
OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
oxycodone/acetaminophen cap (TYLOX equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 10-325mg (PERCOCET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 2.5-325mg (PERCOCET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 5-325mg (PERCOCET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
oxycodone/acetaminophen tab 7.5-325mg (PERCOCET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
OXYCODONE/ASPIRIN TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
OXYCODONE/IBUPROFEN TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
oxycodone/ibuprofen tab (COMBUNOX equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
oxymorphone ER tab 30mg (OPANA ER equiv) (QL= 4 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
oxymorphone ER tab 40mg (OPANA ER equiv) (QL= 4 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day)	PA-QL	Tier 2	ANALGESICS - OPIOID
oxymorphone tab (OPANA equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Tier 2	ANTIDIABETICS
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PARAGARD IUD	-	Preventive	CONTRACEPTIVES
paramox hc gel (NOVACORT GEL equiv)	-	Tier 1	DERMATOLOGICALS

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

Drug Name	Special Code	Tier	Category
paricalcitol cap (ZEMPLAR equiv)	-	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
paromomycin cap (HUMATIN equiv)	-	Tier 1	AMINOGLYCOSIDES
paroxetine cap (BRISDELLE equiv) (QL= 1 cap/day)	QL	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	Tier 2	ANTIDEPRESSANTS
paroxetine oral susp (PAXIL equiv) (QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Tier 2	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	Tier 1	ANTIDEPRESSANTS
PAXLOVID TAB 150-100	QL	Tier 2	ANTIVIRALS
PAXLOVID TAB 300-100	QL	Tier 2	ANTIVIRALS
pazopanib hcl tab (VOTRIENT equiv) (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pb-belladonna elixir (DONNATAL equiv) (QL= 1200ml/30 days)	QL	Tier 2	ULCER DRUGS
PCE TAB	-	Tier 2	MACROLIDES
pediatric multiple vitamins/fluoride soln	-	Preventive	MULTIVITAMINS
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv)	-	Tier 2	LAXATIVES
peg 3350/electrolytes soln (COLYTE equiv) (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive	LAXATIVES
PEGASYS INJ	AMSP-PA	Tier 2 Specialty	ANTIVIRALS
PEG-INTRON INJ (Only available through Lumicera 855-847-3553)	LMSP-PA	Tier 2 Specialty	ANTIVIRALS
PENBRAYA INJ (Covered for members age 10 through 25 years)	-	Preventive	VACCINES
penciclovir cream (DENAVIR equiv) (QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB)	QL-ST	Tier 2	DERMATOLOGICALS
penicillamine cap (CUPRIMINE equiv)	-	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days)	QL	Tier 1	MISCELLANEOUS THERAPEUTIC CLASSES
penicillin vk tab (VEETIDS equiv)	-	Tier 1	PENICILLINS
pentamidine neb soln (NEBUPENT equiv)	-	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CAP 500MG (Step Therapy requires trial of APRISO or LIALDA)	ST	Tier 2	GASTROINTESTINAL AGENTS - MISC.
pentazocine/acetaminophen tab (TALACEN equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
pentoxifylline ER tab (TRENTAL equiv)	-	Tier 1	HEMATOLOGICAL AGENTS - MISC.
perindopril tab (ACEON equiv)	-	Tier 1	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	Tier 1	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
PERSERIS INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
phenazopyridine tab (PYRIDIUM equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
PHENELZINE SULFATE TAB (QL= 4 tabs/day)	QL	Tier 1	ANTIDEPRESSANTS
phenelzine tab (NARDIL equiv)	-	Tier 1	ANTIDEPRESSANTS
phenobarbital elixir	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
phenobarbital tab	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	Tier 2	ANTIHYPERTENSIVES
phenylephrine ophth soln (MYDFRIN equiv)	-	Tier 1	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	Tier 1	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	Tier 1	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	Tier 1	ANTICONVULSANTS
PHEXXI GEL (QL= 180gm/30 days)	QL	Preventive	VAGINAL AND RELATED PRODUCTS
PHOSLYRA SOLN	-	Tier 2	GASTROINTESTINAL AGENTS - MISC.
phytonadione tab (MEPHYTON equiv)	-	Tier 1	VITAMINS
PIFELTRO TAB	-	Tier 2	ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	Tier 1	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
pimecrolimus cream (ELIDEL equiv) (Step Therapy requires trial of tacrolimus oint)	ST	Tier 2	DERMATOLOGICALS
PIMOZIDE TAB	-	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	Tier 1	BETA BLOCKERS
pioglitazone tab (ACTOS equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv) (Step Therapy requires trial of metformin or metformin ER)	ST	Tier 2	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	Tier 1	ANTIDIABETICS
pirfenidone cap (ESBRIET equiv) (QL= 3 caps/day)	AMSP-PA-QL-SF	Tier 1 Specialty	RESPIRATORY AGENTS - MISC.
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty	RESPIRATORY AGENTS - MISC.
PIRFENIDONE TAB 534MG (QL= 4 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	Tier 1 Specialty	RESPIRATORY AGENTS - MISC.
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty	RESPIRATORY AGENTS - MISC.
piroxicam cap (FELDENE equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
pitavastatin calcium tab (LIVALO equiv) (QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs)	QL-ST	Tier 2	ANTIHYPERLIPIDEMICS
PLAN B TAB	OTC	Preventive	CONTRACEPTIVES
PNEUMOVAX INJ	VAC	Preventive	VACCINES
PODOCON SOLN	-	Tier 2	DERMATOLOGICALS
podofilox gel (CONDYLOX equiv) (QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream)	QL-ST	Tier 2	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	Tier 1	DERMATOLOGICALS
POLYETHYLENE GLYCOL 8000 GRANULES	-	Tier 2	PHARMACEUTICAL ADJUVANTS

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polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	Tier 1	OPHTHALMIC AGENTS
POMALYST CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
posaconazole DR tab (NOXAFIL equiv) (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND)	QL-ST	Tier 2	ANTIFUNGALS
posaconazole susp (NOXAFIL equiv) (Step therapy requires trial of fluconazole, itraconazole or voriconazole)	ST	Tier 2	ANTIFUNGALS
POT/CHLORIDE EFFER TAB	-	Tier 1	MINERALS & ELECTROLYTES
POTABA POWDER PACKET	-	Tier 2	VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	Tier 2	MINERALS & ELECTROLYTES
potassium chloride effer tab (K-LYTE/CL equiv)	-	Tier 1	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	Tier 1	MINERALS & ELECTROLYTES
potassium chloride ER tab (K-TAB equiv)	-	Tier 1	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	Tier 1	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	Tier 2	MINERALS & ELECTROLYTES
potassium chloride soln	-	Tier 2	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE TAB ER	-	Tier 1	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K TAB equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
potassium iodide oral soln (SSKI equiv) (QL= 90ml/30 days)	QL	Tier 1	COUGH/COLD/ALLERGY
potassium phosphate monobasic tab (K-PHOS equiv) (QL= 8 tabs/day)	QL	Tier 1	MINERALS & ELECTROLYTES
pramipexole ER tab (MIRAPEX ER equiv) (QL= 1 tab/day)	QL	Tier 2	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	Tier 1	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1-1%	-	Tier 2	DERMATOLOGICALS
PRAMOSONE E CREAM	-	Tier 2	DERMATOLOGICALS
prasugrel tab (EFFIENT equiv) (QL= 1 tab/day)	QL	Tier 1	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
praziquantel tab (BILTRICIDE equiv)	-	Tier 1	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	Tier 1	ANTIHYPERTENSIVES
PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1	DIAGNOSTIC PRODUCTS
PRED MILD OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
PRED-G OPHTH SOLN	-	Tier 2	OPHTHALMIC AGENTS
PREDNICARBATE CREAM	-	Tier 2	DERMATOLOGICALS
PREDNICARBATE OIN	-	Tier 2	DERMATOLOGICALS
prednisolone ODT (ORAPRED equiv) (Step therapy requires trial of two of the following: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	Tier 2	CORTICOSTEROIDS
PREDNISOLONE OPHTH SUSP	-	Tier 1	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	Tier 1	OPHTHALMIC AGENTS
prednisolone soln	-	Tier 1	CORTICOSTEROIDS
prednisolone soln (PEDIAPRED equiv)	-	Tier 1	CORTICOSTEROIDS
PREDNISOLONE SOLN	-	Tier 2	CORTICOSTEROIDS
prednisolone tab (MILLIPRED equiv) (Step therapy requires trial of 2: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	Tier 2	CORTICOSTEROIDS
prednisone pack	-	Tier 1	CORTICOSTEROIDS
PREDNISONE SOLN	-	Tier 1	CORTICOSTEROIDS

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prednisone tab (DELTASONE equiv)	-	Tier 1	CORTICOSTEROIDS
pregabalin cap (LYRICA equiv)	-	Tier 1	ANTICONVULSANTS
pregabalin ER tab (LYRICA equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln)	QL-ST	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	Tier 1	ANTICONVULSANTS
PRENATABS RX TAB	-	Tier 2	MULTIVITAMINS
PRENATAL 19 CHEW TAB	-	Tier 2	MULTIVITAMINS
PRENATAL 19 TAB	-	Tier 2	MULTIVITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	Tier 2	MULTIVITAMINS
PREVIDENT 5000 PLUS CREAM (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 13 INJ	VAC	Preventive	VACCINES
PREVNAR 20 INJ	VAC	Preventive	VACCINES
PREZCOBIX TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
PREZISTA SUSP (QL= 400ml/30 days)	QL	Tier 2	ANTIVIRALS
PREZISTA TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
PREZISTA TAB 150MG (QL= 8 tabs/day)	QL	Tier 2	ANTIVIRALS
PREZISTA TAB 600MG (QL= 2 tabs/day)	QL	Tier 2	ANTIVIRALS
PREZISTA TAB 75MG (QL= 16 tabs/day)	QL	Tier 2	ANTIVIRALS
primaquine tab (PRIMAQUINE equiv)	-	Tier 2	ANTIMALARIALS
PRIMIDONE TAB (QL= 4 tabs/day)	QL	Tier 1	ANTICONVULSANTS
primidone tab (MYSOLINE equiv)	QL--	Tier 1	ANTICONVULSANTS
PRIMSOL SOLN	-	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
PRIORIX INJ	VAC	Preventive	VACCINES
probenecid tab (BENEMID equiv)	-	Tier 1	GOUT AGENTS
prochlorperazine supp (COMPAZINE equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCTOFOAM HC FOAM	-	Tier 2	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	Tier 1	ANORECTAL AGENTS
PRODRIN TAB	-	Tier 1	MIGRAINE PRODUCTS
progesterone cap (PROMETRIUM equiv)	-	Tier 1	PROGESTINS
progesterone oil inj	-	Tier 1	PROGESTINS
PROMACTA TAB	AMSP-PA	Tier 2 Specialty	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	Tier 1	COUGH/COLD/ALLERGY
promethazine inj (PHENERGAN equiv)	-	Tier 1	ANTIHISTAMINES
promethazine supp (PHENERGAN equiv)	-	Tier 1	ANTIHISTAMINES
promethazine syrup	-	Tier 1	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	Tier 1	ANTIHISTAMINES
PROMETHAZINE VC SYRUP	-	Tier 1	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	-	Tier 1	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	Tier 1	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	Tier 1	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	Tier 1	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	Tier 1	ANTIHISTAMINES
propafenone ER cap (RYTHMOL SR equiv)	-	Tier 2	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	Tier 1	ANTIARRHYTHMICS

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VAC	Vaccine Program				

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

Drug Name	Special Code	Tier	Category
PROPANTHELINE TAB	-	Tier 2	ULCER DRUGS
proparacaine ophth soln (ALCAINE equiv)	-	Tier 1	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	Tier 1	BETA BLOCKERS
propranolol oral soln	-	Tier 1	BETA BLOCKERS
PROPRANOLOL SOLN	-	Tier 1	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	Tier 1	BETA BLOCKERS
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	Tier 1	ANTIHYPERTENSIVES
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	-	Tier 2	ANTIHYPERTENSIVES
propylthiouracil tab	-	Tier 1	THYROID AGENTS
PROQUAD INJ	-	Preventive	VACCINES
protriptyline tab (VIVACTIL equiv)	-	Tier 1	ANTIDEPRESSANTS
PROZAC WEEKLY CAP (QL= 4 caps/28 days; Step Therapy requires trial of fluoxetine IR)	QL-ST	Tier 2	ANTIDEPRESSANTS
pseudoephedrine ER tab 120mg (QL= 2 tabs/day)	QL	Tier 1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days)	QL	Tier 1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 30mg (QL= 8 tabs/day)	QL	Tier 1	NASAL AGENTS - SYSTEMIC AND TOPICAL
pseudoephedrine tab 60mg (QL= 4 tabs/day)	QL	Tier 1	NASAL AGENTS - SYSTEMIC AND TOPICAL
PULMOZYME INH SOLN (QL= 30 ampules/30 days)	AMSP-QL-RDX	Tier 2 Specialty	RESPIRATORY AGENTS - MISC.
PURIXAN SUSP (Step Therapy requires trial of mercaptopurine tab)	AMSP-ST	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pyrazinamide tab	-	Tier 1	ANTIMYCOBACTERIAL AGENTS
pyridostigmine CR tab (MESTINON equiv)	-	Tier 1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	Tier 1	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridstigmine soln (MESTINON equiv)	-	Tier 2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 1 Specialty	ANTIMALARIALS
QTERN TAB (QL= 30 tabs/30 days; Step Therapy requires trial of metformin or metformin ER)	QL-ST	Tier 2	ANTIDIABETICS
quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quinapril tab (ACCUPRIL equiv)	-	Tier 1	ANTIHYPERTENSIVES
QUINAPRIL/HCTZ TAB	-	Tier 1	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	Tier 1	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	Tier 2	ANTIARRHYTHMICS
quinidine sulfate tab (QL= 8 tabs/day)	QL	Tier 1	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB 200MG (QL= 8 tabs/day)	QL	Tier 2	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB 300MG (QL= 5 tabs/day)	QL	Tier 2	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	Tier 1	ANTIMALARIALS
QVAR REDIHALER (QL= 21.2gm/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
RABAVERT INJ	VAC	Tier 2	VACCINES
RADICAVA ORS SUSP (QL= 70ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	NEUROMUSCULAR AGENTS
raloxifene tab (EVISTA equiv) (QL= 1 tab/day)	QL	Preventive	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	Tier 2	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
ramipril cap (ALTACE equiv)	-	Tier 1	ANTIHYPERTENSIVES
ranitidine cap (ZANTAC equiv)	-	Tier 1	ULCER DRUGS

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Drug Name	Special Code	Tier	Category
ranitidine syrup (ZANTAC equiv)	-	Tier 1	ULCER DRUGS
ranitidine tab (Rx Only) (ZANTAC equiv)	-	Tier 1	ULCER DRUGS
ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days)	QL	Tier 1	ANTIANGINAL AGENTS
rasagiline tab (AZILECT equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIPARKINSON AGENTS
REBETOL SOLN	AMSP-PA	Tier 2 Specialty	ANTIVIRALS
REBINYN INJ (Only available through Walgreens 888-347-3416)	LD	Tier 2 Specialty	HEMATOLOGICAL AGENTS - MISC.
RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month)	QL	Tier 2	ANTIVIRALS
RELTONE CAP	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	Tier 1	ANTIDIABETICS
REPAGLINIDE TAB	-	Tier 2	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	Tier 2	ANTIHYPERLIPIDEMICS
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	Tier 2	ANTIHYPERLIPIDEMICS
RESCRIPTOR TAB	-	Tier 2	ANTIVIRALS
RETACRIT INJ	AMSP	Tier 2 Specialty	HEMATOPOIETIC AGENTS
RETACRIT INJ (QL= 4 vials/30 days)	AMSP-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS
REXULTI TAB (QL= 1 tab/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, clozapine, or lurasidone)	QL-ST	Tier 2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ POWDER PACK (QL= 5 packets/day)	QL	Tier 2	ANTIVIRALS
REZYST CHEW TAB	-	Tier 1	ANTIDIARRHEALS
RIBAPAK TAB (Step Therapy requires trial of ribavirin)	AMSP-ST	Tier 2 Specialty	ANTIVIRALS
RIBAVIRIN CAP	AMSP	Tier 1 Specialty	ANTIVIRALS
ribavirin cap (REBETOL equiv)	AMSP	Tier 1 Specialty	ANTIVIRALS
RIBAVIRIN TAB	AMSP	Tier 1 Specialty	ANTIVIRALS
rifabutin cap (MYCOBUTIN equiv)	-	Tier 1	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	Tier 1	ANTIMYCOBACTERIAL AGENTS
riluzole tab (RILUTEK equiv)	AMSP	Tier 1 Specialty	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	Tier 1	ANTIVIRALS
RINVOQ ER TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
RINVOQ ER TAB 45MG (QL= 1 tab/day, 3 fills/year)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
risedronate DR tab (ATELVIA equiv) (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate)	QL-ST	Tier 2	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 150mg (ACTONEL equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	Tier 2	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 30mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 35mg (ACTONEL equiv) (QL= 4 tabs/28 days)	QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab 5mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Tier 1	ENDOCRINE AND METABOLIC AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
risperidone microspheres inj (RISPERDAL equiv) (QL= 2 inj/28 days)	AMSP-QL	Tier 1 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERIDONE ODT	-	Tier 2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ritonavir tab (NORVIR equiv) (QL= 12 tabs/day)	QL	Tier 1	ANTIVIRALS
rivastigmine cap (EXELON equiv)	-	Tier 1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv) (QL= 1 patch/day)	QL	Tier 2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Tier 1	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Tier 1	MIGRAINE PRODUCTS
roflumilast tab (DALIRESP equiv) (QL= 1 tab/day)	PA-QL	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ropinirole ER tab (REQUIP XL equiv) (QL= 1 tab/day; Step Therapy requires trial of ropinirole)	QL-ST	Tier 2	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	Tier 1	ANTIPARKINSON AGENTS
rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rufinamide susp (BANZEL equiv) (QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	Tier 2	ANTICONVULSANTS
rufinamide tab (BANZEL equiv) (QL= 8 tabs/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	Tier 2	ANTICONVULSANTS
RYBELSUS TAB (QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Tier 2	ANTIDIABETICS
RYKINDO INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SAFETY SYRINGE	-	Tier 2	MEDICAL DEVICES AND SUPPLIES
salicylic acid aerosol	-	Tier 2	DERMATOLOGICALS
salicylic acid shampoo (SALEX equiv)	-	Tier 1	DERMATOLOGICALS
salsalate tab (DISALCID equiv)	-	Tier 1	ANALGESICS - NONNARCOTIC
SANTYL OINT (QL= 90gm/30 days)	QL	Tier 2	DERMATOLOGICALS
sapropterin dihydrochloride powder packet (KUVAN equiv)	AMSP-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv)	AMSP-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
saxagliptin hcl tab (ONGLYZA equiv) (QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Tier 2	ANTIDIABETICS
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv) (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto)	QL-ST	Tier 2	ANTIDIABETICS
scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days)	QL	Tier 1	ANTIEMETICS
SEASONIQUE TAB	-	Preventive	CONTRACEPTIVES
selegiline cap (ELDEPRYL equiv)	-	Tier 1	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIPARKINSON AGENTS
selenium sulfide lotion	-	Tier 1	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	Tier 1	DERMATOLOGICALS
SELZENTRY SOLN (QL= 31ml/day)	QL	Tier 2	ANTIVIRALS

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Drug Name	Special Code	Tier	Category
SELZENTRY TAB 150MG (QL= 2 tabs/day)	QL	Tier 2	ANTIVIRALS
SELZENTRY TAB 25MG (QL= 4 tabs/day)	QL	Tier 2	ANTIVIRALS
SELZENTRY TAB 300MG (QL= 4 tabs/day)	QL	Tier 2	ANTIVIRALS
SELZENTRY TAB 75MG (QL= 2 tabs/day)	QL	Tier 2	ANTIVIRALS
SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
sertraline conc (ZOLOFT equiv)	-	Value	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	Value	ANTIDEPRESSANTS
sevelamer powder pak (RENVELA equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
SHINGRIX INJ (Covered for members age 18 or older)	VAC	Preventive	VACCINES
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	AMSP-PA-QL	Tier 1 Specialty	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	Tier 1	CARDIOVASCULAR AGENTS - MISC.
silodosin cap (RAPAFLO equiv)	-	Tier 2	GENITOURINARY AGENTS - MISCELLANEOUS
SILVER NITRATE SOLN	-	Tier 2	DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	Tier 1	DERMATOLOGICALS
SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Tier 2	ANTIHYPERLIPIDEMICS
simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive	ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	PA-QL	Preventive	ANTIHYPERLIPIDEMICS
sirolimus soln (RAPAMUNE equiv)	-	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	Tier 2	ASSORTED CLASSES
SIRTURO TAB (Only available through MMS Solutions 855-691-0963)	LD	Tier 2 Specialty	ANTIMYCOBACTERIAL AGENTS
SIVEXTRO TAB (QL= 6 tabs/fill)	QL	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
SKYLA IUD	-	Preventive	CONTRACEPTIVES
SKYRIZI 180MG/1.2ML CARTRIDGE (QL= 1 cartridge/56 days)	AMSP-PA-QL	Tier 2 Specialty	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ (QL= 1 cartridge/56 days)	AMSP-PA-QL	Tier 2 Specialty	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
SKYTROFA INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
SLYND TAB	-	Preventive	CONTRACEPTIVES
smz/tmp (DS) tab (BACTRIM DS equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
sodium chloride inj	-	Tier 1	MINERALS & ELECTROLYTES
sodium chloride neb soln (HYPER-SAL equiv)	-	Tier 1	COUGH/COLD/ALLERGY
sodium citrate/citric acid soln (BICITRA equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS

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Drug Name	Special Code	Tier	Category
sodium fluoride chew tab (LURIDE equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MINERALS & ELECTROLYTES
sodium fluoride cream (PREVIDENT equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride gel (PREVIDENT equiv)	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride paste (PREVIDENT equiv)	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MINERALS & ELECTROLYTES
SODIUM FLUORIDE TAB (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive	MINERALS & ELECTROLYTES
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
sodium phenylbutyrate powder (BUPHENYL equiv)	AMSP-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	AMSP-PA	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	Tier 2	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	Tier 2	ASSORTED CLASSES
sodium sulfacetamide lotion (KLARON equiv)	-	Tier 1	DERMATOLOGICALS
sodium/potassium/magnesium soln (SUPREP equiv) (QL= 2 fills/year)	QL	Tier 1	LAXATIVES
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 1 Specialty	ANTIVIRALS
solifenacin tab (VESICARE equiv) (QL= 1 tab/day)	QL	Tier 1	URINARY ANTISPASMODICS
SOLU-CORTEF INJ	-	Tier 2	CORTICOSTEROIDS
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
sorafenib tosylate tab (NEXAVAR equiv) (QL= 4 tabs/day)	AMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
sotalol AF tab (BETAPACE AF equiv)	-	Tier 1	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	Tier 1	BETA BLOCKERS
SPIKEVAX INJ (QL= 1 dose/24 days)	QL	Preventive	VACCINES
SPIKEVAX INJ 50/0.5ML	VAC	Preventive	VACCINES
SPIKEVAX INJ 50MCG/0.5ML	VAC	Preventive	VACCINES
SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Tier 2	DERMATOLOGICALS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone susp (CAROSPIR equiv) (QL= 600ml/30 days; ST req trial of furosemide oral soln)	QL-ST	Tier 2	DIURETICS
spironolactone tab (ALDACTONE equiv)	-	Value	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	Tier 1	DIURETICS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	Preventive	CONTRACEPTIVES
SPRYCEL TAB	AMSP-PA-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STAHIST AD TAB 25-60MG (QL= 4 tabs/day)	QL	Tier 2	COUGH/COLD/ALLERGY
stavudine cap (ZERIT equiv) (QL= 2 caps/day)	QL	Tier 1	ANTIVIRALS

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Drug Name	Special Code	Tier	Category
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
STIMATE NASAL SOLN	-	Tier 2	ENDOCRINE AND METABOLIC AGENTS - MISC.
STIOLTO INHALER (QL= 1 inhaler/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIBILD TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SUBOXONE SL FILM 12-3MG (QL= 2 films/day)	QL	Tier 2	ANALGESICS - OPIOID
SUBOXONE SL FILM 8-2MG (QL= 3 films/day)	QL	Tier 2	ANALGESICS - OPIOID
sucralfate susp (CARAFATE equiv)	-	Tier 1	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
sucralfate tab (CARAFATE equiv)	-	Tier 1	ULCER DRUGS
SUFLAVE SOLN (QL= 2 fills/year)	QL	Tier 2	LAXATIVES
SULFACETAMIDE SODIUM OPHTH OINT	-	Tier 2	OPHTHALMIC AGENTS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	Tier 1	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	Tier 1	OPHTHALMIC AGENTS
sulfadiazine tab (SULFADIAZINE equiv) (QL= 8 tabs/day)	QL	Tier 1	SULFONAMIDES
SULFADIAZINE TAB (QL= 8 tabs/day)	QL	Tier 2	SULFONAMIDES
SULFAMYLON CREAM	-	Tier 2	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
sumatriptan inj (IMITREX equiv) (QL= 8 inj/30 days)	QL	Tier 2	MIGRAINE PRODUCTS
SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days)	QL	Tier 2	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/30 days; Step therapy requires trial of two: naratriptan tab, rizatriptan tab, rizatriptan ODT, or sumatriptan tab)	QL-ST	Tier 1	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	Tier 1	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 1 inj/7 days)	QL	Tier 2	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREXIMET equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Tier 2	MIGRAINE PRODUCTS
sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day)	AMSP-PA-QL-SF	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	RESPIRATORY AGENTS - MISC.
SYMJEPI INJ (QL= 2 inj/fill)	QL	Value	VASOPRESSORS
SYMPROIC TAB (QL= 30 tabs/30 days)	PA-QL	Tier 2	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	Tier 2	ANTIVIRALS
SYNAGIS INJ (QL= 2 inj/28 days)	LMSP-PA-QL	Tier 2 Specialty	PASSIVE IMMUNIZING AND TREATMENT AGENTS

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Drug Name	Special Code	Tier	Category
SYNAREL NASAL SOLN	-	Tier 2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNJARDY TAB (QL= 2 tabs/day)	QL	Tier 2	ANTIDIABETICS
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	Tier 2	ANTIDIABETICS
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	Tier 2	ANTIDIABETICS
SYNRIBO INJ (Only available through US Bioservices 888-518-7246)	LD-PA	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYRINGE LUER-LOK	OTC	Tier 2	MEDICAL DEVICES AND SUPPLIES
TABLOID TAB (QL= 4 tabs/day)	AMSP-QL	Tier 2 Specialty	ANTINEOPLASTICS
tacrolimus cap (PROGRAF equiv)	-	Tier 1	ASSORTED CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	Tier 1	DERMATOLOGICALS
tadalafil tab (CIALIS equiv) (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	Tier 1	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day)	QL	Tier 1	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAFINLAR TAB (QL= 12 tabs/day)	LMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tafluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Tier 1	OPHTHALMIC AGENTS
TAGRISSO TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ 150MG/ML (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	HEMATOLOGICAL AGENTS - MISC.
tamoxifen tab (NOLVADEX equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	-	Preventive	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tamsulosin cap (FLOMAX equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
TASIGNA CAP	AMSP-PA-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tasimelteon capsule (HETLIOZ equiv)	AMSP-PA	Tier 1 Specialty	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
tavaborole soln (KERYDIN SOLN equiv) (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Tier 2	DERMATOLOGICALS
tazarotene cream 0.1% (TAZORAC equiv) (QL= 360g/30 days)	QL	Tier 1	DERMATOLOGICALS
tazarotene gel (TAZORAC equiv) (QL= 360g/30 days)	QL	Tier 1	DERMATOLOGICALS
tazarotene gel 0.1% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Tier 2	DERMATOLOGICALS
TB SYRINGE	-	Tier 2	MEDICAL DEVICES AND SUPPLIES
TECHNIVIE TAB (QL= 1 pack/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty	ANTIVIRALS
telmisartan tab (MICARDIS equiv)	-	Tier 1	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWYNSTA equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 2	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 2	ANTIHYPERTENSIVES

Drug Name	Special Code	Tier	Category
telmisartan/hydrochlorothiazide tab 40-12.5MG (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 2	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab 80-25MG (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 2	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 22.5mg (RESTORIL equiv)	-	Tier 2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	Tier 2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temozolomide cap (TEMODAR equiv)	AMSP	Tier 1 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIVIRALS
terazosin cap (HYTRIN equiv)	-	Tier 1	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	Tier 1	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	Tier 1	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	Tier 1	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	Tier 1	VAGINAL PRODUCTS
teriflunomide tab (AUBAGIO equiv) (QL= 30 tabs/30 days)	AMSP-QL	Tier 1 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv) (QL= 2.4 units/28 days)	AMSP-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
TERIPARATIDE INJ 620MCG/2.48ML (QL= 2.48 units/28 days)	AMSP-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	Tier 1	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 1 vial/28 days	--QL	Tier 1	ANDROGENS-ANABOLIC
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	--QL	Tier 1	ANDROGENS-ANABOLIC
testosterone cypionate inj 200mg/ml (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	PA-QL	Tier 1	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ (QL= 4 vials/28 days)	QL	Tier 2	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 150gm/30 days)	QL	Tier 1	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	QL-PA	Tier 2	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (QL= 300gm/30 days)	QL	Tier 1	ANDROGENS-ANABOLIC
testosterone gel 1% pump (ANDROGEL equiv) (QL= 300gm/30 days)	QL	Tier 1	ANDROGENS-ANABOLIC
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	Tier 2	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	Tier 2	ANDROGENS-ANABOLIC
testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days)	PA-QL	Tier 2	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	Tier 2	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 150gm/30 days)	QL	Tier 1	ANDROGENS-ANABOLIC
TESTOSTERONE INJ (QL= 1 vial/28 days)	QL	Tier 2	ANDROGENS-ANABOLIC
TESTOSTERONE INJ (QL= 4 vials/28 days)	QL	Tier 2	ANDROGENS-ANABOLIC
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days)	QL	Tier 2	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	Tier 2	ANDROGENS-ANABOLIC

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Drug Name	Special Code	Tier	Category
TETANUS/DIPHTHERIA TOXOID INJ	VAC	Preventive	TOXOIDS
tetrabenazine tab (XENAZINE equiv)	AMSP-PA	Tier 1 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracaine ophth soln	-	Tier 1	OPHTHALMIC AGENTS
tetracycline cap	-	Tier 1	TETRACYCLINES
THALOMID CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-QL	Tier 2 Specialty	ASSORTED CLASSES
theophylline CR tab (QUIBRON-T equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOPHYLLINE TAB ER (QL= 1 tab/day)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
thioridazine tab (MELLARIL equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Tier 1	ANTICONVULSANTS
tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day)	QL	Tier 1	ANTICONVULSANTS
tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Tier 1	ANTICONVULSANTS
tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Tier 1	ANTICONVULSANTS
TIGLUTIK SUSP (Only available through AnovoRx 844-288-5007)	LD-PA	Tier 2 Specialty	NEUROMUSCULAR AGENTS
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2ml/day)	QL	Tier 2	OPHTHALMIC AGENTS
timolol maleate ophth gel (TIMOPTIC-XE equiv) (Step Therapy requires trial of timolol maleate ophth soln)	ST	Tier 2	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.25% (TIMOPTIC equiv)	-	Value	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv) (Step Therapy requires trial of timolol maleate ophth soln)	ST	Tier 2	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (TIMOPTIC equiv)	ST--	Value	OPHTHALMIC AGENTS
timolol maleate preservative free ophth soln (TIMOPTIC equiv) (QL= 2ml/day)	QL	Tier 2	OPHTHALMIC AGENTS
timolol maleate tab (BLOCADREN equiv)	-	Tier 1	BETA BLOCKERS
tinidazole tab (TINDAMAX equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
tiopronin tab (THIOLA equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Tier 1 Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
tiopronin tab delayed release (THIOLA EC equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Tier 2 Specialty	GENITOURINARY AGENTS - MISCELLANEOUS
tiotropium bromide cap inhaler (SPIRIVA equiv) (QL= 1 cap/day; For use with Handihaler device)	QL	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TIVICAY PD TAB (QL= 180 tabs/30 days)	QL	Tier 2	ANTIVIRALS
TIVICAY TAB (QL= 180 tabs/30 days)	QL	Tier 2	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	Tier 2	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	Tier 1	MUSCULOSKELETAL THERAPY AGENTS
TOBRADEX OPHTH OINT	-	Tier 2	OPHTHALMIC AGENTS
tobramycin neb soln (BETHKIS equiv)	AMSP-PA	Tier 1 Specialty	AMINOGLYCOSIDES
tobramycin neb soln (TOBI equiv)	AMSP-PA	Tier 1 Specialty	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	Tier 1	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	Tier 1	OPHTHALMIC AGENTS

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Drug Name	Special Code	Tier	Category
TODAY SPONGE	OTC	Preventive	VAGINAL PRODUCTS
tolazamide tab (TOLINASE equiv)	-	Tier 1	ANTIDIABETICS
TOLBUTAMIDE TAB	-	Tier 2	ANTIDIABETICS
tolcapone tab (TASMAR equiv) (QL= 3 caps/day)	QL	Tier 2	ANTIPARKINSON AGENTS
tolmetin cap (TOLECTIN DS equiv)	-	Tier 1	ANALGESICS - ANTI-INFLAMMATORY
tolterodine SR cap (DETROL LA equiv)	-	Tier 2	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	Tier 2	URINARY ANTISPASMODICS
tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 1 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
topiramate cap er 200mg (TROKENDI equiv) (QL= 2 caps/day; Step therapy requires trial of topiramate followed by topiramate ER sprinkle)	QL-ST	Tier 2	ANTICONVULSANTS
topiramate er cap (TROKENDI XR equiv) (QL= 1 cap/day; ST req trial of topirmate followed by topiramate ER sprinkle)	QL-ST	Tier 2	ANTICONVULSANTS
topiramate ER cap 100mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Tier 2	ANTICONVULSANTS
topiramate ER cap 150mg (QUDEXY equiv) (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Tier 2	ANTICONVULSANTS
topiramate ER cap 200mg (QUDEXY equiv) (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Tier 2	ANTICONVULSANTS
topiramate ER cap 25mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Tier 2	ANTICONVULSANTS
topiramate ER cap 50mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Tier 2	ANTICONVULSANTS
topiramate sprinkle cap (TOPAMAX equiv)	-	Tier 1	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	Tier 1	ANTICONVULSANTS
toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen)	ST	Tier 1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torsemide tab (DEMADEX equiv)	-	Tier 1	DIURETICS
TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day)	QL	Tier 2	ANTIDIABETICS
tramadol ER tab (RYZOLT equiv)	PA	Tier 2	ANALGESICS - OPIOID
tramadol ER tab 100mg (ULTRAM ER equiv)	PA	Tier 1	ANALGESICS - OPIOID
tramadol ER tab 200mg (ULTRAM ER equiv)	PA	Tier 1	ANALGESICS - OPIOID
tramadol ER tab 300mg (ULTRAM ER equiv)	PA	Tier 1	ANALGESICS - OPIOID
tramadol hcl tab 100mg (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	Tier 1	ANTIHYPERTENSIVES
trandolapril/verapamil ER tab (TARKA equiv)	-	Tier 1	ANTIHYPERTENSIVES
tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days)	QL	Tier 1	HEMOSTATICS
tranylcypromine tab (PARNATE equiv)	-	Tier 1	ANTIDEPRESSANTS

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Drug Name	Special Code	Tier	Category
travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Tier 1	OPHTHALMIC AGENTS
trazodone tab 50mg, 100mg, 150mg (DESYREL equiv)	-	Tier 1	ANTIDEPRESSANTS
TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TREMFYA INJ (QL= 1 inj/56 days)	AMSP-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Tier 1 Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Tier 1 Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Tier 1 Specialty	CARDIOVASCULAR AGENTS - MISC.
treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Tier 1 Specialty	CARDIOVASCULAR AGENTS - MISC.
tretinoin cap (VESANOID equiv)	AMSP	Tier 1 Specialty	ANTINEOPLASTICS
tretinoin cream (RETIN-A CREAM equiv)	-	Tier 1	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv)	-	Tier 1	DERMATOLOGICALS
tretinoin gel (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	--QL-ST	Tier 2	DERMATOLOGICALS
triamcinolone acetonide oint (TRIANEX equiv) (Step Therapy requires trial of triamcinolone acetonide oint 0.025% or 0.1%)	ST	Tier 2	DERMATOLOGICALS
triamcinolone acetonide oint 0.025% (TRIANEX equiv)	-	Tier 1	DERMATOLOGICALS
triamcinolone acetonide oint 0.1% (TRIANEX equiv)	-	Tier 1	DERMATOLOGICALS
triamcinolone acetonide oint 0.5% (TRIANEX equiv)	-	Tier 1	DERMATOLOGICALS
triamcinolone cream	-	Tier 1	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	Tier 1	MOUTH/THROAT/DENTAL AGENTS
triamcinolone lotion	-	Tier 1	DERMATOLOGICALS
triamcinolone spray (KENALOG equiv)	-	Tier 2	DERMATOLOGICALS
triamterene cap (DYRENIUM equiv) (Step Therapy requires trial of amiloride or spironolactone)	ST	Tier 2	DIURETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	Tier 1	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	Tier 1	DIURETICS
triazolam tab (HALCION equiv)	-	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
tricitrates soln (POLYCITRA-LC equiv)	-	Tier 1	GENITOURINARY AGENTS - MISCELLANEOUS
trientine cap 250mg (SYPRINE equiv) (ST req trial of generic penicillamine tab)	ST	Tier 1	MISCELLANEOUS THERAPEUTIC CLASSES
TRIENTINE CAP 500MG (ST req trial of generic penicillamine tab and then trial of gen trientine 250mg cap)	ST	Tier 2	MISCELLANEOUS THERAPEUTIC CLASSES
trifluoperazine tab (STELAZINE equiv)	-	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	Tier 1	OPHTHALMIC AGENTS
trihexyphenidyl elixir (ARTANE equiv)	-	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
TRIHEXYPHENIDYL SOLN (QL= 946ml/28 days)	QL	Tier 1	ANTIPARKINSON AND RELATED THERAPY AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	Tier 1	ANTIPARKINSON AGENTS
tri-legest tab (ESTROSTEP FE equiv)	-	Preventive	CONTRACEPTIVES

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Drug Name	Special Code	Tier	Category
trilyte soln (NULYTELY equiv) (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive	LAXATIVES
trimethobenzamide cap (TIGAN equiv)	-	Tier 1	ANTIEMETICS
trimethoprim tab (PROLOPRIM equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
TRIMETHOPRIM TAB	-	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Tier 1	ANTIDEPRESSANTS
triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day)	QL	Tier 1	COUGH/COLD/ALLERGY
trispec pse liquid (QL= 1200ml/30 days)	OTC-QL	Tier 1	COUGH/COLD/ALLERGY
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	Preventive	CONTRACEPTIVES
TRIUMEQ PD TAB (QL= 6 tabs/day)	QL	Tier 2	ANTIVIRALS
TRIUMEQ TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
tropicamide ophth soln (MYDRIACYL equiv)	-	Tier 1	OPHTHALMIC AGENTS
trospium chloride SR cap (SANCTURA XR equiv)	-	Tier 2	URINARY ANTISPASMODICS
trospium tab (SANCTURA equiv)	-	Tier 2	URINARY ANTISPASMODICS
TRULANCE TAB (QL= 30 tabs/30 days)	QL	Tier 2	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Tier 2	ANTIDIABETICS
TRUMENBA INJ	VAC	Preventive	VACCINES
tussigon tab (HYCODAN equiv)	-	Tier 1	COUGH/COLD/ALLERGY
tussin cf liquid (QL= 1200ml/30 days)	QL	Tier 1	COUGH/COLD/ALLERGY
TWINRIX INJ	VAC	Preventive	VACCINES
TWIRLA PATCH	-	Preventive	CONTRACEPTIVES
TYBLUME TAB	-	Preventive	CONTRACEPTIVES
TYBOST TAB	-	Tier 2	ANTIVIRALS
TYMLOS INJ (QL= 1.56 units/30 days)	AMSP-PA-QL	Tier 2 Specialty	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYVASO DPI POWDER 16-32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
TYZEKA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty	ANTIVIRALS
umecta mouss aer (HYDRO 40 equiv)	-	Tier 2	DERMATOLOGICALS
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
ursodiol cap (ACTIGALL equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	Tier 1	GASTROINTESTINAL AGENTS - MISC.
UTA cap	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.

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Drug Name	Special Code	Tier	Category
UZEDY INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
valacyclovir tab (VALTREX equiv)	-	Tier 1	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum 877-445-6874)	LD-PA-QL	Tier 2 Specialty	DERMATOLOGICALS
valganciclovir soln (VALCYTE equiv)	-	Tier 1	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	Tier 1	ANTIVIRALS
valproic acid cap (DEPAKENE equiv)	-	Tier 1	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	Tier 1	ANTICONVULSANTS
VALSARTAN SOLN (QL= 2400ml/30 days)	QL	Tier 2	ANTIHYPERTENSIVES
valsartan tab (DIOVAN equiv)	-	Tier 1	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	Tier 1	ANTIHYPERTENSIVES
vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days)	QL	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days)	QL	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl for iv soln (VANCOMYCIN equiv)	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl for oral soln 25mg/ml (FIRVANQ equiv) (QL= 300ml/30 days)	QL	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl for oral soln 50mg/ml (FIRVANQ equiv) (QL= 300ml/30 days)	QL	Tier 2	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN INJ	-	Tier 1	ANTI-INFECTIVE AGENTS - MISC.
varenicline tartrate tab (CHANTIX equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab start pack (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VARIVAX INJ	VAC	Preventive	VACCINES
VARUBI TAB (QL= 2 tabs/day; Step Therapy requires trial of ondansetron)	QL-ST	Tier 2	ANTIEMETICS
VAXCHORA SUSP	VAC	Preventive	VACCINES
VAXELIS INJ	VAC	Preventive	TOXOIDS
VAXNEUVANCE INJ	VAC	Preventive	VACCINES
VELIVET PAK	-	Preventive	CONTRACEPTIVES
velivet tab (CYCLESSA equiv)	-	Preventive	CONTRACEPTIVES
VEMLIDY TAB (QL= 1 tab/day)	AMSP-QL	Tier 2 Specialty	ANTIVIRALS
VENCLEXTA STARTER PACK (Only available through Optum 877-445-6874)	LD-PA	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB (Only available through Optum 877-445-6874)	LD-PA	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	Tier 1	ANTIDEPRESSANTS
VENLAFAXINE ER TAB	-	Tier 2	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	Tier 1	ANTIDEPRESSANTS
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty	CARDIOVASCULAR AGENTS - MISC.
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	Tier 1	CALCIUM CHANNEL BLOCKERS
VERZENIO TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

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Drug Name	Special Code	Tier	Category
VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Tier 2	ANTIDIABETICS
VIDEX SOLN (QL= 600ml/30 days)	QL	Tier 2	ANTIVIRALS
VIEKIRA PAK TAB (QL= 4 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Tier 2 Specialty	ANTIVIRALS
VIEKIRA XR TAB (QL= 3 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Tier 2 Specialty	ANTIVIRALS
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	Preventive	CONTRACEPTIVES
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Tier 1 Specialty	ANTICONVULSANTS
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	Tier 1 Specialty	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv) (QL= 6 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Tier 1 Specialty	ANTICONVULSANTS
vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day)	QL	Tier 1	ANTIDEPRESSANTS
viorele tab, kariva tab (MIRCETTE equiv)	-	Preventive	CONTRACEPTIVES
VIRACEPT TAB	-	Tier 2	ANTIVIRALS
VIREAD POWDER	-	Tier 2	ANTIVIRALS
VIREAD TAB (QL= 1 tab/day)	QL	Tier 2	ANTIVIRALS
VISTOGARD PAK (Only available through Biologics 800-850-4306)	LD	Tier 2 Specialty	ANTIDOTES
vitamin D cap (RX strength only)	-	Tier 1	VITAMINS
VIVITROL INJ	AMSP	Tier 2 Specialty	ANTIDOTES
voriconazole susp (VFEND equiv)	-	Tier 1	ANTIFUNGALS
voriconazole tab (VFEND equiv)	-	Tier 1	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty	ANTIVIRALS
VOTRIENT TAB (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VP-PNV-DHA CAP	-	Tier 1	MULTIVITAMINS
VRAYLAR CAP (QL= 1 cap/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, clozapine, or lurasidone)	QL-ST	Tier 2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK (QL= 2 packs/plan year; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, clozapine, or lurasidone)	QL-ST	Tier 2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VTOL SOLN	-	Tier 1	ANALGESICS - NONNARCOTIC
VUMERITY CAP (QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Tier 2 Specialty	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
warfarin tab (COUMADIN equiv)	-	Tier 1	ANTICOAGULANTS
XALKORI CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XALKORI SPRINKLE CAP (QL= 6 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XARELTO STARTER PACK 15MG/20MG (QL= 1 pack/30 days)	QL	Tier 2	ANTICOAGULANTS
XARELTO SUSP (QL= 10ml/day)	QL	Tier 2	ANTICOAGULANTS
XARELTO TAB 10MG (QL= 30 tabs/30 days)	QL	Tier 2	ANTICOAGULANTS
XARELTO TAB 15MG (QL= 60 tabs/30 days)	QL	Tier 2	ANTICOAGULANTS

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Drug Name	Special Code	Tier	Category
XARELTO TAB 2.5MG (QL= 60 tabs/30 days)	QL	Tier 2	ANTICOAGULANTS
XARELTO TAB 20MG (QL= 30 tabs/30 days)	QL	Tier 2	ANTICOAGULANTS
XELJANZ SOLN (QL= 10ml/day)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ TAB (QL= 2 tabs/day)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty	ANALGESICS - ANTI-INFLAMMATORY
XIGDUO XR TAB (QL= 1 tab/day)	QL	Tier 2	ANTIDIABETICS
XIGDUO XR TAB 2.5-1000MG (QL= 2 tabs/day)	QL	Tier 2	ANTIDIABETICS
XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day)	QL	Tier 2	ANTIDIABETICS
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	Tier 2	ANTIDIABETICS
XOLAIR INJ (QL= 1 syringe/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ (QL= 1 vial/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 150MG/ML (QL= 1ml/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 75MG/0.5ML (QL= 0.5ml/28 days)	AMSP-PA-QL	Tier 2 Specialty	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
YASMIN TAB	-	Preventive	CONTRACEPTIVES
YAZ TAB	-	Preventive	CONTRACEPTIVES
YF-VAX INJ	-	Preventive	VACCINES
zafemy patch (XULANE equiv)	-	Preventive	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	-	Tier 1	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
zaleplon cap 10mg (SONATA equiv) (QL= 2 caps/day)	QL	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZARXIO INJ (QL= 15 syringes/30 days)	AMSP-QL	Tier 2 Specialty	HEMATOPOIETIC AGENTS
ZEJULA CAP (QL= 30 caps/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEJULA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELBORAF TAB (QL= 8 tabs/day)	LMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zenzedi tab 10mg (DEXEDRINE equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv) (QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Tier 2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ZEPATIER TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty	ANTIVIRALS

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zephrex-d tab 30mg (QL= 240 tabs/30 days)	QL	Tier 2	NASAL AGENTS - SYSTEMIC AND TOPICAL
zidovudine cap (RETROVIR equiv) (QL= 6 caps/day)	QL	Tier 1	ANTIVIRALS
zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days)	QL	Tier 1	ANTIVIRALS
zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day)	QL	Tier 1	ANTIVIRALS
zileuton ER tab (ZYFLO CR equiv) (QL= 2 tabs/day)	QL	Tier 2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ziprasidone cap (GEODON equiv) (QL= 2 caps/day)	QL	Tier 1	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ziprasidone mesylate inj (GEODON equiv)	AMSP	Tier 1 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIRGAN OPHTH GEL	-	Tier 2	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	Tier 2	MACROLIDES
ZOLINZA CAP	LMSP-PA-SF	Tier 2 Specialty	ANTINEOPLASTICS
zolmitriptan nasal spray (ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of 2: sumatriptan tab, naratriptan tab, rizatriptan tab or ODT)	QL-ST	Tier 2	MIGRAINE PRODUCTS
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	Tier 2	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	Tier 2	MIGRAINE PRODUCTS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	Tier 1	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	Tier 1	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv) (QL= 1 tab/day)	QL	Tier 2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
zonisamide cap (ZONEGRAN equiv)	-	Tier 1	ANTICONVULSANTS
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZYDELIG TAB (Only available through Optum 877-445-6874)	LD-PA	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA CAP (QL= 3 caps/day)	AMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYKADIA TAB (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 2 Specialty	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP	-	Tier 2	OPHTHALMIC AGENTS
ZYPREXA RELPREVV INJ	AMSP	Tier 2 Specialty	ANTIPSYCHOTICS/ANTIMANIC AGENTS

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ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	Tier 1
amphetamine/dextroamphetamine tab 10mg (ADDERALL equiv) (QL= 180 tabs/30 days)	QL	Tier 1
amphetamine/dextroamphetamine tab 12.5mg (ADDERALL equiv) (QL= 150 tabs/30 days)	QL	Tier 1
amphetamine/dextroamphetamine tab 15mg (ADDERALL equiv) (QL= 120 tabs/30 days)	QL	Tier 1
amphetamine/dextroamphetamine tab 20mg (ADDERALL equiv) (QL= 90 tabs/30 days)	QL	Tier 1
amphetamine/dextroamphetamine tab 30mg (ADDERALL equiv) (QL= 60 tabs/30 days)	QL	Tier 1
amphetamine/dextroamphetamine tab 5mg (ADDERALL equiv) (QL= 360 tabs/30 days)	QL	Tier 1
amphetamine/dextroamphetamine tab 7.5mg (ADDERALL equiv) (QL= 240 tabs/30 days)	QL	Tier 1
dextroamphetamine 5mg tab (QL= 180 tabs/30 days)	QL	Tier 1
dextroamphetamine soln (PROCENTRA equiv) (QL= 1800ml/30 days)	QL	Tier 1
dextroamphetamine tab 10mg (QL= 6 tabs/day)	QL	Tier 1
amphetamine tab (EVEKEO equiv) (QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine)	QL-ST	Tier 2
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Tier 2
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Tier 2
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Tier 2
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv) (QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER)	QL-ST	Tier 2
dextroamphetamine ER cap 10mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	Tier 2
dextroamphetamine ER cap 15mg (QL= 4 caps/day)	QL	Tier 2
dextroamphetamine ER cap 5mg (DEXEDRINE equiv) (QL= 2 caps/day)	QL	Tier 2
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	Tier 2
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Tier 2
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	Tier 2
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab)	QL-ST	Tier 2
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv) (QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Tier 2
lisdexamfetamine dimesylate cap (VYVANSE equiv) (QL= 1 cap/day)	QL	Tier 2
lisdexamfetamine dimesylate chew tab (VYVANSE equiv) (QL= 1 tab/day)	QL	Tier 2
methamphetamine tab (DESOXYN equiv) (QL= 5 tabs/day)	QL	Tier 2
zenzedi tab 10mg (DEXEDRINE equiv) (QL= 3 tabs/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Tier 2
zenzedi tab 5mg (DEXEDRINE equiv) (QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate)	QL-ST	Tier 2
ANALEPTICS		
caffeine citrate soln (CAFCIT equiv)	-	Tier 1
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine cap 100mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Tier 1
atomoxetine cap 10mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Tier 1
atomoxetine cap 18mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Tier 1

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

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DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
atomoxetine cap 25mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Tier 1
atomoxetine cap 40mg (STRATTERA equiv) (QL= 2 caps/day)	QL	Tier 1
atomoxetine cap 60mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Tier 1
atomoxetine cap 80mg (STRATTERA equiv) (QL= 1 cap/day)	QL	Tier 1
clonidine ER tab (KAPVAY equiv) (QL= 4 tabs/day)	QL	Tier 1
guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day)	QL	Tier 1
guanfacine ER tab 1mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Tier 1
guanfacine ER tab 2mg (INTUNIV equiv) (QL= 2 tabs/day)	QL	Tier 1
STIMULANTS - MISC.		
armodafinil tab 150mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Tier 1
armodafinil tab 200mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Tier 1
armodafinil tab 250mg (NUVIGIL equiv) (QL= 1 tab/day)	QL	Tier 1
armodafinil tab 50mg (NUVIGIL equiv) (QL= 3 tabs/day)	QL	Tier 1
dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day)	QL	Tier 1
dexmethylphenidate tab 10mg (FOCALIN equiv) (QL= 60 tabs/30 days)	QL	Tier 1
dexmethylphenidate tab 2.5mg (FOCALIN equiv) (QL= 240 tabs/30 days)	QL	Tier 1
dexmethylphenidate tab 5mg (FOCALIN equiv) (QL= 120 tabs/30 days)	QL	Tier 1
methylphenidate ER tab 10mg (QL= 3 tabs/day)	QL	Tier 1
methylphenidate ER tab 20mg (QL= 3 tabs/day)	QL	Tier 1
methylphenidate soln (METHYLIN equiv)	-	Tier 1
methylphenidate tab 10mg (RITALIN equiv) (QL= 180 tabs/30 days)	QL	Tier 1
methylphenidate tab 20mg (RITALIN equiv) (QL= 90 tabs/30 days)	QL	Tier 1
methylphenidate tab 5mg (RITALIN equiv) (QL= 360 tabs/30 days)	QL	Tier 1
methylphenidate CD cap (METADATE CD equiv) (QL= 1 cap/day)	QL	Tier 2
methylphenidate chew tab (METHYLIN equiv) (QL= 3 tabs/day)	QL	Tier 2
methylphenidate ER cap (RITALIN LA equiv) (QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2
METHYLPHENIDATE ER TAB (QL= 1 tab/day)	QL	Tier 2
methylphenidate ER tab 18mg (QL= 1 tab/day)	QL	Tier 2
methylphenidate ER tab 27mg (QL= 1 tab/day)	QL	Tier 2
methylphenidate ER tab 36mg (QL= 1 tabs/day)	QL	Tier 2
methylphenidate ER tab 54mg (QL= 1 tab/day)	QL	Tier 2
methylphenidate td patch (DAYTRANA equiv) (QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM))	QL-ST	Tier 2
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	Value
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin tab	-	Tier 1
paromomycin cap (HUMATIN equiv)	-	Tier 1
tobramycin neb soln (BETHKIS equiv)	AMSP-PA	Tier 1 Specialty
tobramycin neb soln (TOBI equiv)	AMSP-PA	Tier 1 Specialty
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ ER TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty

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DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
RINVOQ ER TAB 45MG (QL= 1 tab/day, 3 fills/year)	AMSP-PA-QL	Tier 2 Specialty
XELJANZ SOLN (QL= 10ml/day)	AMSP-PA-QL	Tier 2 Specialty
XELJANZ TAB (QL= 2 tabs/day)	AMSP-PA-QL	Tier 2 Specialty
XELJANZ XR TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-ADAZ INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
HADLIMA INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
HADLIMA INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
HADLIMA PUSH INJ 40MG/0.4ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
HADLIMA PUSH INJ 40MG/0.8ML (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap (CELEBREX equiv)	-	Tier 1
diclofenac potassium tab (CATAFLAM equiv)	-	Tier 1
diclofenac sodium EC tab (VOLTAREN equiv)	-	Tier 1
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	Tier 1
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	Tier 1
etodolac cap (LODINE equiv)	-	Tier 1
etodolac ER tab (LODINE XL equiv)	-	Tier 1
etodolac tab	-	Tier 1
FLURBIPROFEN TAB	-	Tier 1
flurbiprofen tab (ANSAID equiv)	-	Tier 1
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	Tier 1
ibuprofen tab	-	Tier 1
indomethacin cap (INDOCIN equiv)	-	Tier 1
indomethacin CR cap (INDOCIN SR equiv)	-	Tier 1
ketorolac inj	-	Tier 1
ketorolac tab (TORADOL equiv)	-	Tier 1
meloxicam tab (MOBIC equiv)	-	Tier 1
nabumetone tab (RELAFEN equiv)	-	Tier 1
naproxen EC tab (NAPROSYN EC equiv)	-	Tier 1
naproxen sodium tab (ANAPROX equiv)	-	Tier 1
naproxen susp (NAPROSYN equiv)	-	Tier 1
naproxen tab (NAPROSYN equiv)	-	Tier 1
oxaprozin tab (DAYPRO equiv)	-	Tier 1
piroxicam cap (FELDENE equiv)	-	Tier 1
sulindac tab (CLINORIL equiv)	-	Tier 1
tolmetin cap (TOLECTIN DS equiv)	-	Tier 1
diclofenac potassium cap (ZIPSOR equiv) (QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets)	QL-ST	Tier 2

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ANALGESICS - ANTI-INFLAMMATORY Cont.		
diclofenac potassium tab 25mg (QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets)	QL-ST	Tier 2
fenoprofen calcium cap (NALFON equiv) (QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	QL-ST	Tier 2
fenoprofen calcium tab (Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen)	ST	Tier 2
indomethacin suppository (INDOCIN equiv) (QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxen, diclofenac, meloxicam, etc))	QL-ST	Tier 2
indomethacin susp (INDOCIN equiv) (QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp)	QL-ST	Tier 2
KETOROLAC INJ	-	Tier 2
MECLOFENAMATE CAP	-	Tier 2
mefenamic acid cap (PONSTEL equiv)	-	Tier 2
meloxicam (VIVLODEX equiv) (QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin)	QL-ST	Tier 2
naproxen sodium CR tab (NAPRELAN CR equiv)	-	Tier 2
NAPROXEN SUSP	-	Tier 2
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	AMSP-PA-QL	Tier 2 Specialty
OTEZLA TAB (QL= 2 tabs/day)	AMSP-PA-QL	Tier 2 Specialty
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	Tier 1
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ (QL= 8 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
ENBREL INJ 25MG (QL= 8 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
ENBREL INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
ENBREL MINI INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
butalbital/acetaminophen tab (PHRENILIN equiv) (QL= 6 tabs/day)	QL	Tier 1
butalbital/acetaminophen/caffeine soln	-	Tier 1
VTOL SOLN	-	Tier 1
butalbital/acetaminophen cap	-	Tier 2
SALICYLATES		
aspirin chew tab 81mg (Covered for females only)	-	Preventive
aspirin ec tab 325mg (Covered for females only)	OTC	Preventive
aspirin ec tab 81mg (Covered for females only)	OTC	Preventive
aspirin tab (Covered for females only)	OTC	Preventive

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DrugName	Special Code	Tier
ANALGESICS - NONNARCOTIC Cont.		
diflunisal tab (DOLOBID equiv)	-	Tier 1
salsalate tab (DISALCID equiv)	-	Tier 1
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate tab (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
hydromorphone liquid (DILAUDID equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
HYDROMORPHONE SUPP (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
hydromorphone tab (DILAUDID equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
meperidine tab (DEMEROL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
methadone soln (QL= 4 ml/day)	QL	Tier 1
methadone soln 10mg/5ml (QL= 20ml/day)	QL	Tier 1
methadone soln 5mg/5ml (QL= 40ml/day)	QL	Tier 1
methadone tab 10mg (DOLOPHINE equiv) (QL= 4 tabs/day)	QL	Tier 1
methadone tab 5mg (DOLOPHINE equiv) (QL= 8 tabs/day)	QL	Tier 1
methadose tab (QL= 1 tab/day)	PA-QL	Tier 1
MORPHINE SULF SOLN (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
morphine sulfate ER cap 100mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 1
morphine sulfate ER cap 30mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 1
morphine sulfate ER tab (MS CONTIN equiv) (QL= 3 tabs/day)	PA-QL	Tier 1
MORPHINE SULFATE SOLN (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Da supply limit of 42 days in 90 days)	QL	Tier 1
morphine sulfate tab (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
oxycodone cap (OXYIR equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
oxycodone soln (ROXICODONE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
oxycodone tab (ROXICODONE equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
oxymorphone tab (OPANA equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
tramadol ER tab 100mg (ULTRAM ER equiv)	PA	Tier 1
tramadol ER tab 200mg (ULTRAM ER equiv)	PA	Tier 1
tramadol ER tab 300mg (ULTRAM ER equiv)	PA	Tier 1
tramadol hcl tab 100mg (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
tramadol tab (ULTRAM equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
CODEINE SULFATE TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2
fentanyl citrate lollipop (ACTIQ equiv) (QL= 18 lozenges/fill for members age 20 or younger; QL= 42 lozenges/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	PA-QL	Tier 2
fentanyl patch (DURAGESIC equiv) (QL=15 patches/30 days)	PA-QL	Tier 2

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
hydrocodone bitartrate ER cap (ZOHYDRO equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	PA-QL	Tier 2
hydromorphone ER tab 12mg (EXALGO equiv) (QL= 1 tab/day)	PA-QL	Tier 2
hydromorphone ER tab 16mg (EXALGO equiv) (QL= 1 tab/day)	PA-QL	Tier 2
hydromorphone ER tab 32mg (EXALGO equiv) (QL= 2 tabs/day)	PA-QL	Tier 2
hydromorphone ER tab 8mg (EXALGO equiv) (QL= 1 tab/day)	PA-QL	Tier 2
MEPERIDINE SOLN (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2
MORPHINE SULFATE ER CAP (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	QL-ST	Tier 2
morphine sulfate ER cap 10mg (KADIAN equiv) (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
morphine sulfate ER cap 20mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
morphine sulfate ER cap 50mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
morphine sulfate ER cap 60mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
morphine sulfate ER cap 80mg (QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
MORPHINE SULFATE SOLN (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Da supply limit of 42 days in 90 days)	QL	Tier 2
MORPHINE SULFATE SUPP (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Da supply limit of 42 days in 90 days)	QL	Tier 2
MORPHINE SULFATE TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2
oxycodone conc (ROXICODONE equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2
OXYCODONE ER TAB 10MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
OXYCODONE ER TAB 15MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
OXYCODONE ER TAB 20MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
OXYCODONE ER TAB 30MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
OXYCODONE ER TAB 40MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
OXYCODONE ER TAB 60MG (QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
OXYCODONE ER TAB 80MG (QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab)	PA-QL-ST	Tier 2
OXYMORPHONE ER TAB 10MG (QL= 2 tabs/day)	PA-QL	Tier 2
OXYMORPHONE ER TAB 15MG (QL= 2 tabs/day)	PA-QL	Tier 2
OXYMORPHONE ER TAB 20MG (QL= 2 tabs/day)	PA-QL	Tier 2
OXYMORPHONE ER TAB 30MG (QL= 4 tabs/day)	PA-QL	Tier 2
oxymorphone ER tab 30mg (OPANA ER equiv) (QL= 4 tabs/day)	PA-QL	Tier 2
OXYMORPHONE ER TAB 40MG (QL= 4 tabs/day)	PA-QL	Tier 2
oxymorphone ER tab 40mg (OPANA ER equiv) (QL= 4 tabs/day)	PA-QL	Tier 2
OXYMORPHONE ER TAB 5MG (QL= 2 tabs/day)	PA-QL	Tier 2
OXYMORPHONE ER TAB 7.5MG (QL= 2 tabs/day)	PA-QL	Tier 2
tramadol ER tab (RYZOLT equiv)	PA	Tier 2
OPIOID COMBINATIONS		
acetaminophen/codeine soln (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
acetaminophen/codeine tab (TYLENOL/CODEINE equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
APAP/CODEINE SOLN (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
aspirin/codeine tab (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
butalbital/acetaminophen/caffeine/codeine cap (FIORICET/CODEINE equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
butalbital/aspirin/caffeine/codeine cap (FIORINAL/CODEINE equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
hydrocodone/acetaminophen cap (LORCET equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
hydrocodone/acetaminophen tab 10-325mg (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
hydrocodone/acetaminophen tab 5-325mg (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
hydrocodone/acetaminophen tab 7.5mg-325mg (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
HYDROCODONE/IBUPROFEN TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
hydrocodone/ibuprofen tab (VICOPROFEN equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
oxycodone/acetaminophen cap (TYLOX equiv) (QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
oxycodone/acetaminophen tab 10-325mg (PERCOCET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
oxycodone/acetaminophen tab 2.5-325mg (PERCOCET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
oxycodone/acetaminophen tab 5-325mg (PERCOCET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
oxycodone/acetaminophen tab 7.5-325mg (PERCOCET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
OXYCODONE/ASPIRIN TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
OXYCODONE/IBUPROFEN TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
oxycodone/ibuprofen tab (COMBUNOX equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
pentazocine/acetaminophen tab (TALACEN equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
tramadol/acetaminophen tab (ULTRACET equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill f members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv) (QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2

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

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DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 2
OPIOID PARTIAL AGONISTS		
buprenorphine patch (BUTRANS equiv)	-	Tier 1
buprenorphine SL tab (SUBUTEX equiv)	-	Tier 1
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	Tier 1
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	Tier 1
butorphanol nasal spray (QL= 5ml/30 days)	QL	Tier 1
pentazocine/naloxone tab (TALWIN NX equiv) (QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days)	QL	Tier 1
buprenorphine hcl buccal film (BELBUCA equiv) (Step therapy requires trial of buprenorphine patch)	ST	Tier 2
SUBOXONE SL FILM 12-3MG (QL= 2 films/day)	QL	Tier 2
SUBOXONE SL FILM 8-2MG (QL= 3 films/day)	QL	Tier 2
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
OXANDROLONE TAB	PA	Tier 1
ANDROGENS		
danazol cap (DANOCRINE equiv) (QL= 4 caps/day)	QL	Tier 1
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	Tier 1
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 1 vial/28 days)	--QL	Tier 1
testosterone cypionate inj (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	--QL	Tier 1
testosterone cypionate inj 200mg/ml (DEPO-TESTOSTERONE equiv) (QL= 4 vials/28 days)	PA-QL	Tier 1
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 150gm/30 days)	QL	Tier 1
testosterone gel 1% 50mg (QL= 300gm/30 days)	QL	Tier 1
testosterone gel 1% pump (ANDROGEL equiv) (QL= 300gm/30 days)	QL	Tier 1
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 150gm/30 days)	QL	Tier 1
methyltestosterone cap (QL= 150 tablets/30 days)	PA-QL	Tier 2
TESTOSTERONE ENANTHATE INJ (QL= 4 vials/28 days)	QL	Tier 2
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	Tier 2
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	Tier 2
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	Tier 2
testosterone gel 2% (FORTESTA equiv) (QL= 2 bottles/30 days)	PA-QL	Tier 2
TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days)	PA-QL	Tier 2
TESTOSTERONE INJ (QL= 1 vial/28 days)	QL	Tier 2
TESTOSTERONE INJ (QL= 4 vials/28 days)	QL	Tier 2
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ (QL= 1 vial/28 days)	QL	Tier 2
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	Tier 2
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	Tier 1
RECTAL COMBINATIONS		
lidocaine/hydrocortisone cream (ANAMANTLE equiv)	-	Tier 1
lidocaine/hydrocortisone kit (ANALPRAM equiv)	-	Tier 1
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	Tier 1
PROCTOFOAM HC FOAM	-	Tier 2

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DrugName	Special Code	Tier
ANORECTAL AGENTS Cont.		
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	Tier 1
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide rectal foam (UCERIS equiv) (QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema)	QL-ST	Tier 2
VASODILATING AGENTS		
nitroglycerin oint (RECTIV equiv) (Diagnosis Restricted – Anal Fissure (K60.2))	RDX	Tier 1
ANTHELMINTICS		
ANTHELMINTICS		
ivermectin tab (STROMECTOL equiv)	-	Tier 1
praziquantel tab (BILTRICIDE equiv)	-	Tier 1
BENZNIDAZOLE TAB	-	Tier 2
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab (RANEXA equiv) (QL= 120 tabs/30 days)	QL	Tier 1
ASPRUZYO SPRINKLE GRANULES (QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab)	QL-ST	Tier 2
NITRATES		
isosorbide dinitrate SL tab	-	Tier 1
isosorbide dinitrate tab 5mg (ISORDIL equiv)	-	Tier 1
isosorbide mononitrate ER tab (IMDUR equiv)	-	Tier 1
ISOSORBIDE MONONITRATE TAB	-	Tier 1
isosorbide mononitrate tab (MONOKET equiv)	-	Tier 1
NITROGLYCERIN ER CAP	-	Tier 1
nitroglycerin patch (NITRO-DUR equiv)	-	Tier 1
nitroglycerin SL tab (NITROSTAT equiv)	-	Tier 1
isosorbide dinitrate tab 40mg (ISORDIL equiv) (Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER)	ST	Tier 2
NITRO-BID OINT	-	Tier 2
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	Tier 2
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone tab (BUSPAR equiv)	-	Tier 1
hydroxyzine pamoate cap (VISTARIL equiv)	-	Tier 1
hydroxyzine syrup (ATARAX equiv)	-	Tier 1
hydroxyzine tab (ATARAX equiv)	-	Tier 1
meprobamate tab (MILTOWN equiv)	-	Tier 2
BENZODIAZEPINES		
alprazolam ER tab (XANAX XR equiv)	-	Tier 1
alprazolam tab (XANAX equiv)	-	Tier 1
chlordiazepoxide cap (LIBRIUM equiv)	-	Tier 1
clorazepate tab (TRANXENE-T equiv)	-	Tier 1
diazepam conc (VALIUM equiv)	-	Tier 1
diazepam oral soln (QL= 360ml/30 days)	QL	Tier 1
diazepam tab (VALIUM equiv)	-	Tier 1

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DrugName	Special Code	Tier
ANTIANXIETY AGENTS Cont.		
lorazepam conc (ATIVAN equiv)	-	Tier 1
lorazepam tab (ATIVAN equiv)	-	Tier 1
alprazolam ODT (NIRAVAM equiv)	-	Tier 2
oxazepam cap (SERAX equiv) (Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab)	ST	Tier 2
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	Tier 1
disopyramide ER cap (NORPACE CR equiv)	-	Tier 1
quinidine sulfate tab (QL= 8 tabs/day)	QL	Tier 1
NORPACE CR CAP	-	Tier 2
quinidine gluconate CR tab	-	Tier 2
QUINIDINE SULFATE TAB 200MG (QL= 8 tabs/day)	QL	Tier 2
QUINIDINE SULFATE TAB 300MG (QL= 5 tabs/day)	QL	Tier 2
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap	-	Tier 1
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	Tier 1
propafenone tab (RYTHMOL equiv)	-	Tier 1
propafenone ER cap (RYTHMOL SR equiv)	-	Tier 2
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	Tier 1
dofetilide cap (TIKOSYN equiv)	-	Tier 2
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
NUCALA INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
XOLAIR INJ (QL= 1 syringe/28 days)	AMSP-PA-QL	Tier 2 Specialty
XOLAIR INJ (QL= 1 vial/28 days)	AMSP-PA-QL	Tier 2 Specialty
XOLAIR INJ 150MG/ML (QL= 1ml/28 days)	AMSP-PA-QL	Tier 2 Specialty
XOLAIR INJ 300MG/2ML (QL= 2ml/28 days)	AMSP-PA-QL	Tier 2 Specialty
XOLAIR INJ 75MG/0.5ML (QL= 0.5ml/28 days)	AMSP-PA-QL	Tier 2 Specialty
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	Tier 1
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	Tier 1
tiotropium bromide cap inhaler (SPIRIVA equiv) (QL= 1 cap/day; For use with Handihaler device)	QL	Tier 1
ATROVENT HFA INHALER (QL= 25.8gm/30 days)	QL	Tier 2
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days)	QL	Tier 2
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT (QL= 1 inhaler/30 days)	QL	Tier 2
LEUKOTRIENE MODULATORS		

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
montelukast chew tab (SINGULAIR equiv)	-	Tier 1
montelukast granule pack (SINGULAIR equiv)	-	Tier 1
montelukast tab (SINGULAIR equiv)	-	Tier 1
zafirlukast tab (ACCOLATE equiv)	-	Tier 1
zileuton ER tab (ZYFLO CR equiv) (QL= 2 tabs/day)	QL	Tier 2
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab (DALIRESP equiv) (QL= 1 tab/day)	PA-QL	Tier 1
STEROID INHALANTS		
QVAR REDIHALER (QL= 21.2gm/30 days)	QL	Tier 2
budesonide inh susp 0.25mg/2ml, 0.5mg/2ml (PULMICORT equiv) (QL= 120 units/30 days)	QL	Value
budesonide inh susp 1mg/2ml (QL= 60 units/30 days)	QL	Value
FLUTICASONE DISKUS INHALER (QL= 2 inhalers/30 days)	QL	Value
FLUTICASONE HFA INHALER 110MCG (QL= 2 inhalers/30 days)	QL	Value
FLUTICASONE HFA INHALER 220MCG (QL= 2 inhalers/30 days)	QL	Value
FLUTICASONE HFA INHALER 44MCG (QL= 2 inhalers/30 days)	QL	Value
SYMPATHOMIMETICS		
ALBUTEROL HFA INHALER (QL= 2 inhalers/30 days)	QL	Tier 1
albuterol HFA inhaler (PROAIR equiv) (QL= 2 inhalers/30 days)	QL	Tier 1
albuterol HFA inhaler (PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	Tier 1
albuterol neb soln	-	Tier 1
ALBUTEROL NEBULIZER SOLN	-	Tier 1
albuterol sulfate syrup	-	Tier 1
albuterol sulfate tab	-	Tier 1
albuterol/ipratropium neb soln (DUONEB equiv)	-	Tier 1
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv) (QL= 1 inhaler/30 days)	QL	Tier 1
levalbuterol neb soln (XOPENEX equiv)	-	Tier 1
METAPROTERENOL SYRUP	-	Tier 1
terbutaline sulfate tab (BRETHINE equiv)	-	Tier 1
ALBUTEROL TAB ER	-	Tier 2
arformoterol tartrate neb soln (BROVANA equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	Tier 2
budesonide/formoterol inhaler (BREYNA equiv) (QL= 10.3g/30 days; Step therapy requires trial of one: WIXELA, fluticasone/salmeterol)	QL-ST	Tier 2
budesonide/formoterol inhaler (SYMBICORT equiv) (QL= 10.2gm/30 days; ST req trial of 3: DULERA, fluticasone/ salmeterol and wixela)	QL-ST	Tier 2
BUDESONIDE/FORMOTEROL INHALER 160-4.5 MCG/ACT (QL= 10.2gm/30 days; Step therapy requires trial of one: WIXELA, fluticasone/salmeterol)	QL-ST	Tier 2
BUDESONIDE/FORMOTEROL INHALER 80-4.5 MCG/ACT (QL= 10.2gm/30 days; Step therapy requires trial of one: WIXELA, fluticasone/salmeterol)	QL-ST	Tier 2
COMBIVENT RESPIMAT INHALER (QL= 2 inhalers/30days)	QL	Tier 2
FLUTICASONE-SALMETEROL INHALER (QL= 1 inhaler/30 days)	QL	Tier 2

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DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
formoterol fumarate neb soln (PERFOROMIST equiv) (QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln)	QL-ST	Tier 2
SEREVENT DISKUS INHALER (QL= 1 inhaler/30 days)	QL	Tier 2
STIOLTO INHALER (QL= 1 inhaler/30 days)	QL	Tier 2
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	Tier 2
TRELEGY ELLIPTA INHALER (QL= 1 inhaler/30 days)	QL	Tier 2
XANTHINES		
theophylline CR tab (QUIBRON-T equiv)	-	Tier 1
theophylline ER tab (UNIPHYL equiv)	-	Tier 1
theophylline soln	-	Tier 1
ELIXOPHYLLIN ELIXIR	-	Tier 2
THEOPHYLLINE TAB ER (QL= 1 tab/day)	QL	Tier 2
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	Tier 1
DIRECT FACTOR XA INHIBITORS		
ELIQUIS STARTER PACK 5MG (QL= 1 pack/30 days)	QL	Tier 2
ELIQUIS TAB 2.5MG (QL= 60 tabs/30 days)	QL	Tier 2
ELIQUIS TAB 5MG (QL= 74 tabs/30 days)	QL	Tier 2
XARELTO STARTER PACK 15MG/20MG (QL= 1 pack/30 days)	QL	Tier 2
XARELTO SUSP (QL= 10ml/day)	QL	Tier 2
XARELTO TAB 10MG (QL= 30 tabs/30 days)	QL	Tier 2
XARELTO TAB 15MG (QL= 60 tabs/30 days)	QL	Tier 2
XARELTO TAB 2.5MG (QL= 60 tabs/30 days)	QL	Tier 2
XARELTO TAB 20MG (QL= 30 tabs/30 days)	QL	Tier 2
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv)	-	Tier 1
enoxaparin inj 300mg (LOVENOX equiv)	-	Tier 1
fondaparinux inj 10mg/0.8ml (ARIXTRA equiv)	-	Tier 1
fondaparinux inj 2.5mg/0.5ml (ARIXTRA equiv)	-	Tier 1
fondaparinux inj 5mg/0.4ml (ARIXTRA equiv)	-	Tier 1
fondaparinux inj 7.5mg/0.6ml (ARIXTRA equiv)	-	Tier 1
heparin porcine inj	-	Tier 1
THROMBIN INHIBITORS		
dabigatran etexilate mesylate cap (PRADAXA equiv) (QL= 2 caps/day)	QL	Tier 1
ANTICONVULSANTS		
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam susp (ONFI equiv) (QL= 480ml/30 days)	QL	Tier 1
clobazam tab (ONFI equiv)	-	Tier 1
clonazepam ODT (KLONOPIN equiv)	-	Tier 1
clonazepam tab (KLONOPIN equiv)	-	Tier 1
diazepam rectal gel (QL= 1 pack/30 days)	QL	Tier 2
ANTICONVULSANTS - MISC.		
carbamazepine chew tab (TEGRETOL equiv)	-	Tier 1
carbamazepine ER cap (CARBATROL equiv)	-	Tier 1

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
carbamazepine ER tab (TEGRETOL XR equiv)	-	Tier 1
carbamazepine susp (TEGRETOL equiv)	-	Tier 1
carbamazepine tab (TEGRETOL equiv)	-	Tier 1
gabapentin cap (NEURONTIN equiv)	-	Tier 1
gabapentin tab (NEURONTIN equiv)	-	Tier 1
lacosamide oral solution (VIMPAT equiv) (QL= 1200ml/30 days)	QL	Tier 1
lacosamide tab (VIMPAT equiv) (QL= 2 tabs/day)	QL	Tier 1
lamotrigine chew tab (LAMICTAL equiv)	-	Tier 1
lamotrigine ER tab 100mg (LAMICTAL XR equiv) (QL= 3 tabs/day)	QL	Tier 1
lamotrigine ER tab 200mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Tier 1
lamotrigine ER tab 250mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Tier 1
lamotrigine ER tab 25mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Tier 1
lamotrigine ER tab 300mg (LAMICTAL XR equiv) (QL= 2 tabs/day)	QL	Tier 1
lamotrigine ER tab 50mg (LAMICTAL XR equiv) (QL= 6 tabs/day)	QL	Tier 1
lamotrigine ODT 100mg (LAMICTAL equiv) (QL= 3 tabs/day)	QL	Tier 1
lamotrigine ODT 200mg (LAMICTAL equiv) (QL= 2 tabs/day)	QL	Tier 1
lamotrigine ODT 25mg (LAMICTAL equiv) (QL= 6 tabs/day)	QL	Tier 1
lamotrigine ODT 50mg (LAMICTAL equiv) (QL= 6 tabs/day)	QL	Tier 1
lamotrigine ODT kit (LAMICTAL ODT KIT equiv)	-	Tier 1
lamotrigine tab (LAMICTAL equiv)	-	Tier 1
levetiracetam ER tab (KEPPRA XR equiv)	-	Tier 1
levetiracetam soln (KEPPRA equiv)	-	Tier 1
levetiracetam tab (KEPPRA equiv)	-	Tier 1
oxcarbazepine susp (TRILEPTAL equiv)	-	Tier 1
oxcarbazepine tab (TRILEPTAL equiv)	-	Tier 1
pregabalin cap (LYRICA equiv)	-	Tier 1
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	Tier 1
PRIMIDONE TAB (QL= 4 tabs/day)	QL	Tier 1
primidone tab (MYSOLINE equiv)	QL--	Tier 1
topiramate sprinkle cap (TOPAMAX equiv)	-	Tier 1
topiramate tab (TOPAMAX equiv)	-	Tier 1
zonisamide cap (ZONEGRAN equiv)	-	Tier 1
APTIOM TAB (QL= 1 tab/day)	QL	Tier 2
rufinamide susp (BANZEL equiv) (QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	Tier 2
rufinamide tab (BANZEL equiv) (QL= 8 tabs/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam)	QL-ST	Tier 2
topiramate cap er 200mg (TROKENDI equiv) (QL= 2 caps/day; Step therapy requires trial of topiramate followed by topiramate ER sprinkle)	QL-ST	Tier 2
topiramate er cap (TROKENDI XR equiv) (QL= 1 cap/day; ST req trial of topirmate followed by topiramate ER sprinkle)	QL-ST	Tier 2
topiramate ER cap 100mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Tier 2
topiramate ER cap 150mg (QUDEXY equiv) (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Tier 2
topiramate ER cap 200mg (QUDEXY equiv) (QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Tier 2
topiramate ER cap 25mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Tier 2
topiramate ER cap 50mg (QUDEXY equiv) (QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR)	QL-ST	Tier 2
EPIDIOLEX SOLN (Only available through Lumicera 855-847-3553)	LD-PA	Tier 2 Specialty

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DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
CARBAMATES		
felbamate susp (FELBATOL equiv) (QL= 30ml/day)	QL	Tier 1
felbamate tab 400mg (FELBATOL equiv) (QL= 9 tabs/day)	QL	Tier 1
felbamate tab 600mg (FELBATOL equiv) (QL= 6 tabs/day)	QL	Tier 1
GABA MODULATORS		
tiagabine tab 12mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Tier 1
tiagabine tab 16mg (GABITRIL equiv) (QL= 3 tabs/day)	QL	Tier 1
tiagabine tab 2mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Tier 1
tiagabine tab 4mg (GABITRIL equiv) (QL= 4 tabs/day)	QL	Tier 1
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Tier 1 Specialty
vigabatrin powder pack (SABRIL POWDER equiv) (QL= 6 packs/day; Only available through PantheRx 855-726-8479)	LD-PA-QL	Tier 1 Specialty
vigabatrin tab (SABRIL equiv) (QL= 6 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Tier 1 Specialty
HYDANTOINS		
phenytoin cap (DILANTIN equiv)	-	Tier 1
phenytoin chew tab (DILANTIN equiv)	-	Tier 1
phenytoin susp (DILANTIN equiv)	-	Tier 1
DILANTIN CAP 30MG	-	Tier 2
SUCCINIMIDES		
ethosuximide cap (ZARONTIN equiv)	-	Tier 1
ethosuximide soln (ZARONTIN equiv)	-	Tier 1
methsuximide cap (CELONTIN equiv) (QL= 4 caps/day; ST requires trial of ethosuximide tab/soln)	QL-ST	Tier 2
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	Tier 1
divalproex sodium DR tab (DEPAKOTE equiv)	-	Tier 1
divalproex sprinkle cap (DEPAKOTE equiv)	-	Tier 1
valproic acid cap (DEPAKENE equiv)	-	Tier 1
valproic acid syrup (DEPAKENE equiv)	-	Tier 1
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	Tier 1
mirtazapine tab (REMERON equiv)	-	Tier 1
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	-	Tier 1
bupropion tab (WELLBUTRIN equiv)	-	Tier 1
bupropion XL tab (WELLBUTRIN XL equiv)	-	Tier 1
MAPROTILINE TAB	-	Tier 1
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
PHENELZINE SULFATE TAB (QL= 4 tabs/day)	QL	Tier 1
phenelzine tab (NARDIL equiv)	-	Tier 1
tranylcypromine tab (PARNATE equiv)	-	Tier 1
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	Tier 1

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DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
escitalopram soln (LEXAPRO equiv)	-	Tier 1
fluoxetine cap 90mg (PROZAC equiv)	-	Tier 1
fluvoxamine tab (LUVOX equiv)	-	Tier 1
paroxetine tab (PAXIL equiv)	-	Tier 1
fluoxetine tab 60mg	-	Tier 2
fluvoxamine ER cap (LUVOX CR equiv) (QL= 2 caps/day)	QL	Tier 2
paroxetine ER tab (PAXIL CR equiv)	-	Tier 2
paroxetine oral susp (PAXIL equiv) (QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs)	QL-ST	Tier 2
PROZAC WEEKLY CAP (QL= 4 caps/28 days; Step Therapy requires trial of fluoxetine IR)	QL-ST	Tier 2
citalopram tab (CELEXA equiv)	-	Value
escitalopram tab (LEXAPRO equiv)	-	Value
fluoxetine cap (PROZAC equiv)	-	Value
fluoxetine soln (PROZAC equiv)	-	Value
fluoxetine tab 10mg, 20mg (PROZAC equiv)	-	Value
sertraline conc (ZOLOFT equiv)	-	Value
sertraline tab (ZOLOFT equiv)	-	Value
SEROTONIN MODULATORS		
NEFAZODONE TAB	-	Tier 1
nefazodone tab 50mg, 250mg	-	Tier 1
trazodone tab 50mg, 100mg, 150mg (DESYREL equiv)	-	Tier 1
vilazodone hcl tab (VIIBRYD equiv) (QL= 1 tab/day)	QL	Tier 1
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine ER tab (PRISTIQ equiv) (QL= 1 tab/day)	QL	Tier 1
duloxetine EC cap 20mg (QL= 6 caps/day)	QL	Tier 1
duloxetine EC cap 30mg (QL= 4 caps/day)	QL	Tier 1
duloxetine EC cap 60mg (CYMBALTA equiv) (QL= 2 caps/day)	QL	Tier 1
venlafaxine ER cap (EFFEXOR XR equiv)	-	Tier 1
venlafaxine tab (EFFEXOR equiv)	-	Tier 1
duloxetine cap 40mg (IRENKA equiv) (QL= 2 caps/day)	QL	Tier 2
venlafaxine ER tab	-	Tier 2
TRICYCLIC AGENTS		
amoxapine tab (QL= 4 tabs/day)	QL	Tier 1
clomipramine cap (ANAFRANIL equiv)	-	Tier 1
desipramine tab (NORPRAMIN equiv)	-	Tier 1
doxepin cap (SINEQUAN equiv) (QL= 2 tabs/day)	QL	Tier 1
doxepin conc (SINEQUAN equiv)	-	Tier 1
imipramine tab (TOFRANIL equiv)	-	Tier 1
nortriptyline cap (PAMELOR equiv)	-	Tier 1
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	Tier 1
protriptyline tab (VIVACTIL equiv)	-	Tier 1
trimipramine cap (SURMONTIL equiv) (Step Therapy requires trial and failure of 2 generic SSRI/SNRIs)	ST	Tier 1
imipramine pamoate cap (TOFRANIL PM equiv)	-	Tier 2
amitriptyline tab (ELAVIL equiv)	-	Value
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	Tier 1

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
MIGLITOL TAB	-	Tier 2
miglitol tab (MIGLITOL equiv)	-	Tier 2
ANTIDIABETIC COMBINATIONS		
glipizide/metformin tab (METAGLIP equiv)	-	Tier 1
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	Tier 1
GLYXAMBI TAB (QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab)	QL-ST	Tier 2
JENTADUETO TAB (QL= 2 tabs/day)	QL	Tier 2
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	Tier 2
pioglitazone/glimepiride tab (DUETACT equiv) (Step Therapy requires trial of metformin or metformin ER)	ST	Tier 2
QTERN TAB (QL= 30 tabs/30 days; Step Therapy requires trial of metformin or metformin ER)	QL-ST	Tier 2
REPAGLINIDE TAB	-	Tier 2
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv) (QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto)	QL-ST	Tier 2
SYNJARDY TAB (QL= 2 tabs/day)	QL	Tier 2
SYNJARDY XR TAB 10-1000MG, 25-1000MG (QL= 1 tab/day)	QL	Tier 2
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG (QL= 2 tabs/day)	QL	Tier 2
XIGDUO XR TAB (QL= 1 tab/day)	QL	Tier 2
XIGDUO XR TAB 2.5-1000MG (QL= 2 tabs/day)	QL	Tier 2
XIGDUO XR TAB 5-1000MG (QL= 2 tabs/day)	QL	Tier 2
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG (QL= 1 tab/day)	QL	Tier 2
glyburide/metformin tab (GLUCOVANCE equiv)	-	Value
BIGUANIDES		
metformin ER osmotic tab (FORTAMET equiv)	-	Tier 2
metformin ER osmotic tab (GLUMETZA equiv) (Step Therapy requires trial of metformin or metformin ER)	--ST	Tier 2
metformin soln (RIOMET equiv)	-	Tier 2
metformin ER tab (GLUCOPHAGE XR equiv)	-	Value
metformin tab (GLUCOPHAGE equiv)	-	Value
DIABETIC OTHER		
diazoxide susp (PROGLYCEM equiv)	-	Tier 1
mifepristone tab (KORLYM equiv) (Ql= 4 tabs/day; Only available through Korlym SPARK program (855-456-7596))	LD-PA-QL	Tier 1 Specialty
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill, 2 fills/month)	QL	Tier 2
GLUCAGEN HYPOKIT INJ (QL= 2 inj/fill, 2 fills/month)	QL	Tier 2
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	Tier 2
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	Tier 2
GVOKE INJ (QL= 2 inj/fill, 2 fills/month)	QL	Tier 2
GVOKE INJ KIT (QL= 2 vials/fill, 2 fills/30 days)	QL	Tier 2
GVOKE PFS INJ (QL= 2 inj/fill, 2 fills/month)	QL	Tier 2
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
saxagliptin hcl tab (ONGLYZA equiv) (QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto)	QL-ST	Tier 2
TRADJENTA TAB (QL= 1 tab/day)	QL	Tier 2
INCRETIN MIMETIC AGENTS		
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Tier 2
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
BYETTA INJ (QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Tier 2
OZEMPIC INJ (QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Tier 2

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
RYBELSUS TAB (QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Tier 2
TRULICITY INJ (QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Tier 2
VICTOZA INJ (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	Tier 2
INSULIN		
HUMULIN R INJ U-500 (QL= 40 units/30 days)	QL	Tier 1
HUMULIN R U-500 KWIKPEN INJ (QL= 24 units/30 days)	QL	Tier 1
ADMELOG INJ, INSULIN LISPRO INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR) (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2
AFREZZA INH POWDER (QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2
AFREZZA INH POWDER (QL= 360 inhalations/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2
AFREZZA INH POWDER (QL= 630 inhalations/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2
APIDRA INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2
APIDRA SOLOSTAR INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2
HUMALOG INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2
HUMALOG KWIKPEN INJ (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2
HUMALOG KWIKPEN INJ (QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2
HUMALOG KWIKPEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2
HUMALOG MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2
HUMALOG PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART)	QL-ST	Tier 2
HUMULIN MIX INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2
HUMULIN MIX PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2
HUMULIN N INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2
HUMULIN N PEN INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2
HUMULIN R INJ (QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN)	OTC-QL-ST	Tier 2
BASAGLAR KWIKPEN INJ (QL= 60 units/30 days)	QL	Value
FIASP FLEXTOUCH INJ (QL= 60 units/30 days)	QL	Value
FIASP INJ (QL= 60 units/30 days)	QL	Value
FIASP PENFILL INJ (QL= 60 units/30 days)	QL	Value
FIASP PUMP CARTRIDGE (QL= 60 units/30 days)	QL	Value
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Value
INSULIN ASPART INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Value
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Value
INSULIN ASPART MIX INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Value
INSULIN ASPART PENFILL INJ (NOVOLOG equiv) (QL= 60 units/30 days)	QL	Value
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (1 UNIT DIAL) (QL= 18ml/30 days)	QL	Value
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (2 UNIT DIAL) (QL= 18ml/30 days)	QL	Value
INSULIN LISP INJ 100/ML (QL= 60 units/30 days)	QL	Value
NOVOLIN 70/30 FLEXPEN INJ (QL= 60 units/30 days)	OTC-QL	Value
NOVOLIN 70/30 INJ (QL= 60 units/30 days)	QL	Value
NOVOLIN N FLEXPEN INJ (QL= 60 units/30 days)	QL	Value
NOVOLIN N INJ (QL= 60 units/30 days)	QL	Value
NOVOLIN N RELION INJ (QL= 60 units/30 days)	QL	Value
NOVOLIN R FLEXPEN INJ (QL= 60 units/30 days)	QL	Value
NOVOLIN R INJ (QL= 60 units/30 days)	QL	Value

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DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
NOVOLIN RELION INJ 70/30 (QL= 60 units/30 days)	QL	Value
NOVOLIN VIAL (QL= 60 units/30 days)	QL	Value
NOVOLOG FLEXPEN INJ (QL= 60 units/30 days)	QL	Value
NOVOLOG INJ (QL= 60 units/30 days)	QL	Value
NOVOLOG MIX FLEXPEN INJ (QL= 60 units/30 days)	QL	Value
NOVOLOG MIX INJ (QL= 60 units/30 days)	QL	Value
NOVOLOG PENFILL INJ (QL= 60 units/30 days)	QL	Value
INSULIN SENSITIZING AGENTS		
pioglitazone tab (ACTOS equiv) (QL= 1 tab/day)	QL	Tier 1
MEGLITINIDE ANALOGUES		
nateglinide tab (STARLIX equiv)	-	Tier 1
repaglinide tab (PRANDIN equiv)	-	Tier 1
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB (QL= 1 tab/day)	QL	Tier 2
JARDIANCE TAB (QL= 1 tab/day)	QL	Tier 2
SULFONYLUREAS		
GLYBURID MCR TAB	-	Tier 1
tolazamide tab (TOLINASE equiv)	-	Tier 1
TOLBUTAMIDE TAB	-	Tier 2
glimepiride tab (AMARYL equiv)	-	Value
glipizide ER tab (GLUCOTROL XL equiv)	-	Value
glipizide tab (GLUCOTROL equiv)	-	Value
glyburide tab (MICRONASE equiv)	-	Value
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
DIPHENOXYLATE/ATROPINE LIQUID	-	Tier 2
ANTIDIARRHEALS		
ANTIDIARRHEAL AGENTS - MISC.		
REZYST CHEW TAB	-	Tier 1
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	Tier 1
loperamide cap (IMODIUM equiv)	-	Tier 1
ANTIDOTES		
ANTIDOTES		
VISTOGARD PAK (Only available through Biologics 800-850-4306)	LD	Tier 2 Specialty
OPIOID ANTAGONISTS		
naltrexone tab (REVIA equiv)	-	Tier 1
VIVITROL INJ	AMSP	Tier 2 Specialty
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox granules packet (JADENU equiv)	AMSP-PA	Tier 1 Specialty

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DrugName	Special Code	Tier
ANTIDOTES AND SPECIFIC ANTAGONISTS Cont.		
deferasirox tab (EXJADE equiv)	AMSP-PA	Tier 1 Specialty
deferasirox tab 90mg, 360mg (JADENU equiv)	AMSP-PA	Tier 1 Specialty
deferiprone tab (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Tier 1 Specialty
deferiprone tab 1000mg (FERRIPROX equiv) (Only available through Lumicera 855-847-3553)	LD-PA	Tier 1 Specialty
OPIOID ANTAGONISTS		
naloxone inj	-	Tier 1
naloxone prefilled inj	-	Tier 1
NALOXONE PREFILLED INJ (QL= 2 inj/fill, 2 fills/month)	--QL	Tier 1
KLOXXADO NASAL SPRAY	-	Tier 2
OPVEE NASAL SPRAY	-	Tier 2
naloxone hcl nasal spray (NARCAN equiv)	-	Value
NALOXONE NASAL SPRAY	-	Value
NARCAN HCL SPRAY (OTC)	OTC	Value
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron tab (KYTRIL equiv) (QL= 8 tabs/30 days)	QL	Tier 1
ondansetron ODT (ZOFRAN equiv)	-	Tier 1
ondansetron soln (ZOFRAN equiv) (QL= 50ml/fill, 1 fill/15 days)	QL	Tier 1
ONDANSETRON TAB	-	Tier 1
ondansetron tab (ZOFRAN equiv)	-	Tier 1
ANTIEMETICS - ANTICHOLINERGIC		
scopolamine patch (TRANSDERM-SCOP equiv) (QL= 10 patches/30 days)	QL	Tier 1
trimethobenzamide cap (TIGAN equiv)	-	Tier 1
ANTIEMETICS - MISCELLANEOUS		
doxylamine/pyridoxine dr tab (DICLEGIS equiv) (QL= 120 tabs/30 days)	QL	Tier 1
dronabinol cap (MARINOL equiv) (QL= 2 caps/day)	QL	Tier 2
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant cap 125mg (EMEND equiv) (QL= 1 cap/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Tier 1
aprepitant cap 40mg (EMEND equiv) (QL= 1 cap/28 days; Step Therapy requires trial of ondansetron)	QL-ST	Tier 1
aprepitant cap 80mg (EMEND equiv) (QL= 2 caps/21 days; Step Therapy requires trial of ondansetron)	QL-ST	Tier 1
aprepitant pak (EMEND equiv) (QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron)	QL-ST	Tier 1
VARUBI TAB (QL= 2 tabs/day; Step Therapy requires trial of ondansetron)	QL-ST	Tier 2
ANTIFUNGALS		
ANTIFUNGALS		
flucytosine cap (ANCOBON equiv)	-	Tier 1
griseofulvin susp (GRIFULVIN equiv)	-	Tier 1
nystatin powder	-	Tier 1
nystatin tab	-	Tier 1
terbinafine tab (LAMISIL equiv)	-	Tier 1
griseofulvin micro tab (GRIFULVIN V equiv)	-	Tier 2
griseofulvin tab (GRIS-PEG equiv)	-	Tier 2
IMIDAZOLE-RELATED ANTIFUNGALS		

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

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DrugName	Special Code	Tier
ANTIFUNGALS Cont.		
fluconazole susp (DIFLUCAN equiv)	-	Tier 1
fluconazole tab (DIFLUCAN equiv)	-	Tier 1
itraconazole cap (SPORANOX equiv)	-	Tier 1
ketoconazole tab (NIZORAL equiv)	-	Tier 1
voriconazole susp (VFEND equiv)	-	Tier 1
voriconazole tab (VFEND equiv)	-	Tier 1
itraconazole soln (SPORANOX equiv)	-	Tier 2
posaconazole DR tab (NOXAFIL equiv) (QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND)	QL-ST	Tier 2
posaconazole susp (NOXAFIL equiv) (Step therapy requires trial of fluconazole, itraconazole or voriconazole)	ST	Tier 2
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMINE SOLN (QL= 40ml/day)	QL	Tier 1
carbinoxamine tab (PALGIC equiv) (QL= 240 tabs/30 days)	QL	Tier 1
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	Tier 1
diphenhydramine inj	-	Tier 1
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine inj (PHENERGAN equiv)	-	Tier 1
promethazine supp (PHENERGAN equiv)	-	Tier 1
promethazine syrup	-	Tier 1
promethazine tab (PHENERGAN equiv)	-	Tier 1
PROMETHEGAN SUPP	-	Tier 1
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine syrup	-	Tier 1
cyproheptadine tab	-	Tier 1
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day; Step Therapy requires trial of simvastatin AND ezetimibe)	QL-ST	Tier 1
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl cap 0.5gm (VASCEPA equiv) (QL= 2 caps/day)	QL	Tier 1
icosapent ethyl cap 1gm (VASCEPA equiv) (QL= 4 caps/day)	QL	Tier 1
omega-3-acid ethyl esters cap (LOVAZA equiv) (QL= 4 caps/day)	QL	Tier 1
BILE ACID SEQUESTRANTS		
cholestyramine lite powder (QUESTRAN LITE equiv)	-	Tier 1
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	Tier 1
cholestyramine powder (QUESTRAN equiv)	-	Tier 1
cholestyramine powder pack (QUESTRAN equiv)	-	Tier 1
colesevelam tab (WELCHOL equiv)	-	Tier 1
colestipol granule (COLESTID equiv)	-	Tier 1
colestipol powder packet (COLESTID equiv)	-	Tier 1
colestipol tab (COLESTID equiv)	-	Tier 1
colesevelam pack (WELCHOL equiv) (Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol)	ST	Tier 2
FIBRIC ACID DERIVATIVES		
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	Tier 1
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	Tier 1

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DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	Tier 1
fenofibric acid DR cap (TRILIPIX equiv)	-	Tier 1
gemfibrozil tab (LOPID equiv)	-	Tier 1
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	Tier 2
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	Tier 2
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab (LIPITOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
fluvastatin cap (LESCOL equiv) (QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventive
fluvastatin ER tab (LESCOL XL equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL-ST	Preventive
lovastatin tab (MEVACOR equiv) (QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
pravastatin tab (PRAVACHOL equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
rosuvastatin tab (CRESTOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
simvastatin tab 5mg, 10mg, 20mg, 40mg (ZOCOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	QL	Preventive
simvastatin tab 80mg (ZOCOR equiv) (QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay)	PA-QL	Preventive
pitavastatin calcium tab (LIVALO equiv) (QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs)	QL-ST	Tier 2
SIMVASTATIN SUSP (QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin)	QL-ST	Tier 2
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab (ZETIA equiv) (QL= 1 tab/day)	QL	Tier 1
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP (Only available through Accredo 888-773-7376)	LD-PA	Tier 2 Specialty
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv) (QL= 2 tabs/day)	QL	Tier 1
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ (QL= 2 inj/28 days)	PA-QL	Tier 2
REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days)	PA-QL	Tier 2
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	Tier 1
fosinopril tab (MONOPRIL equiv)	-	Tier 1
moexipril tab (UNIVASC equiv)	-	Tier 1
perindopril tab (ACEON equiv)	-	Tier 1
quinapril tab (ACCUPRIL equiv)	-	Tier 1
ramipril cap (ALTACE equiv)	-	Tier 1
trandolapril tab (MAVIK equiv)	-	Tier 1
captopril tab (CAPOTEN equiv) (Step Therapy requires trial of 2 angiotensin-converting enzyme (ACE) inhibitors)	ST	Tier 2

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ANTIHYPERTENSIVES Cont.		
enalapril maleate oral soln (EPANED equiv) (QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab)	QL-ST	Tier 2
enalapril tab (VASOTEC equiv)	-	Value
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	Value
AGENTS FOR PHEOCHROMOCYTOMA		
metyrosine cap (DEMSER equiv) (QL= 448 caps/28 days)	PA-QL	Tier 2
phenoxybenzamine cap (DIBENZYLINE equiv)	-	Tier 2
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan tab (ATACAND equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 1
irbesartan tab (AVAPRO equiv)	-	Tier 1
olmesartan tab (BENICAR equiv)	-	Tier 1
telmisartan tab (MICARDIS equiv)	-	Tier 1
valsartan tab (DIOVAN equiv)	-	Tier 1
VALSARTAN SOLN (QL= 2400ml/30 days)	QL	Tier 2
losartan tab (COZAAR equiv)	-	Value
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine tab (CATAPRES equiv)	-	Tier 1
doxazosin tab (CARDURA equiv)	-	Tier 1
guanfacine IR tab (TENEX equiv)	-	Tier 1
methyldopa tab (ALDOMET equiv)	-	Tier 1
prazosin cap (MINIPRESS equiv)	-	Tier 1
terazosin cap (HYTRIN equiv)	-	Tier 1
clonidine patch (CATAPRES-TTS equiv)	-	Tier 2
METHYLDOPA TAB	-	Tier 2
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	Tier 1
amlodipine/olmesartan tab (AZOR TAB equiv)	-	Tier 1
amlodipine/valsartan tab (EXFORGE equiv)	-	Tier 1
atenolol/chlorthalidone tab (TENORETIC equiv)	-	Tier 1
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	Tier 1
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	Tier 1
captopril/hydrochlorothiazide tab (CAPOZIDE equiv)	-	Tier 1
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	Tier 1
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	Tier 1
methyldopa/hydrochlorothiazide tab (ALDORIL equiv)	-	Tier 1
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	Tier 1
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB	-	Tier 1
moexipril/hydrochlorothiazide tab (UNIRETIC equiv)	-	Tier 1
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR TAB equiv) (QL= 30 tabs/30 days)	QL	Tier 1
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	Tier 1
propranolol/hydrochlorothiazide tab (INDERIDE equiv)	-	Tier 1
QUINAPRIL/HCTZ TAB	-	Tier 1
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	Tier 1
trandolapril/verapamil ER tab (TARKA equiv)	-	Tier 1
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	Tier 1

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DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) (QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ)	QL-ST	Tier 2
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug)	ST	Tier 2
METHYLDOPA/HYDROCHLOROTHIAZIDE TAB	-	Tier 2
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB	-	Tier 2
telmisartan/amlodipine tab (TWYNSTA equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 2
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 2
telmisartan/hydrochlorothiazide tab 40-12.5MG (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 2
telmisartan/hydrochlorothiazide tab 80-25MG (MICARDIS HCT equiv) (Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz)	ST	Tier 2
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	Value
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	Value
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	Value
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	Value
DIRECT RENIN INHIBITORS		
aliskiren tab (TEKTURNA equiv) (Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB))	ST	Tier 2
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv)	-	Tier 1
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	Tier 1
minoxidil tab (LONITEN equiv)	-	Tier 1
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab (FLAGYL equiv)	-	Tier 1
tinidazole tab (TINDAMAX equiv)	-	Tier 1
trimethoprim tab (PROLOPRIM equiv)	-	Tier 1
LIKMEZ SUSP (QL= 210ml/14 days)	QL	Tier 2
metronidazole cap (FLAGYL equiv)	-	Tier 2
pentamidine neb soln (NEBUPENT equiv)	-	Tier 2
PRIMSOL SOLN	-	Tier 2
TRIMETHOPRIM TAB	-	Tier 2
IMPAVIDO CAP (QL= 3 caps/day)	AMSP-QL	Tier 2 Specialty
ANTI-INFECTIVE MISC. - COMBINATIONS		
smz/tmp (DS) tab (BACTRIM DS equiv)	-	Tier 1
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	Tier 1
UTA cap	-	Tier 1
HYOPHEN TAB	-	Tier 2
ANTIPROTOZOAL AGENTS		
atovaquone susp (MEPRON equiv)	-	Tier 1
LAMPIT TAB 120MG (QL= 225 tabs/30 days)	QL	Tier 2
LAMPIT TAB 30MG (QL= 360 tabs/30 days)	QL	Tier 2

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DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/fill, 2 fills/month)	QL	Tier 2
GLYCOPEPTIDES		
vancomycin cap 125mg (VANCOCIN equiv) (QL= 56 caps/30 days)	QL	Tier 1
vancomycin cap 250mg (VANCOCIN equiv) (QL= 112 caps/30 days)	QL	Tier 1
vancomycin hcl for iv soln (VANCOMYCIN equiv)	-	Tier 1
VANCOMYCIN INJ	-	Tier 1
vancomycin hcl for oral soln 25mg/ml (FIRVANQ equiv) (QL= 300ml/30 days)	QL	Tier 2
vancomycin hcl for oral soln 50mg/ml (FIRVANQ equiv) (QL= 300ml/30 days)	QL	Tier 2
LEPROSTATICS		
dapsone tab	-	Tier 1
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	Tier 1
clindamycin soln (CLEOCIN equiv)	-	Tier 1
MONOBACTAMS		
CAYSTON INH SOLN (Only available through Walgreens 888-347-3416)	LD	Tier 2 Specialty
OXAZOLIDINONES		
linezolid susp	-	Tier 1
linezolid tab (ZYVOX equiv)	-	Tier 1
SIVEXTRO TAB (QL= 6 tabs/fill)	QL	Tier 2
URINARY ANTI-INFECTIVES		
methenamine hippurate tab (HIPREX equiv)	-	Tier 1
methenamine mandelate tab	-	Tier 1
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	Tier 1
nitrofurantoin monohydrate cap (MACROBID equiv)	-	Tier 1
nitrofurantoin susp (FURADANTIN equiv)	-	Tier 1
fosfomycin tromethamine powder pack (MONUROL equiv)	-	Tier 2
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	Tier 1
ANTIMALARIALS		
chloroquine tab (ARALEN equiv)	-	Tier 1
hydroxychloroquine tab (PLAQUENIL equiv)	-	Tier 1
quinine sulfate cap (QUALAQUIN equiv)	-	Tier 1
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 1 Specialty
KRINTAFEL TAB (QL= 2 tabs/365 days)	QL	Tier 2
mefloquine tab (LARIAM equiv)	-	Tier 2
primaquine tab (PRIMAQUINE equiv)	-	Tier 2
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
GUANIDINE TAB	-	Tier 1
pyridostigmine CR tab (MESTINON equiv)	-	Tier 1
pyridostigmine tab (MESTINON equiv)	-	Tier 1
pyridstigmine soln (MESTINON equiv)	-	Tier 2

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DrugName	Special Code	Tier
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
cycloserine cap (CYCLOSERINE equiv)	-	Tier 1
ethambutol tab (MYAMBUTOL equiv)	-	Tier 1
isoniazid tab	-	Tier 1
pyrazinamide tab	-	Tier 1
rifabutin cap (MYCOBUTIN equiv)	-	Tier 1
rifampin cap (RIFADIN equiv)	-	Tier 1
SIRTURO TAB (Only available through MMS Solutions 855-691-0963)	LD	Tier 2 Specialty
ANTINEOPLASTICS		
ALKYLATING AGENTS		
HEXALEN CAP (Only available through Walgreens 888-347-3416)	LD	Tier 2 Specialty
MYLERAN TAB	AMSP	Tier 2 Specialty
ANTIMETABOLITES		
mercaptopurine tab (PURINETHOL equiv)	-	Tier 1
methotrexate tab (TREXALL equiv)	-	Tier 1
TABLOID TAB (QL= 4 tabs/day)	AMSP-QL	Tier 2 Specialty
ANTINEOPLASTIC ENZYME INHIBITORS		
ZOLINZA CAP	LMSP-PA-SF	Tier 2 Specialty
ANTINEOPLASTICS MISC.		
hydroxyurea cap (HYDREA equiv)	-	Tier 1
tretinoin cap (VESANOID equiv)	AMSP	Tier 1 Specialty
INTRON-A INJ	AMSP	Tier 2 Specialty
MATULANE CAP (Only available through Walgreens 888-347-3416)	LD	Tier 2 Specialty
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	Tier 1
MESNEX TAB	AMSP	Tier 2 Specialty
MITOTIC INHIBITORS		
etoposide cap (VEPESID equiv)	-	Tier 1
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	LMSP-PA	Tier 2 Specialty
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
cyclophosphamide cap	-	Tier 1 Specialty
temozolomide cap (TEMODAR equiv)	AMSP	Tier 1 Specialty

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
MELPHALAN TAB	AMSP	Tier 2 Specialty
ANTIMETABOLITES		
METHOTREXATE INJ	-	Tier 1
capecitabine tab (XELODA equiv)	AMSP	Tier 1 Specialty
PURIXAN SUSP (Step Therapy requires trial of mercaptopurine tab)	AMSP-ST	Tier 2 Specialty
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB (QL= 8 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty
LENVIMA CAP (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK (Only available through Optum 877-445-6874)	LD-PA	Tier 2 Specialty
VENCLEXTA TAB (Only available through Optum 877-445-6874)	LD-PA	Tier 2 Specialty
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib tab 100mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty
erlotinib tab 150mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty
gefitinib tab (QL= 1 tab/day)	AMSP-PA-QL	Tier 1 Specialty
GILOTRIF TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
TAGRISSO TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP (QL= 1 cap/day)	AMSP-PA-QL-SF	Tier 2 Specialty
ODOMZO CAP	AMSP-PA-SF	Tier 2 Specialty
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
anastrozole tab (ARIMIDEX equiv)	-	Preventive
exemestane tab (AROMASIN equiv)	-	Preventive
letrozole tab (FEMARA equiv)	-	Preventive
tamoxifen tab (NOLVADEX equiv) (Covered at $0 for women 35 years or older; All other members covered at generic copay)	-	Preventive
bicalutamide tab (CASODEX equiv)	-	Tier 1
flutamide cap (EULEXIN equiv)	-	Tier 1
megestrol susp (MEGACE equiv)	-	Tier 1
megestrol tab (MEGACE equiv)	-	Tier 1

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

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
toremifene tab (FARESTON equiv) (Step Therapy requires trial of tamoxifen)	ST	Tier 1
abiraterone acetate tab 500mg (ZYTIGA equiv) (QL= 2 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty
nilutamide tab (NILANDRON equiv) (QL= 150mg/day after the first 30 days)	AMSP-PA-QL	Tier 1 Specialty
ERLEADA TAB (QL= 4 tabs/day)	AMSP-PA-QL	Tier 2 Specialty
ERLEADA TAB 240MG (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty
HYDROXYPROGESTERONE CAPROATE INJ (QL= 1 vial/35 days)	AMSP-PA-QL	Tier 2 Specialty
LEUPROLIDE INJ (QL= 1 kit/90 days)	AMSP-PA-QL	Tier 2 Specialty
LUPRON DEPOT INJ	AMSP-PA	Tier 2 Specialty
LYSODREN TAB (Only available through Walgreens 888-347-3416)	LD	Tier 2 Specialty
NUBEQA TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP (QL= 21 caps/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
ANTINEOPLASTIC COMBINATIONS		
KISQALI PAK (QL= 91 tabs/28 days)	AMSP-PA-QL	Tier 2 Specialty
LONSURF TAB (Only available through Optum 877-445-6874 or Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty
ANTINEOPLASTIC ENZYME INHIBITORS		
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Tier 1 Specialty
everolimus tab for oral susp (AFINITOR equiv) (QL= 1 tab/day)	AMSP-PA-QL-SF	Tier 1 Specialty
imatinib tab 100mg (GLEEVEC equiv) (QL= 3 tabs/day)	AMSP-PA-QL	Tier 1 Specialty
imatinib tab 400mg (GLEEVEC equiv) (QL= 2 tabs/day)	AMSP-PA-QL	Tier 1 Specialty
lapatinib ditosylate tab (TYKERB equiv) (QL= 5 tabs/day)	AMSP-PA-QL	Tier 1 Specialty
pazopanib hcl tab (VOTRIENT equiv) (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Tier 1 Specialty
sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day)	AMSP-PA-QL-SF	Tier 1 Specialty
ALECENSA CAP (QL= 8 caps/day)	AMSP-PA-QL	Tier 2 Specialty
ALUNBRIG TAB 30MG (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Tier 2 Specialty
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Tier 2 Specialty

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
BOSULIF CAP (QL= 5 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty
BOSULIF TAB (Only available through Walgreens 888-347-3416)	LD-PA-SF	Tier 2 Specialty
CABOMETYX TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty
CALQUENCE CAP (QL= 2 caps/day)	AMSP-PA-QL-SF	Tier 2 Specialty
CALQUENCE TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Tier 2 Specialty
CAPRELSA TAB (Only available through Biologics 800-850-4306)	LD-PA	Tier 2 Specialty
COMETRIQ KIT (Only available through Optum 877-445-6874)	LD-PA	Tier 2 Specialty
COTELLIC TAB (QL= 3 tabs/day)	LMSP-PA-QL	Tier 2 Specialty
ICLUSIG TAB (Only available through AcariaHealth 800-511-5144)	LD-PA-SF	Tier 2 Specialty
IMBRUVICA CAP 140MG (QL= 3 caps/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty
IMBRUVICA CAP 70MG (QL= 1 cap/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty
IMBRUVICA SUSP (QL= 2 bottles/30 days; Only available through Optum 877-445-6874)	LD-PA-QL	Tier 2 Specialty
IMBRUVICA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL	Tier 2 Specialty
JAKAFI TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty
KISQALI TAB (QL= 63 tabs/28 days)	AMSP-PA-QL	Tier 2 Specialty
LYNPARZA CAP (QL= 16 caps/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Tier 2 Specialty
LYNPARZA TAB (QL= 4 tabs/day; Only available through Biologics 800-850-4306)	LD-PA-QL-SF	Tier 2 Specialty
MEKINIST SOLN (QL= 40ml/day)	LMSP-PA-QL	Tier 2 Specialty
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	AMSP-PA-QL	Tier 2 Specialty
MEKINIST TAB 2MG (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty
NINLARO CAP	AMSP-PA	Tier 2 Specialty
RUBRACA TAB (QL= 4 tabs/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty
sorafenib tosylate tab (NEXAVAR equiv) (QL= 4 tabs/day)	AMSP-PA-QL-SF	Tier 2 Specialty
SPRYCEL TAB	AMSP-PA-SF	Tier 2 Specialty
STIVARGA TAB (QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
TAFINLAR CAP (QL= 4 caps/day)	AMSP-PA-QL	Tier 2 Specialty

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DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
TAFINLAR TAB (QL= 12 tabs/day)	LMSP-PA-QL	Tier 2 Specialty
TASIGNA CAP	AMSP-PA-SF	Tier 2 Specialty
VERZENIO TAB (QL= 2 tabs/day)	AMSP-PA-QL-SF	Tier 2 Specialty
VOTRIENT TAB (QL= 120 tabs/30 days)	AMSP-PA-QL-SF	Tier 2 Specialty
XALKORI CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty
XALKORI SPRINKLE CAP (QL= 6 caps/day; Only available through Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty
ZEJULA CAP (QL= 30 caps/30 days; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty
ZEJULA TAB (QL= 1 tab/day; Only available through Optum 877-445-6874)	LD-PA-QL-SF	Tier 2 Specialty
ZELBORAF TAB (QL= 8 tabs/day)	LMSP-PA-QL-SF	Tier 2 Specialty
ZYDELIG TAB (Only available through Optum 877-445-6874)	LD-PA	Tier 2 Specialty
ZYKADIA CAP (QL= 3 caps/day)	AMSP-PA-QL-SF	Tier 2 Specialty
ZYKADIA TAB (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 2 Specialty
ANTINEOPLASTICS MISC.		
bexarotene cap (TARGRETIN equiv)	AMSP-PA-SF	Tier 1 Specialty
SYNRIBO INJ (Only available through US Bioservices 888-518-7246)	LD-PA	Tier 2 Specialty
MITOTIC INHIBITORS		
ETOPOSIDE CAP	-	Tier 1 Specialty
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	Tier 1
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	Tier 1
trihexyphenidyl tab (ARTANE equiv)	-	Tier 1
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	Tier 1
tolcapone tab (TASMAR equiv) (QL= 3 caps/day)	QL	Tier 2
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	Tier 1
amantadine syrup (SYMMETREL equiv)	-	Tier 1
amantadine tab	-	Tier 1
bromocriptine cap (PARLODEL equiv)	-	Tier 1
bromocriptine tab (PARLODEL equiv)	-	Tier 1
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	Tier 1

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DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
carbidopa/levodopa ODT (PARCOPA equiv)	-	Tier 1
carbidopa/levodopa tab (SINEMET equiv)	-	Tier 1
pramipexole tab (MIRAPEX equiv)	-	Tier 1
ropinirole tab (REQUIP equiv)	-	Tier 1
pramipexole ER tab (MIRAPEX ER equiv) (QL= 1 tab/day)	QL	Tier 2
ropinirole ER tab (REQUIP XL equiv) (QL= 1 tab/day; Step Therapy requires trial of ropinirole)	QL-ST	Tier 2
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline tab (AZILECT equiv) (QL= 1 tab/day)	QL	Tier 1
selegiline cap (ELDEPRYL equiv)	-	Tier 1
selegiline tab (ELDEPRYL equiv) (QL= 2 tabs/day)	QL	Tier 1
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ANTICHOLINERGICS		
trihexyphenidyl elixir (ARTANE equiv)	-	Tier 1
TRIHEXYPHENIDYL SOLN (QL= 946ml/28 days)	QL	Tier 1
ANTIPARKINSON DOPAMINERGICS		
carbidopa-levodopa-entacapone tab 12.5-50-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1
carbidopa-levodopa-entacapone tab 18.75-75-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1
carbidopa-levodopa-entacapone tab 25-100-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1
carbidopa-levodopa-entacapone tab 31.25-125-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1
carbidopa-levodopa-entacapone tab 37.5-150-200mg (STALEVO equiv) (QL= 8 tabs/day)	QL	Tier 1
carbidopa-levodopa-entacapone tab 50-200-200mg (STALEVO equiv) (QL= 6 tabs/day)	QL	Tier 1
apomorphine inj (APOKYN equiv) (QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767)	LD-QL	Tier 1 Specialty
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap (ESKALITH ER equiv)	-	Tier 1
lithium carbonate ER tab (LITHOBID equiv)	-	Tier 1
lithium carbonate tab	-	Tier 1
lithium oral solution (LITHIUM equiv)	-	Tier 1
ANTIPSYCHOTICS - MISC.		
lurasidone hcl tab (LATUDA equiv) (QL= 1 tab/day)	QL	Tier 1
ziprasidone cap (GEODON equiv) (QL= 2 caps/day)	QL	Tier 1
ziprasidone mesylate inj (GEODON equiv)	AMSP	Tier 1 Specialty
VRAYLAR CAP (QL= 1 cap/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, clozapine, or lurasidone)	QL-ST	Tier 2
VRAYLAR PACK (QL= 2 packs/plan year; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, clozapine, or lurasidone)	QL-ST	Tier 2
BENZISOXAZOLES		
paliperidone ER tab (INVEGA equiv) (QL= 1 tab/day)	QL	Tier 1
risperidone ODT (RISPERDAL M equiv)	-	Tier 1
risperidone soln (RISPERDAL equiv)	-	Tier 1
risperidone tab (RISPERDAL equiv)	-	Tier 1
risperidone microspheres inj (RISPERDAL equiv) (QL= 2 inj/28 days)	AMSP-QL	Tier 1 Specialty
RISPERIDONE ODT	-	Tier 2

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DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
INVEGA HAFYERA INJ	AMSP	Tier 2 Specialty
INVEGA SUSTENNA INJ	AMSP	Tier 2 Specialty
INVEGA TRINZA INJ	AMSP	Tier 2 Specialty
PERSERIS INJ	AMSP	Tier 2 Specialty
RYKINDO INJ	AMSP	Tier 2 Specialty
UZEDY INJ	AMSP	Tier 2 Specialty
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	Tier 1
haloperidol tab (HALDOL equiv)	-	Tier 1
haloperidol decanoate inj	AMSP	Tier 2 Specialty
DIBENZAPINES		
CLOZAPINE ODT (QL= 3 tabs/day)	QL	Tier 1
clozapine ODT 25mg, 100mg (CLOZAPINE, FAZACLO equiv) (QL= 3 tabs/day)	QL	Tier 1
clozapine tab (CLOZARIL equiv) (QL= 3 tabs/day)	QL	Tier 1
loxapine cap (LOXITANE equiv)	-	Tier 1
olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day)	QL	Tier 1
olanzapine tab (ZYPREXA equiv)	-	Tier 1
quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day)	QL	Tier 1
quetiapine XR tab (SEROQUEL XR equiv) (QL= 1 tab/day)	QL	Tier 1
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT)	QL-ST	Tier 2
olanzapine inj (ZYPREXA equiv)	AMSP	Tier 2 Specialty
ZYPREXA RELPREVV INJ	AMSP	Tier 2 Specialty
DIHYDROINDOLONES		
MOLINDONE TAB	-	Tier 2
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	Tier 1
fluphenazine tab (PROLIXIN equiv)	-	Tier 1
perphenazine tab (TRILAFON equiv)	-	Tier 1
prochlorperazine supp (COMPAZINE equiv)	-	Tier 1
prochlorperazine tab (COMPAZINE equiv)	-	Tier 1
thioridazine tab (MELLARIL equiv)	-	Tier 1
trifluoperazine tab (STELAZINE equiv)	-	Tier 1
QUINOLINONE DERIVATIVES		
aripiprazole ODT (ABILIFY equiv) (QL= 2 tabs/day)	QL	Tier 1
aripiprazole soln (ABILIFY equiv) (QL= 30 ml/day)	QL	Tier 1
aripiprazole tab (ABILIFY equiv)	-	Tier 1
REXULTI TAB (QL= 1 tab/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, clozapine, or lurasidone)	QL-ST	Tier 2

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ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
ABILIFY ASIMTUFII INJ	AMSP	Tier 2 Specialty
ABILIFY MAINTENA INJ	AMSP	Tier 2 Specialty
ARISTADA 675MG/2.4ML INJ	AMSP	Tier 2 Specialty
ARISTADA INJ	AMSP	Tier 2 Specialty
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	Tier 1
ANTIVIRALS		
ANTIRETROVIRALS		
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg (TRUVADA equiv) (QL= 30 tabs/30 days)	QL	Preventive
abacavir soln (ZIAGEN equiv) (QL= 960ml/30 days)	QL	Tier 1
abacavir tab (ZIAGEN equiv) (QL= 2 tabs/day)	QL	Tier 1
abacavir/lamivudine tab (EPZICOM equiv) (QL= 1 tab/day)	QL	Tier 1
abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) (QL= 2 tabs/day)	QL	Tier 1
atazanavir cap 150mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Tier 1
atazanavir cap 200mg (REYATAZ equiv) (QL= 2 caps/day)	QL	Tier 1
atazanavir cap 300mg (REYATAZ equiv) (QL= 1 cap/day)	QL	Tier 1
darunavir tab 600mg (PREZISTA equiv) (QL= 2 tabs/day)	QL	Tier 1
darunavir tab 800mg (PREZISTA equiv) (QL= 1 tab/day)	QL	Tier 1
didanosine DR cap (VIDEX EC equiv) (QL= 1 cap/day)	QL	Tier 1
EFAVIRENZ CAP	-	Tier 1
efavirenz tab (SUSTIVA equiv)	-	Tier 1
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv) (QL= 1 tab/day)	QL	Tier 1
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	Tier 1
emtricitabine cap (EMTRIVA equiv) (QL= 1 cap/day)	QL	Tier 1
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv) (QL= 30 tabs/30 days)	QL	Tier 1
etravirine tab 100mg (INTELENCE equiv) (QL= 4 tabs/day)	QL	Tier 1
etravirine tab 200mg (INTELENCE equiv) (QL= 2 tabs/day)	QL	Tier 1
fosamprenavir tab (LEXIVA equiv) (QL= 4 tabs/day)	QL	Tier 1
lamivudine soln (EPIVIR equiv) (QL= 960ml/30 days)	QL	Tier 1
lamivudine tab 150mg (EPIVIR equiv) (QL= 2 tabs/day)	QL	Tier 1
lamivudine tab 300mg (EPIVIR equiv) (QL= 1 tab/day)	QL	Tier 1
lamivudine/zidovudine tab (COMBIVIR equiv) (QL= 2 tabs/day)	QL	Tier 1
lopinavir/ritonavir soln (KALETRA equiv) (QL= 480ml/30 days)	QL	Tier 1
lopinavir-ritonavir tab 100-25mg (QL= 2 tabs/day)	QL	Tier 1
lopinavir-ritonavir tab 200-50mg (QL= 4 tabs/day)	QL	Tier 1
maraviroc tab 150mg (SELZENTRY equiv) (QL= 2 tabs/day)	QL	Tier 1
maraviroc tab 300mg (SELZENTRY equiv) (QL= 4 tabs/day)	QL	Tier 1
nevirapine ER tab (VIRAMUNE XR equiv) (QL= 1 tab/day)	QL	Tier 1
nevirapine tab (VIRAMUNE equiv) (QL= 2 tabs/day)	QL	Tier 1
ritonavir tab (NORVIR equiv) (QL= 12 tabs/day)	QL	Tier 1
stavudine cap (ZERIT equiv) (QL= 2 caps/day)	QL	Tier 1
tenofovir disoproxil fumarate tab (VIREAD equiv) (QL= 1 tab/day)	QL	Tier 1

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

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
zidovudine cap (RETROVIR equiv) (QL= 6 caps/day)	QL	Tier 1
zidovudine syrup (RETROVIR equiv) (QL= 1920ml/30 days)	QL	Tier 1
zidovudine tab (RETROVIR equiv) (QL= 2 tabs/day)	QL	Tier 1
APTIVUS CAP (QL= 4 caps/day)	QL	Tier 2
APTIVUS SOLN (QL= 380ml/30 days)	QL	Tier 2
ATRIPLA TAB (QL= 1 tab/day)	QL	Tier 2
BIKTARVY TAB (QL= 1 tab/day)	QL	Tier 2
CIMDUO TAB	-	Tier 2
COMPLERA TAB (QL= 1 tab/day)	QL	Tier 2
CRIXIVAN CAP	-	Tier 2
DELSTRIGO TAB	-	Tier 2
DESCOVY TAB (QL= 1 tab/day)	PA-QL	Tier 2
DIDANOSINE DR CAP (QL= 2 caps/day)	QL	Tier 2
EDURANT TAB (QL= 1 tab/day)	QL	Tier 2
EMTRIVA SOLN (QL= 850ml/30 days)	QL	Tier 2
EVOTAZ TAB (QL= 1 tab/day)	QL	Tier 2
GENVOYA TAB (QL= 1 tab/day)	QL	Tier 2
INTELENCE TAB (QL= 4 tabs/day)	QL	Tier 2
INTELENCE TAB 25MG (QL= 4 tabs/day)	QL	Tier 2
INVIRASE CAP (QL= 10 caps/day)	QL	Tier 2
INVIRASE TAB (QL= 4 tabs/day)	QL	Tier 2
ISENTRESS (HD) TAB (QL= 2 tabs/day)	QL	Tier 2
ISENTRESS CHEW TAB (QL= 6 tabs/day)	QL	Tier 2
ISENTRESS POWDER PACK (QL= 2 packets/day)	QL	Tier 2
JULUCA TAB (QL= 1 tab/day)	QL	Tier 2
KALETRA TAB 100-25MG (QL= 2 tabs/day)	QL	Tier 2
KALETRA TAB 200-50MG (QL= 4 tabs/day)	QL	Tier 2
NEVIRAPINE ER TAB (QL= 3 tabs/day)	QL	Tier 2
NEVIRAPINE SUSP (QL= 1200ml/30 days)	QL	Tier 2
NORVIR CAP (QL= 12 caps/day)	QL	Tier 2
NORVIR POWDER PACK (QL= 12 packets/day)	QL	Tier 2
NORVIR SOLN (QL= 480ml/30 days)	QL	Tier 2
ODEFSEY TAB (QL= 1 tab/day)	QL	Tier 2
PIFELTRO TAB	-	Tier 2
PREZCOBIX TAB (QL= 1 tab/day)	QL	Tier 2
PREZISTA SUSP (QL= 400ml/30 days)	QL	Tier 2
PREZISTA TAB (QL= 1 tab/day)	QL	Tier 2
PREZISTA TAB 150MG (QL= 8 tabs/day)	QL	Tier 2
PREZISTA TAB 600MG (QL= 2 tabs/day)	QL	Tier 2
PREZISTA TAB 75MG (QL= 16 tabs/day)	QL	Tier 2
RESCRIPTOR TAB	-	Tier 2
REYATAZ POWDER PACK (QL= 5 packets/day)	QL	Tier 2
SELZENTRY SOLN (QL= 31ml/day)	QL	Tier 2
SELZENTRY TAB 150MG (QL= 2 tabs/day)	QL	Tier 2
SELZENTRY TAB 25MG (QL= 4 tabs/day)	QL	Tier 2
SELZENTRY TAB 300MG (QL= 4 tabs/day)	QL	Tier 2
SELZENTRY TAB 75MG (QL= 2 tabs/day)	QL	Tier 2

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
STRIBILD TAB (QL= 1 tab/day)	QL	Tier 2
SYMTUZA TAB	-	Tier 2
TIVICAY PD TAB (QL= 180 tabs/30 days)	QL	Tier 2
TIVICAY TAB (QL= 180 tabs/30 days)	QL	Tier 2
TRIUMEQ PD TAB (QL= 6 tabs/day)	QL	Tier 2
TRIUMEQ TAB (QL= 1 tab/day)	QL	Tier 2
TYBOST TAB	-	Tier 2
VIDEX SOLN (QL= 600ml/30 days)	QL	Tier 2
VIRACEPT TAB	-	Tier 2
VIREAD POWDER	-	Tier 2
VIREAD TAB (QL= 1 tab/day)	QL	Tier 2
FUZEON INJ	AMSP	Tier 2 Specialty
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	QL	Tier 2
PAXLOVID TAB 300-100	QL	Tier 2
CMV AGENTS		
valganciclovir soln (VALCYTE equiv)	-	Tier 1
valganciclovir tab (VALCYTE equiv)	-	Tier 1
HEPATITIS AGENTS		
adefovir dipivoxil tab (HEPSERA equiv) (QL= 1 tab/day)	AMSP-QL	Tier 1 Specialty
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	Tier 1 Specialty
lamivudine tab 100mg (EPIVIR HBV equiv) (QL= 1 tab/day)	AMSP-QL	Tier 1 Specialty
MAVYRET PAK (QL= 5 packets/day)	AMSP-QL	Tier 1 Specialty
MAVYRET TAB (QL= 3 tabs/day)	AMSP-QL	Tier 1 Specialty
RIBAVIRIN CAP	AMSP	Tier 1 Specialty
ribavirin cap (REBETOL equiv)	AMSP	Tier 1 Specialty
RIBAVIRIN TAB	AMSP	Tier 1 Specialty
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 1 Specialty
BARACLUDE SOLN (QL= 630ml/30 days)	AMSP-PA-QL	Tier 2 Specialty
DAKLINZA TAB (Only available through Lumicera 855-847-3553)	LMSP-PA	Tier 2 Specialty
EPIVIR HBV SOLN (QL= 720ml/30 days)	AMSP-QL	Tier 2 Specialty

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DrugName	Special Code	Tier
ANTIVIRALS Cont.		
OLYSIO CAP (Only available through Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty
PEGASYS INJ	AMSP-PA	Tier 2 Specialty
PEG-INTRON INJ (Only available through Lumicera 855-847-3553)	LMSP-PA	Tier 2 Specialty
REBETOL SOLN	AMSP-PA	Tier 2 Specialty
RIBAPAK TAB (Step Therapy requires trial of ribavirin)	AMSP-ST	Tier 2 Specialty
TECHNIVIE TAB (QL= 1 pack/28 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
TYZEKA TAB (Only available through Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty
VEMLIDY TAB (QL= 1 tab/day)	AMSP-QL	Tier 2 Specialty
VIEKIRA PAK TAB (QL= 4 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Tier 2 Specialty
VIEKIRA XR TAB (QL= 3 tabs/day; Only available through Lumicera 855-847-3553)	LMSP-PA-QL	Tier 2 Specialty
VOSEVI TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty
ZEPATIER TAB (QL= 1 tab/day)	AMSP-PA-QL	Tier 2 Specialty
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	Tier 1
acyclovir susp (ZOVIRAX equiv)	-	Tier 1
acyclovir tab (ZOVIRAX equiv)	-	Tier 1
famciclovir tab 125mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Tier 1
famciclovir tab 250mg (FAMVIR equiv) (QL= 2 tabs/day)	QL	Tier 1
famciclovir tab 500mg (FAMVIR equiv) (QL= 21 tabs/fill, 2 fills/month)	QL	Tier 1
valacyclovir tab (VALTREX equiv)	-	Tier 1
INFLUENZA AGENTS		
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Tier 1
oseltamivir cap 45mg (TAMIFLU equiv) (QL= 40 caps/183 days)	QL	Tier 1
oseltamivir cap 75mg (TAMIFLU equiv) (QL= 20 caps/183 days)	QL	Tier 1
oseltamivir susp (TAMIFLU equiv) (QL= 360ml/183 days)	QL	Tier 1
RIMANTADINE TAB	-	Tier 1
RELENZA DISKHALER (QL= 1 inhaler/fill, 1 fill/month)	QL	Tier 2
MISC. ANTIVIRALS		
MOLNUPIRAVIR CAP (QL= 40 caps/fill)	QL	Preventive
LAGEVRIO CAP 200MG (QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older)	QL	Tier 2
ASSORTED CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB	-	Tier 2
IMMUNOMODULATORS		

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DrugName	Special Code	Tier
ASSORTED CLASSES Cont.		
THALOMID CAP (QL= 2 caps/day; Only available through Walgreens 888-347-3416)	LD-QL	Tier 2 Specialty
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab (IMURAN equiv)	-	Tier 1
cyclosporine modified cap (NEORAL equiv)	-	Tier 1
cyclosporine modified soln (NEORAL equiv)	-	Tier 1
mycophenolate DR tab (MYFORTIC equiv)	-	Tier 1
mycophenolate mofetil cap (CELLCEPT equiv)	-	Tier 1
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	Tier 1
mycophenolate mofetil tab (CELLCEPT equiv)	-	Tier 1
tacrolimus cap (PROGRAF equiv)	-	Tier 1
cyclosporine cap (SANDIMMUNE equiv)	-	Tier 2
sirolimus tab (RAPAMUNE equiv)	-	Tier 2
POTASSIUM REMOVING RESINS		
sodium polystyrene powder (KAYEXALATE equiv)	-	Tier 2
sodium polystyrene susp (SPS equiv)	-	Tier 2
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
labetalol tab (NORMODYNE equiv)	-	Tier 1
carvedilol phosphate ER cap (COREG CR equiv)	-	Tier 2
carvedilol tab (COREG equiv)	-	Value
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol cap (SECTRAL equiv)	-	Tier 1
betaxolol tab (KERLONE equiv)	-	Tier 1
bisoprolol tab (ZEBETA equiv)	-	Tier 1
nebivolol hcl tab (BYSTOLIC equiv) (QL= 1 tab/day)	QL	Tier 1
atenolol tab (TENORMIN equiv)	-	Value
metoprolol ER tab (TOPROL XL equiv)	-	Value
metoprolol tab (LOPRESSOR equiv)	-	Value
BETA BLOCKERS NON-SELECTIVE		
nadolol tab (CORGARD equiv)	-	Tier 1
pindolol tab (VISKEN equiv)	-	Tier 1
propranolol ER cap (INDERAL LA equiv)	-	Tier 1
propranolol oral soln	-	Tier 1
PROPRANOLOL SOLN	-	Tier 1
propranolol tab (INDERAL equiv)	-	Tier 1
sotalol AF tab (BETAPACE AF equiv)	-	Tier 1
sotalol tab (BETAPACE equiv)	-	Tier 1
timolol maleate tab (BLOCADREN equiv)	-	Tier 1
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
diltiazem ER cap (CARDIZEM CD equiv)	-	Tier 1
diltiazem ER cap (CARDIZEM SR equiv)	-	Tier 1
diltiazem ER cap (DILACOR XR equiv)	-	Tier 1
diltiazem ER cap (TIAZAC equiv)	-	Tier 1

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DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
diltiazem ER tab (CARDIZEM LA equiv)	-	Tier 1
diltiazem tab (CARDIZEM equiv)	-	Tier 1
felodipine ER tab (PLENDIL equiv)	-	Tier 1
isradipine cap (DYNACIRC equiv)	-	Tier 1
nicardipine cap (CARDENE equiv)	-	Tier 1
nifedipine cap (PROCARDIA equiv)	-	Tier 1
nifedipine ER tab (ADALAT CC equiv)	-	Tier 1
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	Tier 1
verapamil tab (CALAN equiv)	-	Tier 1
nimodipine cap (NIMOTOP equiv)	-	Tier 2
nisoldipine ER tab (SULAR equiv)	-	Tier 2
amlodipine tab (NORVASC equiv)	-	Value
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin tab (LANOXIN equiv)	-	Tier 1
digoxin tab 62.5mcg (LANOXIN equiv) (QL= 1 tab/day)	QL	Tier 1
digoxin soln (LANOXIN equiv)	-	Tier 2
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
isosorbide dinitrate-hydralazine hcl tab (BIDIL equiv) (QL= 6 tabs/day)	QL	Tier 1
amlodipine/atorvastatin tab (CADUET equiv) (QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin))	QL-ST	Tier 2
ENTRESTO TAB (QL= 2 tabs/day)	QL	Tier 2
IMPOTENCE AGENTS		
tadalafil tab (CIALIS equiv) (QL= 1 tab/day; Prior Authorization for BPH)	PA-QL	Tier 1
PERIPHERAL VASODILATORS		
ISOXSUPRINE TAB (QL= 120 tabs/30 days)	QL	Tier 2
PROSTAGLANDIN VASODILATORS		
treprostinil inj 10mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Tier 1 Specialty
treprostinil inj 1mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Tier 1 Specialty
treprostinil inj 2.5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Tier 1 Specialty
treprostinil inj 5mg/ml (REMODULIN equiv) (Only available through Walgreens 888-347-3416)	LD-PA	Tier 1 Specialty
ORENITRAM TAB (Only available through Accredo 888-773-7376)	LD-PA	Tier 2 Specialty
TYVASO DPI POWDER 16-32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
TYVASO DPI POWDER 16-32MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
TYVASO DPI POWDER 32-48MCG (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
TYVASO DPI POWDER (QL= 4 cartridges/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty

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DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
TYVASO INH SOLN (QL= 1 ampule/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
VENTAVIS INH SOLN (QL= 9 ampules/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day)	AMSP-PA-QL	Tier 1 Specialty
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL	Tier 1 Specialty
OPSUMIT TAB (QL= 1 tab/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
TRACLEER TAB 32MG (QL= 4 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab 20mg (REVATIO equiv) (QL= 3 tabs/day)	QL	Tier 1
tadalafil tab (PAH) (ADCIRCA equiv) (QL= 2 tabs/day)	QL	Tier 1
sildenafil susp (REVATIO equiv) (QL= 224ml/30 days)	AMSP-PA-QL	Tier 1 Specialty
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	Tier 1
cefadroxil susp (DURICEF equiv)	-	Tier 1
cefadroxil tab (DURICEF equiv)	-	Tier 1
cephalexin cap (KEFLEX equiv)	-	Tier 1
cephalexin susp (KEFLEX equiv)	-	Tier 1
CEPHALEXIN TAB	-	Tier 1
cephalexin cap 750mg (QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexin 500mg tab/cap)	QL-ST	Tier 2
CEPHALOSPORINS - 2ND GENERATION		
cefprozil susp (CEFZIL equiv)	-	Tier 1
cefprozil tab (CEFZIL equiv)	-	Tier 1
cefuroxime tab (CEFTIN equiv)	-	Tier 1
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	Tier 1
cefdinir susp (OMNICEF equiv)	-	Tier 1
cefixime cap (SUPRAX equiv)	-	Tier 1
cefixime susp (SUPRAX equiv)	-	Tier 1
cefpodoxime proxetil susp (VANTIN equiv)	-	Tier 1
cefpodoxime proxetil tab (VANTIN equiv)	-	Tier 1
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	-	Preventive

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CONTRACEPTIVES Cont.		
ashlyna tab, daysee tab (SEASONALE, SEASONIQUE equiv)	-	Preventive
BALCOLTRA TAB	-	Preventive
BEYAZ TAB	-	Preventive
cryselle tab	-	Preventive
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	Preventive
enpresse tab (TRI-LEVELEN equiv)	-	Preventive
FALESSA KIT	-	Preventive
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	Preventive
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	Preventive
junel FE tab (LOESTRIN FE equiv)	-	Preventive
junel tab (LOESTRIN equiv)	-	Preventive
kelnor tab (DEMULEN equiv)	-	Preventive
layolis FE tab, wymzya FE tab (FEMCON FE equiv)	-	Preventive
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	Preventive
LO LOESTRIN TAB	-	Preventive
mibelas chew tab (MINASTRIN equiv)	-	Preventive
NATAZIA TAB	-	Preventive
NEXTSTELLIS TAB (QL= 28 tabs/24 days)	QL	Preventive
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYTULLA equiv)	-	Preventive
norethindrone/ethinyl estradiol 21 tab (LOESTRIN 21 equiv)	-	Preventive
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	Preventive
norethindrone/ethinyl estradiol tab (LOESTRIN equiv)	-	Preventive
nortrel 7/7/7 tab, pirmella 7/7/7 tab (TRI-NORINYL equiv)	-	Preventive
nortrel tab (OVCON 35 equiv)	-	Preventive
SEASONIQUE TAB	-	Preventive
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	Preventive

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CONTRACEPTIVES Cont.		
tri-legest tab (ESTROSTEP FE equiv)	-	Preventive
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	Preventive
TYBLUME TAB	-	Preventive
VELIVET PAK	-	Preventive
velivet tab (CYCLESSA equiv)	-	Preventive
vienva tab, lessina tab, kurvelo tab (ALESSE equiv)	-	Preventive
viorele tab, kariva tab (MIRCETTE equiv)	-	Preventive
YASMIN TAB	-	Preventive
YAZ TAB	-	Preventive
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
TWIRLA PATCH	-	Preventive
zafemy patch (XULANE equiv)	-	Preventive
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA RING	-	Preventive
eluryng vaginal ring (NUVARING equiv)	-	Preventive
NUVARING	-	Preventive
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD	-	Preventive
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	Preventive
levonorgestrel tab (PLAN B equiv)	OTC	Preventive
PLAN B TAB	OTC	Preventive
PROGESTIN CONTRACEPTIVES - IMPLANTS		
IMPLANON IMPLANT, NEXPLANON IMPLANT	-	Preventive
NEXPLANON IMPLANT	-	Preventive
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ (QL= 1 inj/84 days)	QL	Preventive
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/84 days)	QL	Preventive

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

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DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/84 days)	QL	Preventive
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD	-	Preventive
MIRENA IUD	-	Preventive
SKYLA IUD	-	Preventive
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	Preventive
OPILL TAB	-	Preventive
SLYND TAB	-	Preventive
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide SR cap (ENTOCORT EC equiv)	-	Tier 1
dexamethasone elixir	-	Tier 1
dexamethasone pak (DEXPAK equiv)	-	Tier 1
dexamethasone tab (DEXAMETHASONE equiv)	-	Tier 1
hydrocortisone tab (CORTEF equiv)	-	Tier 1
methylprednisolone dose pack (MEDROL equiv)	-	Tier 1
methylprednisolone tab (MEDROL equiv)	-	Tier 1
prednisolone soln	-	Tier 1
prednisolone soln (PEDIAPRED equiv)	-	Tier 1
prednisone pack	-	Tier 1
PREDNISONE SOLN	-	Tier 1
prednisone tab (DELTASONE equiv)	-	Tier 1
budesonide ER tab (UCERIS equiv)	-	Tier 2
CORTISONE ACETATE TAB	-	Tier 2
DEXAMETHASONE CONC	-	Tier 2
DEXAMETHASONE SOLN	-	Tier 2
DEXAMETHASONE TAB 20MG (QL= 8 tabs/30 days)	QL	Tier 2
DEXPAK TAB (Step Therapy requires trial of dexamethasone)	ST	Tier 2
prednisolone ODT (ORAPRED equiv) (Step therapy requires trial of two of the following: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	Tier 2
PREDNISOLONE SOLN	-	Tier 2
prednisolone tab (MILLIPRED equiv) (Step therapy requires trial of 2: prednisolone oral soln, methylprednisolone, prednisone tab/soln)	ST	Tier 2
SOLU-CORTEF INJ	-	Tier 2
deflazacort tab (EMFLAZA equiv)	AMSP-PA	Tier 2 Specialty
MINERALOCORTICOIDS		
fludrocortisone tab (FLORINEF equiv)	-	Tier 1
COUGH/COLD/ALLERGY		

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DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
ANTITUSSIVES		
benzonatate cap (TESSALON equiv)	-	Tier 1
hydrocodone/homatropine syrup (HYCODAN equiv)	-	Tier 1
tussigon tab (HYCODAN equiv)	-	Tier 1
COUGH/COLD/ALLERGY COMBINATIONS		
ADVIL COLD/ TAB SINUS (QL= 240 tabs/30 days)	QL	Tier 1
cold/allergy elx children (QL= 2400ml/30 days)	QL	Tier 1
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill, 2 fills/month)	OTC-QL	Tier 1
HYD POL/CPM SUSP (QL= 10ml/day)	QL	Tier 1
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv)	-	Tier 1
ibuprofen tab cold/sinus (QL= 240 tabs/30 days)	QL	Tier 1
LORTUSS EX LIQUID (QL= 1200ml/30 days)	QL	Tier 1
promethazine DM syrup	-	Tier 1
PROMETHAZINE VC SYRUP	-	Tier 1
promethazine VC syrup (PHENERGAN VC equiv)	-	Tier 1
PROMETHAZINE VC/CODEINE SYRUP	-	Tier 1
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	Tier 1
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	Tier 1
triprolidine/pseudoephedrine tab 2.5-60 mg (QL= 4 tabs/day)	QL	Tier 1
trispec pse liquid (QL= 1200ml/30 days)	OTC-QL	Tier 1
tussin cf liquid (QL= 1200ml/30 days)	QL	Tier 1
ACTINEL LIQUID (QL= 1200ml/30 days)	QL	Tier 2
CAPMIST DM TAB (QL= 4 tabs/day)	QL	Tier 2
CODITUSSIN LIQUID DAC (QL= 1200ml/30 days)	QL	Tier 2
GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill, 2 fills/month)	OTC-QL	Tier 2
LORTUSS LIQUID (QL= 1200ml/30 days)	QL	Tier 2
MAR-COF CG LIQUID (QL= 473ml/month)	QL	Tier 2
M-END DMX LIQUID (QL= 1800ml/30 days)	QL	Tier 2
NEXAFED SINUS TAB + PAIN (QL= 240 tabs/30 days)	QL	Tier 2
STAHIST AD TAB 25-60MG (QL= 4 tabs/day)	QL	Tier 2
EXPECTORANTS		
potassium iodide oral soln (SSKI equiv) (QL= 90ml/30 days)	QL	Tier 1
MISC. RESPIRATORY INHALANTS		
sodium chloride neb soln (HYPER-SAL equiv)	-	Tier 1
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	Tier 1
DERMATOLOGICALS		
ACNE PRODUCTS		
adapalene cream (DIFFERIN equiv) (QL= 360g/30 days)	QL	Tier 1
adapalene gel 0.3% (DIFFERIN equiv) (QL= 360g/30 days)	QL	Tier 1
clindamycin gel (CLEOCIN GEL equiv)	-	Tier 1
clindamycin lotion (CLEOCIN- T equiv)	-	Tier 1
clindamycin pad (CLEOCIN-T equiv)	-	Tier 1
clindamycin topical soln (CLEOCIN-T equiv)	-	Tier 1
ERY PAD	-	Tier 1

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
erythromycin gel	-	Tier 1
erythromycin pad	-	Tier 1
erythromycin soln	-	Tier 1
sodium sulfacetamide lotion (KLARON equiv)	-	Tier 1
tretinoin cream (RETIN-A CREAM equiv)	-	Tier 1
tretinoin gel (RETIN-A GEL equiv)	-	Tier 1
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	Tier 2
clindamycin foam (EVOCLIN equiv) (QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Tier 2
clindamycin/tretinoin gel (ZIANA equiv) (QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin)	QL-ST	Tier 2
dapsone gel (ACZONE equiv) (QL= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln)	QL-ST	Tier 2
tretinoin gel (QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Tier 2
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	Tier 1
gentamicin sulfate oint	-	Tier 1
mupirocin cream (BACTROBAN CREAM equiv)	-	Tier 1
mupirocin oint (BACTROBAN OINT equiv)	-	Tier 1
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	Tier 1
ciclopirox gel (LOPROX GEL equiv)	-	Tier 1
ciclopirox nail soln (PENLAC SOLN equiv)	-	Tier 1
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	Tier 1
ciclopirox topical susp (LOPROX SUSP equiv)	-	Tier 1
clotrimazole cream (LOTRIMIN AF CREAM equiv)	-	Tier 1
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	Tier 1
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	Tier 1
econazole cream (SPECTAZOLE equiv)	-	Tier 1
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	Tier 1
ketoconazole cream (NIZORAL CREAM equiv)	-	Tier 1
ketoconazole shampoo	-	Tier 1
nizoral a-d shampoo (NIZORAL equiv)	OTC	Tier 1
nystatin cream (MYCOSTATIN CREAM equiv)	-	Tier 1
nystatin oint	-	Tier 1
nystatin topical powder	-	Tier 1
nystatin/triamcinolone cream	-	Tier 1
nystatin/triamcinolone oint	-	Tier 1
iodoquinol/hydrocortisone cream 1.9-1% (VYTONE equiv)	-	Tier 2
ketoconazole foam 2% (EXTINA equiv)	-	Tier 2
naftifine cream (NAFTIN equiv) (QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products)	QL-ST	Tier 2
NAFTIFINE CREAM 1%	-	Tier 2
naftifine gel (NAFTIN equiv)	-	Tier 2
naftifine hcl gel 2% (QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream)	QL-ST	Tier 2
oxiconazole nitrate cream (OXISTAT equiv)	-	Tier 2

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
tavaborole soln (KERYDIN SOLN equiv) (Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine tab)	ST	Tier 2
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac sodium soln 2% (Step therapy requires trial of of diclofenac 1.5% soln)	ST	Tier 2
diclofenac soln 1.5% (PENNSAID equiv)	-	Tier 2
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
diclofenac gel (SOLARAZE equiv) (QL= 100gm/fill, 2 fills/month)	QL	Tier 1
fluorouracil cream (EFUDEX CREAM equiv)	-	Tier 1
fluorouracil soln (FLUOROURACIL equiv)	-	Tier 1
bexarotene gel (TARGRETIN equiv) (QL= 60g/30 days)	AMSP-PA-QL	Tier 1 Specialty
VALCHLOR GEL (QL= 4 tubes/30 days; Only available through Optum 877-445-6874)	LD-PA-QL	Tier 2 Specialty
ANTIPRURITICS - TOPICAL		
doxepin hcl cream (ST req trial of a topical corticosteroid AND topical tacrolimus)	ST	Tier 2
ANTIPSORIATICS		
calcipotriene cream (DOVONEX CREAM equiv)	-	Tier 1
calcipotriene oint	-	Tier 1
calcipotriene soln (DOVONEX SOLN equiv)	-	Tier 1
methoxsalen cap (OXSORALEN ULTRA equiv)	-	Tier 1
tazarotene cream 0.1% (TAZORAC equiv) (QL= 360g/30 days)	QL	Tier 1
tazarotene gel (TAZORAC equiv) (QL= 360g/30 days)	QL	Tier 1
acitretin cap (SORIATANE equiv) (Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin)	ST	Tier 2
tazarotene gel 0.1% (TAZORAC equiv) (QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel)	QL-ST	Tier 2
COSENTYX INJ (1-PACK) (QL= 1 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
COSENTYX INJ (2-PACK) (QL= 2 inj/56 days)	AMSP-PA-QL	Tier 2 Specialty
COSENTYX INJ 300MG/2ML (QL= 1 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	AMSP-PA-QL	Tier 2 Specialty
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Tier 2 Specialty
STELARA INJ (QL= 1 inj/84 days)	AMSP-PA-QL	Tier 2 Specialty
TREMFYA INJ (QL= 1 inj/56 days)	AMSP-PA-QL	Tier 2 Specialty
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion	-	Tier 1
selenium sulfide shampoo (SELSEB equiv)	-	Tier 1
ANTIVIRALS - TOPICAL		
acyclovir cream (ZOVIRAX equiv)	-	Tier 2
acyclovir oint (ZOVIRAX OINT equiv)	-	Tier 2
penciclovir cream (DENAVIR equiv) (QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB)	QL-ST	Tier 2
BURN PRODUCTS		

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	Tier 1
SULFAMYLON CREAM	-	Tier 2
CAUTERIZING AGENTS		
SILVER NITRATE SOLN	-	Tier 2
CORTICOSTEROIDS - TOPICAL		
alclometasone cream (ACLOVATE equiv)	-	Tier 1
alclometasone oint (ACLOVATE OINT equiv)	-	Tier 1
AMCINONIDE CREAM 0.1%	-	Tier 1
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	Tier 1
betamethasone augmented gel	-	Tier 1
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	Tier 1
betamethasone augmented oint (DIPROLENE OINT equiv)	-	Tier 1
betamethasone diproprionate cream (DIPROSONE CREAM equiv)	-	Tier 1
betamethasone diproprionate lotion	-	Tier 1
betamethasone diproprionate oint (DIPROSONE OINT equiv)	-	Tier 1
betamethasone valerate cream	-	Tier 1
betamethasone valerate lotion	-	Tier 1
betamethasone valerate oint	-	Tier 1
clobetasol foam (OLUX equiv)	-	Tier 1
clobetasol lotion (CLOBEX equiv)	-	Tier 1
clobetasol propionate cream (TEMOVATE equiv)	-	Tier 1
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	Tier 1
clobetasol propionate gel (TEMOVATE GEL equiv)	-	Tier 1
clobetasol propionate oint (TEMOVATE equiv)	-	Tier 1
clobetasol propionate soln (TEMOVATE equiv)	-	Tier 1
clobetasol shampoo (CLOBEX equiv)	-	Tier 1
clobetasol spray (CLOBEX equiv)	-	Tier 1
dermawerx pak (DERMACINRX KIT equiv) (QL= 1 kit/30 days)	QL	Tier 1
desonide cream	-	Tier 1
desonide lotion	-	Tier 1
desonide oint	-	Tier 1
desoximetasone cream (TOPICORT CREAM equiv)	-	Tier 1
desoximetasone gel (TOPICORT equiv)	-	Tier 1
desoximetasone oint (TOPICORT equiv)	-	Tier 1
FLUOCINOLONE ACET CREAM	-	Tier 1
fluocinolone acetonide cream	-	Tier 1
fluocinolone acetonide oil	-	Tier 1
fluocinolone acetonide oint	-	Tier 1
fluocinolone acetonide soln	-	Tier 1
fluocinonide cream 0.05% (LIDEX equiv)	-	Tier 1
fluocinonide emollient cream	-	Tier 1
fluocinonide gel	-	Tier 1
fluocinonide oint	-	Tier 1
fluocinonide soln	-	Tier 1
fluticasone propionate cream (CUTIVATE equiv)	-	Tier 1
fluticasone propionate oint (CUTIVATE equiv)	-	Tier 1

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
halobetasol propionate cream (ULTRAVATE equiv)	-	Tier 1
halobetasol propionate oint (ULTRAVATE equiv)	-	Tier 1
halonate pac kit (ULTRAVATE KIT equiv)	-	Tier 1
HC BUTYRATE CREAM	-	Tier 1
hydrocortisone butyrate cream (LOCOID equiv)	-	Tier 1
hydrocortisone butyrate lipocream (LOCOID equiv)	-	Tier 1
hydrocortisone butyrate oint (LOCOID equiv)	-	Tier 1
hydrocortisone butyrate soln (LOCOID equiv)	-	Tier 1
hydrocortisone cream (PROCTOCORT equiv)	-	Tier 1
hydrocortisone lotion (HYTONE equiv)	-	Tier 1
hydrocortisone oint	-	Tier 1
hydrocortisone valerate cream	-	Tier 1
hydrocortisone valerate oint (WESTCORT equiv)	-	Tier 1
LOCOID LIPOCREAM	-	Tier 1
mometasone cream (ELOCON equiv)	-	Tier 1
mometasone oint (ELOCON equiv)	-	Tier 1
mometasone soln (ELOCON equiv)	-	Tier 1
paramox hc gel (NOVACORT GEL equiv)	-	Tier 1
triamcinolone acetonide oint 0.025% (TRIANEX equiv)	-	Tier 1
triamcinolone acetonide oint 0.1% (TRIANEX equiv)	-	Tier 1
triamcinolone acetonide oint 0.5% (TRIANEX equiv)	-	Tier 1
triamcinolone cream	-	Tier 1
triamcinolone lotion	-	Tier 1
AMCINONIDE LOTION	-	Tier 2
amcinonide oint (Step therapy requires trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol))	ST	Tier 2
betamethasone valerate foam (LUXIQ FOAM equiv)	-	Tier 2
calcipotriene/betamethasone oint (TACLONEX equiv)	-	Tier 2
calcipotriene-betamethasone dipropionate susp (CALCIPOTRIENE/ BETAMETHASONE SUSP equiv) (QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene)	QL-ST	Tier 2
clobetasol E foam (OLUX E equiv)	-	Tier 2
clocortolone pivalate cream (CLOCORTOLONE equiv) (QL= 1 tube/30 days; Step therapy requires trial of one preferred topical steroid)	QL-ST	Tier 2
desonate gel	-	Tier 2
desoximetasone spray 0.25% (TOPICORT equiv)	-	Tier 2
diflorasone oint	-	Tier 2
fluocinonide cream 0.1%	-	Tier 2
flurandrenolide cream (CORDRAN equiv)	-	Tier 2
flurandrenolide lotion (CORDRAN equiv)	-	Tier 2
flurandrenolide oint (CORDRAN equiv)	-	Tier 2
FLUTICASONE LOTION (ST req tri of 2 lower-mid potency topical corticosteroid (eg. Betamet lot 0.05%, Fluocin crm 0.025%))	ST	Tier 2
fluticasone propionate lotion (CUTIVATE equiv)	-	Tier 2
halcinonide cream (HALOG equiv) (Step Therapy requires trial of 2 High potency corticosteroids)	ST	Tier 2
halobetasol propionate foam (HALOBETASOL AER equiv) (ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol))	ST	Tier 2
HC BUTYRATE SOLN	-	Tier 2
hydrocortisone lotion (LOCOID equiv)	-	Tier 2

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
MICORT-HC CREAM	-	Tier 2
PRAMOSONE CREAM 1-1%	-	Tier 2
PRAMOSONE E CREAM	-	Tier 2
PREDNICARBATE CREAM	-	Tier 2
PREDNICARBATE OIN	-	Tier 2
triamcinolone acetonide oint (TRIANEX equiv) (Step Therapy requires trial of triamcinolone acetonide oint 0.025% or 0.1%)	ST	Tier 2
triamcinolone spray (KENALOG equiv)	-	Tier 2
ECZEMA AGENTS		
DUPIXENT INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
DUPIXENT PEN INJ (QL= 2 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
DUPIXENT PEN INJ (QL= 2 syringes/28 days)	AMSP-PA-QL	Tier 2 Specialty
EMOLLIENT/KERATOLYTIC AGENTS		
umecta mouss aer (HYDRO 40 equiv)	-	Tier 2
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv)	-	Tier 1
ammonium lactate lotion (LAC-HYDRIN equiv)	-	Tier 1
ENZYMES - TOPICAL		
SANTYL OINT (QL= 90gm/30 days)	QL	Tier 2
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 5% (ALDARA equiv) (QL= 24gm/30 days)	QL	Tier 1
imiquimod cream 3.75% (IMIQUIMOD equiv) (QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution)	QL-ST	Tier 2
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus oint (PROTOPIC OINT equiv)	-	Tier 1
pimecrolimus cream (ELIDEL equiv) (Step Therapy requires trial of tacrolimus oint)	ST	Tier 2
KERATOLYTIC/ANTIMITOTIC AGENTS		
podofilox soln (CONDYLOX equiv)	-	Tier 1
salicylic acid shampoo (SALEX equiv)	-	Tier 1
PODOCON SOLN	-	Tier 2
podofilox gel (CONDYLOX equiv) (QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream)	QL-ST	Tier 2
salicylic acid aerosol	-	Tier 2
LOCAL ANESTHETICS - TOPICAL		
LIDOCAINE GEL	-	Tier 1
lidocaine gel (GLYDO equiv)	-	Tier 1
lidocaine oint (QL= 8gm/day)	QL	Tier 1
lidocaine soln (XYLOCAINE equiv)	-	Tier 1
lidocaine/prilocaine cream (EMLA equiv)	-	Tier 1
capsaicin/menthol topical patch (SINELEE equiv)	-	Tier 2
lidocaine cream 3% (LIDAMANTLE equiv)	-	Tier 2
lidocaine cream 3.88% (LIDOTRAL CREAM equiv)	-	Tier 2
lidocaine gel (XYLOCAINE equiv)	-	Tier 2
lidocaine lotion	-	Tier 2
MISC. TOPICAL		

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

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DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
DRYSOL SOLN	-	Tier 2
ROSACEA AGENTS		
azelaic acid gel (FINACEA equiv) (QL= 300g/30 days)	QL	Tier 1
metronidazole cream (METROCREAM equiv)	-	Tier 1
metronidazole lotion (METROLOTION equiv)	-	Tier 1
brimonidine tartrate gel (MIRVASO equiv) (QL= 60 grams/30 days; ST req trial of azelaic acid gel and metronidazole topical)	QL-ST	Tier 2
ivermectin cream (SOOLANTRA equiv) (QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole)	QL-ST	Tier 2
metronidazole gel (METROGEL equiv)	-	Tier 2
SCABICIDES & PEDICULICIDES		
malathion lotion (OVIDE equiv)	-	Tier 1
permethrin cream (ELIMITE CREAM equiv)	-	Tier 1
SPINOSAD SUSP (QL= 1 bottle/fill, 1 fill/month)	QL	Tier 2
WOUND CARE PRODUCTS		
cicatrace kit (REXASIL equiv)	-	Tier 2
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN INJ	-	Tier 2
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1
DIAGNOSTIC TESTS		
COVID-19 TEST (QL= 2 tests/30 days)	QL	Preventive
CUE HEALTH MIS MONITOR (QL= 1 kit/year)	QL	Preventive
CONTOUR BLOOD GLUCOSE TEST STRIP (QL= 300 strips/30 days)	QL	Tier 1
CONTOUR TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1
FREESTYLE INSULINX TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1
FREESTYLE PRECISION NEO TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1
FREESTYLE TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1
FREESTYLE TEST STRIPS (QL= 300 strips/30 days)	QL	Tier 1
PRECISION XTRA TEST STRIP (QL= 300 test strips/30 days)	OTC-QL	Tier 1
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	Tier 2
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	Tier 1
acetazolamide tab	-	Tier 1
dichlorphenamide tab (KEVEYIS equiv) (QL= 4 tabs/day)	AMSP-PA-QL	Tier 1 Specialty
methazolamide tab (NEPTAZANE equiv) (Step Therapy requires trial of acetazolamide)	ST	Tier 2
DIURETIC COMBINATIONS		
AMILORIDE/HCTZ TAB	-	Tier 1

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
DIURETICS Cont.		
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	Tier 1
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	Tier 1
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	Tier 1
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	Tier 1
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	Tier 1
torsemide tab (DEMADEX equiv)	-	Tier 1
ethacrynic tab (EDECRIN equiv)	-	Tier 2
FUROSEMIDE SOLN	-	Value
furosemide soln (LASIX equiv)	-	Value
furosemide tab (LASIX equiv)	-	Value
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	Tier 1
spironolactone susp (CAROSPIR equiv) (QL= 600ml/30 days; ST req trial of furosemide oral soln)	QL-ST	Tier 2
triamterene cap (DYRENIUM equiv) (Step Therapy requires trial of amiloride or spironolactone)	ST	Tier 2
spironolactone tab (ALDACTONE equiv)	-	Value
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
CHLOROTHIAZIDE TAB	-	Tier 1
chlorothiazide tab (DIURIL equiv)	-	Tier 1
indapamide tab (LOZOL equiv)	-	Tier 1
METHYCLOTHIAZIDE TAB	-	Tier 1
metolazone tab (ZAROXOLYN equiv)	-	Tier 1
DIURIL SUSP	-	Tier 2
chlorthalidone tab	-	Value
hydrochlorothiazide cap (MICROZIDE equiv)	-	Value
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	Value
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
alendronate sodium oral soln (FOSAMAX equiv) (QL= 300ml/28 days)	QL	Tier 1
calcitonin nasal spray (MIACALCIN equiv)	-	Tier 1
ibandronate tab 150mg (BONIVA equiv)	-	Tier 1
risedronate tab 30mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Tier 1
risedronate tab 35mg (ACTONEL equiv) (QL= 4 tabs/28 days)	QL	Tier 1
risedronate tab 5mg (ACTONEL equiv) (QL= 1 tab/day)	QL	Tier 1
calcitonin inj (MIACALCIN equiv)	-	Tier 2
risedronate DR tab (ATELVIA equiv) (QL= 4 tabs/28 days; Step Therapy requires trial of alendronate)	QL-ST	Tier 2
risedronate tab 150mg (ACTONEL equiv) (QL= 1 tab/30 days; Step Therapy requires trial of alendronate)	QL-ST	Tier 2
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml (FORTEO equiv) (QL= 2.4 units/28 days)	AMSP-PA-QL	Tier 2 Specialty
TERIPARATIDE INJ 620MCG/2.48ML (QL= 2.48 units/28 days)	AMSP-PA-QL	Tier 2 Specialty
TYMLOS INJ (QL= 1.56 units/30 days)	AMSP-PA-QL	Tier 2 Specialty
alendronate tab (FOSAMAX equiv)	-	Value
ALENDRONATE TAB 40MG	-	Value
CORTICOTROPIN		

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
ACTHAR HP GEL INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty
ACTHAR INJ 80UNIT (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty
GROWTH HORMONES		
GENOTROPIN INJ 0.2MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty
GENOTROPIN INJ 0.4MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty
GENOTROPIN INJ 0.6MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty
GENOTROPIN INJ 0.8MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty
GENOTROPIN INJ 1.2MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty
GENOTROPIN INJ 1.4MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty
GENOTROPIN INJ 1.6MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty
GENOTROPIN INJ 1.8MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty
GENOTROPIN INJ 12MG (QL= 4 cartridges/28 days)	AMSP-QL	Tier 2 Specialty
GENOTROPIN INJ 1MG (QL= 35 syringes/28 days)	AMSP-QL	Tier 2 Specialty
GENOTROPIN INJ 2MG (QL= 21 syringes/28 days)	AMSP-QL	Tier 2 Specialty
GENOTROPIN INJ 5MG (QL= 9 cartridges/28 days)	AMSP-QL	Tier 2 Specialty
OMNITROPE INJ (QL= 9 cartridges/28 days)	AMSP-QL	Tier 2 Specialty
OMNITROPE INJ 5.8MG (QL= 8 vials/28 days)	AMSP-QL	Tier 2 Specialty
SKYTROFA INJ (QL= 4 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) (QL= 1 tab/day)	QL	Preventive
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD	Tier 2 Specialty
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	-	Tier 2
LUPRON DEPOT INJ PED (QL= 1 syringe kit/180 days)	AMSP-PA-QL	Tier 2 Specialty
LUPRON DEPOT-PED INJ (1-MONTH) (QL= 1 syringe kit/30 days)	AMSP-PA-QL	Tier 2 Specialty

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
LUPRON DEPOT-PED INJ (3-MONTH) (QL= 1 syringe kit/90 days)	AMSP-PA-QL	Tier 2 Specialty
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	Tier 1
calcitriol soln (CALCITRIOL equiv)	-	Tier 1
cinacalcet tab 30mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Tier 1
cinacalcet tab 60mg (SENSIPAR equiv) (QL= 2 tabs/day)	QL	Tier 1
cinacalcet tab 90mg (SENSIPAR equiv) (QL= 4 tabs/day)	QL	Tier 1
levocarnitine soln (CARNITOR equiv)	-	Tier 1
levocarnitine tab (CARNITOR equiv)	-	Tier 1
paricalcitol cap (ZEMPLAR equiv)	-	Tier 1
betaine powder for oral solution (CYSTADANE equiv) (QL= 540 grams/30 days; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 1 Specialty
carglumic acid tab (CARBAGLU equiv) (Only available through Accredo 888-773-7376)	LD-PA	Tier 1 Specialty
nitisinone cap (ORFADIN equiv)	LMSP-PA	Tier 1 Specialty
sapropterin dihydrochloride powder packet (KUVAN equiv)	AMSP-PA	Tier 1 Specialty
sapropterin dihydrochloride soluble tab (KUVAN equiv)	AMSP-PA	Tier 1 Specialty
sodium phenylbutyrate powder (BUPHENYL equiv)	AMSP-PA	Tier 1 Specialty
sodium phenylbutyrate tab (BUPHENYL equiv)	AMSP-PA	Tier 1 Specialty
doxercalciferol cap (HECTOROL equiv)	-	Tier 2
CYSTADANE POWDER (QL= 540 grams/30 days; Only available through AnovoRx 844-288-5007)	LD-QL	Tier 2 Specialty
STRENSIQ INJ (Only available through PantherRx Pharmacy 855-726-8479)	LD-PA	Tier 2 Specialty
POSTERIOR PITUITARY HORMONES		
desmopressin acetate nasal spray (DDAVP equiv)	-	Tier 1
desmopressin acetate tab (DDAVP equiv)	-	Tier 1
STIMATE NASAL SOLN	-	Tier 2
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab (MIFEPREX equiv)	-	Tier 1
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	Tier 1
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv)	AMSP-PA	Tier 1 Specialty
OCTREOTIDE INJ 100MCG	AMSP-PA	Tier 1 Specialty
SIGNIFOR INJ (QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007)	LD-PA-QL	Tier 2 Specialty
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan tab (SAMSCA equiv) (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 1 Specialty

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DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
tolvaptan tab 15mg (SAMSCA equiv) (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 1 Specialty
JYNARQUE PAK (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
JYNARQUE TAB 15MG (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
JYNARQUE TAB 30MG (QL= 1 tab/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
ESTROGENS		
ESTROGEN COMBINATIONS		
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	Tier 1
estradiol/norethindrone tab (ACTIVELLA equiv)	-	Tier 1
jinteli tab (FEMHRT equiv)	-	Tier 1
ESTROGENS		
estradiol tab (ESTRACE equiv)	-	Tier 1
estradiol patch (CLIMARA equiv) (QL= 4 patches/28 days)	QL	Tier 2
estradiol patch (VIVELLE-DOT equiv) (QL= 8 patches/28 days)	QL	Tier 2
estradiol td gel (DIVIGEL equiv) (QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Tier 2
estradiol td gel 1.25mg/1.25gm (DIVIGEL equiv) (QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz)	QL-ST	Tier 2
estradiol valerate inj (ST req trial of 2: estradiol tab, estradiol patch, estradiol vaginal tab, Estring)	ST	Tier 2
FLUOROQUINOLONES		
FLUOROQUINOLONES		
CIPRO SUSP	-	Tier 1
ciprofloxacin susp (CIPRO equiv)	-	Tier 1
ciprofloxacin tab 250mg, 500mg, 750mg (CIPRO equiv)	-	Tier 1
levofloxacin oral soln 25mg/ml (LEVOFLOXACIN equiv)	-	Tier 1
levofloxacin soln (LEVAQUIN equiv)	-	Tier 1
levofloxacin tab (LEVAQUIN equiv)	-	Tier 1
moxifloxacin tab (AVELOX equiv)	-	Tier 1
ofloxacin tab (FLOXIN equiv)	-	Tier 1
GASTROINTESTINAL AGENTS - MISC.		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB (QL= 30 tabs/30 days)	QL	Tier 2
GALLSTONE SOLUBILIZING AGENTS		
RELTONE CAP	-	Tier 1
ursodiol cap (ACTIGALL equiv)	-	Tier 1
ursodiol tab (URSO (FORTE) equiv)	-	Tier 1
CHENODAL TAB	-	Tier 2 Specialty
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	Tier 1
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap (AMITIZA equiv) (QL= 60 caps/30 days)	QL	Tier 1
GASTROINTESTINAL STIMULANTS		

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DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
metoclopramide soln (REGLAN equiv)	-	Tier 1
metoclopramide tab (REGLAN equiv)	-	Tier 1
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	Tier 1
mesalamine DR cap (DELZICOL equiv) (QL= 6 caps/day)	QL	Tier 1
mesalamine DR tab (LIALDA equiv) (QL= 4 tabs/day)	QL	Tier 1
mesalamine enema (ROWASA equiv)	-	Tier 1
mesalamine ER cap (APRISO equiv) (QL= 4 caps/day)	QL	Tier 1
mesalamine supp (CANASA equiv) (QL= 1 supp/day)	QL	Tier 1
sulfasalazine EC tab (AZULFIDINE equiv)	-	Tier 1
sulfasalazine tab (AZULFIDINE equiv)	-	Tier 1
mesalamine ER cap (PENTASA equiv) (QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA)	QL-ST	Tier 2
mesalamine tab (ASACOL equiv)	-	Tier 2
MESALAMINE TAB DR 800MG	-	Tier 2
PENTASA CAP 500MG (Step Therapy requires trial of APRISO or LIALDA)	ST	Tier 2
SKYRIZI 180MG/1.2ML CARTRIDGE (QL= 1 cartridge/56 days)	AMSP-PA-QL	Tier 2 Specialty
SKYRIZI INJ (QL= 1 cartridge/56 days)	AMSP-PA-QL	Tier 2 Specialty
INTESTINAL ACIDIFIERS		
lactulose soln	-	Tier 1
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron tab (LOTRONEX equiv)	-	Tier 1
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB (QL= 30 tabs/30 days)	PA-QL	Tier 2
SYMPROIC TAB (QL= 30 tabs/30 days)	PA-QL	Tier 2
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	Tier 1
lanthanum carbonate chew tab (FOSRENOL equiv) (QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab)	QL-ST	Tier 1
lanthanum carbonate chew tab 500mg (FOSRENOL equiv) (QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab)	QL-ST	Tier 1
sevelamer powder pak (RENVELA equiv)	-	Tier 1
sevelamer tab (RENVELA TAB equiv)	-	Tier 1
PHOSLYRA SOLN	-	Tier 2
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
CYTRA K CRYSTALS	-	Tier 1
CYTRA-3 SYRUP	-	Tier 1
potassium citrate CR tab (UROCIT-K TAB equiv)	-	Tier 1
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	Tier 1
potassium citrate/citric acid soln (POLYCITRA-K equiv)	-	Tier 1
sodium citrate/citric acid soln (BICITRA equiv)	-	Tier 1
tricitrates soln (POLYCITRA-LC equiv)	-	Tier 1
ORACIT SOLN	-	Tier 2
CYSTINOSIS AGENTS		

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DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
CYSTAGON CAP 150MG (Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-RDX	Tier 2 Specialty
CYSTAGON CAP 50MG (QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04))	LD-QL-RDX	Tier 2 Specialty
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	Tier 2
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	Tier 1
dutasteride cap (AVODART equiv)	-	Tier 1
finasteride tab (PROSCAR equiv)	-	Tier 1
tamsulosin cap (FLOMAX equiv)	-	Tier 1
dutasteride/tamsulosin cap (JALYN equiv) (Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap)	ST	Tier 2
silodosin cap (RAPAFLO equiv)	-	Tier 2
URINARY ANALGESICS		
phenazopyridine tab (PYRIDIUM equiv)	-	Tier 1
URINARY STONE AGENTS		
tiopronin tab (THIOLA equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Tier 1 Specialty
tiopronin tab delayed release (THIOLA EC equiv) (QL= 8 tabs/day; Only available through Eversana 636-519-2400)	LD-PA-QL	Tier 2 Specialty
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	Tier 1
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	Tier 1
colchicine tab (COLCRYS equiv) (QL= 4 tabs/day)	QL	Tier 1
colchicine cap (MITIGARE equiv) (QL= 4 caps/day)	QL	Tier 2
febuxostat tab (ULORIC equiv) (QL= 1 tab/day)	QL	Tier 2
URICOSURICS		
probenecid tab (BENEMID equiv)	-	Tier 1
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
AFSTYLA KIT (Only available through Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty
HEMLIBRA INJ	AMSP-PA	Tier 2 Specialty
NUWIQ INJ	AMSP-PA	Tier 2 Specialty
NUWIQ KIT	AMSP-PA	Tier 2 Specialty
REBINYN INJ (Only available through Walgreens 888-347-3416)	LD	Tier 2 Specialty
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant inj (SAJAZIR equiv) (QL= 36ml/30 days)	AMSP-PA-QL	Tier 1 Specialty

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

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DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
COMPLEMENT INHIBITORS		
HAEGARDA INJ 2000U (QL= 30 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
HAEGARDA INJ 3000U (QL= 20 vials/30 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	Tier 1
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ (QL= 2 inj/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
TAKHZYRO INJ (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
TAKHZYRO INJ 150MG/ML (QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	Tier 1
cilostazol tab (PLETAL equiv)	-	Tier 1
clopidogrel tab 300mg (PLAVIX equiv) (QL= 4 tabs/30 days)	QL	Tier 1
clopidogrel tab 75mg (PLAVIX equiv)	-	Tier 1
dipyridamole tab (PERSANTINE equiv)	-	Tier 1
prasugrel tab (EFFIENT equiv) (QL= 1 tab/day)	QL	Tier 1
aspirin/dipyridamole cap (AGGRENOX equiv)	-	Tier 2
BRILINTA TAB (QL= 2 tabs/day)	QL	Tier 2
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
miglustat cap (ZAVESCA equiv) (Only available through Accredo 800-803-2523)	LD-PA	Tier 1 Specialty
CERDELGA CAP (Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA	Tier 2 Specialty
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	Tier 2
ENDARI POWDER PACK (Step Therapy requires trial of hydroxyurea cap)	LMSP-ST	Tier 2 Specialty
COBALAMINS		
cyanocobalamin inj	-	Tier 1
cyanocobalamin nasal spray 500mcg/0.1ml (NASCOBAL equiv) (ST req trial of cyanocobalamin injection)	ST	Tier 2
FOLIC ACID/FOLATES		
folic acid tab 1mg (Covered at $0 for females only; All other members covered at generic copay)	-	Preventive
folic acid tab 400mcg (Covered for females only)	OTC	Preventive
folic acid tab 800mcg (Covered for females only)	OTC	Preventive
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ (QL= 4 syringes/30 days)	AMSP-QL	Tier 2 Specialty

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DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
ARANESP INJ (QL= 4 vials/30 days)	AMSP-QL	Tier 2 Specialty
DOPTELET TAB (QL= 2 tabs/day; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
FULPHILA INJ (QL= 2 syringes/28 days)	AMSP-QL	Tier 2 Specialty
NYVEPRIA INJ (QL= 2 inj/28 days)	AMSP-QL	Tier 2 Specialty
PROMACTA TAB	AMSP-PA	Tier 2 Specialty
RETACRIT INJ	AMSP	Tier 2 Specialty
RETACRIT INJ (QL= 4 vials/30 days)	AMSP-QL	Tier 2 Specialty
ZARXIO INJ (QL= 15 syringes/30 days)	AMSP-QL	Tier 2 Specialty
HEMATOPOIETIC MIXTURES		
multigen plus tab (CHROMAGEN FORTE equiv)	-	Tier 1
multigen tab (CHROMAGEN equiv)	-	Tier 1
NEPHRON FA TAB	-	Tier 2
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid tab (LYSTEDA equiv) (QL= 180 tabs/30 days)	QL	Tier 1
aminocaproic acid soln (AMICAR equiv)	AMSP	Tier 1 Specialty
aminocaproic acid tab (AMICAR equiv)	-	Tier 2
HYPNOTICS		
NON-BARBITURATE HYPNOTICS		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	Tier 1
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTIHISTAMINE HYPNOTICS		
diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered)	-	Tier 1
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	Tier 1
phenobarbital tab	-	Tier 1
HYPNOTICS - TRICYCLIC AGENTS		
doxepin tab (SILENOR equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	Tier 2
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	Tier 1
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	Tier 1
midazolam hcl syrup	-	Tier 1
midazolam inj (MIDAZOLAM equiv)	-	Tier 1
temazepam cap 15mg (RESTORIL equiv)	-	Tier 1
temazepam cap 30mg (RESTORIL equiv)	-	Tier 1
triazolam tab (HALCION equiv)	-	Tier 1
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	Tier 1

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HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
zaleplon cap 10mg (SONATA equiv) (QL= 2 caps/day)	QL	Tier 1
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	Tier 1
temazepam cap 22.5mg (RESTORIL equiv)	-	Tier 2
temazepam cap 7.5mg (RESTORIL equiv)	-	Tier 2
zolpidem tartrate SL tab (INTERMEZZO equiv) (QL= 1 tab/day)	QL	Tier 2
SELECTIVE MELATONIN RECEPTOR AGONISTS		
tasimelteon capsule (HETLIOZ equiv)	AMSP-PA	Tier 1 Specialty
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL)	QL-ST	Tier 2
LAXATIVES		
LAXATIVE COMBINATIONS		
GAVILYTE-C SOLN (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive
peg 3350/electrolytes soln (COLYTE equiv) (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive
trilyte soln (NULYTELY equiv) (Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay)	QL	Preventive
sodium/potassium/magnesium soln (SUPREP equiv) (QL= 2 fills/year)	QL	Tier 1
gavilyte-h kit	-	Tier 2
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv)	-	Tier 2
SUFLAVE SOLN (QL= 2 fills/year)	QL	Tier 2
LAXATIVES - MISCELLANEOUS		
lactulose soln	-	Tier 1
MACROLIDES		
AZITHROMYCIN		
azithromycin susp (ZITHROMAX equiv)	-	Tier 1
azithromycin tab (ZITHROMAX equiv)	-	Tier 1
ZITHROMAX POWDER PACK	-	Tier 2
CLARITHROMYCIN		
clarithromycin ER tab (BIAXIN XL equiv)	-	Tier 1
clarithromycin tab (BIAXIN equiv)	-	Tier 1
CLARITHROMYC SUSP	-	Tier 2
ERYTHROMYCINS		
erythromycin DR cap (ERYC equiv)	-	Tier 1
erythromycin ethylsuccinate susp (ERYPED equiv)	-	Tier 1
erythromycin tab (ERY-TAB equiv)	-	Tier 1
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	Tier 1
ERYTHROMYCIN EC CAP	-	Tier 2
PCE TAB	-	Tier 2
FIDAXOMICIN		
DIFICID SUSP (QL= 126 mL/10 days)	QL	Tier 2
DIFICID TAB (QL= 20 tabs/10 days)	QL	Tier 2
MEDICAL DEVICES		
PARENTERAL THERAPY SUPPLIES		

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DrugName	Special Code	Tier
MEDICAL DEVICES Cont.		
HYPODERMIC NEEDLES	OTC	Tier 2
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CERVICAL CAP	-	Preventive
DIAPHRAGM	-	Preventive
FEMALE CONDOMS	OTC	Preventive
DIABETIC SUPPLIES		
DEXCOM G6 RECEIVER (QL= 1 receiver/year)	PA-QL	Tier 1
DEXCOM G6 SENSOR (QL= 3 sensors/30 days)	PA-QL	Tier 1
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days)	PA-QL	Tier 1
DEXCOM G7 RECEIVER (QL= 1 receiver/year)	PA-QL	Tier 1
DEXCOM G7 SENSOR (QL= 3 sensors/30 days)	PA-QL	Tier 1
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year)	PA-QL	Tier 1
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days)	PA-QL	Tier 1
FREESTYLE LIBRE 3 READER (QL= 1 receiver/1 year)	PA-QL	Tier 1
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days)	PA-QL	Tier 1
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year)	PA-QL	Tier 1
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days)	PA-QL	Tier 1
CALIBRATION LIQUID	OTC	Tier 2
LANCET KIT	OTC	Tier 2
LANCETS	OTC	Tier 2
OMNIPOD 5 G6 KIT (QL= 1 kit/year)	QL	Tier 2
OMNIPOD 5 G6 MIS PODS (QL= 15 pods/30 days)	QL	Tier 2
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	Tier 2
OMNIPOD 5 G7 MIS PODS (QL= 15 pods/30 days)	QL	Tier 2
OMNIPOD 5 PACK PODS (QL= 15 pods/30 days)	QL	Tier 2
OMNIPOD DASH KIT (QL= 1 kit/year)	QL	Tier 2
OMNIPOD DASH PODS (QL= 15 pods/30 days)	QL	Tier 2
OMNIPOD GO KIT 10 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2
OMNIPOD GO KIT 15 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2
OMNIPOD GO KIT 20 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2
OMNIPOD GO KIT 25 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2
OMNIPOD GO KIT 30 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2
OMNIPOD GO KIT 35 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2
OMNIPOD GO KIT 40 UNITS/DAY (QL= 10 pods/30 days)	QL	Tier 2
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	Tier 2
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE	--OTC	Tier 1
BD NEEDLES	OTC	Tier 1
B-D PEN NEEDLE	OTC	Tier 1
NOVOFINE PEN NEEDLE	OTC	Tier 1
NOVOTWIST PEN NEEDLE	OTC	Tier 1
NOVOTWIST/NOVOFINE PEN NEEDLE	OTC	Tier 1
CEQUR SIMPLICITY 2U (QL= 10 patches/30 days)	QL	Tier 2

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DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
CEQUR SIMPLICITY INSERTER (QL= 1 device/lifetime)	QL	Tier 2
CEQUR SIMPLICITY INSERTER (QL= 1 inserter/lifetime)	QL	Tier 2
HYPODERMIC NEEDLES	OTC	Tier 2
NOVOPEN ECHO (QL= 1 pen device/365 days)	QL	Tier 2
SAFETY SYRINGE	-	Tier 2
SYRINGE LUER-LOK	OTC	Tier 2
TB SYRINGE	-	Tier 2
RESPIRATORY THERAPY SUPPLIES		
AEROCHAMBER (QL= 1 device/365 days)	QL	Tier 2
MIGRAINE PRODUCTS		
MIGRAINE COMBINATIONS		
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	Tier 1
isometheptene/caffeine/acetaminophen tab (PRODRIN equiv)	-	Tier 1
PRODRIN TAB	-	Tier 1
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	Tier 2
ergotamine/caffeine tab (CAFERGOT equiv) (QL= 40 tabs/28 days)	QL	Tier 2
ISOMETHEPTENE/CAFFEINE/ACETAMINOPHEN TAB	-	Tier 2
MIGERGOT SUPP (QL= 20 supp/28 days)	QL	Tier 2
sumatriptan/naproxen tab (TREXIMET equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Tier 2
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 24ml/28 days)	QL	Tier 2
dihydroergotamine mesylate nasal spray (MIGRANAL equiv) (QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Tier 2
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AJOVY INJ (QL= 1 inj/28 days)	AMSP-PA-QL	Tier 2 Specialty
MIGRAINE PRODUCTS - NSAIDS		
diclofenac potassium (migraine) packet (CAMBIA equiv) (QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan))	QL-ST	Tier 2
SEROTONIN AGONISTS		
naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days)	QL	Tier 1
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Tier 1
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days)	QL	Tier 1
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/30 days; Step therapy requires trial of two: naratriptan tab, rizatriptan tab, rizatriptan ODT, or sumatriptan tab)	QL-ST	Tier 1
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days)	QL	Tier 1
almotriptan tab (AXERT equiv) (QL= 12 tabs/30 days; Step Therapy requires 30 day trial of 2: naratriptan tab, rizatriptan tab or sumatriptan tab)	QL-ST	Tier 2
almotriptan tab (AXERT equiv) (QL= 9 tabs/30 days; Step Therapy requires 30 day trial of 2: naratriptan tab, rizatriptan tab, or sumatriptan tab)	QL-ST	Tier 2
eletriptan tab (RELPAX equiv) (QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan)	QL-ST	Tier 2
frovatriptan tab (FROVA equiv) (QL= 10 tabs/30 days)	QL	Tier 2
sumatriptan inj (IMITREX equiv) (QL= 8 inj/30 days)	QL	Tier 2
SUMATRIPTAN INJ 6MG/0.5ML (QL= 8 inj/30 days)	QL	Tier 2
sumatriptan vial inj (IMITREX equiv) (QL= 1 inj/7 days)	QL	Tier 2

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MIGRAINE PRODUCTS Cont.		
zolmitriptan nasal spray (ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of 2: sumatriptan tab, naratriptan tab, rizatriptan tab or ODT)	QL-ST	Tier 2
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	Tier 2
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/30 days)	QL	Tier 2
MINERALS & ELECTROLYTES		
FLUORIDE		
FLUORABON SOLN (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive
sodium fluoride chew tab (LURIDE equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
sodium fluoride soln (LURIDE equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
SODIUM FLUORIDE TAB (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
FLORIVA DROPS	-	Tier 2
PHOSPHATE		
potassium phosphate monobasic tab (K-PHOS equiv) (QL= 8 tabs/day)	QL	Tier 1
POTASSIUM		
K-TAB	-	Tier 1
POT/CHLORIDE EFFER TAB	-	Tier 1
potassium chloride effer tab (K-LYTE/CL equiv)	-	Tier 1
potassium chloride ER cap (MICRO-K equiv)	-	Tier 1
potassium chloride ER tab (K-TAB equiv)	-	Tier 1
potassium chloride micro tab (K-DUR equiv)	-	Tier 1
POTASSIUM CHLORIDE TAB ER	-	Tier 1
potassium bicarbonate effer tab (K-LYTE equiv)	-	Tier 2
potassium chloride powder packet (KLOR-CON equiv)	-	Tier 2
potassium chloride soln	-	Tier 2
SODIUM		
sodium chloride inj	-	Tier 1
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine tab (DEPEN TITRATAB equiv) (QL= 480 tabs/30 days)	QL	Tier 1
trientine cap 250mg (SYPRINE equiv) (ST req trial of generic penicillamine tab)	ST	Tier 1
penicillamine cap (CUPRIMINE equiv)	-	Tier 2
TRIENTINE CAP 500MG (ST req trial of generic penicillamine tab and then trial of gen trientine 250mg cap)	ST	Tier 2
IMMUNOMODULATORS		
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Only available through Onco360 877-662-6633)	LD-PA-QL	Tier 1 Specialty
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab 100mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg)	QL-ST	Tier 2
azathioprine tab 75mg (QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg)	QL-ST	Tier 2
everolimus tab (ZORTRESS equiv) (QL= 2 tabs/day)	QL	Tier 2
sirolimus soln (RAPAMUNE equiv)	-	Tier 2
POTASSIUM REMOVING AGENTS		

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MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
LOKELMA PAK (QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone)	QL-ST	Tier 2
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln 2% (LIDOCAINE HCL VISCOUS SOLN 2% equiv)	-	Tier 1
LIDOCAINE ORAL SOLN 4%	-	Tier 2
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	Tier 1
nystatin susp	-	Tier 1
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	Tier 1
DENTAL PRODUCTS		
PREVIDENT 5000 PLUS CREAM (Covered at $0 for members 5 years or younger; All other members covered at preferred brand copay)	-	Preventive
sodium fluoride cream (PREVIDENT equiv) (Covered at $0 for members 5 years or younger; All other members covered at generic copay)	-	Preventive
FLUORIDEX SENSITIVITY PASTE	-	Tier 1
sodium fluoride gel (PREVIDENT equiv)	-	Tier 1
sodium fluoride paste (PREVIDENT equiv)	-	Tier 1
sodium fluoride/potassium nitrate paste (PREVIDENT equiv)	-	Tier 1
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	Tier 1
THROAT PRODUCTS - MISC.		
cevimeline cap (EVOXAC equiv)	-	Tier 1
pilocarpine tab (SALAGEN equiv)	-	Tier 1
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	Tier 1
DIALYVITE/ZINC TAB	-	Tier 1
FOLBEE PLUS CZ TAB	-	Tier 1
PED MV W/ FLUORIDE		
MULTIVITAMIN/FLOURIDE CHEW 0.25MG	-	Preventive
MULTIVITAMIN/FLOURIDE CHEW 1MG	-	Preventive
MULTIVITAMIN/FLUORIDE CHEW TAB	-	Preventive
pediatric multiple vitamins/fluoride soln	-	Preventive
PRENATAL VITAMINS		
VP-PNV-DHA CAP	-	Tier 1
CONCEPT DHA CAP	-	Tier 2
PRENATABS RX TAB	-	Tier 2
PRENATAL 19 CHEW TAB	-	Tier 2
PRENATAL 19 TAB	-	Tier 2
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	Tier 2

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DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab (BACLOFEN equiv)	-	Tier 1
carisoprodol tab (SOMA equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Tier 1
chlorzoxazone tab (QL= 4 tabs/day)	QL	Tier 1
chlorzoxazone tab 500mg	-	Tier 1
cyclobenzaprine tab (FLEXERIL equiv)	-	Tier 1
methocarbamol tab (ROBAXIN equiv)	-	Tier 1
orphenadrine citrate ER tab (NORFLEX equiv)	-	Tier 1
tizanidine tab (ZANAFLEX equiv)	-	Tier 1
baclofen susp (BACLOFEN equiv) (QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed))	QL-ST	Tier 2
BACLOFEN TAB 5MG	-	Tier 2
chlorzoxazone tab (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Tier 2
chlorzoxazone tab 375mg (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Tier 2
cyclobenzaprine ER cap (AMRIX equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Tier 2
cyclobenzaprine tab 7.5mg (Trial of 2: cyclobenzaprine 5mg, cyclobenzaprine 10mg, tizanidine, methocarbamol, baclofen, chlorzoxazone, orphenadrine)	ST	Tier 2
metaxalone tab (SKELAXIN equiv)	-	Tier 2
tizanidine cap (ZANAFLEX equiv)	-	Tier 2
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv) (QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER)	QL-ST	Tier 2
MUSCLE RELAXANT COMBINATIONS		
CARISOPRODOL/ASPIRIN TAB	-	Tier 1
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	Tier 1
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	Tier 1
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	Tier 1
orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) (QL= 4 tabs/day; Step therapy requires trial of 2: baclofen tab, tizanidine tab/cap, cyclobenzaprine tab, methocarbamol tab, carisoprodol tab, orphenadrine tab)	QL-ST	Tier 2
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL ANTIALLERGY		
olopatadine nasal spray (PATANASE equiv) (QL= 30.5ml/30 days)	QL	Tier 2
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	Tier 1
SYMPATHOMIMETIC DECONGESTANTS		
pseudoephedrine ER tab 120mg (QL= 2 tabs/day)	QL	Tier 1
pseudoephedrine liquid 15mg/5ml (QL= 2400ml/30 days)	QL	Tier 1
pseudoephedrine tab 30mg (QL= 8 tabs/day)	QL	Tier 1
pseudoephedrine tab 60mg (QL= 4 tabs/day)	QL	Tier 1
epinephrine hcl nasal soln (ADRENALIN equiv)	-	Tier 2
zephrex-d tab 30mg (QL= 240 tabs/30 days)	QL	Tier 2
NEUROMUSCULAR AGENTS		

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DrugName	Special Code	Tier
NEUROMUSCULAR AGENTS Cont.		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	AMSP	Tier 1 Specialty
EXSERVAN FILM (QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Tier 2 Specialty
RADICAVA ORS SUSP (QL= 70ml/28 days; Only available through Accredo 800-803-2523)	LD-PA-QL	Tier 2 Specialty
TIGLUTIK SUSP (Only available through AnovoRx 844-288-5007)	LD-PA	Tier 2 Specialty
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
betaxolol ophth soln (BETOPTIC-S equiv)	-	Tier 1
CARTEOLOL OPHTH SOLN	-	Tier 1
carteolol ophth soln (OCUPRESS equiv)	-	Tier 1
dorzolamide/timolol (pf) ophth soln (Step Therapy requires trial of dorzolamide/timolol ophth soln)	ST	Tier 1
dorzolamide/timolol ophth soln (COSOPT equiv)	-	Tier 1
LEVOBUNOLOL OPHTH SOLN	-	Tier 1
levobunolol ophth soln (BETAGAN equiv)	-	Tier 1
brimonidine tartrate-timolol maleate ophth soln (COMBIGAN equiv) (QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate)	QL-ST	Tier 2
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	Tier 2
METIPRANOLOL OPHTH SOLN	-	Tier 2
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv) (QL= 2ml/day)	QL	Tier 2
timolol maleate ophth gel (TIMOPTIC-XE equiv) (Step Therapy requires trial of timolol maleate ophth soln)	ST	Tier 2
timolol maleate ophth soln 0.5% (ISTALOL equiv) (Step Therapy requires trial of timolol maleate ophth soln)	ST	Tier 2
timolol maleate preservative free ophth soln (TIMOPTIC equiv) (QL= 2ml/day)	QL	Tier 2
timolol maleate ophth soln 0.25% (TIMOPTIC equiv)	-	Value
timolol maleate ophth soln 0.5% (TIMOPTIC equiv)	-	Value
CYCLOPLEGIC MYDRIATICS		
atropine ophth oint	-	Tier 1
atropine ophth soln (ISOPTO ATROPINE equiv) (QL= 1 bottle/30 days)	QL	Tier 1
cyclopentolate ophth soln (CYCLOGYL equiv)	-	Tier 1
phenylephrine ophth soln (MYDFRIN equiv)	-	Tier 1
tropicamide ophth soln (MYDRIACYL equiv)	-	Tier 1
HOMATROPINE OPHTH SOLN	-	Tier 2
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	Tier 1
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine ophth soln 0.2% (ALPHAGAN equiv)	-	Tier 1
apraclonidine ophth soln 0.5% (IOPIDINE equiv)	-	Tier 2
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Tier 2
brimonidine tartrate ophth soln 0.1% (ALPHAGAN P equiv) (Step Therapy requires trial of brimonidine ophth soln 0.2%)	ST	Tier 2
OPHTHALMIC ANTI-INFECTIVES		
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	Tier 1
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	Tier 1
ciprofloxacin ophth soln (CILOXAN equiv)	-	Tier 1

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OPHTHALMIC AGENTS Cont.		
erythromycin ophth oint	-	Tier 1
GENTAK OPHTH OINT	-	Tier 1
gentamicin ophth soln (GARAMYCIN equiv)	-	Tier 1
levofloxacin ophth soln (QUIXIN equiv)	-	Tier 1
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	Tier 1
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	Tier 1
ofloxacin ophth soln (OCUFLOX equiv)	-	Tier 1
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	Tier 1
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	Tier 1
tobramycin ophth soln (TOBREX equiv)	-	Tier 1
TRIFLURIDINE OPHTH SOLN	-	Tier 1
BACITRACIN OPHTH OINT	-	Tier 2
gatifloxacin ophth soln (ZYMAXID equiv)	-	Tier 2
NATACYN OPHTH SUSP (QL= 45ml/30 days)	QL	Tier 2
SULFACETAMIDE SODIUM OPHTH OINT	-	Tier 2
ZIRGAN OPHTH GEL	-	Tier 2
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days)	QL	Tier 1
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	Tier 1
tetracaine ophth soln	-	Tier 1
OPHTHALMIC STEROIDS		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	Tier 1
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	Tier 1
loteprednol ophth susp (LOTEMAX equiv)	-	Tier 1
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	Tier 1
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	Tier 1
PREDNISOLONE OPHTH SUSP	-	Tier 1
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	Tier 1
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	Tier 1
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	Tier 1
BLEPHAMIDE OPHTH SOLN	-	Tier 2
difluprednate ophth emulsion (DUREZOL equiv) (QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp)	QL-ST	Tier 2
FLAREX OPHTH SUSP	-	Tier 2
LOTEMAX OPHTH OINT 0.5% (Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	ST	Tier 2
loteprednol etabonate ophth gel (LOTEMAX equiv) (QL= 5 grams/28 days; Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	Tier 2
loteprednol etabonate ophth susp 0.2% (ALREX equiv) (QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%)	QL-ST	Tier 2
MAXIDEX OPHTH SOLN	-	Tier 2
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	Tier 2
PRED MILD OPHTH SOLN	-	Tier 2
PRED-G OPHTH SOLN	-	Tier 2
TOBRADEX OPHTH OINT	-	Tier 2
ZYLET OPHTH SUSP	-	Tier 2

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OPHTHALMIC AGENTS Cont.		
OPHTHALMICS - MISC.		
azelastine ophth soln (OPTIVAR equiv)	-	Tier 1
cromolyn ophth soln (CROLOM equiv)	-	Tier 1
CROMOLYN SODIUM OPHTH SOLN	-	Tier 1
diclofenac sodium ophth soln (VOLTAREN equiv)	-	Tier 1
dorzolamide ophth soln (TRUSOPT equiv)	-	Tier 1
ketorolac ophth soln .05% (ACULAR (LS) equiv)	-	Tier 1
ACULAR (LS) OPHTH SOLN	-	Tier 2
ACUVAIL OPHTH SOLN	-	Tier 2
ALOCRIL OPHTH SOLN	-	Tier 2
brinzolamide ophth susp (AZOPT equiv) (Step Therapy requires trial of dorzolamide 2% ophth soln)	ST	Tier 2
bromfenac ophth soln (BROMDAY equiv) (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	Tier 2
bromfenac sodium ophth soln 0.07% (PROLENSA equiv) (QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	QL-ST	Tier 2
FLURBIPROFEN OPHTH SOLN (Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln)	ST	Tier 2
ketorolac ophth soln .4% (ACULAR (LS) equiv)	-	Tier 2
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416)	LD-QL-RDX	Tier 2 Specialty
PROSTAGLANDINS - OPHTHALMIC		
tafluprost preservative free (pf) ophth soln (ZIOPTAN equiv) (QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Tier 1
travoprost ophth soln (TRAVATAN Z equiv) (QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Tier 1
bimatoprost ophth soln (QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln)	QL-ST	Tier 2
IYUZEH OPHTH DROPS (QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln)	QL-ST	Tier 2
latanoprost ophth soln (XALATAN equiv)	-	Value
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	Tier 1
ACETIC ACID/ALUMINUM ACETATE OTIC SOLN	-	Tier 1
OTIC ANTI-INFECTIVES		
ofloxacin otic soln (FLOXIN equiv)	-	Tier 1
CIPROFLOXACIN OTIC SOLN	-	Tier 2
OTIC COMBINATIONS		
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	Tier 1
ciporofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	Tier 1
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	-	Tier 1
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv)	-	Tier 1
otomax-HC otic soln (CORTANE-B equiv)	-	Tier 1
OTIC STEROIDS		
fluocinolone otic oil (DERMOTIC equiv)	-	Tier 1
OXYTOCICS		
OXYTOCICS		
methylergonovine tab (METHERGINE equiv)	-	Tier 1
PASSIVE IMMUNIZING AND TREATMENT AGENTS		

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DrugName	Special Code	Tier
IMMUNE SERUMS		
HYPERRAB INJ, IMOGAM INJ	-	Tier 2
MONOCLONAL ANTIBODIES		
SYNAGIS INJ (QL= 2 inj/28 days)	LMSP-PA-QL	Tier 2 Specialty
PENICILLINS		
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	Tier 1
amoxicillin chew tab (AMOXIL equiv)	-	Tier 1
AMOXICILLIN CHEW TAB 250MG	-	Tier 1
amoxicillin susp (TRIMOX equiv)	-	Tier 1
amoxicillin tab (AMOXIL equiv)	-	Tier 1
ampicillin cap (AMPICILLIN equiv)	-	Tier 1
NATURAL PENICILLINS		
penicillin vk tab (VEETIDS equiv)	-	Tier 1
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	Tier 1
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	Tier 1
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	Tier 1
PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	Tier 2
PROGESTINS		
PROGESTINS		
medroxyprogesterone tab (PROVERA equiv)	-	Tier 1
megestrol ES susp (MEGACE ES equiv)	-	Tier 1
norethindrone tab (AYGESTIN equiv)	-	Tier 1
progesterone cap (PROMETRIUM equiv)	-	Tier 1
progesterone oil inj	-	Tier 1
hydroxyprogesterone caproate inj (MAKENA equiv) (QL= 4 vials/28 days)	AMSP-PA-QL	Tier 2 Specialty
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium DR tab (CAMPRAL equiv)	-	Tier 1
disulfiram tab (ANTABUSE equiv)	-	Tier 1
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv)	-	Tier 1
donepezil tab 10mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Tier 1
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Tier 1
donepezil tab 5mg (ARICEPT equiv) (QL= 1 tab/day)	QL	Tier 1
galantamine ER cap (RAZADYNE ER equiv) (QL= 1 cap/day)	QL	Tier 1
GALANTAMINE SOLN	-	Tier 1
galantamine tab (RAZADYNE equiv) (QL= 60 tabs/30 days)	QL	Tier 1
memantine ER cap (NAMENDA XR equiv) (QL= 1 cap/day; Step Therapy requires trial of memantine tab)	QL-ST	Tier 1

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
memantine tab (NAMENDA equiv)	-	Tier 1
memantine titrapak (NAMENDA equiv) (QL= 49 tabs/28 days)	QL	Tier 1
rivastigmine cap (EXELON equiv)	-	Tier 1
memantine soln (NAMENDA equiv) (QL= 300 ml/30 days)	QL	Tier 2
NAMENDA XR TITRATION PACK (QL= 28 caps/28 days; Step Therapy requires trial of memantine tab)	QL-ST	Tier 2
NAMZARIC CAP (QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er)	QL-ST	Tier 2
rivastigmine patch (EXELON equiv) (QL= 1 patch/day)	QL	Tier 2
COMBINATION PSYCHOTHERAPEUTICS		
PERPHENAZINE/ AMITRIPTYLINE TAB	-	Tier 1
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	Tier 2
olanzapine/fluoxetine cap (SYMBYAX equiv) (QL= 1 cap/day)	QL	Tier 2
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv)	AMSP-PA	Tier 1 Specialty
AUSTEDO TAB 12MG (QL= 120 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty
AUSTEDO TAB 6MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty
AUSTEDO TAB 9MG (QL= 30 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty
AUSTEDO XR TAB 12MG (QL= 90 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty
AUSTEDO XR TAB 24MG (QL= 60 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty
AUSTEDO XR TAB 6MG (QL= 210 tabs/30 days)	AMSP-PA-QL	Tier 2 Specialty
INGREZZA CAP (QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479)	LD-PA-QL	Tier 2 Specialty
MULTIPLE SCLEROSIS AGENTS		
dalfampridine ER tab (AMPYRA equiv)	AMSP-PA	Tier 1 Specialty
dimethyl fumarate DR cap (TECFIDERA equiv) (QL= 60 caps/30 days)	AMSP-QL	Tier 1 Specialty
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv) (QL= 60 caps/30 days)	AMSP-QL	Tier 1 Specialty
fingolimod hcl cap (GILENYA equiv) (QL= 30 caps/30 days)	AMSP-QL	Tier 1 Specialty
glatiramer inj 20mg/ml (COPAXONE equiv) (QL= 30 syringes/30 days)	AMSP-QL	Tier 1 Specialty
glatiramer inj 40mg/ml (COPAXONE equiv) (QL= 12 syringes/28 days)	AMSP-QL	Tier 1 Specialty
teriflunomide tab (AUBAGIO equiv) (QL= 30 tabs/30 days)	AMSP-QL	Tier 1 Specialty
AVONEX INJ (QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Tier 2 Specialty
VUMERITY CAP (QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer)	AMSP-QL-ST	Tier 2 Specialty
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
gabapentin (once-daily) tab (GRALISE equiv) (QL= 2 tabs/day)	PA-QL	Tier 2

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
pregabalin ER tab (LYRICA equiv) (QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln)	QL-ST	Tier 2
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE TAB	-	Tier 2
FLUOXETINE CAP (PMDD)	-	Value
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP (QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA)	QL-ST	Tier 2
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
PIMOZIDE TAB	-	Tier 2
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive
CHANTIX PAK (Limited to 180 days/plan year)	QL-SMKG	Preventive
CHANTIX TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	Preventive
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	Preventive
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	Preventive
varenicline tartrate tab (CHANTIX equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive
varenicline tartrate tab start pack (VARENICLINE equiv) (Limited to 180 days/plan year)	QL-SMKG	Preventive
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	Preventive
VASOMOTOR SYMPTOM AGENTS		
paroxetine cap (BRISDELLE equiv) (QL= 1 cap/day)	QL	Tier 2
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
KALYDECO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty

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

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DrugName	Special Code	Tier
RESPIRATORY AGENTS - MISC. Cont.		
ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
ORKAMBI TAB (QL= 4 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
PULMOZYME INH SOLN (QL= 30 ampules/30 days)	AMSP-QL-RDX	Tier 2 Specialty
SYMDEKO TAB (QL= 2 tabs/day; Only available through Walgreens 888-347-3416)	LD-PA-QL	Tier 2 Specialty
PULMONARY FIBROSIS AGENTS		
pirfenidone cap (ESBRIET equiv) (QL= 3 caps/day)	AMSP-PA-QL-SF	Tier 1 Specialty
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty
PIRFENIDONE TAB 534MG (QL= 4 tabs/day; Only available through Lumicera 855-847-3553)	LD-PA-QL-SF	Tier 1 Specialty
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	AMSP-PA-QL-SF	Tier 1 Specialty
OFEV CAP (QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416)	LD-PA-QL-SF	Tier 2 Specialty
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab (SULFADIAZINE equiv) (QL= 8 tabs/day)	QL	Tier 1
SULFADIAZINE TAB (QL= 8 tabs/day)	QL	Tier 2
TETRACYCLINES		
TETRACYCLINE COMBINATIONS		
NICAZELDOXY KIT	-	Tier 2
TETRACYCLINES		
demeclocycline tab (DECLOMYCIN equiv)	-	Tier 1
doxycycline hyclate cap (QL= 2 caps/day)	QL	Tier 1
doxycycline hyclate cap 50mg (VIBRAMYCIN equiv) (QL= 2 caps/day)	QL	Tier 1
doxycycline hyclate DR tab 100mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 1
doxycycline hyclate tab (VIBRATAB equiv) (QL= 2 tabs/day)	QL	Tier 1
doxycycline monohydrate cap 50mg (MONODOX equiv) (QL= 2 caps/day)	QL	Tier 1
doxycycline monohydrate tab (ADOXA equiv) (QL= 2 tabs/day)	QL	Tier 1
doxycycline susp (VIBRAMYCIN equiv)	-	Tier 1
minocycline cap (MINOCIN equiv)	-	Tier 1
tetracycline cap	-	Tier 1
doxycycline hyclate DR tab (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2
doxycycline hyclate DR tab 200mg (DORYX equiv) (QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2
doxycycline hyclate DR tab 50mg (DORYX equiv) (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2
doxycycline hyclate DR tab 75mg (QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate)	QL-ST	Tier 2
doxycycline hyclate tab 150mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Tier 2
doxycycline hyclate tab 50mg (TARGADOX equiv) (Step Therapy requires trial of doxycycline monohydrate)	ST	Tier 2

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DrugName	Special Code	Tier
TETRACYCLINES Cont.		
doxycycline hyclate tab 75mg (TARGADOX equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Tier 2
doxycycline monohydrate cap (MONODOX equiv) (QL= 2 caps/day)	QL	Tier 2
doxycycline monohydrate cap 100mg (MONODOX equiv) (QL= 2 caps/day)	QL	Tier 2
doxycycline monohydrate tab 150mg (ADOXA PAK equiv) (QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets)	QL-ST	Tier 2
minocycline ER tab (SOLODYN equiv) (QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab)	QL-ST	Tier 2
minocycline tab (DYNACIN equiv)	-	Tier 2
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	-	Tier 1
propylthiouracil tab	-	Tier 1
THYROID HORMONES		
levothyroxine tab (SYNTHROID equiv)	-	Tier 1
liothyronine tab (CYTOMEL equiv)	-	Tier 1
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL/BOOSTRIX INJ	VAC	Preventive
INFANRIX INJ	VAC	Preventive
TETANUS/DIPHTHERIA TOXOID INJ	VAC	Preventive
VAXELIS INJ	VAC	Preventive
ULCER DRUGS		
ANTISPASMODICS		
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	Tier 1
dicyclomine cap (BENTYL equiv)	-	Tier 1
dicyclomine soln (BENTYL equiv)	-	Tier 1
dicyclomine tab (BENTYL equiv)	-	Tier 1
glycopyrrolate oral soln (CUVPOSA equiv) (QL= 9ml/day)	QL	Tier 1
glycopyrrolate tab (ROBINUL equiv)	-	Tier 1
methscopolamine tab (PAMINE equiv)	-	Tier 1
b-donna tab (DONNATAL equiv) (QL= 8 tabs/day)	QL	Tier 2
BELLADONNA ALKALOID/OPIUM SUPP	-	Tier 2
pb-belladonna elixir (DONNATAL equiv) (QL= 1200ml/30 days)	QL	Tier 2
PROPANTHELINE TAB	-	Tier 2
H-2 ANTAGONISTS		
cimetidine soln (CIMETIDINE equiv)	-	Tier 1
cimetidine tab (TAGAMET equiv)	-	Tier 1
nizatidine cap (AXID equiv)	-	Tier 1
ranitidine cap (ZANTAC equiv)	-	Tier 1
ranitidine syrup (ZANTAC equiv)	-	Tier 1
ranitidine tab (Rx Only) (ZANTAC equiv)	-	Tier 1
MISC. ANTI-ULCER		

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DrugName	Special Code	Tier
ULCER DRUGS Cont.		
sucralfate tab (CARAFATE equiv)	-	Tier 1
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	Tier 1
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
H-2 ANTAGONISTS		
NIZATIDINE CAP	-	Tier 2
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	Tier 1
PROTON PUMP INHIBITORS		
dexlansoprazole DR cap (DEXILANT equiv) (Covered for members age 17 or younger; QL=1 cap/day; Step therapy requires trial of all: omeprazole, esomeprazole, lansoprazole cap, rabeprazole, and pantoprazole tab)	QL-ST	Tier 2
ULCER THERAPY COMBINATIONS		
bismuth/metro/tetra cap (PYLERA equiv) (Step therapy requires trial of oral metronidazole and tetracycline)	ST	Tier 2
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
trospium chloride SR cap (SANCTURA XR equiv)	-	Tier 2
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
oxybutynin ER tab (DITROPAN XL equiv)	-	Tier 1
oxybutynin syrup	-	Tier 1
oxybutynin tab (DITROPAN equiv)	-	Tier 1
solifenacin tab (VESICARE equiv) (QL= 1 tab/day)	QL	Tier 1
darifenacin SR tab (ENABLEX equiv) (Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER)	ST	Tier 2
fesoterodine fumarate er tab (TOVIAZ equiv) (QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin tab/syrup/ER tab, tolterodine tab/SR cap, trospium tab/SR cap)	QL-ST	Tier 2
tolterodine SR cap (DETROL LA equiv)	-	Tier 2
tolterodine tab (DETROL equiv)	-	Tier 2
trospium tab (SANCTURA equiv)	-	Tier 2
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	Tier 1
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv) (QL= 8 tabs/day; Step therapy requires trial of oxybutynin chloride or solifenacin succinate)	QL-ST	Tier 2
VACCINES		
BACTERIAL VACCINES		
BEXSERO INJ	VAC	Preventive
MENACTRA INJ	VAC	Preventive
MENHIBRIX INJ	VAC	Preventive
MENOMUNE INJ	VAC	Preventive
MENQUADFI INJ	VAC	Preventive

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VAC	Vaccine Program				

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DrugName	Special Code	Tier
VACCINES Cont.		
MENVEO INJ	VAC	Preventive
MENVEO SOLN	VAC	Preventive
PENBRAYA INJ (Covered for members age 10 through 25 years)	-	Preventive
PNEUMOVAX INJ	VAC	Preventive
PREVNAR 13 INJ	VAC	Preventive
PREVNAR 20 INJ	VAC	Preventive
TRUMENBA INJ	VAC	Preventive
VAXCHORA SUSP	VAC	Preventive
VAXNEUVANCE INJ	VAC	Preventive
VIRAL VACCINES		
ABRYSVO INJ (QL= 1 inj/fill, 1 fill/lifetime)	QL-VAC	Preventive
ACAM2000 INJ	-	Preventive
AFLURIA INJ	VAC	Preventive
AFLURIA INJ, FLUZONE INJ	VAC	Preventive
AREXVY INJ (QL= 1 inj/day, 1 fill/lifetime; Covered for members 60 years of age and older)	QL-VAC	Preventive
CERVARIX INJ	VAC	Preventive
COMIRNATY INJ	VAC	Preventive
COMIRNATY INJ 30MCG/0.3ML	VAC	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ (MODERNA) (QL=1 inj/fill)	QL	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ (PFIZER) (QL= 1 inj/fill)	QL	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ 5-11Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-4Y (PFIZER) (QL= 1 inj/fill)	QL	Preventive
COVID-19 VACCINE BIVALENT BOOSTER INJ 6M-5Y (MODERNA) (QL= 1 inj/fill)	QL	Preventive
COVID-19 VACCINE INJ (JANSSEN) (QL= 1 dose/45 days)	QL	Preventive
COVID-19 VACCINE INJ (NOVAVAX) (QL= 1 dose/17 days)	QL	Preventive
COVID-19 VACCINE INJ 5-11Y (PFIZER)	VAC	Preventive

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DrugName	Special Code	Tier
VACCINES Cont.		
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	VAC	Preventive
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	VAC	Preventive
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	Preventive
FLUAD INJ	VAC	Preventive
FLUAD QUAD INJ	VAC	Preventive
FLUBLOK INJ	VAC	Preventive
FLUBLOK QUAD PF INJ	VAC	Preventive
FLUCELVAX QUAD INJ	VAC	Preventive
FLULAVAL QUAD INJ, FLUZONE QUAD INJ	VAC	Preventive
FLUMIST QUADRIVALENT NASAL SUSP	VAC	Preventive
FLUVIRIN INJ	VAC	Preventive
FLUZONE HD PF INJ	VAC	Preventive
FLUZONE HIGH DOSE PF INJ	VAC	Preventive
FLUZONE QUAD INJ	VAC	Preventive
FLUZONE/FLUARIX QUAD INJ	VAC	Preventive
GARDASIL 9 INJ	VAC	Preventive
GARDASIL INJ	VAC	Preventive
HAVRIX INJ, VAQTA INJ	VAC	Preventive
HEPLISAV-B INJ	VAC	Preventive
IPOL INJ	-	Preventive
JYNNEOS INJ	-	Preventive
M-M-R II INJ	VAC	Preventive
PRIORIX INJ	VAC	Preventive
PROQUAD INJ	-	Preventive
SHINGRIX INJ (Covered for members age 18 or older)	VAC	Preventive
SPIKEVAX INJ (QL= 1 dose/24 days)	QL	Preventive

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DrugName	Special Code	Tier
VACCINES Cont.		
SPIKEVAX INJ 50/0.5ML	VAC	Preventive
SPIKEVAX INJ 50MCG/0.5ML	VAC	Preventive
TWINRIX INJ	VAC	Preventive
VARIVAX INJ	VAC	Preventive
YF-VAX INJ	-	Preventive
IMOVAX INJ	-	Tier 2
RABAVERT INJ	VAC	Tier 2
VAGINAL AND RELATED PRODUCTS		
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL (QL= 180gm/30 days)	QL	Preventive
VAGINAL PRODUCTS		
SPERMICIDES		
CONTRACEPTIVE FILM	OTC	Preventive
CONTRACEPTIVE FOAM	OTC	Preventive
CONTRACEPTIVE GEL	OTC	Preventive
CONTRACEPTIVE SUPP	OTC	Preventive
TODAY SPONGE	OTC	Preventive
VAGINAL ANTI-INFECTIVES		
clindamycin vaginal cream (CLEOCIN equiv) (QL= 1 tube/fill)	QL	Tier 1
terconazole cream (TERAZOL equiv)	-	Tier 1
TERCONAZOLE CREAM 0.8%	-	Tier 1
terconazole supp (TERAZOL equiv)	-	Tier 1
AVC VAGINAL CREAM	-	Tier 2
metronidazole vaginal gel (METROGEL equiv)	-	Tier 2
NUVESSA VAGINAL GEL, VANDAZOLE GEL (QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln)	QL-ST	Tier 2
VAGINAL ESTROGENS		
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv)	-	Tier 1
estradiol cream (ESTRACE equiv)	-	Tier 2
ESTRING (QL= 1 ring/90 days; 3 copays per Rx)	QL	Tier 2
VAGINAL PROGESTINS		
ENDOMETRIN INSERT	PA	Tier 2
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
epinephrine inj (ADRENALIN equiv)	-	Tier 1
EPINEPHRINE INJ 0.15MG (QL= 2 inj/fill)	QL	Value

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DrugName	Special Code	Tier
VASOPRESSORS Cont.		
EPINEPHRINE INJ 0.3MG (QL= 2 inj/fill)	QL	Value
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	Value
SYMJEPI INJ (QL= 2 inj/fill)	QL	Value
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap (NORTHERA equiv)	AMSP	Tier 1 Specialty
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	Tier 1
epinephrine inj	-	Tier 2
VITAMINS		
OIL SOLUBLE VITAMINS		
phytonadione tab (MEPHYTON equiv)	-	Tier 1
vitamin D cap (RX strength only)	-	Tier 1
WATER SOLUBLE VITAMINS		
POTABA POWDER PACKET	-	Tier 2

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UMP Preferred Drug List
Prior Authorization Drug List
Last Updated* 4/1/2024

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

Drug Name	Tier # for Drug Copay (if prior auth is approved)
abiraterone acetate tab 500mg	Tier 1 Specialty
abiraterone tab 250mg	Tier 1 Specialty
ACTHAR HP GEL INJ	Tier 2 Specialty
ACTHAR INJ 80UNIT	Tier 2 Specialty
ADALIMUMAB-ADAZ INJ 40MG/0.4ML	Tier 2 Specialty
AFSTYLA KIT	Tier 2 Specialty
AJOVY INJ	Tier 2 Specialty
ALECENSA CAP	Tier 2 Specialty
ALUNBRIG TAB 30MG	Tier 2 Specialty
ALUNBRIG TAB 90MG, 180MG	Tier 2 Specialty
ambrisentan tab	Tier 1 Specialty
AUSTEDO TAB 12MG	Tier 2 Specialty
AUSTEDO TAB 6MG	Tier 2 Specialty
AUSTEDO TAB 9MG	Tier 2 Specialty
AUSTEDO XR TAB 12MG	Tier 2 Specialty
AUSTEDO XR TAB 24MG	Tier 2 Specialty
AUSTEDO XR TAB 6MG	Tier 2 Specialty
BARACLUDE SOLN	Tier 2 Specialty
betaine powder for oral solution	Tier 1 Specialty
bexarotene cap	Tier 1 Specialty
bexarotene gel	Tier 1 Specialty
bosentan tab	Tier 1 Specialty
BOSULIF CAP	Tier 2 Specialty
BOSULIF TAB	Tier 2 Specialty
CABOMETYX TAB	Tier 2 Specialty
CALQUENCE CAP	Tier 2 Specialty
CALQUENCE TAB	Tier 2 Specialty
CAPRELSA TAB	Tier 2 Specialty
carglumic acid tab	Tier 1 Specialty
CERDELGA CAP	Tier 2 Specialty
COMETRIQ KIT	Tier 2 Specialty
COSENTYX INJ (1-PACK)	Tier 2 Specialty
COSENTYX INJ (2-PACK)	Tier 2 Specialty
COSENTYX INJ 300MG/2ML	Tier 2 Specialty
COTELLIC TAB	Tier 2 Specialty
DAKLINZA TAB	Tier 2 Specialty
dalfampridine ER tab	Tier 1 Specialty
deferasirox granules packet	Tier 1 Specialty
deferasirox tab	Tier 1 Specialty
deferasirox tab 90mg, 360mg	Tier 1 Specialty
deferiprone tab	Tier 1 Specialty
deferiprone tab 1000mg	Tier 1 Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
deflazacort tab	Tier 2 Specialty
DESCOVY TAB	Tier 2
DEXCOM G6 RECEIVER	Tier 1
DEXCOM G6 SENSOR	Tier 1
DEXCOM G6 TRANSMITTER	Tier 1
DEXCOM G7 RECEIVER	Tier 1
DEXCOM G7 SENSOR	Tier 1
dichlorphenamide tab	Tier 1 Specialty
DOPTELET TAB	Tier 2 Specialty
DUPIXENT INJ	Tier 2 Specialty
DUPIXENT PEN INJ	Tier 2 Specialty
ENBREL INJ	Tier 2 Specialty
ENBREL INJ 25MG	Tier 2 Specialty
ENBREL INJ 50MG	Tier 2 Specialty
ENBREL MINI INJ	Tier 2 Specialty
ENBREL SURECLICK INJ 50MG	Tier 2 Specialty
ENDOMETRIN INSERT	Tier 2
EPIDIOLEX SOLN	Tier 2 Specialty
ERIVEDGE CAP	Tier 2 Specialty
ERLEADA TAB	Tier 2 Specialty
ERLEADA TAB 240MG	Tier 2 Specialty
erlotinib tab 100mg	Tier 1 Specialty
erlotinib tab 150mg	Tier 1 Specialty
erlotinib tab 25mg	Tier 1 Specialty
everolimus tab	Tier 1 Specialty
everolimus tab for oral susp	Tier 1 Specialty
EXSERVAN FILM	Tier 2 Specialty
fentanyl citrate lollipop	Tier 2
fentanyl patch	Tier 2
FREESTYLE LIBRE 2 RECEIVER	Tier 1
FREESTYLE LIBRE 2 SENSOR	Tier 1
FREESTYLE LIBRE 3 READER	Tier 1
FREESTYLE LIBRE 3 SENSOR	Tier 1
FREESTYLE LIBRE RECEIVER	Tier 1
FREESTYLE LIBRE SENSOR (14-DAY)	Tier 1
gabapentin (once-daily) tab	Tier 2
gefitinib tab	Tier 1 Specialty
GILOTRIF TAB	Tier 2 Specialty
HADLIMA INJ 40MG/0.4ML	Tier 2 Specialty
HADLIMA INJ 40MG/0.8ML	Tier 2 Specialty
HADLIMA PUSH INJ 40MG/0.4ML	Tier 2 Specialty
HADLIMA PUSH INJ 40MG/0.8ML	Tier 2 Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
HAEGARDA INJ 2000U	Tier 2 Specialty
HAEGARDA INJ 3000U	Tier 2 Specialty
HEMLIBRA INJ	Tier 2 Specialty
HYCAMTIN CAP	Tier 2 Specialty
hydrocodone bitartrate ER cap	Tier 2
hydrocodone bitartrate er tab	Tier 2
hydromorphone ER tab 12mg	Tier 2
hydromorphone ER tab 16mg	Tier 2
hydromorphone ER tab 32mg	Tier 2
hydromorphone ER tab 8mg	Tier 2
HYDROXYPROGESTERONE CAPROATE INJ	Tier 2 Specialty
icatibant inj	Tier 1 Specialty
ICLUSIG TAB	Tier 2 Specialty
imatinib tab 100mg	Tier 1 Specialty
imatinib tab 400mg	Tier 1 Specialty
IMBRUVICA CAP 140MG	Tier 2 Specialty
IMBRUVICA CAP 70MG	Tier 2 Specialty
IMBRUVICA SUSP	Tier 2 Specialty
IMBRUVICA TAB	Tier 2 Specialty
INGREZZA CAP	Tier 2 Specialty
INLYTA TAB	Tier 2 Specialty
JAKAFI TAB	Tier 2 Specialty
JUXTAPID CAP	Tier 2 Specialty
JYNARQUE PAK	Tier 2 Specialty
JYNARQUE TAB 15MG	Tier 2 Specialty
JYNARQUE TAB 30MG	Tier 2 Specialty
KALYDECO PAK	Tier 2 Specialty
KALYDECO TAB	Tier 2 Specialty
KISQALI PAK	Tier 2 Specialty
KISQALI TAB	Tier 2 Specialty
lapatinib ditosylate tab	Tier 1 Specialty
lenalidomide cap	Tier 1 Specialty
LENVIMA CAP	Tier 2 Specialty
LEUPROLIDE INJ	Tier 2 Specialty
LONSURF TAB	Tier 2 Specialty
LUPRON DEPOT INJ	Tier 2 Specialty
LUPRON DEPOT INJ PED	Tier 2 Specialty
LUPRON DEPOT-PED INJ (1-MONTH)	Tier 2 Specialty
LUPRON DEPOT-PED INJ (3-MONTH)	Tier 2 Specialty
LYNPARZA CAP	Tier 2 Specialty
LYNPARZA TAB	Tier 2 Specialty
MEKINIST SOLN	Tier 2 Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
MEKINIST TAB 0.5MG	Tier 2 Specialty
MEKINIST TAB 2MG	Tier 2 Specialty
methadose tab	Tier 1
methyltestosterone cap	Tier 2
metyrosine cap	Tier 2
mifepristone tab	Tier 1 Specialty
miglustat cap	Tier 1 Specialty
morphine sulfate ER cap 100mg	Tier 1
morphine sulfate ER cap 10mg	Tier 2
morphine sulfate ER cap 20mg	Tier 2
morphine sulfate ER cap 30mg	Tier 1
morphine sulfate ER cap 50mg	Tier 2
morphine sulfate ER cap 60mg	Tier 2
morphine sulfate ER cap 80mg	Tier 2
morphine sulfate ER tab	Tier 1
MOVANTIK TAB	Tier 2
nilutamide tab	Tier 1 Specialty
NINLARO CAP	Tier 2 Specialty
nitisinone cap	Tier 1 Specialty
NUBEQA TAB	Tier 2 Specialty
NUCALA INJ	Tier 2 Specialty
NUWIQ INJ	Tier 2 Specialty
NUWIQ KIT	Tier 2 Specialty
octreotide inj	Tier 1 Specialty
OCTREOTIDE INJ 100MCG	Tier 1 Specialty
ODOMZO CAP	Tier 2 Specialty
OFEV CAP	Tier 2 Specialty
OLYSIO CAP	Tier 2 Specialty
OPSUMIT TAB	Tier 2 Specialty
ORENITRAM TAB	Tier 2 Specialty
ORKAMBI GRANULES PACKET	Tier 2 Specialty
ORKAMBI TAB	Tier 2 Specialty
OTEZLA STARTER PACK	Tier 2 Specialty
OTEZLA TAB	Tier 2 Specialty
OXANDROLONE TAB	Tier 1
OXYCODONE ER TAB 10MG	Tier 2
OXYCODONE ER TAB 15MG	Tier 2
OXYCODONE ER TAB 20MG	Tier 2
OXYCODONE ER TAB 30MG	Tier 2
OXYCODONE ER TAB 40MG	Tier 2
OXYCODONE ER TAB 60MG	Tier 2
OXYCODONE ER TAB 80MG	Tier 2

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
OXYMORPHONE ER TAB 10MG	Tier 2
OXYMORPHONE ER TAB 15MG	Tier 2
OXYMORPHONE ER TAB 20MG	Tier 2
OXYMORPHONE ER TAB 30MG	Tier 2
oxymorphone ER tab 40mg	Tier 2
OXYMORPHONE ER TAB 5MG	Tier 2
OXYMORPHONE ER TAB 7.5MG	Tier 2
pazopanib hcl tab	Tier 1 Specialty
PEGASYS INJ	Tier 2 Specialty
PEG-INTRON INJ	Tier 2 Specialty
pirfenidone cap	Tier 1 Specialty
pirfenidone tab 267mg	Tier 1 Specialty
PIRFENIDONE TAB 534MG	Tier 1 Specialty
pirfenidone tab 801mg	Tier 1 Specialty
POMALYST CAP	Tier 2 Specialty
PROMACTA TAB	Tier 2 Specialty
pyrimethamine tab	Tier 1 Specialty
RADICAVA ORS SUSP	Tier 2 Specialty
REBETOL SOLN	Tier 2 Specialty
REPATHA INJ	Tier 2
REPATHA PUSHTRONEX INJ	Tier 2
RINVOQ ER TAB	Tier 2 Specialty
RINVOQ ER TAB 45MG	Tier 2 Specialty
roflumilast tab	Tier 1
RUBRACA TAB	Tier 2 Specialty
sapropterin dihydrochloride powder packet	Tier 1 Specialty
sapropterin dihydrochloride soluble tab	Tier 1 Specialty
SIGNIFOR INJ	Tier 2 Specialty
sildenafil susp	Tier 1 Specialty
simvastatin tab 80mg	Preventive
SKYRIZI 180MG/1.2ML CARTRIDGE	Tier 2 Specialty
SKYRIZI INJ	Tier 2 Specialty
SKYRIZI INJ 150MG/ML	Tier 2 Specialty
SKYTROFA INJ	Tier 2 Specialty
sodium phenylbutyrate powder	Tier 1 Specialty
sodium phenylbutyrate tab	Tier 1 Specialty
SOFOSBUVIR/VELPATASVIR TAB	Tier 1 Specialty
SOMAVERT INJ	Tier 2 Specialty
sorafenib tosylate tab	Tier 2 Specialty
SPRYCEL TAB	Tier 2 Specialty
STELARA INJ	Tier 2 Specialty
STIVARGA TAB	Tier 2 Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
STRENSIQ INJ	Tier 2 Specialty
sunitinib malate cap	Tier 1 Specialty
SYMDEKO TAB	Tier 2 Specialty
SYMPROIC TAB	Tier 2
SYNAGIS INJ	Tier 2 Specialty
SYNRIBO INJ	Tier 2 Specialty
tadalafil tab	Tier 1
TAFINLAR CAP	Tier 2 Specialty
TAFINLAR TAB	Tier 2 Specialty
TAGRISSO TAB	Tier 2 Specialty
TAKHZYRO INJ	Tier 2 Specialty
TAKHZYRO INJ 150MG/ML	Tier 2 Specialty
TASIGNA CAP	Tier 2 Specialty
tasimelteon capsule	Tier 1 Specialty
TECHNIVIE TAB	Tier 2 Specialty
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml	Tier 2 Specialty
TERIPARATIDE INJ 620MCG/2.48ML	Tier 2 Specialty
testosterone cypionate inj 200mg/ml	Tier 1
TESTOSTERONE GEL 1% 25MG	Tier 2
testosterone gel 1.62% 1.25gm	Tier 2
testosterone gel 1.62% 2.5gm	Tier 2
testosterone gel 2%	Tier 2
TESTOSTERONE GEL PUMP	Tier 2
testosterone soln	Tier 2
tetrabenazine tab	Tier 1 Specialty
TIGLUTIK SUSP	Tier 2 Specialty
tiopronin tab	Tier 1 Specialty
tiopronin tab delayed release	Tier 2 Specialty
tobramycin neb soln	Tier 1 Specialty
tolvaptan tab	Tier 1 Specialty
tolvaptan tab 15mg	Tier 1 Specialty
TRACLEER TAB 32MG	Tier 2 Specialty
tramadol ER tab	Tier 2
tramadol ER tab 100mg	Tier 1
tramadol ER tab 200mg	Tier 1
tramadol ER tab 300mg	Tier 1
TREMFYA INJ	Tier 2 Specialty
treprostinil inj 10mg/ml	Tier 1 Specialty
treprostinil inj 1mg/ml	Tier 1 Specialty
treprostinil inj 2.5mg/ml	Tier 1 Specialty
treprostinil inj 5mg/ml	Tier 1 Specialty
TYMLOS INJ	Tier 2 Specialty

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Drug Name	Tier # for Drug Copay (if prior auth is approved)
TYVASO DPI POWDER 16-32-48MCG	Tier 2 Specialty
TYVASO DPI POWDER 16-32MCG	Tier 2 Specialty
TYVASO DPI POWDER 32-48MCG	Tier 2 Specialty
TYVASO DPI POWDER	Tier 2 Specialty
TYVASO INH SOLN	Tier 2 Specialty
TYZEKA TAB	Tier 2 Specialty
UPTRAVI TAB	Tier 2 Specialty
VALCHLOR GEL	Tier 2 Specialty
VENCLEXTA STARTER PACK	Tier 2 Specialty
VENCLEXTA TAB	Tier 2 Specialty
VENTAVIS INH SOLN	Tier 2 Specialty
VERZENIO TAB	Tier 2 Specialty
VIEKIRA PAK TAB	Tier 2 Specialty
VIEKIRA XR TAB	Tier 2 Specialty
vigabatrin powder pack	Tier 1 Specialty
vigabatrin tab	Tier 1 Specialty
VOSEVI TAB	Tier 2 Specialty
VOTRIENT TAB	Tier 2 Specialty
XALKORI CAP	Tier 2 Specialty
XALKORI SPRINKLE CAP	Tier 2 Specialty
XELJANZ SOLN	Tier 2 Specialty
XELJANZ TAB	Tier 2 Specialty
XELJANZ XR TAB	Tier 2 Specialty
XOLAIR INJ	Tier 2 Specialty
XOLAIR INJ 150MG/ML	Tier 2 Specialty
XOLAIR INJ 300MG/2ML	Tier 2 Specialty
XOLAIR INJ 75MG/0.5ML	Tier 2 Specialty
ZEJULA CAP	Tier 2 Specialty
ZEJULA TAB	Tier 2 Specialty
ZELBORAF TAB	Tier 2 Specialty
ZEPATIER TAB	Tier 2 Specialty
ZOLINZA CAP	Tier 2 Specialty
ZYDELIG TAB	Tier 2 Specialty
ZYKADIA CAP	Tier 2 Specialty
ZYKADIA TAB	Tier 2 Specialty

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

Over-the-Counter (OTC) Medications

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

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

Mandatory Specialty Pharmacy (MSP) Medications

ABILIFY ASIMTUFII INJ	ABILIFY MAINTENA INJ	abiraterone acetate tab 500mg	abiraterone tab 250mg
ACTHAR HP GEL INJ	ACTHAR INJ 80UNIT	ADALIMUMAB-ADAZ INJ 40MG/0.4ML	adefovir dipivoxil tab
AFSTYLA KIT	AJOVY INJ	ALECENSA CAP	ALUNBRIG TAB 30MG
ALUNBRIG TAB 90MG, 180MG	ambrisentan tab	aminocaproic acid soln	apomorphine inj
ARANESP INJ	ARISTADA 675MG/2.4ML IN	ARISTADA INJ	AUSTEDO TAB 12MG
AUSTEDO TAB 6MG	AUSTEDO TAB 9MG	AUSTEDO XR TAB 12MG	AUSTEDO XR TAB 24MG
AUSTEDO XR TAB 6MG	AVONEX INJ	BARACLUDE SOLN	betaine powder for oral solution
bexarotene cap	bexarotene gel	bosentan tab	BOSULIF CAP
BOSULIF TAB	CABOMETYX TAB	CALQUENCE CAP	CALQUENCE TAB
capecitabine tab	CAPRELSA TAB	carglumic acid tab	CAYSTON INH SOLN
CERDELGA CAP	COMETRIQ KIT	COSENTYX INJ (1-PACK)	COSENTYX INJ (2-PACK)
COSENTYX INJ 300MG/2ML	COTELLIC TAB	CYSTADANE POWDER	CYSTAGON CAP 150MG
CYSTAGON CAP 50MG	CYSTARAN OPHTH SOLN	DAKLINZA TAB	dalfampridine ER tab
deferasirox granules packet	deferasirox tab	deferasirox tab 90mg, 360mg	deferiprone tab
deferiprone tab 1000mg	deflazacort tab	dichlorphenamide tab	dimethyl fumarate DR cap
dimethyl fumarate DR starter pack	DOPTELET TAB	droxidopa cap	DUPIXENT INJ
DUPIXENT PEN INJ	ENBREL INJ	ENBREL INJ 25MG	ENBREL INJ 50MG
ENBREL MINI INJ	ENBREL SURECLICK INJ 50MG	ENDARI POWDER PACK	EPIDIOLEX SOLN
EPIVIR HBV SOLN	ERIVEDGE CAP	ERLEADA TAB	ERLEADA TAB 240MG
erlotinib tab 100mg	erlotinib tab 150mg	erlotinib tab 25mg	everolimus tab
everolimus tab for oral susp	EXSERVAN FILM	fingolimod hcl cap	FULPHILA INJ
FUZEON INJ	gefitinib tab	GENOTROPIN INJ 0.2MG	GENOTROPIN INJ 0.4MG
GENOTROPIN INJ 0.6MG	GENOTROPIN INJ 0.8MG	GENOTROPIN INJ 1.2MG	GENOTROPIN INJ 1.4MG
GENOTROPIN INJ 1.6MG	GENOTROPIN INJ 1.8MG	GENOTROPIN INJ 12MG	GENOTROPIN INJ 1MG
GENOTROPIN INJ 2MG	GENOTROPIN INJ 5MG	GILOTRIF TAB	glatiramer inj 20mg/ml
glatiramer inj 40mg/ml	HADLIMA INJ 40MG/0.4ML	HADLIMA INJ 40MG/0.8ML	HADLIMA PUSH INJ 40MG/0.4ML
HADLIMA PUSH INJ 40MG/0.8ML	HAEGARDA INJ 2000U	HAEGARDA INJ 3000U	haloperidol decanoate inj
HEMLIBRA INJ	HEXALEN CAP	HYCAMTIN CAP	hydroxyprogesterone caproate inj
icatibant inj	ICLUSIG TAB	imatinib tab 100mg	imatinib tab 400mg

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IMBRUVICA CAP 140MG
IMBRUVICA CAP 70MG
IMBRUVICA SUSP
IMBRUVICA TAB
IMPAVIDO CAP
INCRELEX INJ
INGREZZA CAP
INLYTA TAB
INTRON-A INJ
INVEGA HAFYERA INJ
INVEGA SUSTENNA INJ
INVEGA TRINZA INJ
JAKAFI TAB
JUXTAPID CAP
JYNARQUE PAK
JYNARQUE TAB 15MG
JYNARQUE TAB 30MG
KALYDECO PAK
KALYDECO TAB
KISQALI PAK
KISQALI TAB
lamivudine tab 100mg
lapatinib ditosylate tab
lenalidomide cap
LENVIMA CAP
LEUPROLIDE INJ
LONSURF TAB
LUPRON DEPOT INJ
LUPRON DEPOT INJ PED
LUPRON DEPOT-PED INJ (1-MONTH)
LUPRON DEPOT-PED INJ (3-MONTH)
LYNPARZA CAP
LYNPARZA TAB
LYSODREN TAB
MATULANE CAP
MAVYRET PAK
MAVYRET TAB
MEKINIST SOLN
MEKINIST TAB 0.5MG
MEKINIST TAB 2MG
MELPHALAN TAB
MESNEX TAB
mifepristone tab
miglustat cap
MYLERAN TAB
nilutamide tab
NINLARO CAP
nitisinone cap
NUBEQA TAB
NUCALA INJ
NUWIQ INJ
NUWIQ KIT
NYVEPRIA INJ
octreotide inj
OCTREOTIDE INJ 100MCG
ODOMZO CAP
OFEV CAP
olanzapine inj
OLYSIO CAP
OMNITROPE INJ
OMNITROPE INJ 5.8MG
OPSUMIT TAB
ORENITRAM TAB
ORKAMBI GRANULES PACKET
ORKAMBI TAB
OTEZLA STARTER PACK
OTEZLA TAB
pazopanib hcl tab
PEGASYS INJ
PEG-INTRON INJ
PERSERIS INJ
pirfenidone cap
pirfenidone tab 267mg
PIRFENIDONE TAB 534MG
pirfenidone tab 801mg
POMALYST CAP
PROMACTA TAB
PULMOZYME INH SOLN
PURIXAN SUSP
pyrimethamine tab
RADICAVA ORS SUSP
REBETOL SOLN
REBINYN INJ
RETACRIT INJ
RIBAPAK TAB
RIBAVIRIN CAP
RIBAVIRIN TAB
riluzole tab
RINVOQ ER TAB
RINVOQ ER TAB 45MG
risperidone microspheres inj
RUBRACA TAB
RYKINDO INJ
sapropterin dihydrochloride powder packet
sapropterin dihydrochloride soluble tab
SIGNIFOR INJ
sildenafil susp
SIRTURO TAB
SKYRIZI 180MG/1.2ML CARTRIDGE
SKYRIZI INJ
SKYRIZI INJ 150MG/ML
SKYTROFA INJ
sodium phenylbutyrate powder
sodium phenylbutyrate tab
SOFOSBUVIR/VELPATASVIR TAB
SOMAVERT INJ
sorafenib tosylate tab
SPRYCEL TAB
STELARA INJ
STIVARGA TAB
STRENSIQ INJ
sunitinib malate cap
SYMDEKO TAB
SYNAGIS INJ
SYNRIBO INJ
TABLOID TAB
TAFINLAR CAP
TAFINLAR TAB
TAGRISSO TAB
TAKHZYRO INJ
TAKHZYRO INJ 150MG/ML
TASIGNA CAP
tasimelteon capsule
TECHNIVIE TAB
temozolomide cap
teriflunomide tab
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml
TERIPARATIDE INJ 620MCG/2.48ML
tetrabenazine tab
THALOMID CAP
TIGLUTIK SUSP
tiopronin tab
tiopronin tab delayed release
tobramycin neb soln
tolvaptan tab
tolvaptan tab 15mg
TRACLEER TAB 32MG
TREMFYA INJ
treprostinil inj 10mg/ml
treprostinil inj 1mg/ml
treprostinil inj 2.5mg/ml
treprostinil inj 5mg/ml
tretinoin cap
TYMLOS INJ
TYVASO DPI POWDER 16-32-48MCG
TYVASO DPI POWDER 16-32MCG
TYVASO DPI POWDER 32-48MCG
TYVASO DPI POWDER
TYVASO INH SOLN
TYZEKA TAB
UPTRAVI TAB
UZEDY INJ
VALCHLOR GEL
VEMLIDY TAB
VENCLEXTA STARTER PACK
VENCLEXTA TAB
VENTAVIS INH SOLN
VERZENIO TAB
VIEKIRA PAK TAB
VIEKIRA XR TAB
vigabatrin powder pack
vigabatrin tab
VISTOGARD PAK
VIVITROL INJ
VOSEVI TAB
VOTRIENT TAB
VUMERITY CAP
XALKORI CAP

XALKORI SPRINKLE CAP
XELJANZ SOLN
XELJANZ TAB
XELJANZ XR TAB
XOLAIR INJ
XOLAIR INJ 150MG/ML
XOLAIR INJ 300MG/2ML
XOLAIR INJ 75MG/0.5ML
ZARXIO INJ
ZEJULA CAP
ZEJULA TAB
ZELBORAF TAB
ZEPATIER TAB
ziprasidone mesylate inj
ZOLINZA CAP
ZYDELIG TAB
ZYKADIA CAP
ZYKADIA TAB
ZYPREXA RELPREVV INJ

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
acitretin cap	Step Therapy requires trial of adapalene, adapalene/benzoyl peroxide, or tretinoin
ADMELOG INJ, INSULIN LISPRO INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
AFREZZA INH POWDER	QL= 180 inhalations/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
aliskiren tab	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blockers (ARB)
almotriptan tab	QL= 9 tabs/30 days; Step Therapy requires 30 day trial of 2: naratriptan tab, rizatriptan tab, or sumatriptan tab
amcinonide oint	Step therapy requires trial of 2 high potency steroids (eg. betamethasone, clobetasol halobetasol)
amlodipine/atorvastatin tab	QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg atorvastatin, simvastatin)
amlodipine/valsartan/hydrochlorothiazide ta	QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ
amphetamine tab	QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM), dexmethylphen ER, or dextroamph ER
APIDRA INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
APIDRA SOLOSTAR INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
aprepitant cap 125mg	QL= 1 cap/21 days; Step Therapy requires trial of ondansetron
aprepitant cap 40mg	QL= 1 cap/28 days; Step Therapy requires trial of ondansetron
aprepitant cap 80mg	QL= 2 caps/21 days; Step Therapy requires trial of ondansetron
aprepitant pak	QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron
arformoterol tartrate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln
asenapine maleate SL tab	QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapine, quetiapine XR, risperidone, or risperidone ODT
ASPRUZYO SPRINKLE GRANULES	QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab
AVONEX INJ	QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
azathioprine tab 100mg	QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg
azathioprine tab 75mg	QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
baclofen susp	QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open o crushed)
bimatoprost ophth soln	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln
bismuth/metro/tetra cap	Step therapy requires trial of oral metronidazole and tetracycline
brimonidine ophth soln 0.15%	Step Therapy requires trial of brimonidine ophth soln 0.2%
brimonidine tartrate gel	QL= 60 grams/30 days; ST req trial of azelaic acid gel and metronidazole topical
brimonidine tartrate ophth soln 0.1%	Step Therapy requires trial of brimonidine ophth soln 0.2%
brimonidine tartrate-timolol maleate ophth soln	QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate
brinzolamide ophth susp	Step Therapy requires trial of dorzolamide 2% ophth soln
bromfenac ophth soln	Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
bromfenac sodium ophth soln 0.07%	QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
budesonide rectal foam	QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema
budesonide/formoterol inhaler	QL= 10.3g/30 days; Step therapy requires trial of one: WIXELA, fluticasone/ salmeterol
BUDESONIDE/FORMOTEROL INHALER 160-4.5 MCG/ACT	QL= 10.2gm/30 days; Step therapy requires trial of one: WIXELA, fluticasone/ salmeterol
BUDESONIDE/FORMOTEROL INHALER 80-4.5 MCG/ACT	QL= 10.2gm/30 days; Step therapy requires trial of one: WIXELA, fluticasone/ salmeterol
buprenorphine hcl buccal film	Step therapy requires trial of buprenorphine patch
calcipotriene-betamethasone dipropionate susp	QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene
candesartan tab	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
captopril tab	Step Therapy requires trial of 2 angiotensin-converting enzyme (ACE) inhibitors
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	Step Therapy requires trial of one angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) combination drug
carisoprodol tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
cephalexin cap 750mg	QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexin 500mg tab/cap
chlorzoxazone tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
chlorzoxazone tab 375mg	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
clindamycin foam	QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
clindamycin/tretinoin gel	QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial of 1: clindamycin or erythromycin
clocortolone pivalate cream	QL= 1 tube/30 days; Step therapy requires trial of one preferred topical steroid

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
colesevelam pack	Step Therapy requires trial of 2: cholestyramine, colesevelam, or colestipol
cyanocobalamin nasal spray 500mcg/0.1ml	ST req trial of cyanocobalamin injection
cyclobenzaprine ER cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, methocarbamol, or orphenadrine ER
cyclobenzaprine tab 7.5mg	Trial of 2: cyclobenzaprine 5mg, cyclobenzaprine 10mg, tizanidine, methocarbamol, baclofen, chlorzoxazone, orphenadrine
dantrolene cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine, tizanidine, methocarbamol, or orphenadrine ER
dapsone gel	QL= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
darifenacin SR tab	Step Therapy requires trial of 2: oxybutynin, oxybutynin ER, tolterodine, tolterodine ER, trospium, or trospium ER
dexlansoprazole DR cap	Covered for members age 17 or younger; QL=1 cap/day; Step therapy requires trial all: omeprazole, esomeprazole, lansoprazole cap, rabeprazole, and pantoprazole tat
DEXPAK TAB	Step Therapy requires trial of dexamethasone
dextroamphetamine sulfate tab 15mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 2.5mg	QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
dextroamphetamine sulfate tab 20mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 30mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 7.5mg	QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
diclofenac potassium (migraine) packet	QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan)
diclofenac potassium cap	QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets
diclofenac potassium tab 25mg	QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets
diclofenac sodium soln 2%	Step therapy requires trial of of diclofenac 1.5% soln
difluprednate ophth emulsion	QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth sus
dihydroergotamine mesylate nasal spray	QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
dorzolamide/timolol (pf) ophth soln	Step Therapy requires trial of dorzolamide/timolol ophth soln
doxepin hcl cream	ST req trial of a topical corticosteroid AND topical tacrolimus
doxepin tab	QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
doxycycline hyclate DR tab	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 100mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 200mg	QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 50mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 75mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate tab 150mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxycycline hyclate tab 50mg	Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate tab 75mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxycycline monohydrate tab 150mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
dutasteride/tamsulosin cap	Step Therapy requires trial of finasteride tab or dutasteride AND tamsulosin cap
eletriptan tab	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
enalapril maleate oral soln	QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab
ENDARI POWDER PACK	Step Therapy requires trial of hydroxyurea cap
estradiol td gel	QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
estradiol td gel 1.25mg/1.25gm	QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
estradiol valerate inj	ST req trial of 2: estradiol tab, estradiol patch, estradiol vaginal tab, Estring
ezetimibe/simvastatin tab	QL= 1 tab/day; Step Therapy requires trial of simvastatin AND ezetimibe
fenoprofen calcium cap	QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
fenoprofen calcium tab	Step Therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
fesoterodine fumarate er tab	QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin tab/syrup/ER tab, tolterodine tab/SR cap, trospium tab/SR cap
flavoxate tab	QL= 8 tabs/day; Step therapy requires trial of oxybutynin chloride or solifenacin succinate
FLURBIPROFEN OPHTH SOLN	Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
FLUTICASONE LOTION	ST req tri of 2 lower-mid potency topical corticosteroid (eg. Betamet lot 0.05%, Fluocin crm 0.025%)
fluvastatin cap	QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastati pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay
fluvastatin ER tab	QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay
formoterol fumarate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbutero neb soln

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
GLYXAMBI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab
halcinonide cream	Step Therapy requires trial of 2 High potency corticosteroids
halobetasol propionate foam	ST req trial of 2 high potency steroids (eg. betamethasone, clobetasol, halobetasol)
HUMALOG INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR
HUMALOG KWIKPEN INJ	QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR
HUMALOG MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR
HUMALOG PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPAR
HUMULIN MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN N INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN R INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HYDROCODONE BITARTRATE ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
imiquimod cream 3.75%	QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution
indomethacin suppository	QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxer diclofenac, meloxicam, etc)
indomethacin susp	QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp
isosorbide dinitrate tab 40mg	Step Therapy requires trial of isosorbide dinitrate, isosorbide dinitrate ER, isosorbide dinitrate SL, isosorbide mononitrate, or isosorbide mononitrate ER
ivermectin cream	QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole
IYUZEH OPHTH DROPS	QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophl soln
lanthanum carbonate chew tab	QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
lanthanum carbonate chew tab 500mg	QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
LOKELMA PAK	QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone
LOTEMAX OPHTH OINT 0.5%	Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
loteprednol etabonate ophth gel	QL= 5 grams/28 days; Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
loteprednol etabonate ophth susp 0.2%	QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
meloxicam	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
memantine ER cap	QL= 1 cap/day; Step Therapy requires trial of memantine tab
mesalamine ER cap	QL= 8 caps/day; Step therapy requires trial of 1: generic APRISO or LIALDA

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
metformin ER osmotic tab	Step Therapy requires trial of metformin or metformin ER
methazolamide tab	Step Therapy requires trial of acetazolamide
methsuximide cap	QL= 4 caps/day; ST requires trial of ethosuximide tab/soln
methylphenidate ER cap	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
methylphenidate td patch	QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
minocycline ER tab	QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab
MORPHINE SULFATE ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 10mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 20mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 30mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 50mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 60mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 80mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
naftifine cream	QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products
naftifine hcl gel 2%	QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream
NAMENDA XR TITRATION PACK	QL= 28 caps/28 days; Step Therapy requires trial of memantine tab
NAMZARIC CAP	QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantine, or memantin er
NUEDEXTA CAP	QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA
NUVESSA VAGINAL GEL, VANDAZOLE GEL	QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln
orphenadrine/aspirin/caffeine tab	QL= 4 tabs/day; Step therapy requires trial of 2: baclofen tab, tizanidine tab/cap, cyclobenzaprine tab, methocarbamol tab, carisoprodol tab, orphenadrine tab
oxazepam cap	Step Therapy requires trial of 2: alprazolam, chlordiazepoxide, diazepam, or lorazepam tab
OXYCODONE ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 80MG	QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
paroxetine oral susp	QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
penciclovir cream	QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB
PENTASA CAP 500MG	Step Therapy requires trial of APRISO or LIALDA
pimecrolimus cream	Step Therapy requires trial of tacrolimus oint
pioglitazone/glimepiride tab	Step Therapy requires trial of metformin or metformin ER
pitavastatin calcium tab	QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs
podofilox gel	QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream
posaconazole DR tab	QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND
posaconazole susp	Step therapy requires trial of fluconazole, itraconazole or voriconazole
prednisolone ODT	Step therapy requires trial of two of the following: prednisolone oral soln, methylprednisolone, prednisone tab/soln
prednisolone tab	Step therapy requires trial of 2: prednisolone oral soln, methylprednisolone, prednisone tab/soln
pregabalin ER tab	QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap c pregabalin soln
PROZAC WEEKLY CAP	QL= 4 caps/28 days; Step Therapy requires trial of fluoxetine IR
PURIXAN SUSP	Step Therapy requires trial of mercaptopurine tab
QTERN TAB	QL= 30 tabs/30 days; Step Therapy requires trial of metformin or metformin ER
ramelteon tab	QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL
REXULTI TAB	QL= 1 tab/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone olanzapine, risperidone, clozapine, or lurasidone
RIBAPAK TAB	Step Therapy requires trial of ribavirin
risedronate DR tab	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate
risedronate tab 150mg	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
ropinirole ER tab	QL= 1 tab/day; Step Therapy requires trial of ropinirole
rufinamide susp	QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
rufinamide tab	QL= 8 tabs/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate pregabalin, levetiracetam
saxagliptin hcl tab	QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto
saxagliptin-metformin hcl tab er 24hr	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto
SIMVASTATIN SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin
spironolactone susp	QL= 600ml/30 days; ST req trial of furosemide oral soln
sumatriptan nasal spray	QL= 6 sprays/30 days; Step therapy requires trial of two: naratriptan tab, rizatriptan tab, rizatriptan ODT, or sumatriptan tab

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
sumatriptan/naproxen tab	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
tafluprost preservative free (pf) ophth soln	QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln
tavaborole soln	Step Therapy requires trial of 2: ciclopirox nail soln, itraconazole cap or terbinafine ta
tazarotene gel 0.1%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
telmisartan/amlodipine tab	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
telmisartan/hydrochlorothiazide tab	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
telmisartan/hydrochlorothiazide tab 40-12.5MG	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
telmisartan/hydrochlorothiazide tab 80-25MG	Step Therapy requires trial of: losartan or losartan/hctz and irbesartan or irbesartan/hctz
timolol maleate ophth gel	Step Therapy requires trial of timolol maleate ophth soln
timolol maleate ophth soln 0.5%	Step Therapy requires trial of timolol maleate ophth soln
topiramate cap er 200mg	QL= 2 caps/day; Step therapy requires trial of topiramate followed by topiramate ER sprinkle
topiramate er cap	QL= 1 cap/day; ST req trial of topirmate followed by topiramate ER sprinkle
topiramate ER cap 100mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 150mg	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 200mg	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 25mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 50mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
toremifene tab	Step Therapy requires trial of tamoxifen
travoprost ophth soln	QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln
tretinoin gel	QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
triamcinolone acetonide oint	Step Therapy requires trial of triamcinolone acetonide oint 0.025% or 0.1%
triamterene cap	Step Therapy requires trial of amiloride or spironolactone
trientine cap 250mg	ST req trial of generic penicillamine tab
TRIENTINE CAP 500MG	ST req trial of generic penicillamine tab and then trial of gen trientine 250mg cap
trimipramine cap	Step Therapy requires trial and failure of 2 generic SSRI/SNRIs
VARUBI TAB	QL= 2 tabs/day; Step Therapy requires trial of ondansetron
VRAYLAR CAP	QL= 1 cap/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone olanzapine, risperidone, clozapine, or lurasidone
VRAYLAR PACK	QL= 2 packs/plan year; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, clozapine, or lurasidone
VUMERITY CAP	QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer

Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
zenzedi tab 10mg	QL= 3 tabs/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
zenzedi tab 5mg	QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
zolmitriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of 2: sumatriptan tab, naratriptan tab, rizatriptan tab or ODT

UMP Preferred Drug List
Smoking Cessation Agents
Last Updated* 4/1/2024

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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
abacavir soln	QL= 960ml/30 days
abacavir tab	QL= 2 tabs/day
abacavir/lamivudine tab	QL= 1 tab/day
abacavir/lamivudine/zidovudine tab	QL= 2 tabs/day
abiraterone acetate tab 500mg	QL= 2 tabs/day
abiraterone tab 250mg	QL= 4 tabs/day
ABRYSVO INJ	QL= 1 inj/fill, 1 fill/lifetime
ACETAMINOPHEN/CAFFEINE/DIHYDROC ODEINE TAB	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
acetaminophen/codeine soln	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
acetaminophen/codeine tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
ACTINEL LIQUID	QL= 1200ml/30 days
ADALIMUMAB-ADAZ INJ 40MG/0.4ML	QL= 2 inj/28 days
adapalene cream	QL= 360g/30 days
adapalene gel 0.3%	QL= 360g/30 days
adefovir dipivoxil tab	QL= 1 tab/day
ADMELOG INJ, INSULIN LISPRO INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
ADMELOG SOLOSTAR INJ, INSULIN LISPRO KWIKPEN INJ (JUNIOR)	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
ADVIL COLD/ TAB SINUS	QL= 240 tabs/30 days
AEROCHAMBER	QL= 1 device/365 days
AFREZZA INH POWDER	QL= 360 inhalations/28 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
AJOVY INJ	QL= 1 inj/28 days
albuterol HFA inhaler	QL= 2 inhalers/30 days
ALECENSA CAP	QL= 8 caps/day
alendronate sodium oral soln	QL= 300ml/28 days
almotriptan tab	QL= 9 tabs/30 days; Step Therapy requires 30 day trial of 2: naratriptan tab, rizatriptan tab, or sumatriptan tab
ALUNBRIG TAB 30MG	QL= 4 tabs/day; Only available through Biologics 800-850-4306
ALUNBRIG TAB 90MG, 180MG	QL= 1 tab/day; Only available through Biologics 800-850-4306
ambrisentan tab	QL= 1 tab/day
amlodipine/atorvastatin tab	QL= 1 tab/day; Trial of a CCB (eg. amlodipine, nifedipine, diltiazem) AND a statin (eg. atorvastatin, simvastatin)
amlodipine/valsartan/hydrochlorothiazide tab	QL= 30 tabs/30 days; Step therapy requires trial of olmesartan-amlodipine-HCTZ
amoxapine tab	QL= 4 tabs/day
amphetamine tab	QL= 60 tabs/30 days; Step therapy requires trial dexmethylphenidate, methylphenidate, dextroamphetamine, or dextroamphetamine/amphetamine
amphetamine/dextroamphetamine tab 10mg	QL= 180 tabs/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
amphetamine/dextroamphetamine tab 12.5mg	QL= 150 tabs/30 days
amphetamine/dextroamphetamine tab 15mg	QL= 120 tabs/30 days
amphetamine/dextroamphetamine tab 20mg	QL= 90 tabs/30 days
amphetamine/dextroamphetamine tab 30mg	QL= 60 tabs/30 days
amphetamine/dextroamphetamine tab 5mg	QL= 360 tabs/30 days
amphetamine/dextroamphetamine tab 7.5mg	QL= 240 tabs/30 days
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg	QL= 30 caps/30 days; ST req trial of 2: amphet/dextro ER, methylphen ER (nonOSM) dexmethylphen ER, or dextroamph ER
APAP/CODEINE SOLN	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
APIDRA INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
APIDRA SOLOSTAR INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
apomorphine inj	QL= 54ml/30 days; Only available through CVS Specialty 800-237-2767
aprepitant cap 125mg	QL= 1 cap/21 days; Step Therapy requires trial of ondansetron
aprepitant cap 40mg	QL= 1 cap/28 days; Step Therapy requires trial of ondansetron
aprepitant cap 80mg	QL= 2 caps/21 days; Step Therapy requires trial of ondansetron
aprepitant pak	QL= 3 caps/fill, 2 fills/month; Step Therapy requires trial of ondansetron
APTIOM TAB	QL= 1 tab/day
APTIVUS CAP	QL= 4 caps/day
APTIVUS SOLN	QL= 380ml/30 days
ARANESP INJ	QL= 4 vials/30 days
AREXVY INJ	QL= 1 inj/day, 1 fill/lifetime; Covered for members 60 years of age and older
arformoterol tartrate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln
aripiprazole ODT	QL= 2 tabs/day
aripiprazole soln	QL= 30 ml/day
armodafinil tab 150mg	QL= 1 tab/day
armodafinil tab 200mg	QL= 1 tab/day
armodafinil tab 250mg	QL= 1 tab/day
armodafinil tab 50mg	QL= 3 tabs/day
asenapine maleate SL tab	QL= 2 tabs/day; Step Therapy requires trial of olanzapine, olanzapine ODT, quetiapin quetiapine XR, risperidone, or risperidone ODT
aspirin/codeine tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
ASPRUZYO SPRINKLE GRANULES	QL= 2 packets/day; Step therapy requires trial of ranolazine ER tab

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
atazanavir cap 150mg	QL= 2 caps/day
atazanavir cap 200mg	QL= 2 caps/day
atazanavir cap 300mg	QL= 1 cap/day
atomoxetine cap 100mg	QL= 1 cap/day
atomoxetine cap 10mg	QL= 2 caps/day
atomoxetine cap 18mg	QL= 2 caps/day
atomoxetine cap 25mg	QL= 2 caps/day
atomoxetine cap 40mg	QL= 2 caps/day
atomoxetine cap 60mg	QL= 1 cap/day
atomoxetine cap 80mg	QL= 1 cap/day
atorvastatin tab	QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
ATRIPLA TAB	QL= 1 tab/day
atropine ophth soln	QL= 1 bottle/30 days
ATROVENT HFA INHALER	QL= 25.8gm/30 days
AUSTEDO TAB 12MG	QL= 120 tabs/30 days
AUSTEDO TAB 6MG	QL= 30 tabs/30 days
AUSTEDO TAB 9MG	QL= 30 tabs/30 days
AUSTEDO XR TAB 12MG	QL= 90 tabs/30 days
AUSTEDO XR TAB 24MG	QL= 60 tabs/30 days
AUSTEDO XR TAB 6MG	QL= 210 tabs/30 days
AVONEX INJ	QL= 1 kit/28 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
azathioprine tab 100mg	QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg
azathioprine tab 75mg	QL= 30 tabs/30 days; Step therapy requires trial of azathioprine tab 50mg
azelaic acid gel	QL= 300g/30 days
baclofen susp	QL= 16 ml/day; ST req trial of baclofen tabs and tizanidine caps/tabs (can be open or crushed)
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill, 2 fills/month
BARACLUDE SOLN	QL= 630ml/30 days
BASAGLAR KWIKPEN INJ	QL= 60 units/30 days
b-donna tab	QL= 8 tabs/day
betaine powder for oral solution	QL= 540 grams/30 days; Only available through Walgreens 888-347-3416
bexarotene gel	QL= 60g/30 days
BIKTARVY TAB	QL= 1 tab/day
bimatoprost ophth soln	QL= 2.5ml/25 days; Step Therapy requires trial of latanoprost ophth soln
bosentan tab	QL= 2 tabs/day; Only available through Lumicera 855-847-3553
BOSULIF CAP	QL= 5 caps/day; Only available through Walgreens 888-347-3416
BRILINTA TAB	QL= 2 tabs/day
brimonidine tartrate gel	QL= 60 grams/30 days; ST req trial of azelaic acid gel and metronidazole topical
brimonidine tartrate-timolol maleate ophth soln	QL= 5ml/25 days; Step Therapy requires trial of 2: brimonidine 0.2%, dorzolamide/timolol, carteolol, levobunolol, timolol maleate

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
bromfenac sodium ophth soln 0.07%	QL= 3ml./30 days; Step Therapy requires trial of diclofenac sodium ophth soln or ketorolac ophth soln
budesonide inh susp 0.25mg/2ml, 0.5mg/2ml	QL= 120 units/30 days
budesonide inh susp 1mg/2ml	QL= 60 units/30 days
budesonide rectal foam	QL= 100.2g/30 days; Step therapy requires trial of hydrocortisone enema
budesonide/formoterol inhaler	QL= 10.2gm/30 days; ST req trial of 3: DULERA, fluticasone/salmeterol and wixela
BUDESONIDE/FORMOTEROL INHALER 160-4.5 MCG/ACT	QL= 10.2gm/30 days; Step therapy requires trial of one: WIXELA, fluticasone/ salmeterol
BUDESONIDE/FORMOTEROL INHALER 80-4.5 MCG/ACT	QL= 10.2gm/30 days; Step therapy requires trial of one: WIXELA, fluticasone/ salmeterol
bupropion SR tab	Limited to 180 days/plan year
butalbital/acetaminophen tab	QL= 6 tabs/day
butalbital/acetaminophen/caffeine/codeine cap	QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days
butalbital/aspirin/caffeine/codeine cap	QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days
butorphanol nasal spray	QL= 5ml/30 days
BYETTA INJ	QL= 1 pen/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
CABOMETYX TAB	QL= 1 tab/day; Only available through Walgreens 888-347-3416
calcipotriene-betamethasone dipropionate susp	QL= 400gm/30 days; Step Therapy requires trial of 2: high potency corticosteroids, topical calcipotriene
CALQUENCE CAP	QL= 2 caps/day
CALQUENCE TAB	QL= 2 tabs/day
CAPMIST DM TAB	QL= 4 tabs/day
carbidopa-levodopa-entacapone tab 12.5-50-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 18.75-75-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 25-100-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 31.25-125-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 37.5-150-200mg	QL= 8 tabs/day
carbidopa-levodopa-entacapone tab 50-200-200mg	QL= 6 tabs/day
CARBINOXAMINE SOLN	QL= 40ml/day
carbinoxamine tab	QL= 240 tabs/30 days
carisoprodol tab	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
cephalexin cap 750mg	QL= 5 caps/day; Step therapy requires trial of cephalexin 250mg tab/cap or cephalexi 500mg tab/cap
CEQUR SIMPLICITY 2U	QL= 10 patches/30 days
CEQUR SIMPLICITY INSERTER	QL= 1 inserter/lifetime
CHANTIX PAK	Limited to 180 days/plan year
CHANTIX TAB	Limited to 180 days/plan year
chlorzoxazone tab	QL= 4 tabs/day
chlorzoxazone tab 375mg	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
cinacalcet tab 30mg	QL= 2 tabs/day
cinacalcet tab 60mg	QL= 2 tabs/day
cinacalcet tab 90mg	QL= 4 tabs/day
clindamycin foam	QL= 300g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
clindamycin vaginal cream	QL= 1 tube/fill
clindamycin/tretinoin gel	QL= 360g/30 days; Step Therapy requires trial of 1: adapalene or tretinoin, AND trial o 1: clindamycin or erythromycin
clobazam susp	QL= 480ml/30 days
clocortolone pivalate cream	QL= 1 tube/30 days; Step therapy requires trial of one preferred topical steroid
clonidine ER tab	QL= 4 tabs/day
clopidogrel tab 300mg	QL= 4 tabs/30 days
CLOZAPINE ODT	QL= 3 tabs/day
clozapine ODT 25mg, 100mg	QL= 3 tabs/day
clozapine tab	QL= 3 tabs/day
codeine sulfate tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
CODITUSSIN LIQUID DAC	QL= 1200ml/30 days
colchicine cap	QL= 4 caps/day
colchicine tab	QL= 4 tabs/day
cold/allergy elx children	QL= 2400ml/30 days
COMBIVENT RESPIMAT INHALER	QL= 2 inhalers/30days
COMPLERA TAB	QL= 1 tab/day
CONTOUR BLOOD GLUCOSE TEST STRI	QL= 300 strips/30 days
CONTOUR TEST STRIP	QL= 300 test strips/30 days
COSENTYX INJ (1-PACK)	QL= 1 inj/28 days
COSENTYX INJ (2-PACK)	QL= 2 inj/56 days
COSENTYX INJ 300MG/2ML	QL= 1 inj/28 days
COTELLIC TAB	QL= 3 tabs/day
COVID-19 TEST	QL= 2 tests/30 days
COVID-19 VACCINE BIVALENT BOOSTEF INJ (MODERNA)	QL=1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF INJ (PFIZER)	QL= 1 inj/fill

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

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
COVID-19 VACCINE BIVALENT BOOSTEF INJ 5-11Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF INJ 6M-4Y (PFIZER)	QL= 1 inj/fill
COVID-19 VACCINE BIVALENT BOOSTEF INJ 6M-5Y (MODERNA)	QL= 1 inj/fill
COVID-19 VACCINE INJ (JANSSEN)	QL= 1 dose/45 days
COVID-19 VACCINE INJ (NOVAVAX)	QL= 1 dose/17 days
CUE HEALTH MIS MONITOR	QL= 1 kit/year
cyclobenzaprine ER cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine methocarbamol, or orphenadrine ER
cyclosporine ophth emulsion	QL= 60 vials/30 days
CYSTADANE POWDER	QL= 540 grams/30 days; Only available through AnovoRx 844-288-5007
CYSTAGON CAP 50MG	QL= 2 caps/day; Only available through CVS Specialty 800-237-2767; Diagnosis Restricted – Nephrophatic cystinosis (E72.04)
CYSTARAN OPHTH SOLN	QL= 4 bottles/28 days; Diagnosis Restricted – Cystinosis (E72.04); Only available through Walgreens 888-347-3416
dabigatran etexilate mesylate cap	QL= 2 caps/day
danazol cap	QL= 4 caps/day
dantrolene cap	QL= 4 tabs/day; Step Therapy requires trial of 2: baclofen, cyclobenzaprine, tizanidine tizanidine, methocarbamol, or orphenadrine ER
dapsone gel	QL= 360g/30 days; Step Therapy requires clindamycin gel/solution/lotion/swab OR erythromycin gel/soln
darunavir tab 600mg	QL= 2 tabs/day
darunavir tab 800mg	QL= 1 tab/day
DEPO-PROVERA INJ	QL= 1 inj/84 days
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/84 days
dermawerx pak	QL= 1 kit/30 days
DESCOVY TAB	QL= 1 tab/day
desvenlafaxine ER tab	QL= 1 tab/day
DEXAMETHASONE TAB 20MG	QL= 8 tabs/30 days
DEXCOM G6 RECEIVER	QL= 1 receiver/year
DEXCOM G6 SENSOR	QL= 3 sensors/30 days
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days
DEXCOM G7 RECEIVER	QL= 1 receiver/year
DEXCOM G7 SENSOR	QL= 3 sensors/30 days
dexlansoprazole DR cap	Covered for members age 17 or younger; QL=1 cap/day; Step therapy requires trial of all: omeprazole, esomeprazole, lansoprazole cap, rabeprazole, and pantoprazole tab
dexmethylphenidate ER cap	QL= 1 cap/day
dexmethylphenidate tab 10mg	QL= 60 tabs/30 days
dexmethylphenidate tab 2.5mg	QL= 240 tabs/30 days
dexmethylphenidate tab 5mg	QL= 120 tabs/30 days
dextroamphetamine 5mg tab	QL= 180 tabs/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
dextroamphetamine ER cap 10mg	QL= 2 caps/day
dextroamphetamine ER cap 15mg	QL= 4 caps/day
dextroamphetamine ER cap 5mg	QL= 2 caps/day
dextroamphetamine soln	QL= 1800ml/30 days
dextroamphetamine sulfate tab 15mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 2.5mg	QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
dextroamphetamine sulfate tab 20mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 30mg	QL= 3 tabs/day; Step Therapy requires trial of 2: methylphenidate tab, amphetamine/dextroamphetamine tab, dexmethylphenidate tab
dextroamphetamine sulfate tab 7.5mg	QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
dextroamphetamine tab 10mg	QL= 6 tabs/day
diazepam oral soln	QL= 360ml/30 days
diazepam rectal gel	QL= 1 pack/30 days
dichlorphenamide tab	QL= 4 tabs/day
diclofenac gel	QL= 100gm/fill, 2 fills/month
diclofenac potassium (migraine) packet	QL= 9 packets/30 days; ST req trial of 2 preferred oral NSAIDs (eg. diclofenac) or triptans (eg. sumatriptan)
diclofenac potassium cap	QL= 4 caps/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets
diclofenac potassium tab 25mg	QL= 4 tabs/day; Step therapy requires trial of diclofenac sodium EC or diclofenac sodium ER tablets
didanosine DR cap	QL= 1 cap/day
DIFICID SUSP	QL= 126 mL/10 days
DIFICID TAB	QL= 20 tabs/10 days
difluprednate ophth emulsion	QL= 10ml/28 days; Step Therapy requires trial of prednisolone acetate 1% ophth susp
digoxin tab 62.5mcg	QL= 1 tab/day
dihydroergotamine mesylate inj	QL= 24ml/28 days
dihydroergotamine mesylate nasal spray	QL= 8ml/28 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
dimethyl fumarate DR cap	QL= 60 caps/30 days
dimethyl fumarate DR starter pack	QL= 60 caps/30 days
donepezil tab 10mg	QL= 1 tab/day
donepezil tab 23mg	QL= 1 tab/day
donepezil tab 5mg	QL= 1 tab/day
DOPTELET TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
doxepin cap	QL= 2 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
doxepin tab	QL= 30 tabs/30 days; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpiden zolpidem ER tab, or zolpidem SL
doxycycline hyclate cap	QL= 2 caps/day
doxycycline hyclate cap 50mg	QL= 2 caps/day
doxycycline hyclate DR tab	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 100mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 200mg	QL= 1 tab/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 50mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate DR tab 75mg	QL= 2 tabs/day; Step Therapy requires trial of doxycycline monohydrate
doxycycline hyclate tab	QL= 2 tabs/day
doxycycline hyclate tab 150mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxycycline hyclate tab 75mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxycycline monohydrate cap	QL= 2 caps/day
doxycycline monohydrate cap 100mg	QL= 2 caps/day
doxycycline monohydrate cap 50mg	QL= 2 caps/day
doxycycline monohydrate tab	QL= 2 tabs/day
doxycycline monohydrate tab 150mg	QL= 2 tabs/day; Step therapy requires trial of doxycycline monohydrate tablets
doxylamine/pyridoxine dr tab	QL= 120 tabs/30 days
dronabinol cap	QL= 2 caps/day
duloxetine cap 40mg	QL= 2 caps/day
duloxetine EC cap 20mg	QL= 6 caps/day
duloxetine EC cap 30mg	QL= 4 caps/day
duloxetine EC cap 60mg	QL= 2 caps/day
DUPIXENT INJ	QL= 2 inj/28 days
DUPIXENT PEN INJ	QL= 2 syringes/28 days
EDURANT TAB	QL= 1 tab/day
efavirenz/emtricitabine/tenofovir df tab	QL= 1 tab/day
eletriptan tab	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptar ODT, or sumatriptan
ELIQUIS STARTER PACK 5MG	QL= 1 pack/30 days
ELIQUIS TAB 2.5MG	QL= 60 tabs/30 days
ELIQUIS TAB 5MG	QL= 74 tabs/30 days
emtricitabine cap	QL= 1 cap/day
emtricitabine/tenofovir disoproxil fumarate tab	QL= 30 tabs/30 days
emtricitabine/tenofovir disoproxil fumarate tab 200-300mg	QL= 30 tabs/30 days
EMTRIVA SOLN	QL= 850ml/30 days
enalapril maleate oral soln	QL= 40ml/day; Step therapy requires trial of two: enalapril tab, lisinopril tab, ramipril tab, benazepril tab
ENBREL INJ	QL= 8 inj/28 days
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
entecavir tab	QL= 1 tab/day
ENTRESTO TAB	QL= 2 tabs/day
EPINEPHRINE INJ 0.15MG	QL= 2 inj/fill
EPINEPHRINE INJ 0.3MG	QL= 2 inj/fill
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/fill
EPIVIR HBV SOLN	QL= 720ml/30 days
ergotamine/caffeine tab	QL= 40 tabs/28 days
ERIVEDGE CAP	QL= 1 cap/day
ERLEADA TAB	QL= 4 tabs/day
ERLEADA TAB 240MG	QL= 1 tab/day
erlotinib tab 100mg	QL= 3 tabs/day
erlotinib tab 150mg	QL= 3 tabs/day
erlotinib tab 25mg	QL= 3 tabs/day
estradiol patch	QL= 8 patches/28 days
estradiol td gel	QL= 1 packet/day; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
estradiol td gel 1.25mg/1.25gm	QL= 37.5gm/30 days; Step therapy requires trial of 2: estradiol tab/patch/vaginal tab, Jinteli/Fyavolv, Lopreeza/Mimvey/Amabelz
ESTRING	QL= 1 ring/90 days; 3 copays per Rx
eszopiclone tab	QL= 1 tab/day
etravirine tab 100mg	QL= 4 tabs/day
etravirine tab 200mg	QL= 2 tabs/day
everolimus tab	QL= 1 tab/day
everolimus tab for oral susp	QL= 1 tab/day
EVOTAZ TAB	QL= 1 tab/day
EXSERVAN FILM	QL= 60 films/30 days; Only available through PantherRx Pharmacy 855-726-8479
ezetimibe tab	QL= 1 tab/day
ezetimibe/simvastatin tab	QL= 1 tab/day; Step Therapy requires trial of simvastatin AND ezetimibe
famciclovir tab 125mg	QL= 2 tabs/day
famciclovir tab 250mg	QL= 2 tabs/day
famciclovir tab 500mg	QL= 21 tabs/fill, 2 fills/month
FARXIGA TAB	QL= 1 tab/day
febuxostat tab	QL= 1 tab/day
felbamate susp	QL= 30ml/day
felbamate tab 400mg	QL= 9 tabs/day
felbamate tab 600mg	QL= 6 tabs/day
fenoprofen calcium cap	QL= 8 tabs/day; Step therapy requires trial of 2: diclofenac, diclofenac XR, etodolac, etodolac ER, or ibuprofen
fentanyl citrate lollipop	QL= 18 lozenges/fill for members age 20 or younger; QL= 42 lozenges/fill for member age 21 or older; Day supply limit of 42 days in 90 days
fentanyl patch	QL=15 patches/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
fesoterodine fumarate er tab	QL= 1 tab/day; Step therapy requires trial of 2: oxybutynin tab/syrup/ER tab, tolterodine tab/SR cap, trospium tab/SR cap
FIASP FLEXTOUCH INJ	QL= 60 units/30 days
FIASP INJ	QL= 60 units/30 days
FIASP PENFILL INJ	QL= 60 units/30 days
FIASP PUMP CARTRIDGE	QL= 60 units/30 days
fingolimod hcl cap	QL= 30 caps/30 days
flavoxate tab	QL= 8 tabs/day; Step therapy requires trial of oxybutynin chloride or solifenacin succinate
FLUTICASONE DISKUS INHALER	QL= 2 inhalers/30 days
FLUTICASONE HFA INHALER 110MCG	QL= 1 inhaler/30 days
FLUTICASONE HFA INHALER 220MCG	QL= 2 inhalers/30 days
FLUTICASONE HFA INHALER 44MCG	QL= 2 inhalers/30 days
FLUTICASONE DISKUS INHALER	QL= 2 inhalers/30 days
FLUTICASONE HFA INHALER 110MCG	QL= 2 inhalers/30 days
FLUTICASONE HFA INHALER 220MCG	QL= 2 inhalers/30 days
FLUTICASONE HFA INHALER 44MCG	QL= 2 inhalers/30 days
fluticasone/salmeterol inhaler, wixela inhale	QL= 1 inhaler/30 days
FLUTICASONE-SALMETEROL INHALER	QL= 1 inhaler/30 days
fluvastatin cap	QL= 2 caps/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay
fluvastatin ER tab	QL= 1 tab/day; Step Therapy requires trial of 2: atorvastatin, lovastatin, rosuvastatin, pravastatin, or simvastatin; Covered at $0 for members 40 years or older; All other members covered at generic copay
fluvoxamine ER cap	QL= 2 caps/day
formoterol fumarate neb soln	QL= 120ml/30 days; Step Therapy requires trial of albuterol neb soln OR levalbuterol neb soln
fosamprenavir tab	QL= 4 tabs/day
FREESTYLE INSULINX TEST STRIP	QL= 300 test strips/30 days
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days
FREESTYLE LIBRE 3 READER	QL= 1 receiver/1 year
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days
FREESTYLE LITE TEST STRIP	QL= 300 test strips/30 days
FREESTYLE PRECISION NEO TEST STRIP	QL= 300 test strips/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
FREESTYLE TEST STRIP	QL= 300 test strips/30 days
FREESTYLE TEST STRIPS	QL= 300 strips/30 days
frovatriptan tab	QL= 10 tabs/30 days
FULPHILA INJ	QL= 2 syringes/28 days
gabapentin (once-daily) tab	QL= 2 tabs/day
galantamine ER cap	QL= 1 cap/day
galantamine tab	QL= 60 tabs/30 days
GAVILYTE-C SOLN	Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
gefitinib tab	QL= 1 tab/day
GENOTROPIN INJ 0.2MG	QL= 35 syringes/28 days
GENOTROPIN INJ 0.4MG	QL= 35 syringes/28 days
GENOTROPIN INJ 0.6MG	QL= 35 syringes/28 days
GENOTROPIN INJ 0.8MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.2MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.4MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.6MG	QL= 35 syringes/28 days
GENOTROPIN INJ 1.8MG	QL= 35 syringes/28 days
GENOTROPIN INJ 12MG	QL= 4 cartridges/28 days
GENOTROPIN INJ 1MG	QL= 35 syringes/28 days
GENOTROPIN INJ 2MG	QL= 21 syringes/28 days
GENOTROPIN INJ 5MG	QL= 9 cartridges/28 days
GENVOYA TAB	QL= 1 tab/day
GILOTRIF TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
glatiramer inj 20mg/ml	QL= 30 syringes/30 days
glatiramer inj 40mg/ml	QL= 12 syringes/28 days
GLUCAGEN HYPOKIT INJ	QL= 2 inj/fill, 2 fills/month
GLUCAGON EMR INJ	QL= 2 inj/fill
GLUCAGON INJ KIT	QL= 2 inj/fill
glycopyrrolate oral soln	QL= 9ml/day
GLYXAMBI TAB	QL= 1 tab/day; Step Therapy requires trial of metformin tab or metformin er tab
granisetron tab	QL= 8 tabs/30 days
guaifenesin/codeine syrup	QL= 240ml/fill, 2 fills/month
guanfacine ER tab	QL= 1 tab/day
guanfacine ER tab 1mg	QL= 2 tabs/day
guanfacine ER tab 2mg	QL= 2 tabs/day
GVOKE INJ	QL= 2 inj/fill, 2 fills/month
GVOKE INJ KIT	QL= 2 vials/fill, 2 fills/30 days
GVOKE PFS INJ	QL= 2 inj/fill, 2 fills/month
HADLIMA INJ 40MG/0.4ML	QL= 2 inj/28 days
HADLIMA INJ 40MG/0.8ML	QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.4ML	QL= 2 inj/28 days
HADLIMA PUSH INJ 40MG/0.8ML	QL= 2 inj/28 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
HAEGARDA INJ 2000U	QL= 30 vials/30 days; Only available through Accredo 800-803-2523
HAEGARDA INJ 3000U	QL= 20 vials/30 days; Only available through Accredo 800-803-2523
HUMALOG INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG KWIKPEN INJ	QL= 12 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG MIX KWIKPEN INJ, INSULIN LISPRO PROTAMINE INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMALOG PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLOG or INSULIN ASPART
HUMULIN MIX INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN MIX PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN N INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN N PEN INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN R INJ	QL= 60 units/30 days; Step Therapy requires trial of NOVOLIN
HUMULIN R INJ U-500	QL= 40 units/30 days
HUMULIN R U-500 KWIKPEN INJ	QL= 24 units/30 days
HYD POL/CPM SUSP	QL= 10ml/day
hydrocodone bitartrate ER cap	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
hydrocodone bitartrate er tab	QL= 1 tab/day
hydrocodone/acetaminophen cap	QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen soln	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen soln 10-325 mg/15ml	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen tab 10-325mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen tab 10mg-300mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen tab 2.5-325mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen tab 5-325mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen tab 5mg-300mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen tab 7.5mg-300mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
hydrocodone/acetaminophen tab 7.5mg-325mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
HYDROCODONE/IBUPROFEN TAB	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
hydromorphone ER tab 12mg	QL= 1 tab/day
hydromorphone ER tab 16mg	QL= 1 tab/day
hydromorphone ER tab 32mg	QL= 2 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
hydromorphone ER tab 8mg	QL= 1 tab/day
hydromorphone liquid	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
HYDROMORPHONE SUPP	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
hydromorphone tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
hydroxyprogesterone caproate inj	QL= 4 vials/28 days
ibuprofen tab cold/sinus	QL= 240 tabs/30 days
icatibant inj	QL= 36ml/30 days
icosapent ethyl cap 0.5gm	QL= 2 caps/day
icosapent ethyl cap 1gm	QL= 4 caps/day
imatinib tab 100mg	QL= 3 tabs/day
imatinib tab 400mg	QL= 2 tabs/day
IMBRUVICA CAP 140MG	QL= 3 caps/day; Only available through Optum 877-445-6874
IMBRUVICA CAP 70MG	QL= 1 cap/day; Only available through Optum 877-445-6874
IMBRUVICA SUSP	QL= 2 bottles/30 days; Only available through Optum 877-445-6874
IMBRUVICA TAB	QL= 1 tab/day; Only available through Optum 877-445-6874
imiquimod cream 3.75%	QL= 7.5gm/28 days; Step Therapy requires trial of 2: imiquimod 5% cream, podophyllum resin, fluorouracil cream or topical solution
imiquimod cream 5%	QL= 24gm/30 days
IMPAVIDO CAP	QL= 3 caps/day
indomethacin suppository	QL= 4 supp/day; ST req trial of two NSAIDS (e.g. indomethacin, celecoxib, naproxen, diclofenac, meloxicam, etc)
indomethacin susp	QL= 1200ml/30 days; ST req trial of 2: Naproxen susp, Ibuprofen susp
INGREZZA CAP	QL= 1 cap/day; Only available through PantherRx Pharmacy 855-726-8479
INLYTA TAB	QL= 8 tabs/day; Only available through Walgreens 888-347-3416
INSULIN ASPART FLEXPEN INJ	QL= 60 units/30 days
INSULIN ASPART INJ	QL= 60 units/30 days
INSULIN ASPART MIX FLEXPEN INJ	QL= 60 units/30 days
INSULIN ASPART MIX INJ	QL= 60 units/30 days
INSULIN ASPART PENFILL INJ	QL= 60 units/30 days
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (1 UNIT DIAL)	QL= 18ml/30 days
INSULIN GLARGINE SOLN PEN-INJ 300 UNIT/ML (2 UNIT DIAL)	QL= 18ml/30 days
INSULIN LISP INJ 100/ML	QL= 60 units/30 days
INTELENCE TAB	QL= 4 tabs/day
INTELENCE TAB 25MG	QL= 4 tabs/day
INVIRASE CAP	QL= 10 caps/day
INVIRASE TAB	QL= 4 tabs/day
ISENTRESS (HD) TAB	QL= 2 tabs/day
ISENTRESS CHEW TAB	QL= 6 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
ISENTRESS POWDER PACK	QL= 2 packets/day
isosorbide dinitrate-hydralazine hcl tab	QL= 6 tabs/day
ISOXSUPRINE TAB	QL= 120 tabs/30 days
ivermectin cream	QL= 45gm/30 days; Step Therapy requires trial of oral doxycycline and topical metronidazole
IYUZEH OPHTH DROPS	QL= 30 single use containers/30 days; Step therapy requires trial of latanoprost ophth soln
JAKAFI TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JARDIANCE TAB	QL= 1 tab/day
JENTADUETO TAB	QL= 2 tabs/day
JENTADUETO XR TAB	QL= 2 tabs/day
JULUCA TAB	QL= 1 tab/day
JYNARQUE PAK	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 15MG	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
JYNARQUE TAB 30MG	QL= 1 tab/day; Only available through Walgreens 888-347-3416
KALETRA TAB 100-25MG	QL= 2 tabs/day
KALETRA TAB 200-50MG	QL= 4 tabs/day
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
KISQALI PAK	QL= 91 tabs/28 days
KISQALI TAB	QL= 63 tabs/28 days
KRINTAFEL TAB	QL= 2 tabs/365 days
lacosamide oral solution	QL= 1200ml/30 days
lacosamide tab	QL= 2 tabs/day
LAGEVRIO CAP 200MG	QL= 40 caps/5 days, 40 caps/fill; Covered for members age 18 years or older
lamivudine soln	QL= 960ml/30 days
lamivudine tab 100mg	QL= 1 tab/day
lamivudine tab 150mg	QL= 2 tabs/day
lamivudine tab 300mg	QL= 1 tab/day
lamivudine/zidovudine tab	QL= 2 tabs/day
lamotrigine ER tab 100mg	QL= 3 tabs/day
lamotrigine ER tab 200mg	QL= 2 tabs/day
lamotrigine ER tab 250mg	QL= 2 tabs/day
lamotrigine ER tab 25mg	QL= 6 tabs/day
lamotrigine ER tab 300mg	QL= 2 tabs/day
lamotrigine ER tab 50mg	QL= 6 tabs/day
lamotrigine ODT 100mg	QL= 3 tabs/day
lamotrigine ODT 200mg	QL= 2 tabs/day
lamotrigine ODT 25mg	QL= 6 tabs/day
lamotrigine ODT 50mg	QL= 6 tabs/day
LAMPIT TAB 120MG	QL= 225 tabs/30 days
LAMPIT TAB 30MG	QL= 360 tabs/30 days
lanthanum carbonate chew tab	QL= 3 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
lanthanum carbonate chew tab 500mg	QL= 5 tabs/day; ST req trial of sevelamer carbonate tab or sevelamer HCL tab
lapatinib ditosylate tab	QL= 5 tabs/day
lenalidomide cap	QL= 1 cap/day; Only available through Onco360 877-662-6633
LENVIMA CAP	QL= 3 caps/day; Only available through Optum 877-445-6874
LEUPROLIDE INJ	QL= 1 kit/90 days
lidocaine oint	QL= 8gm/day
LIKMEZ SUSP	QL= 210ml/14 days
lisdexamfetamine dimesylate cap	QL= 1 cap/day
lisdexamfetamine dimesylate chew tab	QL= 1 tab/day
LOKELMA PAK	QL= 1 pak/day; Step therapy requires trial of 1 diuretic: furosemide, bumetanide, torsemide, HCTZ, metolazone, chlorthalidone
lopinavir/ritonavir soln	QL= 480ml/30 days
lopinavir-ritonavir tab 100-25mg	QL= 2 tabs/day
lopinavir-ritonavir tab 200-50mg	QL= 4 tabs/day
LORTUSS EX LIQUID	QL= 1200ml/30 days
LORTUSS LIQUID	QL= 1200ml/30 days
loteprednol etabonate ophth gel	QL= 5 grams/28 days; Step therapy requires trial of two: prednisolone susp/soln 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
loteprednol etabonate ophth susp 0.2%	QL= 5ml/30 days; Step therapy requires trial of two: prednisolone 1%, dexameth soln 0.1%, or fluorometh susp 0.1%
lovastatin tab	QL= 2 tabs/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
lubiprostone cap	QL= 60 caps/30 days
LUPRON DEPOT INJ PED	QL= 1 syringe kit/180 days
LUPRON DEPOT-PED INJ (1-MONTH)	QL= 1 syringe kit/30 days
LUPRON DEPOT-PED INJ (3-MONTH)	QL= 1 syringe kit/90 days
lurasidone hcl tab	QL= 1 tab/day
LYNPARZA CAP	QL= 16 caps/day; Only available through Biologics 800-850-4306
LYNPARZA TAB	QL= 4 tabs/day; Only available through Biologics 800-850-4306
maraviroc tab 150mg	QL= 2 tabs/day
maraviroc tab 300mg	QL= 4 tabs/day
MAR-COF CG LIQUID	QL= 473ml/month
MAVYRET PAK	QL= 5 packets/day
MAVYRET TAB	QL= 3 tabs/day
medroxyprogesterone inj	QL= 1 inj/84 days
MEKINIST SOLN	QL= 40ml/day
MEKINIST TAB 0.5MG	QL= 3 tabs/day
MEKINIST TAB 2MG	QL= 1 tab/day
meloxicam	QL= 1 cap/day; Step Therapy requires trial of meloxicam, ketoprofen, oxaprozin, sulindac, or tolmetin
memantine ER cap	QL= 1 cap/day; Step Therapy requires trial of memantine tab
memantine soln	QL= 300 ml/30 days
memantine titrapak	QL= 49 tabs/28 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
M-END DMX LIQUID	QL= 1800ml/30 days
MEPERIDINE SOLN	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
meperidine tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
mesalamine DR cap	QL= 6 caps/day
mesalamine DR tab	QL= 4 tabs/day
mesalamine ER cap	QL= 4 caps/day
mesalamine supp	QL= 1 supp/day
methadone soln	QL= 4 ml/day
methadone soln 10mg/5ml	QL= 20ml/day
methadone soln 5mg/5ml	QL= 40ml/day
methadone tab 10mg	QL= 4 tabs/day
methadone tab 5mg	QL= 8 tabs/day
methadose tab	QL= 1 tab/day
methamphetamine tab	QL= 5 tabs/day
methsuximide cap	QL= 4 caps/day; ST requires trial of ethosuximide tab/soln
methylphenidate CD cap	QL= 1 cap/day
methylphenidate chew tab	QL= 3 tabs/day
methylphenidate ER cap	QL= 1 cap/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER, methylphen ER 27/36/54 (non-OSM)
METHYLPHENIDATE ER TAB	QL= 1 tab/day
methylphenidate ER tab 10mg	QL= 3 tabs/day
methylphenidate ER tab 18mg	QL= 1 tab/day
methylphenidate ER tab 20mg	QL= 3 tabs/day
methylphenidate ER tab 27mg	QL= 1 tab/day
methylphenidate ER tab 36mg	QL= 1 tabs/day
methylphenidate ER tab 54mg	QL= 1 tab/day
methylphenidate tab 10mg	QL= 180 tabs/30 days
methylphenidate tab 20mg	QL= 90 tabs/30 days
methylphenidate tab 5mg	QL= 360 tabs/30 days
methylphenidate td patch	QL= 1 patch/day; Step therapy requires trial of 2: dextro/amphet ER, dexmethylph ER methylphen ER 27/36/54 (non-OSM)
methyltestosterone cap	QL= 150 tablets/30 days
metyrosine cap	QL= 448 caps/28 days
mifepristone tab	Ql= 4 tabs/day; Only available through Korlym SPARK program (855-456-7596)
MIGERGOT SUPP	QL= 20 supp/28 days
minocycline ER tab	QL= 1 tab/day; Step Therapy requires trial of minocycline cap or minocycline tab
modafinil tab	QL= 2 tabs/day
MOLNUPIRAVIR CAP	QL= 40 caps/fill
MORPHINE SULF SOLN	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
MORPHINE SULFATE ER CAP	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
morphine sulfate ER cap 100mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 10mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 20mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 30mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 50mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 60mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER cap 80mg	QL= 2 caps/day; Step Therapy requires trial of morphine sulfate ER tab
morphine sulfate ER tab	QL= 3 tabs/day
MORPHINE SULFATE SOLN	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
MORPHINE SULFATE SUPP	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
morphine sulfate tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
MOVANTIK TAB	QL= 30 tabs/30 days
naftifine cream	QL= 1 tube/30 days; Step therapy requires trial of 2 preferred topical antifungal products
naftifine hcl gel 2%	QL= 60 grams/30 days; ST Trial of 2: ciclopirox gel/cream, clotrimazole cream, econazole nitrate cream, ketoconazole cream
NALOXONE PREFILLED INJ	QL= 2 inj/fill, 2 fills/month
NAMENDA XR TITRATION PACK	QL= 28 caps/28 days; Step Therapy requires trial of memantine tab
NAMZARIC CAP	QL= 1 cap/day; Step Therapy requires trial of 2: donepezil, donepezil ODT, memantin or memantin er
naratriptan tab	QL= 9 tabs/30 days
NATACYN OPHTH SUSP	QL= 45ml/30 days
nebivolol hcl tab	QL= 1 tab/day
nevirapine ER tab	QL= 1 tab/day
NEVIRAPINE SUSP	QL= 1200ml/30 days
nevirapine tab	QL= 2 tabs/day
NEXAFED SINUS TAB + PAIN	QL= 240 tabs/30 days
NEXTSTELLIS TAB	QL= 28 tabs/24 days
niacin ER tab	QL= 2 tabs/day
NICODERM PATCH	Limited to 180 days/plan year
NICORETTE GUM	Limited to 180 days/plan year
NICORETTE LOZENGE	Limited to 180 days/plan year
nicotine gum	Limited to 180 days/plan year
NICOTINE KIT	Limited to 180 days/plan year
nicotine lozenge	Limited to 180 days/plan year
nicotine patch	Limited to 180 days/plan year
NICOTROL INHALER	Limited to 180 days/plan year
NICOTROL NASAL SPRAY	Limited to 180 days/plan year
nilutamide tab	QL= 150mg/day after the first 30 days
nitazoxanide tab	QL= 6 tabs/fill, 2 fills/month

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
NORVIR CAP	QL= 12 caps/day
NORVIR POWDER PACK	QL= 12 packets/day
NORVIR SOLN	QL= 480ml/30 days
NOVOLIN 70/30 FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN 70/30 INJ	QL= 60 units/30 days
NOVOLIN N FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN N INJ	QL= 60 units/30 days
NOVOLIN N RELION INJ	QL= 60 units/30 days
NOVOLIN R FLEXPEN INJ	QL= 60 units/30 days
NOVOLIN R INJ	QL= 60 units/30 days
NOVOLIN RELION INJ 70/30	QL= 60 units/30 days
NOVOLIN VIAL	QL= 60 units/30 days
NOVOLOG FLEXPEN INJ	QL= 60 units/30 days
NOVOLOG INJ	QL= 60 units/30 days
NOVOLOG MIX FLEXPEN INJ	QL= 60 units/30 days
NOVOLOG MIX INJ	QL= 60 units/30 days
NOVOLOG PENFILL INJ	QL= 60 units/30 days
NOVOPEN ECHO	QL= 1 pen device/365 days
NUBEQA TAB	QL= 4 tabs/day; Only available through Walgreens 888-347-3416
NUCALA INJ	QL= 1 inj/28 days
NUEDEXTA CAP	QL= 2 caps/day; Step therapy requires trial of 1 SSRI AND 1 TCA
NUVESSA VAGINAL GEL, VANDAZOLE GEL	QL= 1 package/30 days; Step therapy requires trial of metronidazole tab or clindamycin cap/oral soln
NYVEPRIA INJ	QL= 2 inj/28 days
ODEFSEY TAB	QL= 1 tab/day
OFEV CAP	QL= 2 caps/day; Only available through Accredo 800-803-2523 or Walgreens 888-347-3416
olanzapine ODT	QL= 1 tab/day
olanzapine/fluoxetine cap	QL= 1 cap/day
olmesartan/amlodipine/hydrochlorothiazide tab	QL= 30 tabs/30 days
olopatadine nasal spray	QL= 30.5ml/30 days
omega-3-acid ethyl esters cap	QL= 4 caps/day
OMNIPOD 5 G6 KIT	QL= 1 kit/year
OMNIPOD 5 G6 MIS PODS	QL= 15 pods/30 days
OMNIPOD 5 G7 KIT INTRO	QL= 1 kit/year
OMNIPOD 5 G7 MIS PODS	QL= 15 pods/30 days
OMNIPOD 5 PACK PODS	QL= 15 pods/30 days
OMNIPOD DASH KIT	QL= 1 kit/year
OMNIPOD DASH PODS	QL= 15 pods/30 days
OMNIPOD GO KIT 10 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD GO KIT 15 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD GO KIT 20 UNITS/DAY	QL= 10 pods/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
OMNIPOD GO KIT 25 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD GO KIT 30 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD GO KIT 35 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD GO KIT 40 UNITS/DAY	QL= 10 pods/30 days
OMNIPOD STARTER KIT	QL= 1 kit/year
OMNITROPE INJ	QL= 9 cartridges/28 days
OMNITROPE INJ 5.8MG	QL= 8 vials/28 days
ondansetron soln	QL= 50ml/fill, 1 fill/15 days
OPSUMIT TAB	QL= 1 tab/day; Only available through Accredo 800-803-2523
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
orphenadrine/aspirin/caffeine tab	QL= 4 tabs/day; Step therapy requires trial of 2: baclofen tab, tizanidine tab/cap, cyclobenzaprine tab, methocarbamol tab, carisoprodol tab, orphenadrine tab
oseltamivir cap 30mg	QL= 40 caps/183 days
oseltamivir cap 45mg	QL= 40 caps/183 days
oseltamivir cap 75mg	QL= 20 caps/183 days
oseltamivir susp	QL= 360ml/183 days
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
oxycodone cap	QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days
oxycodone conc	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
OXYCODONE ER TAB 10MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 15MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 20MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 30MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 40MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 60MG	QL= 2 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
OXYCODONE ER TAB 80MG	QL= 4 tabs/day; Step Therapy requires trial of morphine sulfate ER tab
oxycodone soln	QL= 90ml/fill for members age 20 or younger; QL= 210ml/fill for members age 21 or older; Day supply limit of 42 days in 90 days
oxycodone tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 (older; Day supply limit of 42 days in 90 days
oxycodone/acetaminophen cap	QL= 18 caps/fill for members age 20 or younger; QL= 42 caps/fill for members age 21 or older; Day supply limit of 42 days in 90 days
oxycodone/acetaminophen tab 10-325mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 (older; Day supply limit of 42 days in 90 days
oxycodone/acetaminophen tab 2.5-325mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 (older; Day supply limit of 42 days in 90 days
oxycodone/acetaminophen tab 5-325mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 (older; Day supply limit of 42 days in 90 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
oxycodone/acetaminophen tab 7.5-325mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
OXYCODONE/ASPIRIN TAB	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
OXYCODONE/IBUPROFEN TAB	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
OXYMORPHONE ER TAB 10MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 15MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 20MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 30MG	QL= 4 tabs/day
oxymorphone ER tab 40mg	QL= 4 tabs/day
OXYMORPHONE ER TAB 5MG	QL= 2 tabs/day
OXYMORPHONE ER TAB 7.5MG	QL= 2 tabs/day
oxymorphone tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
OZEMPIC INJ	QL= 3ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
paliperidone ER tab	QL= 1 tab/day
paroxetine cap	QL= 1 cap/day
paroxetine oral susp	QL= 900ml/30 days; Step therapy requires trial and failure of 2 generic SSRI/SNRIs
PAXLOVID TAB 150-100	QL= 20 tabs/fill
PAXLOVID TAB 300-100	QL= 30 tabs/fill
pazopanib hcl tab	QL= 120 tabs/30 days
pb-belladonna elixir	QL= 1200ml/30 days
peg 3350/electrolytes soln	Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
penciclovir cream	QL= 5 grams/30 days; Step therapy requires trial of 2: VALACYCLOVIR HCL TAB, FAMCICLOVIR TAB, ACYCLOVIR TAB
penicillamine tab	QL= 480 tabs/30 days
pentazocine/acetaminophen tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
pentazocine/naloxone tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 or older; Day supply limit of 42 days in 90 days
PHENELZINE SULFATE TAB	QL= 4 tabs/day
PHEXXI GEL	QL= 180gm/30 days
pioglitazone tab	QL= 1 tab/day
pirfenidone cap	QL= 3 caps/day
pirfenidone tab 267mg	QL= 9 tabs/day
PIRFENIDONE TAB 534MG	QL= 4 tabs/day; Only available through Lumicera 855-847-3553
pirfenidone tab 801mg	QL= 3 tabs/day
pitavastatin calcium tab	QL= 1 tab/day; ST req trial of 2: Altoprev tab, FLOLIPID SUSP, Ator, Lova, Rosu, Prava OR Simvastatin tabs

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
podofilox gel	QL= 15g/30 days; ST req trial of podofilox soln AND imiquimod 5% cream
POMALYST CAP	QL= 21 caps/28 days; Only available through Walgreens 888-347-3416
posaconazole DR tab	QL= 8 tabs/day; Step Therapy requires trial of fluconazole, itraconazole or VFEND
potassium iodide oral soln	QL= 90ml/30 days
potassium phosphate monobasic tab	QL= 8 tabs/day
pramipexole ER tab	QL= 1 tab/day
prasugrel tab	QL= 1 tab/day
pravastatin tab	QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
PRECISION XTRA TEST STRIP	QL= 300 test strips/30 days
pregabalin ER tab	QL= 30 tabs/30 days; Step Therapy requires trial of gabapentin and pregabalin cap or pregabalin soln
pregabalin soln	QL= 30ml/day
PREZCOBIX TAB	QL= 1 tab/day
PREZISTA SUSP	QL= 400ml/30 days
PREZISTA TAB	QL= 1 tab/day
PREZISTA TAB 150MG	QL= 8 tabs/day
PREZISTA TAB 600MG	QL= 2 tabs/day
PREZISTA TAB 75MG	QL= 16 tabs/day
PRIMIDONE TAB	QL= 4 tabs/day
PROZAC WEEKLY CAP	QL= 4 caps/28 days; Step Therapy requires trial of fluoxetine IR
pseudoephedrine ER tab 120mg	QL= 2 tabs/day
pseudoephedrine liquid 15mg/5ml	QL= 2400ml/30 days
pseudoephedrine tab 30mg	QL= 8 tabs/day
pseudoephedrine tab 60mg	QL= 4 tabs/day
PULMOZYME INH SOLN	QL= 30 ampules/30 days
pyrimethamine tab	QL= 3 tabs/day; Only available through Walgreens 888-347-3416
QTERN TAB	QL= 30 tabs/30 days; Step Therapy requires trial of metformin or metformin ER
quetiapine tab	QL= 3 tabs/day
quetiapine XR tab	QL= 1 tab/day
quinidine sulfate tab	QL= 8 tabs/day
QUINIDINE SULFATE TAB 200MG	QL= 8 tabs/day
QUINIDINE SULFATE TAB 300MG	QL= 5 tabs/day
QVAR REDIHALER	QL= 21.2gm/30 days
RADICAVA ORS SUSP	QL= 70ml/28 days; Only available through Accredo 800-803-2523
raloxifene tab	QL= 1 tab/day
ramelteon tab	QL= 1 tab/day; Step Therapy requires trial of 2: eszopiclone, zaleplon, zolpidem, zolpidem ER tab, or zolpidem SL
ranolazine tab	QL= 120 tabs/30 days
rasagiline tab	QL= 1 tab/day
RELENZA DISKHALER	QL= 1 inhaler/fill, 1 fill/month
REPATHA INJ	QL= 2 inj/28 days
REPATHA PUSHTRONEX INJ	QL= 1 inj/28 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
RETACRIT INJ	QL= 4 vials/30 days
REXULTI TAB	QL= 1 tab/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, clozapine, or lurasidone
REYATAZ POWDER PACK	QL= 5 packets/day
RINVOQ ER TAB	QL= 1 tab/day
RINVOQ ER TAB 45MG	QL= 1 tab/day, 3 fills/year
risedronate DR tab	QL= 4 tabs/28 days; Step Therapy requires trial of alendronate
risedronate tab 150mg	QL= 1 tab/30 days; Step Therapy requires trial of alendronate
risedronate tab 30mg	QL= 1 tab/day
risedronate tab 35mg	QL= 4 tabs/28 days
risedronate tab 5mg	QL= 1 tab/day
risperidone microspheres inj	QL= 2 inj/28 days
ritonavir tab	QL= 12 tabs/day
rivastigmine patch	QL= 1 patch/day
rizatriptan ODT	QL= 12 tabs/30 days
rizatriptan tab	QL= 12 tabs/30 days
roflumilast tab	QL= 1 tab/day
ropinirole ER tab	QL= 1 tab/day; Step Therapy requires trial of ropinirole
rosuvastatin tab	QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
RUBRACA TAB	QL= 4 tabs/day; Only available through Optum 877-445-6874
rufinamide susp	QL= 80ml/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
rufinamide tab	QL= 8 tabs/day; Step Therapy requires trial of two: valproate, lamotrigine, topiramate, pregabalin, levetiracetam
RYBELSUS TAB	QL= 1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
SANTYL OINT	QL= 90gm/30 days
saxagliptin hcl tab	QL= 1 tab/day; ST req trial of metformin AND Tradjenta OR Jentadueto
saxagliptin-metformin hcl tab er 24hr	QL= 2 tabs/day; Step Therapy requires trial of metformin AND Tradjenta, OR Jentadueto
scopolamine patch	QL= 10 patches/30 days
selegiline tab	QL= 2 tabs/day
SELZENTRY SOLN	QL= 31ml/day
SELZENTRY TAB 150MG	QL= 2 tabs/day
SELZENTRY TAB 25MG	QL= 4 tabs/day
SELZENTRY TAB 300MG	QL= 4 tabs/day
SELZENTRY TAB 75MG	QL= 2 tabs/day
SEREVENT DISKUS INHALER	QL= 1 inhaler/30 days
SIGNIFOR INJ	QL= 2 vials/day; Only available through Anovo Specialty Pharmacy 844-288-5007
sildenafil susp	QL= 224ml/30 days
sildenafil tab 20mg	QL= 3 tabs/day
SIMVASTATIN SUSP	QL= 300ml/30 days; Step Therapy requires trial of 2: atorvastatin, rosuvastatin or simvastatin

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
simvastatin tab 5mg, 10mg, 20mg, 40mg	QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
simvastatin tab 80mg	QL= 1 tab/day; Covered at $0 for members 40 years or older; All other members covered at generic copay
SIVEXTRO TAB	QL= 6 tabs/fill
SKYRIZI 180MG/1.2ML CARTRIDGE	QL= 1 cartridge/56 days
SKYRIZI INJ	QL= 1 cartridge/56 days
SKYRIZI INJ 150MG/ML	QL= 1 inj/84 days
SKYTROFA INJ	QL= 4 inj/28 days
sodium/potassium/magnesium soln	QL= 2 fills/year
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day
solifenacin tab	QL= 1 tab/day
sorafenib tosylate tab	QL= 4 tabs/day
SPIKEVAX INJ	QL= 1 dose/24 days
SPINOSAD SUSP	QL= 1 bottle/fill, 1 fill/month
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	QL= 1 inhaler/30 days
spironolactone susp	QL= 600ml/30 days; ST req trial of furosemide oral soln
STAHIST AD TAB 25-60MG	QL= 4 tabs/day
stavudine cap	QL= 2 caps/day
STELARA INJ	QL= 1 inj/84 days
STIOLTO INHALER	QL= 1 inhaler/30 days
STIVARGA TAB	QL= 84 tabs/28 days; Only available through Walgreens 888-347-3416
STRIBILD TAB	QL= 1 tab/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
SUBOXONE SL FILM 12-3MG	QL= 2 films/day
SUBOXONE SL FILM 8-2MG	QL= 3 films/day
SUFLAVE SOLN	QL= 2 fills/year
SULFADIAZINE TAB	QL= 8 tabs/day
sumatriptan inj	QL= 8 inj/30 days
SUMATRIPTAN INJ 6MG/0.5ML	QL= 8 inj/30 days
sumatriptan nasal spray	QL= 6 sprays/30 days; Step therapy requires trial of two: naratriptan tab, rizatriptan tab, rizatriptan ODT, or sumatriptan tab
sumatriptan tab	QL= 9 tabs/30 days
sumatriptan vial inj	QL= 1 inj/7 days
sumatriptan/naproxen tab	QL= 9 tabs/30 days; Step Therapy requires trial of 2: naratriptan, rizatriptan, rizatriptan ODT, or sumatriptan
sunitinib malate cap	QL= 1 cap/day
SYMDEKO TAB	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
SYMJEPI INJ	QL= 2 inj/fill
SYMPROIC TAB	QL= 30 tabs/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
SYNAGIS INJ	QL= 2 inj/28 days
SYNJARDY TAB	QL= 2 tabs/day
SYNJARDY XR TAB 10-1000MG, 25-1000MG	QL= 1 tab/day
SYNJARDY XR TAB 5-1000MG, 12.5-1000MG	QL= 2 tabs/day
TABLOID TAB	QL= 4 tabs/day
tadalafil tab	QL= 1 tab/day; Prior Authorization for BPH
tadalafil tab (PAH)	QL= 2 tabs/day
TAFINLAR CAP	QL= 4 caps/day
TAFINLAR TAB	QL= 12 tabs/day
tafluprost preservative free (pf) ophth soln	QL= 30 pouches/30 days; Step Therapy requires trial of latanoprost ophth soln
TAGRISSO TAB	QL= 1 tab/day
TAKHZYRO INJ	QL= 2 inj/28 days; Only available through Accredo 800-803-2523
TAKHZYRO INJ 150MG/ML	QL= 2 prefilled syringes/28 days; Only available through Accredo 800-803-2523
tazarotene cream 0.1%	QL= 360g/30 days
tazarotene gel	QL= 360g/30 days
tazarotene gel 0.1%	QL= 360g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
TECHNIVIE TAB	QL= 1 pack/28 days; Only available through Walgreens 888-347-3416
tenofovir disoproxil fumarate tab	QL= 1 tab/day
teriflunomide tab	QL= 30 tabs/30 days
teriparatide (recombinant) soln pen-inj 600mcg/2.4ml	QL= 2.4 units/28 days
TERIPARATIDE INJ 620MCG/2.48ML	QL= 2.48 units/28 days
testosterone cypionate inj	QL= 4 vials/28 days
testosterone cypionate inj 200mg/ml	QL= 4 vials/28 days
TESTOSTERONE ENANTHATE INJ	QL= 4 vials/28 days
TESTOSTERONE GEL 1% 25MG	QL= 1 packet/day
testosterone gel 1% 50mg	QL= 300gm/30 days
testosterone gel 1% pump	QL= 300gm/30 days
testosterone gel 1.62% 1.25gm	QL= 1 packet/day
testosterone gel 1.62% 2.5gm	QL= 2 packets/day
testosterone gel 2%	QL= 2 bottles/30 days
TESTOSTERONE GEL PUMP	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 150gm/30 days
TESTOSTERONE INJ	QL= 4 vials/28 days
TESTOSTERONE PROP IM OR SUBCUTANEOUS INJ	QL= 1 vial/28 days
testosterone soln	QL= 2 bottles/30 days
THALOMID CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
THEOPHYLLINE TAB ER	QL= 1 tab/day
tiagabine tab 12mg	QL= 4 tabs/day

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
tiagabine tab 16mg	QL= 3 tabs/day
tiagabine tab 2mg	QL= 4 tabs/day
tiagabine tab 4mg	QL= 4 tabs/day
timolol maleate (pf) ophth soln 0.5%	QL= 2ml/day
timolol maleate preservative free ophth soln	QL= 2ml/day
tiopronin tab	QL= 8 tabs/day; Only available through Eversana 636-519-2400
tiopronin tab delayed release	QL= 8 tabs/day; Only available through Eversana 636-519-2400
tiotropium bromide cap inhaler	QL= 1 cap/day; For use with Handihaler device
TIVICAY PD TAB	QL= 180 tabs/30 days
TIVICAY TAB	QL= 180 tabs/30 days
tolcapone tab	QL= 3 caps/day
tolvaptan tab	QL= 2 tabs/day; Only available through Walgreens 888-347-3416
tolvaptan tab 15mg	QL= 1 tab/day; Only available through Walgreens 888-347-3416
topiramate cap er 200mg	QL= 2 caps/day; Step therapy requires trial of topiramate followed by topiramate ER sprinkle
topiramate er cap	QL= 1 cap/day; ST req trial of topirmate followed by topiramate ER sprinkle
topiramate ER cap 100mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 150mg	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 200mg	QL= 2 caps/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 25mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
topiramate ER cap 50mg	QL= 1 cap/day; Step Therapy requires trial of generic topiramate IR
TRACLEER TAB 32MG	QL= 4 tabs/day; Only available through Accredo 800-803-2523
TRADJENTA TAB	QL= 1 tab/day
tramadol hcl tab 100mg	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
tramadol tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
tramadol/acetaminophen tab	QL= 18 tabs/fill for members age 20 or younger; QL= 42 tabs/fill for members age 21 older; Day supply limit of 42 days in 90 days
tranexamic acid tab	QL= 180 tabs/30 days
travoprost ophth soln	QL= 1 bottle/fill, 1 fill/month; Step Therapy requires trial of latanoprost ophth soln
TRELEGY ELLIPTA INHALER	QL= 1 inhaler/30 days
TREMFYA INJ	QL= 1 inj/56 days
tretinoin gel	QL= 300g/30 days; Step Therapy requires trial of 2: adapalene, tretinoin, tazarotene 0.1% cream, 0.05% gel
TRIHEXYPHENIDYL SOLN	QL= 946ml/28 days
trilyte soln	Covered at $0 for members 45-75 years-Limited to 2 fills/calendar year; All other members covered at generic copay
triprolidine/pseudoephedrine tab 2.5-60 mg	QL= 4 tabs/day
trispec pse liquid	QL= 1200ml/30 days
TRIUMEQ PD TAB	QL= 6 tabs/day
TRIUMEQ TAB	QL= 1 tab/day
TRULANCE TAB	QL= 30 tabs/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
TRULICITY INJ	QL= 2ml/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
tussin cf liquid	QL= 1200ml/30 days
TYMLOS INJ	QL= 1.56 units/30 days
TYVASO DPI POWDER 16-32-48MCG	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER 16-32MCG	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER 32-48MCG	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO DPI POWDER	QL= 4 cartridges/day; Only available through Accredo 800-803-2523
TYVASO INH SOLN	QL= 1 ampule/day; Only available through Accredo 800-803-2523
UPTRAVI TAB	QL= 2 tabs/day; Only available through Accredo 800-803-2523
VALCHLOR GEL	QL= 4 tubes/30 days; Only available through Optum 877-445-6874
VALSARTAN SOLN	QL= 2400ml/30 days
vancomycin cap 125mg	QL= 56 caps/30 days
vancomycin cap 250mg	QL= 112 caps/30 days
vancomycin hcl for oral soln 25mg/ml	QL= 300ml/30 days
vancomycin hcl for oral soln 50mg/ml	QL= 300ml/30 days
varenicline tartrate tab	Limited to 180 days/plan year
varenicline tartrate tab start pack	Limited to 180 days/plan year
VARUBI TAB	QL= 2 tabs/day; Step Therapy requires trial of ondansetron
VEMLIDY TAB	QL= 1 tab/day
VENTAVIS INH SOLN	QL= 9 ampules/day; Only available through Accredo 800-803-2523
VERZENIO TAB	QL= 2 tabs/day
VICTOZA INJ	QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
VIDEX SOLN	QL= 600ml/30 days
VIEKIRA PAK TAB	QL= 4 tabs/day; Only available through Lumicera 855-847-3553
VIEKIRA XR TAB	QL= 3 tabs/day; Only available through Lumicera 855-847-3553
vigabatrin powder pack	QL= 6 packs/day; Only available through PantheRx 855-726-8479
vigabatrin tab	QL= 6 tabs/day; Only available through Lumicera 855-847-3553
vilazodone hcl tab	QL= 1 tab/day
VIREAD TAB	QL= 1 tab/day
VOSEVI TAB	QL= 1 tab/day
VOTRIENT TAB	QL= 120 tabs/30 days
VRAYLAR CAP	QL= 1 cap/day; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, clozapine, or lurasidone
VRAYLAR PACK	QL= 2 packs/plan year; Step Therapy requires trial of 2: aripiprazole, quetiapine, ziprasidone, olanzapine, risperidone, clozapine, or lurasidone
VUMERITY CAP	QL= 120 caps/30 days; Step therapy requires trial of dimethyl fumarate, fingolimod, teriflunomide, or glatiramer
XALKORI CAP	QL= 2 caps/day; Only available through Walgreens 888-347-3416
XALKORI SPRINKLE CAP	QL= 6 caps/day; Only available through Walgreens 888-347-3416
XARELTO STARTER PACK 15MG/20MG	QL= 1 pack/30 days
XARELTO SUSP	QL= 10ml/day
XARELTO TAB 10MG	QL= 30 tabs/30 days
XARELTO TAB 15MG	QL= 60 tabs/30 days

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
XARELTO TAB 2.5MG	QL= 60 tabs/30 days
XARELTO TAB 20MG	QL= 30 tabs/30 days
XELJANZ SOLN	QL= 10ml/day
XELJANZ TAB	QL= 2 tabs/day
XELJANZ XR TAB	QL= 1 tab/day
XIGDUO XR TAB	QL= 1 tab/day
XIGDUO XR TAB 2.5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-1000MG	QL= 2 tabs/day
XIGDUO XR TAB 5-500MG, 10-500MG, 10-1000MG	QL= 1 tab/day
XOLAIR INJ	QL= 1 syringe/28 days
XOLAIR INJ 150MG/ML	QL= 1ml/28 days
XOLAIR INJ 300MG/2ML	QL= 2ml/28 days
XOLAIR INJ 75MG/0.5ML	QL= 0.5ml/28 days
zaleplon cap	QL= 1 cap/day
zaleplon cap 10mg	QL= 2 caps/day
ZARXIO INJ	QL= 15 syringes/30 days
ZEJULA CAP	QL= 30 caps/30 days; Only available through Optum 877-445-6874
ZEJULA TAB	QL= 1 tab/day; Only available through Optum 877-445-6874
ZELBORAF TAB	QL= 8 tabs/day
zenzedi tab 10mg	QL= 3 tabs/day; Step Therapy requires trial of 2: dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
zenzedi tab 5mg	QL= 3 tabs/day; Step Therapy requires trial of dexmethylphenidate, dextroamphetamine, amphetamine/dextroamphetamine, methamphetamine, or methylphenidate
ZEPATIER TAB	QL= 1 tab/day
zephrex-d tab 30mg	QL= 240 tabs/30 days
zidovudine cap	QL= 6 caps/day
zidovudine syrup	QL= 1920ml/30 days
zidovudine tab	QL= 2 tabs/day
zileuton ER tab	QL= 2 tabs/day
ziprasidone cap	QL= 2 caps/day
zolmitriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days; Step Therapy requires trial of 2: sumatriptan tab, naratriptan tab, rizatriptan tab or ODT
zolmitriptan ODT	QL= 9 tabs/30 days
zolmitriptan tab	QL= 9 tabs/30 days
zolpidem ER tab	QL= 1 tab/day
zolpidem tab	QL= 1 tab/day
zolpidem tartrate SL tab	QL= 1 tab/day
ZYBAN TAB	Limited to 180 days/plan year
ZYKADIA CAP	QL= 3 caps/day
ZYKADIA TAB	QL= 3 tabs/day