PeakHealth

2027

Marketplace Plan

West Virginia Formulary

Introduction

The Peak Health Prescription Formulary (or Drug List) helps you understand which drugs are covered by your pharmacy benefit. The formulary identifies the tier for each covered drug and any additional restrictions that may apply. The drugs included on the formulary are the most cost-effective drugs covered by your plan.

The formulary is not a complete list of drugs that may be covered through your pharmacy benefit. For more information about requesting coverage for drugs that are not on the formulary, refer to your Certificate of Coverage (COC).

The formulary includes both brand-name and generic drugs. Generic drugs contain the same active ingredient as their brand-name counterparts. To be approved by the FDA, generic drugs must be as safe and effective as their brand-name counterparts. Generic drugs also usually cost less than brand-name drugs, so using generic drugs when available is a good way to save money.

Decisions about our formulary are made by a committee of physicians and pharmacists known as the Pharmacy & Therapeutics (P&T) Committee. The formulary is updated monthly. You can also find the most current formulary information through memberportal.navitus.com. A list of formulary changes is available at peakhealth.org/aca/. If a formulary change affects a medication you are taking, you will be notified by mail.

Document Key

DRUG TIERS	
Tier 1 – $0	This designation identifies drugs for which you have no member cost share when coverage requirements are met.
Tier 2 – Generics	This tier includes the lowest-cost drugs. Tier 2 includes mostly generic drugs.
Tier 3 – Preferred Brands	This tier includes drugs that generally cost more than drugs in Tier 2. Tier 3 includes many preferred brand-name drugs and some generic drugs.
Tier 4 – Non-Preferred Brands	This tier includes higher-cost drugs. Tier 4 includes non-preferred brand-name drugs and some generic drugs. These drugs generally cost more than drugs in Tier 2 or Tier 3.
Tier 5 – Specialty Drugs	This designation identifies specialty drugs, which are used to treat complex or chronic conditions and may require special handling, monitoring, or administration. Specialty drugs are limited to a 30-day supply and may be subject to additional coverage requirements.
Tier 6 – Medical Benefit	This designation identifies drugs that are covered under the medical benefit rather than the pharmacy benefit. Coverage and member cost share may vary based on the terms of your plan.

Pharmacy Network

Your prescription drug benefit covers prescriptions filled at a network pharmacy. Some prescriptions must be filled at a specialty pharmacy. In some cases, a drug manufacturer may make a drug available only through certain pharmacies. These drugs are known as Limited Distribution Drugs.

You can use the Pharmacy Search tool on memberportal.navitus.com to find a network pharmacy. You can also call Customer Care at the number on your member ID card for help finding a network pharmacy.

Using This Document

You can use Ctrl + F on your keyboard to search this document for a specific drug.

If you have difficulty finding a drug in this document, you can use the Find a Drug tool on memberportal.navitus.com to search for formulary drugs. You can also call Customer Care at the number on your member ID card for additional assistance.

Notice

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of their respective pharmaceutical manufacturers.

Contact Us

For additional information or other questions, please contact Customer Care at 1-844-268-9789, for TTY users, 711, 24 hours a day, 7 days a week except for Thanksgiving and Christmas Day or visit peakhealth.org/aca/.

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.

Peak Health Plan Formulary
Alphabetical Index
Last Updated 11/1/2026

Drug Name	Special Code	Tier	Category
abacavir soln (ZIAGEN equiv)	-	3	ANTIVIRALS
abacavir tab (ZIAGEN equiv)	-	3	ANTIVIRALS
abacavir/lamivudine tab (EPZICOM equiv)	-	3	ANTIVIRALS
ABILIFY MYCITE PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY MYCITE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ABILIFY TAB	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	QL-SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ABRILADA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ABRYSVO INJ (QL= 1 dose/lifetime)	QL-VAC	1	VACCINES
ABSORICA CAP	-	NC	DERMATOLOGICALS
ABSORICA LD CAP	-	NC	DERMATOLOGICALS
ABSTRAL SL TAB	-	NC	ANALGESICS - OPIOID
acamprosate calcium DR tab (CAMPRAL equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
acarbose tab (PRECOSE equiv)	-	2	ANTIDIABETICS
ACCOLATE TAB	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ACCRUFER CAP	-	NC	HEMATOPOIETIC AGENTS
ACCU-CHEK GUIDE CARE METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE ME KIT	OTC	1	MEDICAL DEVICES AND SUPPLIES
ACCU-CHEK GUIDE TEST STRIP	OTC	3	DIAGNOSTIC PRODUCTS
ACCUPRIL TAB	-	4	ANTIHYPERTENSIVES
ACCURETIC TAB	-	NC	ANTIHYPERTENSIVES
acebutolol cap (SECTRAL equiv)	-	2	BETA BLOCKERS
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC	ANALGESICS - OPIOID
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	2	ANALGESICS - OPIOID
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC	MIGRAINE PRODUCTS
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC	MIGRAINE PRODUCTS
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	3	DIURETICS
acetazolamide tab	-	2	DIURETICS
acetic acid otic soln (VOSOL equiv)	-	2	OTIC AGENTS
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	2	OTIC AGENTS
acetylcysteine cap	OTC	EXC	NUTRIENTS
acetylcysteine soln (MUCOMYST equiv)	-	2	COUGH/COLD/ALLERGY
ACIPHEX SPRINKLE CAP	-	NC	ULCER DRUGS
ACIPHEX TAB	-	4	ULCER DRUGS
acitretin cap (SORIATANE equiv)	-	3	DERMATOLOGICALS
ACTEMRA ACTPEN INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA IV INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ACTEMRA SC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
ACTHAR GEL AUTO-INJECTOR	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHAR GEL INJ (QL= 4 vials/fill)	PA-QL-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTHIB INJ, HIBERIX INJ	VAC	1	VACCINES
ACTICLATE TAB 75MG, 150MG	-	NC	TETRACYCLINES
ACTIGALL CAP	-	4	GASTROINTESTINAL AGENTS - MISC.
ACTIMMUNE INJ	PA-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ACTIQ LOZENGE	-	NC	ANALGESICS - OPIOID
ACTIVELLA TAB	-	4	ESTROGENS
ACTIVITE TAB	-	NC	MULTIVITAMINS
ACTONEL TAB	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ACTOPLUS MET TAB	-	NC	ANTIDIABETICS
ACTOS TAB	-	4	ANTIDIABETICS
ACULAR (LS) OPHTH SOLN	-	4	OPHTHALMIC AGENTS
ACULAR (LS) OPHTH SOLN 0.4%	-	4	OPHTHALMIC AGENTS
ACUVAIL OPHTH SOLN	-	4	OPHTHALMIC AGENTS
acyclovir cap (ZOVIRAX equiv)	-	2	ANTIVIRALS
acyclovir cream (ZOVIRAX equiv)	-	NC	DERMATOLOGICALS
acyclovir oint (ZOVIRAX equiv)	-	2	DERMATOLOGICALS
acyclovir susp (ZOVIRAX equiv)	-	2	ANTIVIRALS
acyclovir tab (ZOVIRAX equiv)	-	2	ANTIVIRALS
ACZONE GEL	-	NC	DERMATOLOGICALS
ADACEL/BOOSTRIX INJ	VAC	1	TOXOIDS
ADAGEN INJ	-	NC	BIOLOGICALS MISC
ADALAT CC TAB	-	4	CALCIUM CHANNEL BLOCKERS
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT (YUFLYMA equiv) (QL= 1 kit/fill; 1 fill/plan year)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ INJ 10/0.1ML	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-ADAZ PFS INJ (HYRIMOZ equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY

Drug Name	Special Code	Tier	Category
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML (QL= 2 inj/2 days)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 40MG/0.4ML (QL= 2 inj/28 days)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ADALIMUMAB-RYVK INJ (SIMLANDI equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ADAPALENE SOLN	-	NC	DERMATOLOGICALS
adapalene cream (DIFFERIN equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3	DERMATOLOGICALS
adapalene gel (DIFFERIN equiv)	-	NC	DERMATOLOGICALS
adapalene gel 0.3% (DIFFERIN equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3	DERMATOLOGICALS
ADAPALENE PAD	-	NC	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	3	DERMATOLOGICALS
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)	-	3	DERMATOLOGICALS
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC	DERMATOLOGICALS
ADASUVE INHALER	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ADAZIN CREAM	-	NC	DERMATOLOGICALS
ADBRY INJ (QL= 2 inj/28 days)	PA-QL-SP	5	DERMATOLOGICALS
ADBRY INJ (QL= 4 inj/28 days)	PA-QL-SP	5	DERMATOLOGICALS
ADCIRCA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ADDERALL TAB	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
adefovir dipivoxil tab (HEPSERA equiv)	-	3	ANTIVIRALS
ADEMPAS TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ADLARITY PATCH	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ADMELOG INJ, HUMALOG INJ	-	NC	ANTIDIABETICS
ADMELOG SOLOSTAR, HUMALOG TEMPO PEN	-	NC	ANTIDIABETICS
ADQUEY OINT	-	NC	DERMATOLOGICALS
ADRENACLICK INJ, EPINEPHRINE INJ	-	NC	VASOPRESSORS
ADRENALIN SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
ADVAIR DISKUS INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVAIR HFA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ADVATE, KOVALTRY INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
ADVICOR TAB	-	NC	ANTIHYPERLIPIDEMICS
ADYNOVATE INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ADZENYS ER SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ADZENYS XR ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
AEMCOLO TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
AEROCHAMBER	OTC	3	MEDICAL DEVICES AND SUPPLIES
AEROCHAMBER SUPPLIES	-	3	MEDICAL DEVICES AND SUPPLIES
AEROSPAN INH	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AFINITOR DISPERZ TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
AFINITOR TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	1	VACCINES
AFSTYLA KIT	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
AGAMREE SUSP	-	NC	CORTICOSTEROIDS
AGRYLIN CAP	-	4	HEMATOLOGICAL AGENTS - MISC.
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	3	MIGRAINE PRODUCTS
AIRDUO POWDER INHALER W/SENSOR	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AIRDUO RESPICLICK	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AIRSUPRA INH	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	3	MIGRAINE PRODUCTS
AKEEGA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AKLIEF CREAM	-	NC	DERMATOLOGICALS
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	3	ANTIEMETICS
ALA-SCALP LOTION	-	NC	DERMATOLOGICALS
albendazole tab (ALBENZA equiv)	-	4	ANTHELMINTICS
ALBENZA TAB	-	4	ANTHELMINTICS
albuterol HFA (18gm) inhaler (VENTOLIN equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol HFA (6.7gm, 8.5gm) inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol neb soln	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALBUTEROL NEBULIZER SOLN	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate syrup	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol sulfate tab	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
albuterol/ipratropium neb soln (DUONEB equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ALCAINE OPHTH SOLN	-	4	OPHTHALMIC AGENTS
ALCLOMETASONE CREAM	-	3	DERMATOLOGICALS
alclometasone cream (ACLOVATE equiv)	-	3	DERMATOLOGICALS
ALCLOMETASONE OINT	-	3	DERMATOLOGICALS
alclometasone oint (ACLOVATE OINT equiv)	-	3	DERMATOLOGICALS
ALCOHOL SWABS	OTC	2	MEDICAL DEVICES AND SUPPLIES
ALCORTIN A GEL	-	NC	DERMATOLOGICALS
ALDACTAZIDE TAB	-	4	DIURETICS
ALDACTAZIDE TAB 50-50MG	-	4	DIURETICS
ALDACTONE TAB	-	4	DIURETICS
ALDARA CREAM	-	4	DERMATOLOGICALS
ALDURAZYME INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
ALECENSA CAP (QL= 8 caps/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
alendronate sodium oral soln (FOSAMAX equiv)	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
alendronate tab (FOSAMAX equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALENDRONATE TAB 40MG	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ALEVICYN SOLN DERMAL	-	NC	DERMATOLOGICALS
alfuzosin SR tab (UROXATRAL equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
ALHEMO INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	4	ANTI-INFECTIVE AGENTS - MISC.
aliskiren tab (TEKTURNA equiv)	-	3	ANTIHYPERTENSIVES
ALKERAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALKINDI SPRINKLE CAP	-	NC	CORTICOSTEROIDS
ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Prior Authorization required for members age 9 years and older)	PA-QL-SP	5	CORTICOSTEROIDS
ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Prior Authorization required for members age 9 years and older)	PA-QL-SP	5	CORTICOSTEROIDS
ALLEGRA ODT	OTC	EXC	ANTIHISTAMINES
allopurinol tab (ZYLOPRIM equiv)	-	2	GOUT AGENTS
allopurinol tab 200mg	-	NC	GOUT AGENTS
ALLZITAL TAB	-	NC	ANALGESICS - NONNARCOTIC
almotriptan tab (AXERT equiv)	-	NC	MIGRAINE PRODUCTS
ALOCRIL OPHTH SOLN	-	4	OPHTHALMIC AGENTS
ALOGLIPTIN TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN TAB, NESINA TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN-METFORMIN TAB	-	NC	ANTIDIABETICS
ALOGLIPTIN-PIOGILTAZONE TAB	-	NC	ANTIDIABETICS
ALOMIDE OPHTH SOLN	-	4	OPHTHALMIC AGENTS
ALOQUIN GEL	-	NC	DERMATOLOGICALS
ALORA PATCH	-	4	ESTROGENS
alosetron tab (LOTRONEX equiv)	-	4	GASTROINTESTINAL AGENTS - MISC.
ALPHAGAN P OPHTH SOLN 0.15%	-	4	OPHTHALMIC AGENTS
ALPHANATE, HUMATE-P INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
ALPHANINE SD INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
alprazolam ER tab (XANAX XR equiv)	-	3	ANTIANXIETY AGENTS
alprazolam ODT (NIRAVAM equiv)	-	4	ANTIANXIETY AGENTS
alprazolam tab (XANAX equiv)	-	2	ANTIANXIETY AGENTS
ALPROLIX INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
ALREX OPHTH SUSP	-	3	OPHTHALMIC AGENTS
ALREX OPHTH SUSP 0.2%	-	4	OPHTHALMIC AGENTS
ALTABAX OINT	-	NC	DERMATOLOGICALS
ALTACE CAP	-	4	ANTIHYPERTENSIVES
ALTAFRIN OPHTH SOLN	-	2	OPHTHALMIC AGENTS

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
ALTOPREV TAB	-	NC	ANTIHYPERLIPIDEMICS
ALTRENO LOTION	-	NC	DERMATOLOGICALS
ALTUVIIIO INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
ALUNBRIG PAK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 30MG (QL= 4 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ALVAIZ TAB	-	NC	HEMATOPOIETIC AGENTS
ALVESCO INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
alvimopan cap (ENTEREG equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
ALYFTREK TAB (QL= 2 tabs/day)	PA-QL-SP	5	RESPIRATORY AGENTS - MISC.
ALYFTREK TAB 4-20-50MG (QL= 3 tabs/day)	PA-QL-SP	5	RESPIRATORY AGENTS - MISC.
ALZAIR NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
amantadine cap (SYMMETREL equiv)	-	2	ANTIPARKINSON AGENTS
amantadine soln (AMANTADINE equiv)	-	2	ANTIPARKINSON AND RELATED THERAPY AGENTS
amantadine tab	-	3	ANTIPARKINSON AGENTS
AMARYL TAB	-	4	ANTIDIABETICS
AMBIEN CR TAB (QL= 1 tab/day)	QL	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
AMBIEN TAB (QL= 1 tab/day)	QL	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day)	PA-QL-SP	2	CARDIOVASCULAR AGENTS - MISC.
AMCINONIDE CREAM 0.1%	-	NC	DERMATOLOGICALS
AMCINONIDE LOTION	-	4	DERMATOLOGICALS
AMCINONIDE OINTMENT	-	NC	DERMATOLOGICALS
amethyst tab (LYBREL equiv)	-	1	CONTRACEPTIVES
AMICAR SOLN	-	4	HEMOSTATICS
AMICAR TAB	-	4	HEMOSTATICS
amiloride tab (MIDAMOR equiv)	-	2	DIURETICS
AMILORIDE/HCTZ TAB	-	2	DIURETICS
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	2	DIURETICS
AMINO ACID INFUSION	OTC	EXC	NUTRIENTS
AMINO ACIDS ORAL LIQUID	OTC	EXC	NUTRIENTS
amino acids oral powder	OTC	EXC	NUTRIENTS
aminocaproic acid soln (AMICAR equiv)	-	3	HEMOSTATICS
aminocaproic acid tab (AMICAR equiv)	-	3	HEMOSTATICS
amiodarone tab (CORDARONE equiv)	-	2	ANTIARRHYTHMICS
AMITIZA CAP (QL= 2 caps/day)	QL	4	GASTROINTESTINAL AGENTS - MISC.
amitriptyline tab (ELAVIL equiv)	-	2	ANTIDEPRESSANTS
AMJEVITA AUTO-INJECTOR (adalimumab-atto)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
AMJEVITA INJ (adalimumab-atto)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
amlodipine tab (NORVASC equiv)	-	2	CALCIUM CHANNEL BLOCKERS
amlodipine/atorvastatin tab (CADUET equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
amlodipine/benazepril cap (LOTREL equiv)	-	2	ANTIHYPERTENSIVES
amlodipine/olmesartan tab (AZOR equiv)	-	2	ANTIHYPERTENSIVES

Drug Name	Special Code	Tier	Category
amlodipine/valsartan tab (EXFORGE equiv)	-	2	ANTIHYPERTENSIVES
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	NC	ANTIHYPERTENSIVES
ammonium lactate cream (LAC-HYDRIN equiv) (Rx Only)	-	2	DERMATOLOGICALS
ammonium lactate lotion (LAC-HYDRIN equiv) (Rx Only)	-	2	DERMATOLOGICALS
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	3	DERMATOLOGICALS
amoxapine tab (AMOXAPINE equiv)	-	2	ANTIDEPRESSANTS
amoxicillin cap (TRIMOX equiv)	-	2	PENICILLINS
AMOXICILLIN CHEW	-	2	PENICILLINS
amoxicillin susp (TRIMOX equiv)	-	2	PENICILLINS
amoxicillin tab (AMOXIL equiv)	-	2	PENICILLINS
AMOXICILLIN/CLAVULANATE CHEW TAB	-	3	PENICILLINS
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	2	PENICILLINS
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	2	PENICILLINS
amoxicillin/k clavulanate er tab (AMOXICILLIN/CLAVULANATE equiv)	-	4	PENICILLINS
amphetamine er odt (ADZENYS XR equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine tab (EVEKEO equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ampicillin cap (AMPICILLIN equiv)	-	2	PENICILLINS
AMPYRA TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AMRIX CAP	-	NC	MUSCULOSKELETAL THERAPY AGENTS
AMZEEQ FOAM	-	NC	DERMATOLOGICALS
ANADROL TAB	-	NC	ANDROGENS-ANABOLIC
ANAFRANIL CAP	-	4	ANTIDEPRESSANTS
anagrelide cap (AGRYLIN equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
ANALPRAM HC CREAM 2.5-1%	-	NC	ANORECTAL AND RELATED PRODUCTS
ANALPRAM-E KIT	-	4	ANORECTAL AGENTS
ANALPRAM-HC CREAM	-	NC	ANORECTAL AGENTS
ANAPROX TAB	-	4	ANALGESICS - ANTI-INFLAMMATORY
ANASPAZ ODT	-	4	ULCER DRUGS
ANASTIA LOTION	-	NC	DERMATOLOGICALS
anastrozole tab (ARIMIDEX equiv) ($0 copay for female members only age 35 years and older; All other members covered at generic copay)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ANCOBON CAP	-	4	ANTIFUNGALS
ANDEMBRY INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
ANDROGEL 1% 25MG (QL= 1 packet/day)	PA-QL	4	ANDROGENS-ANABOLIC

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
ANDROGEL 1% 50MG, TESTIM GEL 1% (QL= 2 packets/day)	PA-QL	4	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	4	ANDROGENS-ANABOLIC
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	4	ANDROGENS-ANABOLIC
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	4	ANDROGENS-ANABOLIC
ANGELIQ TAB	-	NC	ESTROGENS
ANNOVERA RING (QL= 1 ring/year)	QL	1	CONTRACEPTIVES
ANORO ELLIPTA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ANTABUSE TAB	-	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	NC	ANTIHYPERLIPIDEMICS
ANTARA CAP, LOFIBRA CAP	-	NC	ANTIHYPERLIPIDEMICS
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC	OTIC AGENTS
ANUCORT-HC SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
ANUSOL-HC CREAM	-	4	ANORECTAL AGENTS
ANZEMET TAB (QL= 9 tabs/fill)	QL	4	ANTIEMETICS
ANZUPGO CREAM	-	NC	DERMATOLOGICALS
APADAZ TAB	-	NC	ANALGESICS - OPIOID
APAP/CODEINE SOLN	-	3	ANALGESICS - OPIOID
APEXICON E CREAM (PSORCON E equiv)	-	NC	DERMATOLOGICALS
APIDRA INJ	-	NC	ANTIDIABETICS
APIDRA SOLOSTAR INJ	-	NC	ANTIDIABETICS
APLENZIN TAB	-	NC	ANTIDEPRESSANTS
APOKYN INJ	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
apomorphine inj (APOKYN equiv)	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
APRACLONIDINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
apraclonidine ophth soln (IOPIDINE equiv)	-	3	OPHTHALMIC AGENTS
aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	QL	3	ANTIEMETICS
aprepitant pak (EMEND equiv) (QL= 3 caps/fill)	QL	3	ANTIEMETICS
APRETUDE SUSP (QL= 7 inj/year)	QL	1	ANTIVIRALS
APRISO CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
APRIZIO PAK KIT	-	NC	DERMATOLOGICALS
APTIOM TAB	-	NC	ANTICONVULSANTS
APTIVUS CAP	-	3	ANTIVIRALS
AQNEURSA PACKET FOR SUSPENSION (QL= 4 packets/day)	PA-QL-SP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AQVESME TAB 100MG (QL= 2 tabs/day)	PA-QL-SP	5	HEMATOLOGICAL AGENTS - MISC.
ARAKODA TAB	-	4	ANTIMALARIALS
ARALAST/PROLASTIN/ZEMAIRA INJ	-	NC	RESPIRATORY AGENTS - MISC.
ARANELLE TAB	-	1	CONTRACEPTIVES
aranelle tab (TRI-NORINYL equiv)	-	1	CONTRACEPTIVES
ARANESP INJ	-	NC	HEMATOPOIETIC AGENTS
ARAVA TAB	-	4	ANALGESICS - ANTI-INFLAMMATORY
ARAZLO LOTION	-	NC	DERMATOLOGICALS
ARBLI SUSP (QL= 330mL/30 days; Prior Authorization required for members age 9 years and older)	PA-QL	4	ANTIHYPERTENSIVES
ARCALYST INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY

Drug Name	Special Code	Tier	Category
AREXVY INJ (QL= 1 dose/lifetime)	QL-VAC	1	VACCINES
arformoterol tartrate neb soln (BROVANA equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARGININE TAB	OTC	EXC	NUTRIENTS
ARICEPT TAB (QL= 2 tabs/day)	QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARICEPT TAB 23MG (QL= 1 tab/day)	QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ARIKAYCE SUSP (QL= 1 vial/day)	PA-QL-SP	5	AMINOGLYCOSIDES
ARIMIDEX TAB	-	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
aripiprazole ODT (ABILIFY equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole soln (ABILIFY equiv)	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
aripiprazole tab (ABILIFY equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARISTADA INJ	M	6	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ARIXTRA INJ	-	4	ANTICOAGULANTS
ARMLUPEG INJ	-	NC	HEMATOPOIETIC AGENTS
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ARMOUR THYROID TAB, NATURE THYROID TAB	-	NC	THYROID AGENTS
ARNUITY ELLIPTA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
AROMASIN TAB	-	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ARTHROTEC TAB	-	4	ANALGESICS - ANTI-INFLAMMATORY
ARYNTA SOLN	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ASACOL HD TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
ASACOL HD TAB, MESALAMINE TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	QL	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ASMANEX HFA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ASMANEX INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
aspirin chew tab 81mg (Covered for female members only)	OTC	1	ANALGESICS - NONNARCOTIC
ASPIRIN EC TAB 325MG	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin ec tab 81mg (Covered for female members only)	OTC	1	ANALGESICS - NONNARCOTIC
aspirin tab 325mg	OTC	NC	ANALGESICS - NONNARCOTIC
aspirin/dipyridamole cap (AGGRENOX equiv)	-	3	HEMATOLOGICAL AGENTS - MISC.
ASPIRIN/OMEPRAZOLE ER TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
ASPRUZYO SPRINKLE GRANULES	-	NC	ANTIANGINAL AGENTS
ASTAGRAF XL CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
ASTAMED MYO CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY	-	4	NASAL AGENTS - SYSTEMIC AND TOPICAL
ATACAND HCT TAB	-	NC	ANTIHYPERTENSIVES
ATACAND TAB	-	4	ANTIHYPERTENSIVES
atazanavir cap (REYATAZ equiv)	-	3	ANTIVIRALS
ATEBRIOZ TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ATELVIA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
atenolol tab (TENORMIN equiv)	-	2	BETA BLOCKERS
atenolol/chlorthalidone tab (TENORETIC equiv)	-	2	ANTIHYPERTENSIVES
ATIVAN TAB	-	4	ANTIANXIETY AGENTS
ATMEKSI SUSP	-	NC	MUSCULOSKELETAL THERAPY AGENTS
atomoxetine cap (STRATTERA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ATONCY SOLN, ATOMOXETINE HCL SOLN	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ATORVALIQ SUSP (Prior Authorization required for members age 9 years and older)	PA	4	ANTIHYPERLIPIDEMICS
atorvastatin tab (LIPITOR equiv)	-	1	ANTIHYPERLIPIDEMICS
atovaquone susp (MEPRON equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
atovaquone/proguanil tab (MALARONE equiv)	-	2	ANTIMALARIALS
ATRALIN GEL 0.05%	-	NC	DERMATOLOGICALS
ATRIPLA TAB	-	NC	ANTIVIRALS
atropine ophth oint	-	2	OPHTHALMIC AGENTS
atropine ophth soln (ISOPTO ATROPINE equiv)	-	2	OPHTHALMIC AGENTS
ATROPINE SUL SOLN 1% OPHTH	-	2	OPHTHALMIC AGENTS
ATROPINE SULFATE OPHTH OINT	-	2	OPHTHALMIC AGENTS
ATROVENT HFA AERO	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ATTRUBY PACK (QL= 4 tabs/day)	PA-QL-SP	5	CARDIOVASCULAR AGENTS - MISC.
AUBAGIO TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUGMENTIN ES-600 SUSP	-	4	PENICILLINS
AUGMENTIN SUSP	-	4	PENICILLINS
AUGMENTIN TAB	-	4	PENICILLINS
AUGTYRO CAP (QL= 8 caps/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AUGTYRO CAP 160MG (QL= 2 caps/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AURANOFIN CAP, RIDAURA CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
AURYXIA TAB	-	4	GASTROINTESTINAL AGENTS - MISC.
AUSTEDO TAB (QL= 4 tabs/day)	PA-QL-SP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO TITRATION PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB (QL= 1 tab/day)	PA-QL-SP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days)	PA-QL-SP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AUSTEDO XR TITRATION PACK (QL= 1 pack/28 days)	PA-QL-SP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
AUVELITY TAB	-	NC	ANTIDEPRESSANTS
AUVELITY TAB TITRATION PACK	-	NC	ANTIDEPRESSANTS
AUVI-Q INJ	-	NC	VASOPRESSORS
AVALIDE TAB	-	4	ANTIHYPERTENSIVES
avanafil tab (STENDRA equiv)	-	EXC	CARDIOVASCULAR AGENTS - MISC.
AVAPRO TAB	-	4	ANTIHYPERTENSIVES
AVAR AEROSOL FOAM	-	NC	DERMATOLOGICALS
AVAR CLEANSE LIQ 10-5%	-	3	DERMATOLOGICALS
AVAR PAD	-	NC	DERMATOLOGICALS
AVAR-E EMOLL CREAM	-	3	DERMATOLOGICALS
AVAR-E LS CREAM 10-2%	-	NC	DERMATOLOGICALS
AVELOX TAB	-	4	FLUOROQUINOLONES
AVERI TAB	-	1	CONTRACEPTIVES
aviane tab (ALESSE equiv)	-	1	CONTRACEPTIVES
AVMAPKI FAKZYNJA CO-PACK (QL= 1 pack/28 days)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AVODART CAP	-	4	GENITOURINARY AGENTS - MISCELLANEOUS
AVONEX INJ	SP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
AVTOZMA INJ (QL= 2 inj/28 days)	PA-QL-SP	5	ANALGESICS - ANTI-INFLAMMATORY
AWIQLI FLEX INJ	-	NC	ANTIDIABETICS
AXERT TAB	-	NC	MIGRAINE PRODUCTS
AXID CAP	-	4	ULCER DRUGS
AYGESTIN TAB	-	4	PROGESTINS
AYVAKIT TAB (QL= 1 tab/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
AZASITE SOLN	-	3	OPHTHALMIC AGENTS
azathioprine tab (IMURAN equiv)	-	2	ASSORTED CLASSES
azathioprine tab 100mg (AZASAN equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
azathioprine tab 75mg (AZASAN equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
azelaic acid gel (FINACEA equiv)	-	2	DERMATOLOGICALS
azelastine nasal spray 0.1% (ASTELIN equiv)	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
azelastine ophth soln (OPTIVAR equiv)	-	2	OPHTHALMIC AGENTS
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZELEX CREAM	-	NC	DERMATOLOGICALS
AZENASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
AZESCHEW TAB 13-1MG	-	NC	MULTIVITAMINS
AZESCO TAB	-	NC	MULTIVITAMINS
AZILECT TAB	-	4	ANTIPARKINSON AGENTS
azilsartan medoxomil tab (EDARBI equiv)	-	NC	ANTIHYPERTENSIVES
azithromycin susp (ZITHROMAX equiv)	-	2	MACROLIDES
azithromycin tab (ZITHROMAX equiv)	-	2	MACROLIDES
AZOPT OPHTH SUSP	-	4	OPHTHALMIC AGENTS
AZSTARYS CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
AZULFIDINE EN TAB	-	4	GASTROINTESTINAL AGENTS - MISC.
AZULFIDINE TAB	-	4	GASTROINTESTINAL AGENTS - MISC.

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
BACIT/POLYMY OPHTH OINT	-	2	OPHTHALMIC AGENTS
BACITRACIN OPHTH OINT	-	3	OPHTHALMIC AGENTS
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	2	OPHTHALMIC AGENTS
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	2	OPHTHALMIC AGENTS
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	2	OPHTHALMIC AGENTS
BACLOFEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
baclofen oral soln 10MG/5ML (BACLOFEN equiv) (Prior Authorization required for members age 9 years and older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN ORAL SOLN 5 MG/5ML	-	NC	MUSCULOSKELETAL THERAPY AGENTS
baclofen oral soln 5mg/5ml (Prior Authorization required for members age 9 years and older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
BACLOFEN SOLN (Prior Authorization required for members age 9 years and older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
baclofen susp (BACLOFEN equiv) (Prior Authorization required for members age 9 years and older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab (BACLOFEN equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
baclofen tab 15mg	-	NC	MUSCULOSKELETAL THERAPY AGENTS
BACTRIM DS TAB	-	4	ANTI-INFECTIVE AGENTS - MISC.
BACTROBAN CREAM	-	NC	DERMATOLOGICALS
BAFIERTAM CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BALCOLTRA TAB	-	1	CONTRACEPTIVES
balsalazide cap (COLAZAL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
BALVERSA TAB 3MG (QL= 3 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 4MG (QL= 2 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BALVERSA TAB 5MG (QL= 1 tab/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BANZEL SUSP	-	NC	ANTICONVULSANTS
BANZEL TAB	-	NC	ANTICONVULSANTS
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	3	ANTIDIABETICS
BARACLUDE SOLN (Prior Authorization required for members age 9 years and older)	PA	4	ANTIVIRALS
BARACLUDE TAB (QL= 1 tab/day)	QL	4	ANTIVIRALS
BASAGLAR INJ, INSULIN GLARGINE SOLOSTAR INJ	-	NC	ANTIDIABETICS
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	3	FLUOROQUINOLONES
BAXFENDY TAB	-	NC	ANTIHYPERTENSIVES
BCG INJ	VAC	EXC	VACCINES
B-D INSULIN SYRINGE	--OTC	2	MEDICAL DEVICES AND SUPPLIES
B-D PEN NEEDLE	OTC	2	MEDICAL DEVICES AND SUPPLIES
b-donna tab (DONNATAL equiv)	-	NC	ULCER DRUGS
BECONASE AQ NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
BELBUCA FILM	-	NC	ANALGESICS - OPIOID
BELLADONNA ALKALOID/OPIUM SUPP	-	3	ULCER DRUGS
BELSOMRA TAB	-	NC	HYPNOTICS
benazepril tab (LOTENSIN equiv)	-	2	ANTIHYPERTENSIVES
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	2	ANTIHYPERTENSIVES
BENEFIX INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
BENICAR HCT TAB	-	4	ANTIHYPERTENSIVES
BENICAR TAB	-	4	ANTIHYPERTENSIVES
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	PA-QL-SP	5	MISCELLANEOUS THERAPEUTIC CLASSES
BENLYSTA INJ (QL= 4 inj/28 day)	PA-QL-SP	5	MISCELLANEOUS THERAPEUTIC CLASSES
BENTIVITE TAB	-	NC	HEMATOPOIETIC AGENTS
BENTYL CAP	-	4	ULCER DRUGS
BENTYL SYRUP	-	4	ULCER DRUGS
BENZACLIN GEL	-	4	DERMATOLOGICALS
BENZAMYCIN GEL	-	4	DERMATOLOGICALS
BENZAMYCIN GEL PACK	-	NC	DERMATOLOGICALS
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	3	ANTHELMINTICS
BENZOCAINE/LIDOCAINE/TETRACAINE OINT	-	NC	DERMATOLOGICALS
benzonatate cap (TESSALON equiv)	-	2	COUGH/COLD/ALLERGY
BENZONATATE CAP 150MG	-	NC	COUGH/COLD/ALLERGY
benzonatate cap 150mg (ZONATUSS equiv)	-	NC	COUGH/COLD/ALLERGY
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC	DERMATOLOGICALS
benzphetamine tab	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/NOREXIANTS
benztropine tab	-	2	ANTIPARKINSON AGENTS
bepotastine ophth soln (BEPREVE equiv)	-	4	OPHTHALMIC AGENTS
BEQALZI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BEQALZI TAB STARTER PACK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BERINERT INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
BESER KIT 0.05%	-	NC	DERMATOLOGICALS
BESIFLOXACIN OPHTH SUSP, BESIVANCE OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
BESREMI INJ (QL= 2 inj/28 days)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BESREMI PEN INJ (QL= 2 inj/28 days)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BETAGAN OPHTH SOLN	-	4	OPHTHALMIC AGENTS
betaine powder for oral solution (CYSTADANE equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
BETAMETH VALERATE LOTION	-	2	DERMATOLOGICALS
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	2	DERMATOLOGICALS
BETAMETHASONE AUGMENTED GEL	-	3	DERMATOLOGICALS
betamethasone augmented gel	-	NC	DERMATOLOGICALS
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	3	DERMATOLOGICALS
betamethasone augmented oint (DIPROLENE OINT equiv)	-	2	DERMATOLOGICALS
betamethasone diproprionate cream (DIPROSONE CREAM equiv)	-	2	DERMATOLOGICALS
betamethasone diproprionate lotion	-	2	DERMATOLOGICALS
betamethasone diproprionate oint (DIPROSONE OINT equiv)	-	3	DERMATOLOGICALS
betamethasone valerate cream	-	2	DERMATOLOGICALS
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC	DERMATOLOGICALS
betamethasone valerate lotion	-	2	DERMATOLOGICALS
betamethasone valerate oint	-	2	DERMATOLOGICALS
BETAPACE AF TAB	-	4	BETA BLOCKERS
BETAPACE TAB	-	4	BETA BLOCKERS

Drug Name	Special Code	Tier	Category
BETASERON INJ	SP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
BETAXOLOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
betaxolol ophth soln (BETOPTIC-S equiv)	-	2	OPHTHALMIC AGENTS
betaxolol tab (KERLONE equiv)	-	2	BETA BLOCKERS
bethanechol tab (URECHOLINE equiv)	-	2	URINARY ANTISPASMODICS
BETHKIS NEB SOLN, TOBI NEB SOLN	-	NC	AMINOGLYCOSIDES
BETIMOL OPHTH SOLN 0.25%	-	3	OPHTHALMIC AGENTS
BETOPTIC-S OPHTH SOLN	-	3	OPHTHALMIC AGENTS
BEVESPI AEROSPHERE INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bexarotene cap (TARGRETIN equiv) (QL= 10 caps/day)	QL-SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bexarotene gel (TARGRETIN equiv) (QL= 60 grams/30 days)	PA-QL-SP	2	DERMATOLOGICALS
BEXSERO INJ	VAC	1	VACCINES
BEYAZ TAB	-	4	CONTRACEPTIVES
BEYFORTUS INJ	VAC	1	PASSIVE IMMUNIZING AND TREATMENT AGENTS
BIAFINE EMULSION	-	NC	DERMATOLOGICALS
BIAXIN TAB	-	4	MACROLIDES
bicalutamide tab (CASODEX equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BIDIL TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
BIFERARX TAB	-	NC	HEMATOPOIETIC AGENTS
BIJUVA CAP	-	NC	ESTROGENS
BIKTARVY TAB	-	3	ANTIVIRALS
BILTRICIDE TAB	-	4	ANTHELMINTICS
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	3	OPHTHALMIC AGENTS
bimatoprost ophth soln (LATISSE equiv)	-	EXC	DERMATOLOGICALS
BIMATOPROST OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
BIMZELX INJ (QL= 1 mL/28 days)	PA-QL-SP	5	DERMATOLOGICALS
BIMZELX INJ 320MG/2ML (QL= 2 mL/56 days)	PA-QL-SP	5	DERMATOLOGICALS
BIMZELX SYRINGE (QL= 1 mL/28 days)	PA-QL-SP	5	DERMATOLOGICALS
BIMZELX SYRINGE 320MG/2ML (QL= 2 mL/56 days)	PA-QL-SP	5	DERMATOLOGICALS
BINOSTO TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bismuth/metro/tetra cap (PYLERA equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
BISOPROLOL FUMARATE TAB	-	NC	BETA BLOCKERS
bisoprolol tab (ZEBETA equiv)	-	2	BETA BLOCKERS
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	2	ANTIHYPERTENSIVES
BIXLENVO TAB	-	3	ANTIVIRALS
BIXLENVO/SUNLENCA STARTER PACK	-	NC	ANTIVIRALS
BLANCHE CREAM	-	EXC	DERMATOLOGICALS
BLEPH-10 OPHTH SOLN	-	4	OPHTHALMIC AGENTS
BLOOD KETONE KITS	OTC	3	MEDICAL DEVICES AND SUPPLIES
BLOOD KETONE TEST STRIPS	OTC	3	DIAGNOSTIC PRODUCTS
BLUJEPA TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
BONIVA TAB 150MG (QL= 1 tab/30 days)	QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
BONSITY INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day)	PA-QL-SP	2	CARDIOVASCULAR AGENTS - MISC.
bosentan tab for oral susp (TRACLEER equiv) (QL= 4 tabs/day)	PA-QL-SP	2	CARDIOVASCULAR AGENTS - MISC.
BOSULIF CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BOSULIF TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
bosutinib tab (BOSULIF equiv)	PA-SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BP 10-1 EMU	-	NC	DERMATOLOGICALS
BRAFTOVI CAP 75MG (QL= 6 caps/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BREKIYA INJ	-	NC	MIGRAINE PRODUCTS
BRENZAVVY TAB	-	NC	ANTIDIABETICS
BREO ELLIPTA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREO ELLIPTA INHALER 50-25 MCG/ACT	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BREXAFEMME TAB	-	NC	ANTIFUNGALS
BREZTRI AEROSPHERE INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BRILINTA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	3	OPHTHALMIC AGENTS
brimonidine ophth soln 0.2%	-	2	OPHTHALMIC AGENTS
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv)	-	3	OPHTHALMIC AGENTS
brimonidine/timolol ophth soln (COMBIGAN equiv)	-	3	OPHTHALMIC AGENTS
BRINSUPRI TAB (QL= 1 tab/day)	PA-QL-SP	5	RESPIRATORY AGENTS - MISC.
brinzolamide ophth susp (AZOPT equiv)	-	3	OPHTHALMIC AGENTS
BRISDELLE CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
brivaracetam inj (BRIVIACT equiv)	-	NC	ANTICONVULSANTS
brivaracetam oral soln 10mg/ml (BRIVIACT equiv)	-	3	ANTICONVULSANTS
brivaracetam tab (BRIVIACT equiv)	-	2	ANTICONVULSANTS
BRIVIACT INJ	-	NC	ANTICONVULSANTS
BRIVIACT SOLN 10MG/ML	-	4	ANTICONVULSANTS
BRIVIACT TAB	-	4	ANTICONVULSANTS
bromfenac ophth soln (BROMDAY equiv)	-	3	OPHTHALMIC AGENTS
bromocriptine cap (PARLODEL equiv)	-	3	ANTIPARKINSON AGENTS
bromocriptine tab (PARLODEL equiv)	-	3	ANTIPARKINSON AGENTS
BRONCHITOL CAP	-	NC	RESPIRATORY AGENTS - MISC.
BROVANA NEB SOLN	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
BROVEX PEB LIQUID	OTC	EXC	COUGH/COLD/ALLERGY
BRUKINSA CAP (QL= 4 caps/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
BRUKINSA TAB (QL= 2 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
BRYHALI LOTION	-	NC	DERMATOLOGICALS
BRYNOVIN SOLN	-	NC	ANTIDIABETICS
B-SERENE PAD	-	NC	HEMATOPOIETIC AGENTS
BUCAPSOL CAP	-	NC	ANTIANXIETY AGENTS
budesonide ER tab (QL=1 tab/day)	PA-QL	4	CORTICOSTEROIDS
budesonide inh susp (PULMICORT equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
budesonide rectal foam (UCERIS RECTAL FOAM equiv)	PA	4	ANORECTAL AND RELATED PRODUCTS
budesonide SR cap (ENTOCORT EC equiv)	-	3	CORTICOSTEROIDS
budesonide/formoterol inhaler (SYMBICORT equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
bumetanide tab (BUMEX equiv)	-	2	DIURETICS
BUNAVAIL FILM	-	NC	ANALGESICS - OPIOID
BUPHENYL POWDER	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
BUPHENYL TAB	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
buprenorphine hcl buccal film (BELBUCA equiv)	-	NC	ANALGESICS - OPIOID
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	4	ANALGESICS - OPIOID
buprenorphine SL tab (SUBUTEX equiv)	-	2	ANALGESICS - OPIOID
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	2	ANALGESICS - OPIOID
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	2	ANALGESICS - OPIOID
bupropion ER tab (WELLBUTRIN equiv)	-	2	ANTIDEPRESSANTS
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
bupropion tab (WELLBUTRIN equiv)	-	2	ANTIDEPRESSANTS
bupropion XL tab (WELLBUTRIN XL equiv)	-	2	ANTIDEPRESSANTS
BUPROPION XL TAB, FORFIVO XL TAB	-	NC	ANTIDEPRESSANTS
buspirone tab (BUSPAR equiv)	-	2	ANTIANXIETY AGENTS
BUSPIRONE TAB	-	NC	ANTIANXIETY AGENTS
BUTALBITAL/ACETAMINOPHEN CAP	-	NC	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine soln	-	NC	ANALGESICS - NONNARCOTIC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC	ANALGESICS - NONNARCOTIC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC	ANALGESICS - NONNARCOTIC
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	3	ANALGESICS - OPIOID
BUTRANS PATCH (QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	4	ANALGESICS - OPIOID
BYDUREON BCISE AUTO INJ	-	NC	ANTIDIABETICS
BYDUREON INJ	-	NC	ANTIDIABETICS
BYDUREON PEN INJ	-	NC	ANTIDIABETICS
BYLVAY CAP 1200MCG (QL= 5 caps/day)	PA-QL-SP	5	GASTROINTESTINAL AGENTS - MISC.
BYLVAY CAP 400MCG (QL= 15 caps/day)	PA-QL-SP	5	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day)	PA-QL-SP	5	GASTROINTESTINAL AGENTS - MISC.
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day)	PA-QL-SP	5	GASTROINTESTINAL AGENTS - MISC.
BYNFEZIA PEN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
BYQLOVI OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
BYQLOVI SUSP	-	NC	OPHTHALMIC AGENTS
BYSANTI TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
BYSANTI TITRATION PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
BYVALSON TAB	-	NC	ANTIHYPERTENSIVES
CABENUVA IM SUSP (QL= 1 kit/30 days)	QL-SP	5	ANTIVIRALS
CABENUVA SUSP 600MG-900MG/3ML (QL= 1 kit/30 days)	QL-SP	5	ANTIVIRALS
cabergoline tab (DOSTINEX equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
CABLIVI INJ KIT (QL= 1 vial/day)	PA-QL-SP	5	HEMATOLOGICAL AGENTS - MISC.
CABOMETYX TAB (QL= 1 tab/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CABTREO GEL	-	NC	DERMATOLOGICALS
CADUET TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
CAFCIT INJ	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
CAFERGOT TAB, ERGOTAMINE/CAFFEINE TAB	-	4	MIGRAINE PRODUCTS
CAFERGOT TAB, ERGOTAMINE/CAFFEINE TAB 1-100MG	-	NC	MIGRAINE PRODUCTS
caffeine citrate soln (CAFCIT equiv) (Covered for members age 11 months and younger)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
CALAN SR TAB	-	4	CALCIUM CHANNEL BLOCKERS
calcipotriene cream (DOVONEX CREAM equiv)	-	3	DERMATOLOGICALS
calcipotriene cream (TRIONEX equiv)	-	NC	DERMATOLOGICALS
CALCIPOTRIENE FOAM	-	NC	DERMATOLOGICALS
CALCIPOTRIENE FOAM, SORILUX FOAM	-	NC	DERMATOLOGICALS
calcipotriene oint	-	3	DERMATOLOGICALS
calcipotriene soln (DOVONEX SOLN equiv)	-	3	DERMATOLOGICALS
CALCIPOTRIENE SOLN 0.005%	-	3	DERMATOLOGICALS
calcipotriene/betamethasone dipropionate susp	-	NC	DERMATOLOGICALS
calcipotriene/betamethasone oint (TACLONEX equiv)	-	NC	DERMATOLOGICALS
calcitonin inj (MIACALCIN equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitonin nasal spray (MIACALCIN equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcitriol cap (ROCALTROL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CALCITRIOL OINT	-	4	DERMATOLOGICALS
calcitriol soln (ROCALTROL equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
calcium acetate cap (PHOSLO equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
calcium acetate tab (ELIPHOS equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
CALIBRATION LIQUID	OTC	2	MEDICAL DEVICES AND SUPPLIES
CALQUENCE TAB (QL= 2 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CALSODORE PAK	-	NC	DERMATOLOGICALS
CAMBIA POWDER	-	NC	MIGRAINE PRODUCTS
CAMZYOS CAP (QL= 1 cap/day)	PA-QL-SP	5	CARDIOVASCULAR AGENTS - MISC.
candesartan tab (ATACAND equiv)	-	2	ANTIHYPERTENSIVES

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	2	ANTIHYPERTENSIVES
CAPASTAT INJ	M	6	ANTIMYCOBACTERIAL AGENTS
capecitabine tab (XELODA equiv)	SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPEX SHAMPOO	-	NC	DERMATOLOGICALS
CAPLYTA CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CAPRELSA TAB (QL= 2 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAPRELSA TAB 300MG (QL= 1 tab/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
capsaicin/menthol topical patch (SINELEE equiv)	-	NC	DERMATOLOGICALS
captopril tab (CAPOTEN equiv)	-	2	ANTIHYPERTENSIVES
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	3	ANTIHYPERTENSIVES
CAPVAXIVE INJ	VAC	1	VACCINES
CARAC CREAM	-	NC	DERMATOLOGICALS
CARAFATE SUSP	-	4	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
CARAFATE TAB	-	4	ULCER DRUGS
CARBAGLU TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
carbamazepine chew tab (TEGRETOL equiv)	-	2	ANTICONVULSANTS
CARBAMAZEPINE CHEW TAB	-	NC	ANTICONVULSANTS
carbamazepine ER cap (CARBATROL equiv)	-	3	ANTICONVULSANTS
carbamazepine ER tab (TEGRETOL XR equiv)	-	3	ANTICONVULSANTS
carbamazepine susp (TEGRETOL equiv)	-	2	ANTICONVULSANTS
carbamazepine tab (TEGRETOL equiv)	-	2	ANTICONVULSANTS
CARBATROL CAP	-	4	ANTICONVULSANTS
carbidopa tab (LODOSYN equiv)	-	3	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA CAP, RYTARY CAP	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa/levodopa ODT (PARCOPA equiv)	-	2	ANTIPARKINSON AGENTS
carbidopa/levodopa tab (SINEMET equiv)	-	2	ANTIPARKINSON AGENTS
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	3	ANTIPARKINSON AGENTS
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	3	ANTIPARKINSON AND RELATED THERAPY AGENTS
carbinoxamine maleate tab 6mg	-	NC	ANTIHISTAMINES
CARBINOXAMINE SOLN	-	4	ANTIHISTAMINES
carbinoxamine tab (PALGIC equiv)	-	4	ANTIHISTAMINES
CARBZAH SOLN 4MG/5ML	-	NC	ANTIHISTAMINES
CARDAMYST NASAL SPRAY	-	NC	CALCIUM CHANNEL BLOCKERS
CARDIZEM CD CAP	-	4	CALCIUM CHANNEL BLOCKERS
CARDIZEM LA TAB	-	4	CALCIUM CHANNEL BLOCKERS
CARDIZEM TAB	-	4	CALCIUM CHANNEL BLOCKERS
CARDURA TAB	-	4	ANTIHYPERTENSIVES
CARDURA XL TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
carglumic acid tab (CARBAGLU equiv)	PA-SP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
carisoprodol tab (SOMA equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol tab 250mg (SOMA equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	4	MUSCULOSKELETAL THERAPY AGENTS
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CARMOL LOTION	-	NC	DERMATOLOGICALS
CARNITOR SOLN	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
CARNITOR TAB	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
CAROSPIR SUSP	PA	4	DIURETICS
CARTEOLOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
carteolol ophth soln (OCUPRESS equiv)	-	2	OPHTHALMIC AGENTS
carvedilol phosphate ER cap (COREG CR equiv)	-	NC	BETA BLOCKERS
carvedilol tab (COREG equiv)	-	2	BETA BLOCKERS
CASODEX TAB	-	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CATAPRES-TTS PATCH	-	4	ANTIHYPERTENSIVES
CAVHANZA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist)	RS-SP	5	ANTI-INFECTIVE AGENTS - MISC.
CEFACLOR CAP	-	4	CEPHALOSPORINS
cefaclor cap (CECLOR equiv)	-	4	CEPHALOSPORINS
CEFACLOR ER TAB	-	4	CEPHALOSPORINS
CEFACLOR SUSP	-	4	CEPHALOSPORINS
cefadroxil cap (DURICEF equiv)	-	2	CEPHALOSPORINS
cefadroxil susp (DURICEF equiv)	-	2	CEPHALOSPORINS
cefadroxil tab (DURICEF equiv)	-	2	CEPHALOSPORINS
CEFADROXIL TAB	-	3	CEPHALOSPORINS
cefdinir cap (OMNICEF equiv)	-	2	CEPHALOSPORINS
cefdinir susp (OMNICEF equiv)	-	2	CEPHALOSPORINS
cefixime cap (SUPRAX equiv)	-	4	CEPHALOSPORINS
cefixime susp (SUPREX equiv)	-	4	CEPHALOSPORINS
CEFIXIME TAB	-	NC	CEPHALOSPORINS
CEFPODOXIME PROXETIL SUSP	-	4	CEPHALOSPORINS
cefpodoxime proxetil tab (VANTIN equiv)	-	4	CEPHALOSPORINS
cefprozil susp (CEFZIL equiv)	-	2	CEPHALOSPORINS
cefprozil tab (CEFZIL equiv)	-	2	CEPHALOSPORINS
cefuroxime tab (CEFTIN equiv)	-	2	CEPHALOSPORINS
CELEBREX CAP	-	4	ANALGESICS - ANTI-INFLAMMATORY
celecoxib cap (CELEBREX equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
CELEXA TAB	-	4	ANTIDEPRESSANTS
CELLCEPT CAP	-	4	ASSORTED CLASSES
CELLCEPT SUSP	-	4	ASSORTED CLASSES
CELLCEPT TAB	-	4	ASSORTED CLASSES
CELONTIN CAP	-	4	ANTICONVULSANTS
CENTANY OINT	-	4	DERMATOLOGICALS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
cephalexin cap (KEFLEX equiv)	-	2	CEPHALOSPORINS
cephalexin cap 750mg (KEFLEX equiv)	-	NC	CEPHALOSPORINS
cephalexin susp (KEFLEX equiv)	-	2	CEPHALOSPORINS
cephalexin tab	-	NC	CEPHALOSPORINS
CEQUA (PF) OPHTH SOLN, VEVYE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
CEQUR SIMPLICITY	-	NC	MEDICAL DEVICES AND SUPPLIES
CERDELGA CAP (QL= 2 caps/day)	PA-QL-SP	5	HEMATOPOIETIC AGENTS
CERVICAL CAP	-	1	MEDICAL DEVICES AND SUPPLIES
cesia tab (CYCLESSA equiv)	-	1	CONTRACEPTIVES
cetrorelix acetate for inj kit (CETROTIDE equiv)	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETROTIDE KIT	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CETYLEV TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
cevimeline cap (EVOXAC equiv)	-	3	MOUTH/THROAT/DENTAL AGENTS
CHANTIX STARTER PACK	SMKG	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHEMET CAP	-	3	ANTIDOTES
CHENODAL TAB, CTEXLI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
chlordiazepoxide cap (LIBRIUM equiv)	-	2	ANTIANXIETY AGENTS
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CHLORDIAZEPOXIDE/CLIDINIUM CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC	ULCER DRUGS
chlorhexidine gluconate soln (PERIDEX equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
CHLOROQUINE TAB	-	2	ANTIMALARIALS
chloroquine tab (ARALEN equiv)	-	2	ANTIMALARIALS
CHLORPROMAZINE CONC	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine hcl conc	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorpromazine tab (THORAZINE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
chlorthalidone tab	-	2	DIURETICS
chlorzoxazone tab	-	NC	MUSCULOSKELETAL THERAPY AGENTS
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
chlorzoxazone tab 500mg	-	3	MUSCULOSKELETAL THERAPY AGENTS
CHOLBAM CAP	PA-SP	5	GASTROINTESTINAL AGENTS - MISC.
cholecalciferol cap 50000 unit	-	NC	VITAMINS
cholestyramine lite powder (QUESTRAN LITE equiv)	-	2	ANTIHYPERLIPIDEMICS
cholestyramine lite powder pack (QUESTRAN LITE equiv)	-	2	ANTIHYPERLIPIDEMICS
cholestyramine powder (QUESTRAN equiv)	-	2	ANTIHYPERLIPIDEMICS
cholestyramine powder pack (QUESTRAN equiv)	-	2	ANTIHYPERLIPIDEMICS
CIALIS TAB	-	EXC	CARDIOVASCULAR AGENTS - MISC.
CIALIS TAB 2.5MG, 5MG	-	NC	CARDIOVASCULAR AGENTS - MISC.
CIBINQO TAB (QL= 1 tab/day)	PA-QL	5	DERMATOLOGICALS
ciclopirox cream (LOPROX CREAM equiv)	-	2	DERMATOLOGICALS
ciclopirox gel (LOPROX GEL equiv)	-	2	DERMATOLOGICALS
ciclopirox nail soln (PENLAC equiv)	-	2	DERMATOLOGICALS
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	3	DERMATOLOGICALS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
ciclopirox topical susp (LOPROX SUSP equiv)	-	2	DERMATOLOGICALS
cilostazol tab (PLETAL equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
CILOXAN OPHTH OINT	-	4	OPHTHALMIC AGENTS
CILOXAN OPHTH SOLN	-	4	OPHTHALMIC AGENTS
CIMDUO TAB	-	3	ANTIVIRALS
cimetidine soln (CIMETIDINE equiv)	-	2	ULCER DRUGS
cimetidine tab (TAGAMET equiv) (Rx Only)	-	2	ULCER DRUGS
CIMZIA INJ (QL= 2 inj/28 days)	PA-QL-SP	5	GASTROINTESTINAL AGENTS - MISC.
CIMZIA INJ 200MG/ML (QL= 2 inj/28 days)	PA-QL-SP	5	GASTROINTESTINAL AGENTS - MISC.
cinacalcet tab (SENSIPAR equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
CINRYZE INJ (QL= 16 vials/28 days)	PA-QL-SP	5	HEMATOLOGICAL AGENTS - MISC.
CIPRO HC OTIC SUSP	-	4	OTIC AGENTS
CIPRO SUSP	-	4	FLUOROQUINOLONES
CIPRO TAB	-	4	FLUOROQUINOLONES
CIPRODEX OTIC SUSP	-	4	OTIC AGENTS
CIPROFLOXACIN 100MG TAB	-	4	FLUOROQUINOLONES
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	3	OTIC AGENTS
ciprofloxacin ophth soln (CILOXAN equiv)	-	2	OPHTHALMIC AGENTS
ciprofloxacin susp (CIPRO equiv)	-	3	FLUOROQUINOLONES
ciprofloxacin tab (CIPRO equiv)	-	2	FLUOROQUINOLONES
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	3	OTIC AGENTS
ciprofloxacin-hydrocortisone otic susp (CIPRO HC equiv)	-	4	OTIC AGENTS
CITALOPRAM CAP	-	NC	ANTIDEPRESSANTS
citalopram hydrobromide cap	-	NC	ANTIDEPRESSANTS
citalopram soln (CELEXA equiv)	-	2	ANTIDEPRESSANTS
citalopram tab (CELEXA equiv)	-	2	ANTIDEPRESSANTS
CITRANATAL CAP MEDLEY	-	NC	MULTIVITAMINS
CITRULLINE EASY TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
cladribine tab therapy pack (MAVENCLAD equiv)	SP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
CLARIFOAM EF FOAM	-	4	DERMATOLOGICALS
CLARINEX SYRUP	-	EXC	ANTIHISTAMINES
CLARINEX TAB	-	EXC	ANTIHISTAMINES
CLARINEX-D TAB	-	EXC	COUGH/COLD/ALLERGY
clarithromycin ER tab (BIAXIN XL equiv)	-	4	MACROLIDES
CLARITHROMYCIN SUSP	-	3	MACROLIDES
clarithromycin tab (BIAXIN equiv)	-	2	MACROLIDES
CLARITIN CHEW TAB	OTC	EXC	ANTIHISTAMINES
CLEMASTINE SYRUP	-	NC	ANTIHISTAMINES
CLEMASTINE TAB (GENUS LIFESCIENCES)	-	NC	ANTIHISTAMINES
CLEMASTINE TAB, CLEMASZ TAB	-	4	ANTIHISTAMINES
CLEMSZA TAB 2.68MG	-	NC	ANTIHISTAMINES
CLENIA PLUS SUSP	-	NC	DERMATOLOGICALS
CLENPIQ SOLN	-	NC	LAXATIVES
CLEOCIN CAP	-	4	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN SOLN	-	4	ANTI-INFECTIVE AGENTS - MISC.
CLEOCIN VAGINAL CREAM	-	4	VAGINAL PRODUCTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill)	QL	4	VAGINAL PRODUCTS
CLEOCIN-T GEL	-	NC	DERMATOLOGICALS
CLEOCIN-T LOTION	-	4	DERMATOLOGICALS
CLEOCIN-T PAD	-	4	DERMATOLOGICALS
CLEOCIN-T SOLN	-	4	DERMATOLOGICALS
CLIMARA PATCH	-	4	ESTROGENS
CLIMARA PRO PATCH	-	NC	ESTROGENS
CLINDACIN KIT	-	NC	DERMATOLOGICALS
clindamycin cap (CLEOCIN equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
clindamycin foam (EVOCLIN equiv)	-	NC	DERMATOLOGICALS
clindamycin gel (CLEOCIN GEL equiv)	-	2	DERMATOLOGICALS
clindamycin lotion (CLEOCIN- T equiv)	-	2	DERMATOLOGICALS
clindamycin pad (CLEOCIN-T equiv)	-	2	DERMATOLOGICALS
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv)	-	NC	DERMATOLOGICALS
clindamycin soln (CLEOCIN equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
clindamycin topical soln (CLEOCIN-T equiv)	-	2	DERMATOLOGICALS
clindamycin vaginal cream (CLEOCIN equiv) (QL=1 tube/fill)	QL	2	VAGINAL PRODUCTS
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	3	DERMATOLOGICALS
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	3	DERMATOLOGICALS
clindamycin/tretinoin gel (ZIANA equiv)	-	NC	DERMATOLOGICALS
CLINDAVIX KIT	-	NC	DERMATOLOGICALS
CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill)	QL	3	VAGINAL AND RELATED PRODUCTS
CLINISTIX TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
clobazam susp (ONFI equiv) (Prior Authorization required for members age 9 years and older)	PA	2	ANTICONVULSANTS
clobazam tab (ONFI equiv)	-	2	ANTICONVULSANTS
clobetasol E foam (OLUX E equiv)	-	NC	DERMATOLOGICALS
clobetasol foam (OLUX equiv)	-	3	DERMATOLOGICALS
clobetasol lotion (CLOBEX equiv)	-	3	DERMATOLOGICALS
clobetasol propionate cream (TEMOVATE equiv)	-	2	DERMATOLOGICALS
CLOBETASOL PROPIONATE CREAM, IMPOYZ CREAM	-	NC	DERMATOLOGICALS
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	3	DERMATOLOGICALS
clobetasol propionate gel (TEMOVATE GEL equiv)	-	3	DERMATOLOGICALS
clobetasol propionate oint (TEMOVATE equiv)	-	2	DERMATOLOGICALS
clobetasol propionate soln (TEMOVATE equiv)	-	2	DERMATOLOGICALS
clobetasol shampoo (CLOBEX equiv)	-	3	DERMATOLOGICALS
clobetasol spray (CLOBEX equiv)	-	3	DERMATOLOGICALS
CLOBETAVIX KIT	-	NC	DERMATOLOGICALS
CLOBEX LOTION	-	4	DERMATOLOGICALS
CLOBEX SHAMPOO	-	4	DERMATOLOGICALS
CLOBEX SPRAY	-	4	DERMATOLOGICALS
CLOCORTOLONE CREAM	-	NC	DERMATOLOGICALS
CLODERM CREAM	-	NC	DERMATOLOGICALS
clomiphene citrate tab (CLOMID equiv)	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CLOMIPHENE TAB	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
clomipramine cap (ANAFRANIL equiv)	-	4	ANTIDEPRESSANTS
clonazepam ODT (KLONOPIN equiv)	-	4	ANTICONVULSANTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
clonazepam tab (KLONOPIN equiv)	-	2	ANTICONVULSANTS
CLONAZEPAM TAB	-	NC	ANTICONVULSANTS
clonidine ER tab (KAPVAY equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
clonidine hcl tab 0.05mg	-	NC	ANTIHYPERTENSIVES
clonidine patch (CATAPRES-TTS equiv)	-	3	ANTIHYPERTENSIVES
clonidine tab (CATAPRES equiv)	-	2	ANTIHYPERTENSIVES
clopidogrel tab 75mg (PLAVIX equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
CLOPIDOGREL THERAPY PACK	-	NC	HEMATOLOGICAL AGENTS - MISC.
clorazepate tab (TRANXENE-T equiv)	-	4	ANTIANXIETY AGENTS
CLOTIC SOLN	-	NC	OTIC AGENTS
clotrimazole cream (LOTRIMIN AF equiv)	-	NC	DERMATOLOGICALS
clotrimazole soln	-	NC	DERMATOLOGICALS
clotrimazole troches (MYCELEX TROCHES equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	2	DERMATOLOGICALS
CLOTRIMAZOLE/BETAMETHASONE LOTION	-	NC	DERMATOLOGICALS
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	NC	DERMATOLOGICALS
clozapine odt tab (CLOZAPINE, FAZACLO equiv)	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZAPINE ODT, FAZACLO ODT	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
clozapine tab (CLOZARIL equiv)	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
CLOZARIL TAB	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COAGADEX INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
COARTEM TAB	-	NC	ANTIMALARIALS
COBENFY CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COBENFY CAP STARTER PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
COCAINE HCL SOLN	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
codeine sulfate tab	-	2	ANALGESICS - OPIOID
COLAZAL CAP	-	4	GASTROINTESTINAL AGENTS - MISC.
COLCHICINE CAP	-	NC	GOUT AGENTS
colchicine cap (COLCHICINE equiv)	-	NC	GOUT AGENTS
colchicine tab (COLCRYS equiv)	-	2	GOUT AGENTS
colchicine/probenecid tab (COL-BENEMID equiv)	-	2	GOUT AGENTS
COLCRYS TAB	-	NC	GOUT AGENTS
colesevelam pack (WELCHOL equiv)	-	3	ANTIHYPERLIPIDEMICS
colesevelam tab (WELCHOL equiv)	-	3	ANTIHYPERLIPIDEMICS
COLESTID GRANULE	-	4	ANTIHYPERLIPIDEMICS
COLESTID POWDER PACK	-	4	ANTIHYPERLIPIDEMICS
COLESTID TAB	-	4	ANTIHYPERLIPIDEMICS
colestipol granule (COLESTID equiv)	-	4	ANTIHYPERLIPIDEMICS
colestipol powder packet (COLESTID equiv)	-	4	ANTIHYPERLIPIDEMICS
colestipol tab (COLESTID equiv)	-	2	ANTIHYPERLIPIDEMICS
COLLANEX EXTERNAL POWDER	-	NC	DERMATOLOGICALS
COLY-MYCIN S OTIC SUSP	-	3	OTIC AGENTS
COMBIGAN OPHTH SOLN	-	4	OPHTHALMIC AGENTS
COMBIPATCH	-	3	ESTROGENS
COMBIVENT RESPIMAT INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
COMBIVIR TAB	-	4	ANTIVIRALS
COMBOGESIC TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
COMETRIQ KIT	PA-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COMIRNATY INJ (QL= 1 dose/17 days)	QL-VAC	1	VACCINES
COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days)	QL-VAC	1	VACCINES
COMPLERA TAB	-	4	ANTIVIRALS
COMTAN TAB	-	4	ANTIPARKINSON AGENTS
CONCEPT DHA CAP	-	2	MULTIVITAMINS
CONCERTA TAB, RITALIN SR TAB	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
CONDYLOX GEL	-	4	DERMATOLOGICALS
CONJUPRI TAB, LEVAMLODIPINE TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONSENSI TAB	-	NC	CALCIUM CHANNEL BLOCKERS
CONTRACEPTIVE FILM	OTC	1	VAGINAL PRODUCTS
CONTRACEPTIVE GEL	OTC	1	VAGINAL PRODUCTS
CONTRACEPTIVE SUPP	OTC	1	VAGINAL PRODUCTS
COPAXONE INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
COPIKTRA CAP (QL= 2 caps/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CORDARONE TAB	-	4	ANTIARRHYTHMICS
CORDRAN CREAM	-	NC	DERMATOLOGICALS
CORDRAN CREAM 0.025%	-	NC	DERMATOLOGICALS
CORDRAN LOTION	-	NC	DERMATOLOGICALS
CORDRAN OINTMENT	-	NC	DERMATOLOGICALS
CORDRAN TAPE	-	NC	DERMATOLOGICALS
COREG CR CAP	-	NC	BETA BLOCKERS
COREG TAB	-	4	BETA BLOCKERS
CORGARD TAB	-	4	BETA BLOCKERS
CORIFACT KIT	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
CORLANOR SOLN (Prior Authorization required for members age 9 years and older)	PA	4	CARDIOVASCULAR AGENTS - MISC.
CORLANOR TAB	-	4	CARDIOVASCULAR AGENTS - MISC.
CORPHENA ORAL SOLN, RYCLORA ORAL SOLN	-	NC	ANTIHISTAMINES
CORTANE-B OTIC SOLN	-	NC	OTIC AGENTS
CORTEF TAB	-	4	CORTICOSTEROIDS
CORTENEMA	-	4	ANORECTAL AGENTS
CORTIC-ND DROPS	-	NC	OTIC AGENTS
CORTIFOAM	-	4	ANORECTAL AGENTS
CORTISONE ACETATE TAB	-	3	CORTICOSTEROIDS
CORTROPHIN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CORTROPHIN INJ GEL	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
CORVITA 150 TAB	-	NC	HEMATOPOIETIC AGENTS
COSENTYX INJ (1-PACK)	-	NC	DERMATOLOGICALS
COSENTYX INJ (2-PACK)	-	NC	DERMATOLOGICALS
COSENTYX INJ 300MG/2ML	-	NC	DERMATOLOGICALS
COSENTYX UNO INJ	-	NC	DERMATOLOGICALS
COSOPT (PF) OPHTH SOLN	-	4	OPHTHALMIC AGENTS

Drug Name	Special Code	Tier	Category
COTELLIC TAB (QL= 3 tabs/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
COTEMPLA XR TAB, METHYLPHENIDATE ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
COUMADIN TAB	-	4	ANTICOAGULANTS
COVARYX HS TAB	-	NC	ESTROGENS
COVID-19 TEST	OTC	EXC	DIAGNOSTIC PRODUCTS
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	1	VACCINES
COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days)	QL-VAC	1	VACCINES
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	1	VACCINES
COXANTO CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
COZAAR TAB	-	4	ANTIHYPERTENSIVES
CRENESSITY CAP (QL= 2 caps/day)	PA-QL-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
CRENESSITY SOLN (QL= 2ml/day)	PA-QL-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
CREON CAP	-	3	DIGESTIVE AIDS
CRESEMBA CAP	-	NC	ANTIFUNGALS
CRESTOR TAB	-	4	ANTIHYPERLIPIDEMICS
CREXONT CAP	-	NC	ANTIPARKINSON AGENTS
CRINONE GEL	PA	3	VAGINAL PRODUCTS
cromolyn conc (GASTROCROM equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
cromolyn neb soln (INTAL equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
cromolyn ophth soln (CROLOM equiv)	-	2	OPHTHALMIC AGENTS
CROMOLYN SODIUM OPHTH SOLN	-	2	OPHTHALMIC AGENTS
CROTAN LOTION	-	NC	DERMATOLOGICALS
cryselle tab	-	1	CONTRACEPTIVES
CUE COVID-19 TEST CARTRIDGE	OTC	EXC	DIAGNOSTIC PRODUCTS
CUE HEALTH MONITOR	OTC	EXC	DIAGNOSTIC PRODUCTS
CUPRIMINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
CUTAQUIG INJ	-	NC	PASSIVE IMMUNIZING AND TREATMENT AGENTS
CUTIVATE LOTION	-	NC	DERMATOLOGICALS
CUVITRU INJ	-	NC	PASSIVE IMMUNIZING AGENTS
CUVPOSA SOLN	-	4	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
CUVRIOR TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
cyanocobalamin inj	-	2	HEMATOPOIETIC AGENTS
cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv)	-	4	HEMATOPOIETIC AGENTS
CYCLOBENZAPRINE COMPOUND KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine ER cap (AMRIX equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	4	MUSCULOSKELETAL THERAPY AGENTS
CYCLOGYL OPHTH SOLN	-	4	OPHTHALMIC AGENTS
CYCLOMYDRIL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
cyclopentolate ophth soln (CYCLOGYL equiv)	-	2	OPHTHALMIC AGENTS

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
cyclophosphamide cap	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE CAP	-	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOPHOSPHAMIDE TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
CYCLOSERINE CAP	-	NC	ANTIMYCOBACTERIAL AGENTS
CYCLOSET TAB	-	4	ANTIDIABETICS
cyclosporine cap (SANDIMMUNE equiv)	-	3	ASSORTED CLASSES
cyclosporine modified cap (NEORAL equiv)	-	3	ASSORTED CLASSES
cyclosporine modified soln (NEORAL equiv)	-	3	ASSORTED CLASSES
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2	OPHTHALMIC AGENTS
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC	OPHTHALMIC AGENTS
CYFOLEX CAP	-	NC	HEMATOPOIETIC AGENTS
CYKLOKAPRON INJ	-	NC	HEMOSTATICS
CYLTEZO AUTO-INJECTOR KIT (adalimumab-adbm)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
CYLTEZO INJ (adalimumab-adbm)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
CYMBALTA CAP	-	4	ANTIDEPRESSANTS
cyproheptadine syrup	-	2	ANTIHISTAMINES
cyproheptadine tab	-	2	ANTIHISTAMINES
CYSTADANE POWDER	SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist)	QL-RS-SP	5	OPHTHALMIC AGENTS
CYSTAGON CAP	SP	5	GENITOURINARY AGENTS - MISCELLANEOUS
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS-SP	5	OPHTHALMIC AGENTS
CYTOMEL TAB	-	4	THYROID AGENTS
CYTOTEC TAB	-	4	ULCER DRUGS
CYTRA K CRYSTALS	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
CYTRA-3 SYRUP	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
D.H.E. INJ	-	NC	MIGRAINE PRODUCTS
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	3	ANTICOAGULANTS
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	QL-RS	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DALIRESP TAB	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
danazol cap (DANOCRINE equiv)	-	3	ANDROGENS-ANABOLIC
DANTRIUM CAP	-	4	MUSCULOSKELETAL THERAPY AGENTS
dantrolene cap (DANTRIUM equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
DANZITEN TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
dapagliflozin tab (FARXIGA equiv) (QL= 1 tab/day)	QL	2	ANTIDIABETICS
dapagliflozin-metformin er tab (XIGDUO XR equiv) (QL= 1 tab/day)	QL	2	ANTIDIABETICS
dapagliflozin-metformin er tab 5-1000MG (XIGDUO XR equiv) (QL= 2 tabs/day)	QL	2	ANTIDIABETICS
dapsone gel (ACZONE equiv)	-	NC	DERMATOLOGICALS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
dapsone tab	-	2	ANTI-INFECTIVE AGENTS - MISC.
DAPTACEL INJ, INFANRIX INJ	VAC	1	TOXOIDS
DARAPRIM TAB	-	NC	ANTIMALARIALS
darifenacin SR tab (ENABLEX equiv)	-	3	URINARY ANTISPASMODICS
DARTISLA ODT TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
darunavir tab (PREZISTA equiv)	-	3	ANTIVIRALS
dasatinib tab (SPRYCEL equiv)	PA-SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAURISMO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
DAWNZERA INJ (QL= 1 inj/28 days)	PA-QL-SP	5	HEMATOLOGICAL AGENTS - MISC.
DAYBUE SOLN (QL= 8 bottles/30 days)	PA-QL-SP	5	NEUROMUSCULAR AGENTS
DAYBUE STIX POWDER (QL= 4 packets/day)	PA-QL-SP	5	NEUROMUSCULAR AGENTS
DAYBUE STIX POWDER 8000MG (QL= 2 packets/day)	PA-QL-SP	5	NEUROMUSCULAR AGENTS
DAYPRO TAB	-	4	ANALGESICS - ANTI-INFLAMMATORY
DAYTRANA PATCH	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
DAYVIGO TAB (QL= 1 tab/day)	PA-QL	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
DAZOMON GEL	-	EXC	DERMATOLOGICALS
DDAVP INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP NASAL SPRAY	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
DDAVP TAB	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
DEBACTEROL SOLN	-	NC	MOUTH/THROAT/DENTAL AGENTS
deferasirox granules packet (JADENU equiv)	SP	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab (JADENU equiv)	SP	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferasirox tab for oral susp (EXJADE equiv)	SP	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
deferiprone tab (FERRIPROX equiv)	PA-SP	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
deflazacort susp (EMFLAZA equiv)	-	NC	CORTICOSTEROIDS
deflazacort tab (EMFLAZA equiv)	-	NC	CORTICOSTEROIDS
DEGLUDEC FLEXTOUCH INJ	-	NC	ANTIDIABETICS
DEGLUDEC INJ	-	NC	ANTIDIABETICS
DELESTROGEN INJ (QL= 5ml/fill)	QL	4	ESTROGENS
DELSTRIGO TAB	-	3	ANTIVIRALS
DELZICOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
demeclocycline tab (DECLOMYCIN equiv)	-	4	TETRACYCLINES
DEMEROL TAB	-	NC	ANALGESICS - OPIOID
DEMSER CAP	-	NC	ANTIHYPERTENSIVES
DENAVIR CREAM	-	4	DERMATOLOGICALS
DENGVAXIA SUSP	VAC	1	VACCINES
DENTA 5000 CREAM PLUS ($0 copay for members age 5 years and younger; All other members covered at preferred brand copay)	-	1	MOUTH/THROAT/DENTAL AGENTS
DEPACON INJ	-	NC	ANTICONVULSANTS
DEPAKENE CAP	-	4	ANTICONVULSANTS
DEPAKENE SYRUP	-	4	ANTICONVULSANTS

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
DEPAKOTE ER TAB	-	4	ANTICONVULSANTS
DEPAKOTE SPRINKLE CAP	-	4	ANTICONVULSANTS
DEPAKOTE TAB	-	4	ANTICONVULSANTS
DEPEN TITRATAB	-	4	MISCELLANEOUS THERAPEUTIC CLASSES
DEPLIN CAP	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DEPO-ESTRADIOL IM	-	NC	ESTROGENS
DEPO-MEDROL INJ	-	4	CORTICOSTEROIDS
DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ	-	4	CORTICOSTEROIDS
DEPO-PROVERA INJ (QL= 1 inj/90 days)	QL	4	CONTRACEPTIVES
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	1	CONTRACEPTIVES
DERMACINRX TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
DERMACINRX CREAM	-	NC	DERMATOLOGICALS
DERMACINRX KIT	-	NC	DERMATOLOGICALS
DERMALID PAK	-	NC	DERMATOLOGICALS
DERMA-SMOOTH/FS OIL	-	3	DERMATOLOGICALS
DERMOTIC OIL	-	4	OTIC AGENTS
DESCOVY TAB	-	1	ANTIVIRALS
desipramine tab (NORPRAMIN equiv)	-	3	ANTIDEPRESSANTS
DESLORATADINE ODT	-	EXC	ANTIHISTAMINES
DESLORATADINE SOLN	-	EXC	ANTIHISTAMINES
desloratadine tab (CLARINEX equiv)	-	EXC	ANTIHISTAMINES
DESMODA SOLN	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate nasal spray (DDAVP equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
desmopressin acetate tab (DDAVP equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESMOPRESSIN NASAL SOLN 1.5MG/ML	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESMOPRESSIN NASAL SPRAY	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
DESOGEN TAB	-	4	CONTRACEPTIVES
DESONATE GEL	-	NC	DERMATOLOGICALS
desonide cream (DESOWEN equiv)	-	3	DERMATOLOGICALS
desonide gel	-	NC	DERMATOLOGICALS
desonide lotion	-	NC	DERMATOLOGICALS
desonide oint	-	3	DERMATOLOGICALS
DESOWEN CREAM	-	NC	DERMATOLOGICALS
DESOWEN CREAM KIT	-	NC	DERMATOLOGICALS
DESOWEN LOTION	-	NC	DERMATOLOGICALS
DESOWEN LOTION KIT	-	NC	DERMATOLOGICALS
DESOWEN OINT	-	NC	DERMATOLOGICALS
DESOWEN OINT KIT	-	NC	DERMATOLOGICALS
desoximetasone cream (TOPICORT CREAM equiv)	-	3	DERMATOLOGICALS
desoximetasone cream 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
DESOXIMETASONE GEL	-	NC	DERMATOLOGICALS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
desoximetasone oint (TOPICORT equiv)	-	3	DERMATOLOGICALS
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC	DERMATOLOGICALS
DESOXYN TAB	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
desvenlafaxine ER tab (PRISTIQ equiv)	-	2	ANTIDEPRESSANTS
DESVENLAFAXINE ER TAB	-	NC	ANTIDEPRESSANTS
DETROL LA CAP	-	4	URINARY ANTISPASMODICS
DETROL TAB	-	4	URINARY ANTISPASMODICS
DEXAMETHASONE CONC	-	2	CORTICOSTEROIDS
dexamethasone elixir	-	2	CORTICOSTEROIDS
DEXAMETHASONE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
dexamethasone pak (DEXPAK equiv)	-	NC	CORTICOSTEROIDS
DEXAMETHASONE PHOSPHATE INJ	-	2	CORTICOSTEROIDS
DEXAMETHASONE SODIUM PHOSPHATE INJ	-	2	CORTICOSTEROIDS
DEXAMETHASONE SOLN	-	2	CORTICOSTEROIDS
dexamethasone tab (DECADRON equiv)	-	2	CORTICOSTEROIDS
DEXAMETHASONE TAB	-	NC	CORTICOSTEROIDS
DEXCOM G6 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
DEXCOM G7 SENSOR (15-DAY) (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
DEXEDRINE CAP	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DEXILANT DR CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
dexlansoprazole DR cap (DEXILANT equiv)	-	4	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dexmethylphenidate tab (FOCALIN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DEXPAK TAB	-	NC	CORTICOSTEROIDS
DEXTENZA OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dextroamphetamine soln (PROCENTRA equiv)	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dextroamphetamine tab (DEXEDRINE equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
dextromethorphan hbr-quinidine sulfate cap (NUEDEXTA equiv) (QL= 2 caps/day)	PA-QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DEXTROSE GRANULES	OTC	EXC	NUTRIENTS
dextrose inj	OTC	EXC	NUTRIENTS
DEXTROSE POWDER	OTC	EXC	NUTRIENTS
DHIVY TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
DIABETIC METER (all other diabetic meters)	OTC	NC	MEDICAL DEVICES AND SUPPLIES
DIACOMIT CAP	PA-SP	5	ANTICONVULSANTS
DIACOMIT POWDER PACK	PA-SP	5	ANTICONVULSANTS
DIALYVITE TAB	-	2	MULTIVITAMINS
dialyvite tab (NEPHRO-VITE equiv)	-	NC	MULTIVITAMINS
DIALYVITE/ZINC TAB	-	2	MULTIVITAMINS
DIAPHRAGM	-	1	MEDICAL DEVICES AND SUPPLIES
DIASTAT ACDL GEL (QL= 4 doses/fill)	QL	4	ANTICONVULSANTS
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 4 doses/fill)	QL	3	ANTICONVULSANTS
diazepam conc (VALIUM equiv)	-	2	ANTIANXIETY AGENTS
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	2	ANTIANXIETY AGENTS
diazepam rectal gel (QL= 4 doses/fill)	QL	3	ANTICONVULSANTS
diazepam tab (VALIUM equiv)	-	2	ANTIANXIETY AGENTS
diazoxide susp (PROGLYCEM equiv)	-	4	ANTIDIABETICS
DIBENZYLINE CAP	-	4	ANTIHYPERTENSIVES
dichlorphenamide tab (KEVEYIS equiv)	-	NC	DIURETICS
DICLEGIS TAB	-	NC	ANTIEMETICS
DICLOFENAC CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	3	DERMATOLOGICALS
diclofenac gel 1% (VOLTAREN equiv)	-	NC	DERMATOLOGICALS
DICLOFENAC PATCH, FLECTOR PATCH	-	NC	DERMATOLOGICALS
diclofenac potassium (migraine) packet (CAMBIA equiv)	-	NC	MIGRAINE PRODUCTS
diclofenac potassium cap (ZIPSOR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab (CATAFLAM equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium EC tab (VOLTAREN equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
diclofenac sodium gel kit (VENNGEL equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium ophth soln (VOLTAREN equiv)	-	2	OPHTHALMIC AGENTS
diclofenac sodium soln 2% (PENNSAID equiv)	-	NC	DERMATOLOGICALS
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	3	DERMATOLOGICALS
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	4	ANALGESICS - ANTI-INFLAMMATORY

Drug Name	Special Code	Tier	Category
DICLONA GEL	-	NC	DERMATOLOGICALS
DICLOTREX PAK	-	NC	DERMATOLOGICALS
dicloxacillin cap (DYNAPEN equiv)	-	2	PENICILLINS
dicyclomine cap (BENTYL equiv)	-	2	ULCER DRUGS
dicyclomine soln (BENTYL equiv)	-	3	ULCER DRUGS
dicyclomine tab (BENTYL equiv)	-	2	ULCER DRUGS
DICYCLOMINE TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
DIETARY MANAGEMENT PRODUCT - CAPS	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
dietary management product - tabs	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
DIETHYLPROPION ER TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
diethylpropion tab	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DIFFERIN CREAM	PA	4	DERMATOLOGICALS
DIFFERIN GEL	PA	4	DERMATOLOGICALS
DIFFERIN LOTION	-	NC	DERMATOLOGICALS
DIFICID SUSP (QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	3	MACROLIDES
DIFICID TAB	-	NC	MACROLIDES
DIFLORASONE CREAM	-	NC	DERMATOLOGICALS
DIFLORASONE CREAM, PSORCON CREAM	-	NC	DERMATOLOGICALS
diflorasone oint	-	NC	DERMATOLOGICALS
DIFLUCAN SUSP	-	4	ANTIFUNGALS
DIFLUCAN TAB	-	4	ANTIFUNGALS
diflunisal tab (DOLOBID equiv)	-	2	ANALGESICS - NONNARCOTIC
difluprednate ophth emulsion (DUREZOL equiv)	-	3	OPHTHALMIC AGENTS
digoxin soln (LANOXIN equiv)	-	2	CARDIOTONICS
DIGOXIN SOLN 0.05MG/ML	-	2	CARDIOTONICS
digoxin tab (LANOXIN equiv)	-	2	CARDIOTONICS
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC	CARDIOTONICS
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 10 inj/14 days)	QL	4	MIGRAINE PRODUCTS
dihydroergotamine mesylate nasal spray (MIGRANAL equiv)	-	NC	MIGRAINE PRODUCTS
DILACOR XR CAP	-	4	CALCIUM CHANNEL BLOCKERS
DILANTIN CAP 100MG	-	4	ANTICONVULSANTS
DILANTIN CAP 30MG	-	3	ANTICONVULSANTS
DILANTIN INFATABS	-	4	ANTICONVULSANTS
DILANTIN SUSP	-	4	ANTICONVULSANTS
DILAUDID TAB	-	4	ANALGESICS - OPIOID
diltiazem ER cap (CARDIZEM CD equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (DILACOR XR equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (TIAZAC equiv)	-	2	CALCIUM CHANNEL BLOCKERS
diltiazem ER cap (CARDIZEM SR equiv)	-	3	CALCIUM CHANNEL BLOCKERS
diltiazem ER tab (CARDIZEM LA equiv)	-	3	CALCIUM CHANNEL BLOCKERS
diltiazem tab (CARDIZEM equiv)	-	2	CALCIUM CHANNEL BLOCKERS

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
dimethyl fumarate DR cap (TECFIDERA equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DIOVAN HCT TAB	-	4	ANTIHYPERTENSIVES
DIOVAN TAB	-	4	ANTIHYPERTENSIVES
DIPENTUM CAP	-	4	GASTROINTESTINAL AGENTS - MISC.
DIPHENHYDRAMINE ELIXIR	-	NC	ANTIHISTAMINES
diphenhydramine inj (BENADRYL equiv)	-	2	ANTIHISTAMINES
DIPHENOXYLATE/ATROPINE LIQUID	-	4	ANTIDIARRHEAL/PROBIOTIC AGENTS
diphenoxylate/atropine tab (LOMOTIL equiv)	-	2	ANTIDIARRHEALS
DIPROLENE AF CREAM	-	4	DERMATOLOGICALS
DIPROLENE OINT	-	4	DERMATOLOGICALS
DIPTHERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	1	TOXOIDS
dipyridamole tab (PERSANTINE equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
DISKETS TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2	ANALGESICS - OPIOID
disopyramide cap (NORPACE equiv)	-	2	ANTIARRHYTHMICS
disulfiram tab (ANTABUSE equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
disulfiram tab 500mg	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DITROPAN XL TAB	-	4	URINARY ANTISPASMODICS
DIURIL SUSP	-	3	DIURETICS
divalproex ER tab (DEPAKOTE ER equiv)	-	2	ANTICONVULSANTS
divalproex sodium DR tab (DEPAKOTE equiv)	-	2	ANTICONVULSANTS
divalproex sprinkle cap (DEPAKOTE equiv)	-	2	ANTICONVULSANTS
DIVIGEL GEL, ESTROGEL GEL	-	NC	ESTROGENS
dofetilide cap (TIKOSYN equiv)	-	3	ANTIARRHYTHMICS
DOJOLVI ORAL LIQUID	-	NC	NUTRIENTS
DOLGIC PLUS TAB	-	NC	ANALGESICS - NONNARCOTIC
DOLOBID TAB	-	NC	ANALGESICS - NONNARCOTIC
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DONNATAL ELXIR	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
DONNATAL TAB	-	NC	ULCER DRUGS
DOPTELET SPRINKLE CAP (QL= 2 caps/day)	PA-QL-SP	5	HEMATOPOIETIC AGENTS
DOPTELET TAB (QL= 2 tabs/day)	PA-QL-SP	5	HEMATOPOIETIC AGENTS
DORYX MPC TAB	-	NC	TETRACYCLINES
DORYX TAB	-	NC	TETRACYCLINES
dorzolamide ophth soln (TRUSOPT equiv)	-	2	OPHTHALMIC AGENTS
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	2	OPHTHALMIC AGENTS
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
DOVATO TAB	-	3	ANTIVIRALS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
DOVONEX CREAM	-	4	DERMATOLOGICALS
doxazosin tab (CARDURA equiv)	-	2	ANTIHYPERTENSIVES
doxepin cap (SINEQUAN equiv)	-	2	ANTIDEPRESSANTS
doxepin conc (SINEQUAN equiv)	-	2	ANTIDEPRESSANTS
DOXEPIN HCL CAP	-	2	ANTIDEPRESSANTS
DOXEPIN HCL CONC	-	2	ANTIDEPRESSANTS
DOXEPIN HCL CREAM	-	NC	DERMATOLOGICALS
doxepin tab (SILENOR equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
DOXERCALCIFEROL CAP	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxercalciferol cap (HECTOROL equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
doxycycline (rosacea) cap delayed release (ORACEA equiv)	-	NC	DERMATOLOGICALS
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	2	TETRACYCLINES
DOXYCYCLINE HYCLATE CAP	-	NC	TETRACYCLINES
doxycycline hyclate DR tab (DORYX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab (VIBRATAB equiv)	-	2	TETRACYCLINES
doxycycline hyclate tab (TARGADOX equiv)	-	NC	TETRACYCLINES
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap (MONODOX equiv)	-	2	TETRACYCLINES
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC	TETRACYCLINES
doxycycline monohydrate tab (ADOXA equiv)	-	2	TETRACYCLINES
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC	TETRACYCLINES
doxycycline susp (VIBRAMYCIN equiv)	-	3	TETRACYCLINES
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	NC	ANTIEMETICS
DRISDOL CAP	-	4	VITAMINS
DRIZALMA DR CAP	-	NC	ANTIDEPRESSANTS
dronabinol cap (MARINOL equiv)	PA	3	ANTIEMETICS
DRONABINOL SOLN, SYNDROS SOLN	-	NC	ANTIEMETICS
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	1	CONTRACEPTIVES
DROXIA CAP	-	3	HEMATOPOIETIC AGENTS
droxidopa cap (NORTHERA equiv)	-	NC	VASOPRESSORS
DRYSOL SOLN	-	2	DERMATOLOGICALS
DSUVIA SL TAB	-	NC	ANALGESICS - OPIOID
DUAC GEL	-	4	DERMATOLOGICALS
DUAKLIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
DUETACT TAB	-	NC	ANTIDIABETICS
DUEXIS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
DULERA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
duloxetine cap 40mg (IRENKA equiv)	-	NC	ANTIDEPRESSANTS
DULOXETINE DR CAP	-	NC	ANTIDEPRESSANTS
duloxetine EC cap (CYMBALTA equiv)	-	2	ANTIDEPRESSANTS
DULOXICAINE PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
DUOBRII LOTION	-	NC	DERMATOLOGICALS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
DUOPA ENTERAL SUSP	-	NC	ANTIPARKINSON AGENTS
DUOVISC KIT	-	NC	OPHTHALMIC AGENTS
DUPIXENT INJ (QL= 2 inj/28 days)	PA-QL	5	DERMATOLOGICALS
DUPIXENT PEN INJ (QL= 2 inj/28 days)	PA-QL	5	DERMATOLOGICALS
DUREZOL OPHTH EMULSION	-	4	OPHTHALMIC AGENTS
dutasteride cap (AVODART equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
dutasteride/tamsulosin cap (JALYN equiv)	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
DUTOPROL TAB	-	NC	ANTIHYPERTENSIVES
DUVYZAT ORAL SUSP	-	NC	NEUROMUSCULAR AGENTS
DUZALLO TAB	-	NC	GOUT AGENTS
DXEVO 11-DAY PAK	-	NC	CORTICOSTEROIDS
DYANAVEL XR CHEW	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
DYMISTA SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
DYNACIN TAB	-	4	TETRACYCLINES
DYRENIUM CAP	-	4	DIURETICS
E.E.S. TAB	-	4	MACROLIDES
EBGLYSS INJ (QL= 1 inj/28 days)	PA-QL-SP	5	DERMATOLOGICALS
EBGLYSS PEN INJ (QL= 1 inj/28 days)	PA-QL-SP	5	DERMATOLOGICALS
EB-N3 DR CAP	-	NC	MULTIVITAMINS
ECONASIL KIT	-	NC	DERMATOLOGICALS
econazole cream (SPECTAZOLE equiv)	-	2	DERMATOLOGICALS
ECONAZOLE NITRATE FOAM, ECOZA FOAM	-	NC	DERMATOLOGICALS
ECOZA FOAM	-	NC	DERMATOLOGICALS
EDARBI TAB	-	NC	ANTIHYPERTENSIVES
EDARBYCLOR TAB	-	NC	ANTIHYPERTENSIVES
EDECRIN TAB	-	4	DIURETICS
EDLUAR SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
EDURANT PED TAB	-	3	ANTIVIRALS
EDURANT TAB	-	4	ANTIVIRALS
efavirenz tab (SUSTIVA equiv)	-	3	ANTIVIRALS
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	3	ANTIVIRALS
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	3	ANTIVIRALS
EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB	-	3	ANTIVIRALS
EFFER-K TAB	-	2	MINERALS & ELECTROLYTES
EFFEXOR XR CAP	-	4	ANTIDEPRESSANTS
EFFIENT TAB	-	4	HEMATOLOGICAL AGENTS - MISC.
EFUDEX CREAM	-	4	DERMATOLOGICALS
EGATEN TAB	-	NC	ANTHELMINTICS
EGRIFTA INJ	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
EGRIFTA WR KIT	-	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
EKTERLY TAB (QL= 8 tabs/fill)	PA-QL-SP	5	HEMATOLOGICAL AGENTS - MISC.
ELDEPYRL CAP	-	4	ANTIPARKINSON AGENTS
ELEPSIA XR TAB	-	NC	ANTICONVULSANTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
ELESTAT OPHTH SOLN	-	4	OPHTHALMIC AGENTS
ELESTRIN GEL	-	NC	ESTROGENS
eletriptan tab (RELPAX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
ELIDEL CREAM (Covered for members age 2 years and older)	-	4	DERMATOLOGICALS
ELIGEN B12 TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
ELIMITE CREAM	-	4	DERMATOLOGICALS
ELIPHOS TAB	-	4	GASTROINTESTINAL AGENTS - MISC.
ELIQUIS SPRINKLE CAP	-	3	ANTICOAGULANTS
ELIQUIS TAB FOR ORAL SUSP	-	3	ANTICOAGULANTS
ELIQUIS TAB, ELIQUIS STARTER PACK	-	3	ANTICOAGULANTS
ELIXOPHYLLIN ELIXIR	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ELLA TAB	-	1	CONTRACEPTIVES
ELMIRON CAP	-	4	GENITOURINARY AGENTS - MISCELLANEOUS
ELOCON CREAM	-	4	DERMATOLOGICALS
ELOCON OINT	-	4	DERMATOLOGICALS
ELOCTATE INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
eltrombopag olamine powder pack for susp (PROMACTA equiv) (QL= 1 packet/day)	PA-QL	2	HEMATOPOIETIC AGENTS
eltrombopag olamine tab (PROMACTA equiv) (QL= 1 tab/day)	PA-QL	2	HEMATOPOIETIC AGENTS
eltrombopag olamine tab 50mg (PROMACTA equiv) (QL= 2 tabs/day)	PA-QL	2	HEMATOPOIETIC AGENTS
eltrombopag olamine tab 75mg (PROMACTA equiv) (QL= 2 tabs/day)	PA-QL	2	HEMATOPOIETIC AGENTS
eluryng vaginal ring (NUVARING equiv)	-	1	CONTRACEPTIVES
ELYXYB SOLN	-	NC	MIGRAINE PRODUCTS
EMBECTA INSULIN SYRINGE	--OTC	2	MEDICAL DEVICES AND SUPPLIES
EMBECTA PEN NEEDLE	OTC	2	MEDICAL DEVICES AND SUPPLIES
EMCITATE TAB	-	NC	THYROID AGENTS
EMCYT CAP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EMEND PAK (QL= 3 caps/fill)	QL	4	ANTIEMETICS
EMEND SUSP	-	NC	ANTIEMETICS
EMFLAZA SUSP	-	NC	CORTICOSTEROIDS
EMFLAZA TAB	-	NC	CORTICOSTEROIDS
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	3	MIGRAINE PRODUCTS
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	3	MIGRAINE PRODUCTS
EMPAVELI INJ (QL= 160ml/28 days)	PA-QL-SP	5	HEMATOLOGICAL AGENTS - MISC.
EMROSI CAP	-	NC	DERMATOLOGICALS
EMSAM PATCH	-	4	ANTIDEPRESSANTS
emtricitabine cap (EMTRIVA equiv)	-	3	ANTIVIRALS
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	1	ANTIVIRALS
emtricitabine-rilpivirine-tenofovir df tab (COMPLERA equiv)	-	3	ANTIVIRALS
EMTRIVA CAP	-	4	ANTIVIRALS
EMTRIVA SOLN	-	3	ANTIVIRALS
EMVERM TAB	-	NC	ANTHELMINTICS
ENABLEX TAB	-	4	URINARY ANTISPASMODICS
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 years and older)	PA	3	ANTIHYPERTENSIVES

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
enalapril tab (VASOTEC equiv)	-	2	ANTIHYPERTENSIVES
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	2	ANTIHYPERTENSIVES
ENBREL INJ 25MG (QL= 8 inj/28 days)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ENBREL INJ 50MG (QL= 4 inj/28 days)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ENBREL MINI INJ (QL= 4 inj/28 days)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
ENBUMYST SOLN 0.5MG/0.1ML (QL= 12 devices/fill)	QL-SP	5	DIURETICS
ENDARI POWDER PACKET	-	NC	HEMATOPOIETIC AGENTS
ENDOMETRIN INSERT	-	NC	VAGINAL PRODUCTS
ENDOMETRIN SUPP	-	NC	VAGINAL AND RELATED PRODUCTS
ENFLONSIA INJ	VAC	1	PASSIVE IMMUNIZING AND TREATMENT AGENTS
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	1	VACCINES
enoxaparin inj (LOVENOX equiv)	-	3	ANTICOAGULANTS
enpresse tab (TRI-LEVELEN equiv)	-	1	CONTRACEPTIVES
ENSACOVE CAP (QL= 1 cap/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENSACOVE CAP 100MG (QL= 2 caps/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ENSPRYNG INJ (QL= 1 inj/28 days)	PA-QL-SP	5	MISCELLANEOUS THERAPEUTIC CLASSES
ENSTILAR FOAM	-	NC	DERMATOLOGICALS
entacapone tab (COMTAN equiv)	-	3	ANTIPARKINSON AGENTS
ENTADFI CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	3	ANTIVIRALS
ENTEREG CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ENTRESTO CAP	-	NC	CARDIOVASCULAR AGENTS - MISC.
ENTRESTO TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ENTYVIO SC INJ (QL= 2 inj/28 days)	PA-QL-SP	5	GASTROINTESTINAL AGENTS - MISC.
ENVARSUS XR TAB	-	NC	ASSORTED CLASSES
EOHILIA SUSP	-	NC	CORTICOSTEROIDS
EPANED SOLN (Prior Authorization required for members age 9 years and older)	PA	4	ANTIHYPERTENSIVES
EPCLUSA PAK	-	NC	ANTIVIRALS
EPCLUSA TAB	-	NC	ANTIVIRALS
EPICERAM EMULSION	-	NC	DERMATOLOGICALS
EPIDIOLEX SOLN	PA-SP	5	ANTICONVULSANTS
EPIDUO FORTE GEL 0.3-2.5%	-	NC	DERMATOLOGICALS
EPIDUO GEL 0.1-2.5%	-	4	DERMATOLOGICALS
EPIFOAM AEROSOL	-	3	DERMATOLOGICALS
epinastine opthth soln (ELESTAT equiv)	-	4	OPHTHALMIC AGENTS
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	2	VASOPRESSORS
EPIPEN (JR) INJ	-	NC	VASOPRESSORS
EPIVIR SOLN	-	4	ANTIVIRALS
EPIVIR TAB	-	4	ANTIVIRALS
eplerenone tab (INSPRA equiv)	-	2	ANTIHYPERTENSIVES
EPRONTIA SOLN	-	NC	ANTICONVULSANTS
EPSOLAY CREAM	-	NC	DERMATOLOGICALS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
EPZICOM TAB	-	4	ANTIVIRALS
EQUETRO CAP	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ERGOCAL CAP	-	NC	VITAMINS
ERGOMAR SL TAB (QL= 20 tabs/28 days)	PA-QL	4	MIGRAINE PRODUCTS
ERIVEDGE CAP (QL= 1 cap/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB (QL= 4 tabs/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERLEADA TAB 240MG (QL= 1 tab/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab (TARCEVA equiv) (QL= 1 tab/day)	PA-QL-SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	PA-QL-SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ERMEZA SOLN 150 MCG/5ML	-	NC	THYROID AGENTS
ERTACZO CREAM	-	NC	DERMATOLOGICALS
ERY PAD	-	3	DERMATOLOGICALS
ERYPED SUSP	-	4	MACROLIDES
ERYTHROMYCIN CAP DR	-	3	MACROLIDES
erythromycin DR cap (ERYC equiv)	-	3	MACROLIDES
ERYTHROMYCIN EC CAP	-	3	MACROLIDES
erythromycin ethylsuccinate susp (ERYPED equiv)	-	3	MACROLIDES
erythromycin ethylsuccinate tab (E.E.S. equiv)	-	4	MACROLIDES
ERYTHROMYCIN GEL	-	2	DERMATOLOGICALS
erythromycin ophth oint	-	2	OPHTHALMIC AGENTS
ERYTHROMYCIN OPHTH OINT	-	NC	OPHTHALMIC AGENTS
erythromycin pad	-	2	DERMATOLOGICALS
erythromycin soln	-	2	DERMATOLOGICALS
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	3	MACROLIDES
erythromycin tab (ERY-TAB equiv)	-	4	MACROLIDES
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	3	DERMATOLOGICALS
ESBRIET CAP	-	NC	RESPIRATORY AGENTS - MISC.
ESBRIET TAB	-	NC	RESPIRATORY AGENTS - MISC.
ESCAVITE CHEW TAB	-	NC	MULTIVITAMINS
ESCITALOPRAM CAP	-	NC	ANTIDEPRESSANTS
escitalopram soln (LEXAPRO equiv)	-	3	ANTIDEPRESSANTS
escitalopram tab (LEXAPRO equiv)	-	2	ANTIDEPRESSANTS
ESGIC TAB	-	NC	ANALGESICS - NONNARCOTIC
ESKATA SOLN	-	NC	DERMATOLOGICALS
eslicarbazepine acetate tab (APTIOM equiv)	-	NC	ANTICONVULSANTS
esomeprazole cap (NEXIUM equiv) (Rx Only)	-	2	ULCER DRUGS
esomeprazole DR granule pack (NEXIUM equiv) (Prior Authorization required for members age 9 years and older)	PA	4	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
ESPEROCT INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
estazolam tab (PROSOM equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC	ESTROGENS
ESTRACE TAB	-	4	ESTROGENS

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
ESTRACE VAGINAL CREAM	-	4	VAGINAL PRODUCTS
estradiol cream (ESTRACE equiv)	-	2	VAGINAL PRODUCTS
estradiol gel 0.06% (ESTROGEL equiv)	-	NC	ESTROGENS
estradiol patch (CLIMARA equiv)	-	2	ESTROGENS
estradiol patch (VIVELLE-DOT, MINIVELLE equiv)	-	2	ESTROGENS
estradiol tab (ESTRACE equiv)	-	2	ESTROGENS
estradiol td gel (DIVIGEL, ESTROGEL equiv) (QL= 1 packet/day)	QL	2	ESTROGENS
estradiol td gel 1.25mg (DIVIGEL equiv) (QL= 1 packet/day)	QL	2	ESTROGENS
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3	VAGINAL PRODUCTS
estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill)	QL	3	ESTROGENS
estradiol/norethindrone tab (ACTIVELLA equiv)	-	2	ESTROGENS
ESTRATEST TAB	-	NC	ESTROGENS
ESTRING (3 copays per Rx)	-	3	VAGINAL PRODUCTS
estrogens, conjugated tab (PREMARIN equiv)	-	3	ESTROGENS
ESTROSTEP FE TAB	-	4	CONTRACEPTIVES
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ETCAMAH TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ethacrynic tab (EDECRIN equiv)	-	3	DIURETICS
ethambutol tab (MYAMBUTOL equiv)	-	3	ANTIMYCOBACTERIAL AGENTS
ethosuximide cap (ZARONTIN equiv)	-	3	ANTICONVULSANTS
ethosuximide soln (ZARONTIN equiv)	-	2	ANTICONVULSANTS
etodolac cap (LODINE equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
etodolac ER tab (LODINE XL equiv)	-	4	ANALGESICS - ANTI-INFLAMMATORY
etodolac tab	-	2	ANALGESICS - ANTI-INFLAMMATORY
etoposide cap (VEPESID equiv)	SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
etravirine tab (INTELENCE equiv)	-	3	ANTIVIRALS
EUCRISA OINT	-	NC	DERMATOLOGICALS
EULEXIN CAP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EURAX CREAM	-	NC	DERMATOLOGICALS
EVAMIST SPRAY	-	3	ESTROGENS
EVEKEO ODT	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
EVEKEO TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
EVENING PRIMROSE OIL CAP	OTC	EXC	NUTRIENTS
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	PA-QL-SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
everolimus tab (ZORTRESS equiv)	PA	3	MISCELLANEOUS THERAPEUTIC CLASSES
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	PA-QL-SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EVISTA TAB	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
EVIVO LIQUID	-	NC	ANTIDIARRHEALS
EVOCLIN FOAM	-	NC	DERMATOLOGICALS
EVOTAZ TAB	-	3	ANTIVIRALS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
EVOXAC CAP	-	4	MOUTH/THROAT/DENTAL AGENTS
EVRYSDI SOLN (QL= 6.67ml/day)	PA-QL-SP	5	NEUROMUSCULAR AGENTS
EVRYSDI TAB (QL= 1 tab/day)	PA-QL-SP	5	NEUROMUSCULAR AGENTS
EVZIO INJ	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
EVZIO INJ	-	NC	ANTIDOTES
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC	DERMATOLOGICALS
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC	DERMATOLOGICALS
EXELON PATCH	-	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
exemestane tab (AROMASIN equiv) ($0 copay for female members only age 35 years and older; All other members covered at generic copay)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
EXENATIDE INJ (BYETTA INJ EQUIV)	-	NC	ANTIDIABETICS
EXFORGE TAB	-	4	ANTIHYPERTENSIVES
EXJADE TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
EXTAVIA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
EXXUA TAB/EXXUA TITRATION PACK	-	NC	ANTIDEPRESSANTS
EYSUVIS OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
EZALLOR SPRINKLE CAP (Prior Authorization required for members age 9 years and older)	PA	4	ANTIHYPERLIPIDEMICS
ezetimibe tab (ZETIA equiv)	-	2	ANTIHYPERLIPIDEMICS
EZETIMIBE/ATORVASTATIN TAB	-	NC	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab (VYTORIN equiv) (QL= 1 tab/day (10-80mg is Not Covered))	QL	4	ANTIHYPERLIPIDEMICS
ezetimibe/simvastatin tab 10-80mg (VYTORIN equiv)	-	NC	ANTIHYPERLIPIDEMICS
FABHALTA CAP	-	NC	HEMATOLOGICAL AGENTS - MISC.
FABIOR AEROSOL FOAM	-	NC	DERMATOLOGICALS
FABRAZYME INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
FACTIVE TAB	-	NC	FLUOROQUINOLONES
FALESSA TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
famciclovir tab (FAMVIR equiv)	-	3	ANTIVIRALS
famotidine susp (PEPCID equiv)	-	3	ULCER DRUGS
famotidine tab (PEPCID equiv) (Rx Only)	-	2	ULCER DRUGS
FANAPT TAB (QL= 2 tabs/day)	PA-QL	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FANAPT TITRATION PACK 1MG/2MG/6MG/8MG (QL= 1 pack/plan year)	PA-QL	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FARESTON TAB	-	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FARXIGA TAB	-	NC	ANTIDIABETICS
FASENRA PEN INJ (QL= 1 inj/56 days)	PA-QL-SP	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FAT EMULSION FISH OIL TRIGLYCERIDE BASED IV EMUL	OTC	EXC	NUTRIENTS
FAT EMULSION PLANT BASED (SOY) IV EMULSION	OTC	EXC	NUTRIENTS
FAT EMULSION PLANT BASED (SOY/OLIVE) IV EMULSION	OTC	EXC	NUTRIENTS
FAZACLO ODT 12.5MG, 25MG, 100MG	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST	2	GOUT AGENTS
FEIBA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
felbamate susp (FELBATOL equiv)	-	3	ANTICONVULSANTS
felbamate tab (FELBATOL equiv)	-	3	ANTICONVULSANTS
FELBATOL SUSP	-	4	ANTICONVULSANTS
FELBATOL TAB	-	4	ANTICONVULSANTS
FELDENE CAP	-	4	ANALGESICS - ANTI-INFLAMMATORY
felodipine ER tab (PLENDIL equiv)	-	2	CALCIUM CHANNEL BLOCKERS
FEM PH GEL	-	4	VAGINAL PRODUCTS
FEMALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	1	MEDICAL DEVICES AND SUPPLIES
FEMARA TAB	-	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FEMCON FE CHEW TAB	-	4	CONTRACEPTIVES
FEMHRT TAB	-	4	ESTROGENS
FEMLYV TAB	-	1	CONTRACEPTIVES
FEMRING (3 copays per Rx)	-	4	VAGINAL PRODUCTS
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	2	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP	-	NC	ANTIHYPERLIPIDEMICS
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC	ANTIHYPERLIPIDEMICS
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	2	ANTIHYPERLIPIDEMICS
fenofibric acid DR cap (TRILIPIX equiv)	-	2	ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB	-	4	ANTIHYPERLIPIDEMICS
FENOFIBRIC TAB, FIBRICOR TAB	-	4	ANTIHYPERLIPIDEMICS
FENOGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS
fenoprofen calcium cap (NALFON equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN CAP, NAFLON CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPROFEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENOPRON CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
FENTANYL BUCCAL TAB	-	NC	ANALGESICS - OPIOID
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	3	ANALGESICS - OPIOID
FENTANYL CITRATE LOLLIPOP	-	NC	ANALGESICS - OPIOID
fentanyl patch (DURAGESIC equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	3	ANALGESICS - OPIOID
fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC	ANALGESICS - OPIOID
FENTORA TAB	-	NC	ANALGESICS - OPIOID
FEONYX TAB	-	NC	HEMATOPOIETIC AGENTS
FERIVA 21/7 TAB	-	NC	HEMATOPOIETIC AGENTS
FEROTRINSIC CAP	-	2	HEMATOPOIETIC AGENTS
ferrex 150 forte cap	-	2	HEMATOPOIETIC AGENTS
FERREX 28 TAB	-	4	HEMATOPOIETIC AGENTS
ferric citrate tab	-	4	GASTROINTESTINAL AGENTS - MISC.
FERRIPROX SOLN	PA-SP	5	ANTIDOTES
FERRO-PLEX TAB	-	NC	HEMATOPOIETIC AGENTS
ferrous sulfate elixir	OTC	NC	HEMATOPOIETIC AGENTS
FERROUS SULFATE LIQUID	OTC	NC	HEMATOPOIETIC AGENTS
ferrous sulfate soln	OTC	NC	HEMATOPOIETIC AGENTS
FESILTY INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	2	URINARY ANTISPASMODICS
FETZIMA CAP	-	NC	ANTIDEPRESSANTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
FETZIMA TITRATION PACK	-	NC	ANTIDEPRESSANTS
FIASP FLEXTOUCH INJ	-	NC	ANTIDIABETICS
FIASP INJ	-	NC	ANTIDIABETICS
FIASP PENFILL INJ, FIASP PUMP CARTRIDGE	-	NC	ANTIDIABETICS
FIBRIK CAP	-	NC	MULTIVITAMINS
FIBRYGA INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
fidaxomicin tab (DIFICID equiv) (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	3	MACROLIDES
FILKRI INJ	-	NC	HEMATOPOIETIC AGENTS
FILSPARI TAB (QL= 1 tab/day)	PA-QL-SP	5	GENITOURINARY AGENTS - MISCELLANEOUS
FILSUVEZ GEL	-	NC	DERMATOLOGICALS
FINACEA FOAM	-	3	DERMATOLOGICALS
FINACEA GEL	-	4	DERMATOLOGICALS
finasteride tab (PROSCAR equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
finasteride tab (PROPECIA equiv)	-	EXC	DERMATOLOGICALS
fingolimod hcl cap 0.5mg (GILENYA equiv) (QL= 1 cap/day)	QL-SP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FINTEPLA SOLN (QL= 12ml/day)	PA-QL-SP	5	ANTICONVULSANTS
FIORICET CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORICET/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIORINAL CAP	-	NC	ANALGESICS - NONNARCOTIC
FIORINAL/CODEINE CAP	-	NC	ANALGESICS - OPIOID
FIRAZYR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
FIRDAPSE TAB	PA-SP	5	ANTIMYASTHENIC/CHOLINERGIC AGENTS
FIRST METRONIDAZOLE SUSP	-	4	ANTI-INFECTIVE AGENTS - MISC.
FIRST MOUTHWASH BLM	-	4	MOUTH/THROAT/DENTAL AGENTS
FIRST OMEPRAZOLE SUSP	-	NC	ULCER DRUGS
FIRST PANTOPRAZOLE SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
FIRVANQ SOLN 25MG/ML	-	2	ANTI-INFECTIVE AGENTS - MISC.
FIRVANQ SOLN 50MG/ML	-	2	ANTI-INFECTIVE AGENTS - MISC.
FLAGYL CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
FLAGYL TAB	-	4	ANTI-INFECTIVE AGENTS - MISC.
FLAREX OPHTH SUSP	-	4	OPHTHALMIC AGENTS
flavoxate tab (URISPAS equiv)	-	4	URINARY ANTISPASMODICS
flecainide tab (TAMBOCOR equiv)	-	2	ANTIARRHYTHMICS
FLEQSUVY SUSP (Prior Authorization required for members age 9 years and older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
FLOLIPID SUSP (Prior Authorization required for members age 9 years and older)	PA	4	ANTIHYPERLIPIDEMICS
FLOMAX CAP	-	4	GENITOURINARY AGENTS - MISCELLANEOUS
FLONASE SENSIMIST NASAL SPRAY	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
FLO-PRED SUSP	-	NC	CORTICOSTEROIDS
FLORIVA CHEW TAB	-	NC	MULTIVITAMINS
FLORIVA PLUS DROPS	-	NC	MULTIVITAMINS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
FLOVENT DISKUS INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLOVENT HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUAD INJ (QL= 1 inj/28 days)	QL-VAC	1	VACCINES
FLUBLOK INJ (QL= 1 inj/28 days)	QL-VAC	1	VACCINES
FLUCELVAX INJ (QL= 1 inj/28 days)	QL-VAC	1	VACCINES
fluconazole susp (DIFLUCAN equiv)	-	2	ANTIFUNGALS
fluconazole tab (DIFLUCAN equiv)	-	2	ANTIFUNGALS
flucytosine cap (ANCOBON equiv)	-	3	ANTIFUNGALS
fludarabine inj	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
fludrocortisone tab (FLORINEF equiv)	-	2	CORTICOSTEROIDS
FLULAVAL INJ, FLUARIX INJ (QL= 1 inj/28 days)	QL-VAC	1	VACCINES
FLUMADINE TAB	-	4	ANTIVIRALS
FLUMIST NASAL (QL= 1 dose/28 days)	QL-VAC	1	VACCINES
flunisolide nasal soln (QL= 2 bottles/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluocinolone acetonide cream	-	2	DERMATOLOGICALS
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	3	DERMATOLOGICALS
fluocinolone acetonide oint	-	2	DERMATOLOGICALS
fluocinolone acetonide soln	-	2	DERMATOLOGICALS
fluocinolone otic oil (DERMOTIC equiv)	-	3	OTIC AGENTS
fluocinonide cream 0.05% (LIDEX equiv)	-	2	DERMATOLOGICALS
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	2	DERMATOLOGICALS
fluocinonide emollient cream	-	2	DERMATOLOGICALS
fluocinonide gel	-	2	DERMATOLOGICALS
fluocinonide oint	-	2	DERMATOLOGICALS
fluocinonide soln	-	2	DERMATOLOGICALS
FLUOPAR KIT	-	NC	DERMATOLOGICALS
FLUORABON SOLN ($0 copay for members age 5 years and younger; All other members covered at preferred brand copay)	-	1	MINERALS & ELECTROLYTES
FLUORAC CREAM	-	NC	DERMATOLOGICALS
FLUORIDE CHW 0.25MG ($0 copay for members age 5 years and younger; All other members covered at generic copay)	-	1	MINERALS & ELECTROLYTES
FLUORIDEX SENSITIVITY PASTE	-	2	MOUTH/THROAT/DENTAL AGENTS
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	2	OPHTHALMIC AGENTS
fluorouracil cream (EFUDEX CREAM equiv)	-	2	DERMATOLOGICALS
FLUOROURACIL CREAM 0.5%	-	4	DERMATOLOGICALS
FLUOROURACIL SOLN	-	3	DERMATOLOGICALS
fluorouracil soln (FLUOROURACIL equiv)	-	3	DERMATOLOGICALS
FLUOVIX PAK	-	NC	DERMATOLOGICALS
fluoxetine cap (PROZAC equiv)	-	2	ANTIDEPRESSANTS
fluoxetine cap (SARAFEM equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
FLUOXETINE CAP (PMDD)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
fluoxetine soln (PROZAC equiv)	-	2	ANTIDEPRESSANTS
fluoxetine tab (PROZAC equiv)	-	2	ANTIDEPRESSANTS
FLUOXETINE TAB	-	4	ANTIDEPRESSANTS

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
fluoxetine weekly cap (PROZAC equiv)	-	NC	ANTIDEPRESSANTS
fluphenazine tab (PROLIXIN equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
FLURANDRENOL LOTION	-	NC	DERMATOLOGICALS
flurandrenolide cream (CORDRAN equiv)	-	NC	DERMATOLOGICALS
flurandrenolide oint (CORDRAN equiv)	-	NC	DERMATOLOGICALS
FLURAZEPAM CAP	-	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
FLURBIPROFEN OPHTH SOLN	-	3	OPHTHALMIC AGENTS
FLURBIPROFEN TAB	-	4	ANALGESICS - ANTI-INFLAMMATORY
flurbiprofen tab (ANSAID equiv)	-	4	ANALGESICS - ANTI-INFLAMMATORY
FLUTAMIDE CAP	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
flutamide cap (EULEXIN equiv)	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FLUTICASONE DISKUS INHALER	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100MCG/AC	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200MCG/AC	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE HFA INHALER	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE LOTION	-	NC	DERMATOLOGICALS
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
fluticasone propionate cream (CUTIVATE equiv)	-	2	DERMATOLOGICALS
fluticasone propionate hfa inhal aero (FLUTICASONE equiv)	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluticasone propionate lotion (CUTIVATE equiv)	-	NC	DERMATOLOGICALS
fluticasone propionate oint (CUTIVATE equiv)	-	2	DERMATOLOGICALS
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
fluvastatin cap (LESCOL equiv)	-	3	ANTIHYPERLIPIDEMICS
fluvastatin ER tab (LESCOL XL equiv)	-	4	ANTIHYPERLIPIDEMICS
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	3	ANTIDEPRESSANTS
fluvoxamine tab (LUVOX equiv)	-	2	ANTIDEPRESSANTS
FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days)	QL-VAC	1	VACCINES
FML FORTE OPHTH SUSP	-	4	OPHTHALMIC AGENTS

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
FML LIQUIFLIM OPHTH SUSP	-	4	OPHTHALMIC AGENTS
FOCALIN TAB	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
FOCALIN XR CAP	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
FOLBEE PLUS CZ TAB	-	2	MULTIVITAMINS
folbee tab (FOLGARD RX equiv)	-	NC	HEMATOPOIETIC AGENTS
FOLGARD RX TAB	-	NC	HEMATOPOIETIC AGENTS
folic acid tab 1mg ($0 copay for female members only; All other members covered at generic copay)	-	1	HEMATOPOIETIC AGENTS
folic acid tab 400mcg (Covered for female members only)	OTC	1	HEMATOPOIETIC AGENTS
folic acid tab 800mcg (Covered for female members only)	OTC	1	HEMATOPOIETIC AGENTS
FOLIKA-V TAB	-	NC	MULTIVITAMINS
FOLITE TAB	-	NC	HEMATOPOIETIC AGENTS
FOLTANX TAB	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
FOLVITE-FE TAB	-	NC	HEMATOPOIETIC AGENTS
fondaparinux inj (ARIXTRA equiv)	-	3	ANTICOAGULANTS
formoterol fumarate neb soln (PERFOROMIST equiv)	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
FORTAMET TAB	-	NC	ANTIDIABETICS
FORTEO INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
FORTESTA GEL 2%	-	NC	ANDROGENS-ANABOLIC
FORZINITY INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX TAB	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
FOSAMAX+D TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
fosamprenavir tab (LEXIVA equiv)	-	3	ANTIVIRALS
fosfomycin tromethamine powder pack (MONUROL equiv)	-	4	ANTI-INFECTIVE AGENTS - MISC.
fosinopril tab (MONOPRIL equiv)	-	2	ANTIHYPERTENSIVES
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	2	ANTIHYPERTENSIVES
FOSRENOL CHEW TAB	-	4	GASTROINTESTINAL AGENTS - MISC.
FOSRENOL POWDER PACK	-	3	GASTROINTESTINAL AGENTS - MISC.
FOTIVDA CAP (QL= 21 caps/28 days)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FOUNDAYO TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
FRAGMIN INJ	-	4	ANTICOAGULANTS
FRAICHE 5000 SENSITIVE GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
FREESTYLE FREEDOM LITE METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE INSULINX TEST STRIP	OTC	3	DIAGNOSTIC PRODUCTS
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
FREESTYLE LIBRE 3 READER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE LITE TEST STRIP	OTC	3	DIAGNOSTIC PRODUCTS
FREESTYLE PRECISION NEO METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
FREESTYLE PRECISION NEO TEST STRIP	OTC	3	DIAGNOSTIC PRODUCTS
FREESTYLE TEST STRIP	OTC	3	DIAGNOSTIC PRODUCTS
FROVA TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3	MIGRAINE PRODUCTS
FRUZAQLA CAP 1MG (QL= 84 caps/28 days)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FRUZAQLA CAP 5MG (QL= 21 caps/28 days)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
FULPHILA INJ	SP	5	HEMATOPOIETIC AGENTS
FULVICIN P/G TAB	-	NC	ANTIFUNGALS
FULVICIN P/G TAB, GRISEOFULVIN ULTRA MICRO TAB	-	NC	ANTIFUNGALS
FUROSCIX KIT	-	NC	DIURETICS
FUROSCIX READYFLOW INJ	-	NC	DIURETICS
FUROSEMIDE SOLN	-	2	DIURETICS
furosemide soln (LASIX equiv)	-	2	DIURETICS
furosemide tab (LASIX equiv)	-	2	DIURETICS
FUZEON INJ	-	NC	ANTIVIRALS
FYCOMPA SUSP	-	NC	ANTICONVULSANTS
FYCOMPA TAB	-	NC	ANTICONVULSANTS
FYLNETRA INJ	-	NC	HEMATOPOIETIC AGENTS
gabapentin (once-daily) tab (GRALISE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)	QL	2	ANTICONVULSANTS
gabapentin cap 200mg (RELGAABI equiv)	-	NC	ANTICONVULSANTS
gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)	QL	3	ANTICONVULSANTS
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	2	ANTICONVULSANTS
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	2	ANTICONVULSANTS
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
GABARONE TAB	-	NC	ANTICONVULSANTS
GABITRIL TAB	-	4	ANTICONVULSANTS
GALAFOLD CAP (QL= 14 caps/28 days)	PA-QL-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
galantamine ER cap (RAZADYNE ER equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALANTAMINE SOLN	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
galantamine tab (RAZADYNE equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GALZIN CAP	-	NC	MINERALS & ELECTROLYTES
GARDASIL 9 INJ	VAC	1	VACCINES
GASTROCROM CONC	-	4	GASTROINTESTINAL AGENTS - MISC.
gatifloxacin ophth soln (ZYMAXID equiv)	-	4	OPHTHALMIC AGENTS
GATTEX KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
GAVILYTE-C SOLN (QL= 2 fills/365 days; $0 copay for members age 45-75 years; All other members covered at preferred brand copay)	QL	1	LAXATIVES
GAVRETO CAP (QL= 4 caps/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GEAMETDRAY GEL	-	NC	DERMATOLOGICALS
gefitinib tab (IRESSA equiv) (QL= 1 tab/day)	PA-QL-SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GELCLAIR GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
gemfibrozil tab (LOPID equiv)	-	2	ANTIHYPERLIPIDEMICS
GEMTESA TAB	-	NC	URINARY ANTISPASMODICS
GEN7T LOTION	-	NC	DERMATOLOGICALS
GEN7T PAD 3.5%	-	NC	DERMATOLOGICALS
GEN7T PLUS LOTION	-	NC	DERMATOLOGICALS
GEN7T PLUS PAD	-	NC	DERMATOLOGICALS
GENOTROPIN INJ	PA-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN INJ 5MG	PA-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENOTROPIN MINIQUICK INJ	PA-SP	6	ENDOCRINE AND METABOLIC AGENTS - MISC.
GENTAK OPHTH OINT	-	2	OPHTHALMIC AGENTS
gentamicin ophth soln (GARAMYCIN equiv)	-	2	OPHTHALMIC AGENTS
gentamicin sulfate cream	-	2	DERMATOLOGICALS
gentamicin sulfate oint	-	2	DERMATOLOGICALS
GENVOYA TAB	-	3	ANTIVIRALS
GEODON CAP	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
GIALAX KIT	-	NC	LAXATIVES
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	1	CONTRACEPTIVES
GILENYA CAP 0.25MG (QL= 1 cap/day)	QL-SP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILENYA CAP 0.5MG	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GILOTRIF TAB (QL= 1 tab/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GIMOTI NASAL SPRAY	-	NC	GASTROINTESTINAL AGENTS - MISC.
glatiramer inj (COPAXONE equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
GLEEVEC TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GLEOSTINE CAP	-	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
glimepiride tab (AMARYL equiv)	-	2	ANTIDIABETICS
GLIMEPIRIDE TAB	-	NC	ANTIDIABETICS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
glipizide ER tab (GLUCOTROL XL equiv)	-	2	ANTIDIABETICS
glipizide tab (GLUCOTROL equiv)	-	2	ANTIDIABETICS
GLIPIZIDE TAB	-	NC	ANTIDIABETICS
glipizide/metformin tab (METAGLIP equiv)	-	2	ANTIDIABETICS
GLOPERBA SOLN (Prior Authorization required for members age 9 years and older)	PA	4	GOUT AGENTS
glucagon (rdna) for inj kit (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
GLUCAGON DIAGNOSTIC INJ	-	NC	DIAGNOSTIC PRODUCTS
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
GLUCOPHAGE TAB	-	4	ANTIDIABETICS
GLUCOPHAGE XR TAB	-	4	ANTIDIABETICS
glucose-cholecalciferol oral liquid	OTC	EXC	NUTRIENTS
GLUCOTROL TAB	-	4	ANTIDIABETICS
GLUCOTROL XL TAB	-	4	ANTIDIABETICS
GLUMETZA TAB 1000MG	-	NC	ANTIDIABETICS
GLUMETZA TAB 500MG	-	NC	ANTIDIABETICS
GLUTATHIONE BULK POWDER	OTC	EXC	NUTRIENTS
GLYBURID MCR TAB	-	2	ANTIDIABETICS
glyburide tab (MICRONASE equiv)	-	2	ANTIDIABETICS
glyburide/metformin tab (GLUCOVANCE equiv)	-	2	ANTIDIABETICS
GLYCATE TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC	ULCER DRUGS
glycerol phenylbutyrate liquid (RAVICTI equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
glycopyrrolate oral soln (CUVPOSA equiv)	-	4	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
glycopyrrolate tab (ROBINUL equiv)	-	3	ULCER DRUGS
GLYGEST PAK	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
GLYNASE TAB	-	4	ANTIDIABETICS
GLYXAMBI TAB	-	NC	ANTIDIABETICS
GOCOVRI CAP	-	NC	ANTIPARKINSON AGENTS
GOLYTELY SOLN (QL= 2 fills/365 days; $0 copay for members age 45-75 years; All other members covered at preferred brand copay)	QL	1	LAXATIVES
GOMEKLI CAP (QL= 84 caps/28 days)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GOMEKLI CAP 1MG (QL= 168 caps/28 days)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GOMEKLI TAB FOR ORAL SUSP (QL= 168 tabs/28 days)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
GONITRO POWDER	-	NC	ANTIANGINAL AGENTS
GORDON'S UREA OINT 40%	-	NC	DERMATOLOGICALS
GRALISE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill)	QL	2	ANTIEMETICS
GRANISOL ORAL SOLN	-	NC	ANTIEMETICS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
GRANIX INJ	-	NC	HEMATOPOIETIC AGENTS
GRASTEK SL TAB	-	NC	BIOLOGICALS MISC
griseofulvin micro tab (GRIFULVIN V equiv)	-	3	ANTIFUNGALS
griseofulvin susp (GRIFULVIN equiv)	-	3	ANTIFUNGALS
griseofulvin tab (GRIS-PEG equiv)	-	3	ANTIFUNGALS
GRIS-PEG TAB	-	4	ANTIFUNGALS
GUAIFENESEN SYRUP	-	NC	COUGH/COLD/ALLERGY
guaifenesin tab (ALLFEN JR equiv)	-	NC	COUGH/COLD/ALLERGY
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	2	COUGH/COLD/ALLERGY
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC	COUGH/COLD/ALLERGY
guanfacine ER tab (INTUNIV equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/NOREXIANTS
guanfacine IR tab (TENEX equiv)	-	2	ANTIHYPERTENSIVES
GUANIDINE TAB	-	4	ANTIMYASTHENIC/CHOLINERGIC AGENTS
GVOKE INJ (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
GVOKE INJ KIT (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
GVOKE PFS INJ (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
GWYN LO PATCH	-	1	CONTRACEPTIVES
GYNAZOLE CREAM	-	4	VAGINAL PRODUCTS
HADLIMA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HADLIMA PUSH INJ (adalimumab-bwwd)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HAEGARDA INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
halcinonide cream (HALOG equiv)	-	NC	DERMATOLOGICALS
HALCINONIDE SOLN	-	NC	DERMATOLOGICALS
halcinonide soln (HALOG equiv)	-	NC	DERMATOLOGICALS
HALCION TAB	-	4	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
HALOBETASOL AER	-	NC	DERMATOLOGICALS
HALOBETASOL AERO	-	NC	DERMATOLOGICALS
halobetasol propionate cream (ULTRAVATE equiv)	-	3	DERMATOLOGICALS
halobetasol propionate oint (ULTRAVATE equiv)	-	3	DERMATOLOGICALS
HALOG CREAM	-	NC	DERMATOLOGICALS
HALOG OINT	-	NC	DERMATOLOGICALS
HALOG SOLN	-	NC	DERMATOLOGICALS
halonate pac kit (ULTRAVATE KIT equiv)	-	NC	DERMATOLOGICALS
haloperidol lactate conc (HALDOL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
haloperidol tab (HALDOL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
HARLIKU TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
HARVONI PELLET PAK	-	NC	ANTIVIRALS
HARVONI TAB	-	NC	ANTIVIRALS
HAVRIX INJ, VAQTA INJ	VAC	1	VACCINES
HC BUTYRATE CREAM	-	NC	DERMATOLOGICALS
HC BUTYRATE SOLN	-	NC	DERMATOLOGICALS
HC PRAMOXINE CREAM 1-2.5%	-	NC	DERMATOLOGICALS
HC/IODOQUIN CREAM	-	NC	DERMATOLOGICALS
HC/PRAMOXINE CREAM 1-2.35%	-	NC	DERMATOLOGICALS
HC-LIDOCAINE CREAM	-	NC	DERMATOLOGICALS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
HECTOROL CAP	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
HELIDAC PACK	-	NC	ULCER DRUGS
HEMADY TAB	-	NC	CORTICOSTEROIDS
HEMANGEOL ORAL SOLN (QL= 9.6mL/day; 1750mL/365 days)	PA-QL-SP	5	BETA BLOCKERS
HEMANGEOL SOLN (QL= 9.6mL/day; 1750mL/365 days)	PA-QL-SP	5	BETA BLOCKERS
HEMLIBRA INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
HEMOFIL M, KOATE INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
heparin porcine inj	-	NC	ANTICOAGULANTS
HEPCLUDEX INJ	-	NC	ANTIVIRALS
HEPLISAV-B INJ	VAC	1	VACCINES
HERNEXEOS TAB (QL= 3 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HETLIOZ CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
HETLIOZ SUSP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
HIPREX TAB	-	4	ANTI-INFECTIVE AGENTS - MISC.
HIXDEFRIMA SOLN	-	NC	DERMATOLOGICALS
HIZENTRA INJ	PA-SP	5	PASSIVE IMMUNIZING AGENTS
HOMATROPINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
HORIZANT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
HULIO INJ (adalimumab-fkjp)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HULIO KIT (adalimumab-fkjp)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMALOG JR KWIKPEN INJ	-	3	ANTIDIABETICS
HUMALOG KWIKPEN INJ	-	3	ANTIDIABETICS
HUMALOG MIX INJ	-	3	ANTIDIABETICS
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN	-	3	ANTIDIABETICS
HUMALOG PEN INJ	-	3	ANTIDIABETICS
HUMALOG TEMPO PEN	-	3	ANTIDIABETICS
HUMATIN CAP	-	NC	AMINOGLYCOSIDES
HUMATROPE INJ, ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
HUMIRA INJ 10MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 20MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 40MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ 80MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PEDIATRIC UC STARTER PACK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMIRA PEN INJ 40MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HUMULIN MIX INJ	OTC	3	ANTIDIABETICS
HUMULIN MIX PEN INJ	OTC	3	ANTIDIABETICS
HUMULIN N INJ	OTC	3	ANTIDIABETICS
HUMULIN N PEN INJ	OTC	3	ANTIDIABETICS
HUMULIN R INJ	OTC	3	ANTIDIABETICS
HUMULIN R INJ U-500	-	3	ANTIDIABETICS

Drug Name	Special Code	Tier	Category
HUMULIN R U-500 KWIKPEN INJ	-	3	ANTIDIABETICS
HURRISEAL MIS SNAP	-	NC	MEDICAL DEVICES AND SUPPLIES
HYCAMTIN CAP	PA-SP	5	ANTINEOPLASTICS
HYCLODEX SOLN	-	NC	DERMATOLOGICALS
HYCODAN SYRUP	-	4	COUGH/COLD/ALLERGY
HYCOFENIX SOLN	-	NC	COUGH/COLD/ALLERGY
HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	4	COUGH/COLD/ALLERGY
hydralazine tab (APRESOLINE equiv)	-	2	ANTIHYPERTENSIVES
HYDREA CAP	-	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydrochlorothiazide cap (MICROZIDE equiv)	-	2	DIURETICS
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	2	DIURETICS
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	3	ANALGESICS - OPIOID
HYDROCODONE BITARTRATE ER TAB (QL= 1 tab/day)	QL	2	ANALGESICS - OPIOID
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	2	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	2	ANALGESICS - OPIOID
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	4	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab (LORTAB equiv)	-	2	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	4	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC	ANALGESICS - OPIOID
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	4	COUGH/COLD/ALLERGY
hydrocodone/homatropine syrup (HYCODAN equiv)	-	2	COUGH/COLD/ALLERGY
HYDROCODONE/IBUPROFEN TAB	-	4	ANALGESICS - OPIOID
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	4	ANALGESICS - OPIOID
HYDROCODONE/IBUPROFEN TAB 10-200MG	-	4	ANALGESICS - OPIOID
HYDROCORTISONE ACETATE CREAM, MICORT-HC CREAM	-	NC	DERMATOLOGICALS
hydrocortisone butyrate cream (LOCOID equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE BUTYRATE LIPO CREAM	-	NC	DERMATOLOGICALS
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE BUTYRATE OINT	-	NC	DERMATOLOGICALS
hydrocortisone butyrate oint (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone butyrate soln (LOCOID equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE CREAM	-	2	ANORECTAL AND RELATED PRODUCTS
hydrocortisone cream (PROCTOCORT equiv)	-	2	DERMATOLOGICALS
hydrocortisone enema (CORTENEMA equiv)	-	3	ANORECTAL AGENTS
hydrocortisone lotion (HYTONE equiv)	-	2	DERMATOLOGICALS
hydrocortisone lotion (LOCOID equiv)	-	NC	DERMATOLOGICALS
hydrocortisone lotion 2% (ALA SCALP equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE LOTION 2.5%	-	2	DERMATOLOGICALS
hydrocortisone oint	-	2	DERMATOLOGICALS
HYDROCORTISONE PAK	-	NC	DERMATOLOGICALS
hydrocortisone succinate inj 1000mg (SOLU-CORTEF equiv) (QL= 2 vials/fill)	QL	3	CORTICOSTEROIDS
hydrocortisone supp (ANUSOL HC equiv)	-	NC	ANORECTAL AGENTS
hydrocortisone tab (CORTEF equiv)	-	2	CORTICOSTEROIDS
hydrocortisone valerate cream	-	NC	DERMATOLOGICALS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
hydrocortisone valerate oint (WESTCORT equiv)	-	NC	DERMATOLOGICALS
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC	DERMATOLOGICALS
HYDROCORTISONE/PRAMOXINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
hydromorphone ER tab (EXALGO equiv) (QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	4	ANALGESICS - OPIOID
HYDROMORPHONE SUPP	-	NC	ANALGESICS - OPIOID
hydromorphone tab (DILAUDID equiv)	-	2	ANALGESICS - OPIOID
HYDROXYCHLOROQUINE TAB	-	2	ANTIMALARIALS
hydroxychloroquine tab (PLAQUENIL equiv)	-	2	ANTIMALARIALS
HYDROXYM GEL	-	NC	DERMATOLOGICALS
HYDROXYPROGESTERONE CAPROATE INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyurea cap (HYDREA equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
hydroxyzine pamoate cap (VISTARIL equiv)	-	2	ANTIANXIETY AGENTS
HYDROXYZINE PAMOATE CAP 100MG	-	2	ANTIANXIETY AGENTS
hydroxyzine syrup (ATARAX equiv)	-	2	ANTIANXIETY AGENTS
hydroxyzine tab (ATARAX equiv)	-	2	ANTIANXIETY AGENTS
HYFTOR GEL (QL= 10 grams/30 days)	PA-QL-SP	5	DERMATOLOGICALS
HYLAMEND GEL FIRST AID	-	NC	ANTISEPTICS & DISINFECTANTS
HYLINATE LOTION	-	NC	DERMATOLOGICALS
HYMPAVZI INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
HYOPHEN TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
HYOSCYAMINE ELXIR	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
HYOSCYAMINE INJ	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
hyoscyamine sulfate CR tab (LEVBID equiv)	-	2	ULCER DRUGS
HYOSCYAMINE SULFATE ER TAB	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	2	ULCER DRUGS
HYOSCYAMINE SULFATE SL TAB	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	2	ULCER DRUGS
HYOSCYAMINE TAB	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
hyoscyamine tab (LEVSIN equiv)	-	2	ULCER DRUGS
HYPER-SAL NEB SOLN 7%	-	4	COUGH/COLD/ALLERGY
HYRIMOZ INJ (adalimumab-adaz)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HYRIMOZ PFS INJ (adalimumab-adaz)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
HYRNUO TAB (QL= 4 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
HYSINGLA ER TAB	QL	3	ANALGESICS - OPIOID
HYZAAR TAB	-	4	ANTIHYPERTENSIVES

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
IBRANCE CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBRANCE TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBSRELA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
IBTROZI CAP (QL= 3 caps/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IBU 600-EZS KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab	-	2	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen tab (Rx covered Only)	-	2	ANALGESICS - ANTI-INFLAMMATORY
IBUPROFEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ibuprofen-famotidine tab (DUEXIS equiv)	-	4	ANALGESICS - ANTI-INFLAMMATORY
ICAR-C PLUS TAB 100-250-0.025-1 MG	-	4	HEMATOPOIETIC AGENTS
icatibant inj (FIRAZYR equiv)	PA-SP	2	HEMATOLOGICAL AGENTS - MISC.
ICLUSIG TAB (QL= 1 tab/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
icosapent ethyl cap (VASCEPA equiv) (QL= 4 caps/day)	QL	3	ANTIHYPERLIPIDEMICS
ICOTYDE TAB	-	NC	DERMATOLOGICALS
IDACIO INJ (adalimumab-aacf)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
IDELVION INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
IDHIFA TAB (QL= 1 tab/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IDVYNSO TAB	-	NC	ANTIVIRALS
IHEEZO GEL	-	NC	OPHTHALMIC AGENTS
ILEVRO OPHTH SUSP	-	3	OPHTHALMIC AGENTS
imatinib tab (GLEEVEC equiv)	SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 140MG (QL= 3 caps/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA CAP 70MG (QL= 1 cap/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA SUSP (QL= 6ml/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 140MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 280MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMBRUVICA TAB 420MG (QL= 1 tab/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMCIVREE INJ (QL= 1 inj/day)	PA-QL-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
imipramine pamoate cap (TOFRANIL PM equiv)	-	4	ANTIDEPRESSANTS
imipramine tab (TOFRANIL equiv)	-	2	ANTIDEPRESSANTS
imiquimod cream (ALDARA equiv)	-	2	DERMATOLOGICALS
IMIQUIMOD CREAM 3.75%	-	NC	DERMATOLOGICALS
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC	DERMATOLOGICALS
IMITREX 4MG INJ, ZEMBRACE INJ	-	NC	MIGRAINE PRODUCTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
IMITREX INJ (QL= 6 inj/fill, 3 fills/30 days)	QL	4	MIGRAINE PRODUCTS
IMITREX INJ	-	NC	MIGRAINE PRODUCTS
IMITREX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
IMKELDI SOLUTION	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IMOVAX INJ	VAC	EXC	VACCINES
IMPAVIDO CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
IMPEKLO LOTION	-	NC	DERMATOLOGICALS
IMPOYZ CREAM	-	NC	DERMATOLOGICALS
IMULDOSA SYRINGE	-	NC	DERMATOLOGICALS
IMURAN TAB	-	4	ASSORTED CLASSES
IMVEXXY SUPP	-	NC	VAGINAL PRODUCTS
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL-SP	5	ANTIPARKINSON AND RELATED THERAPY AGENTS
INCRELEX INJ	SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
INCRUSE ELLIPTA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
indapamide tab (LOZOL equiv)	-	2	DIURETICS
INDERAL LA CAP	-	4	BETA BLOCKERS
INDERAL XL CAP, INNOPRAN XL CAP	-	NC	BETA BLOCKERS
INDOCIN SUPP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INDOCIN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin cap (INDOCIN equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
INDOMETHACIN CAP, TIVORBEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin CR cap (INDOCIN SR equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
indomethacin suppository (INDOCIN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
indomethacin susp (INDOCIN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INFANT FOODS LIQUID	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
INFANT FOODS POWDER	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
INFLAMMA-K KIT	-	NC	DERMATOLOGICALS
INFLATHERM PAK	-	NC	ANALGESICS - ANTI-INFLAMMATORY
INGREZZA CAP (QL= 1 cap/day)	PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA PACK 40-80MG (QL= 1 pack/28 days)	PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INGREZZA SPRINKLE CAP (QL= 1 cap/day)	PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
INLURIYO TAB (QL= 2 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INLYTA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INLYTA TAB 1MG (QL= 8 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INPEFA TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
INPEN INSULIN INJECTION DEVICE	-	NC	MEDICAL DEVICES
INQOVI TAB (QL= 5 tabs/28 days)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
INREBIC CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
INSPRA TAB	-	4	ANTIHYPERTENSIVES
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	NC	ANTIDIABETICS
INSULIN ASPART INJ (NOVOLOG equiv)	-	NC	ANTIDIABETICS
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	NC	ANTIDIABETICS
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	NC	ANTIDIABETICS
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	NC	ANTIDIABETICS
INSULIN GLARGINE INJ	-	NC	ANTIDIABETICS
INSULIN GLARGINE SOLN PEN-INJ	-	3	ANTIDIABETICS
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	NC	ANTIDIABETICS
INSULIN GLARGINE-YFGN PEN (CIVICA) 100UNIT/ML	-	NC	ANTIDIABETICS
INSULIN LISPRO INJ (HUMALOG equiv)	-	2	ANTIDIABETICS
INSULIN LISPRO JR KWIKPEN INJ	-	3	ANTIDIABETICS
INSULIN LISPRO KWIKPEN INJ	-	3	ANTIDIABETICS
INSULIN SYRINGE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
INTELENCE TAB	-	3	ANTIVIRALS
INTELENCE TAB	-	4	ANTIVIRALS
INTENSE COUGH LIQUID	-	NC	COUGH/COLD/ALLERGY
INTERMEZZO SL TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
INTRAROSA SUPP	-	NC	VAGINAL PRODUCTS
INTUNIV TAB	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
INVEGA TAB	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
INVELTYS OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
INVOKAMET TAB	-	NC	ANTIDIABETICS
INVOKAMET XR TAB	-	NC	ANTIDIABETICS
INVOKANA TAB	-	NC	ANTIDIABETICS
INZIRQO SUSP (Prior Authorization required for members age 9 years and older)	PA	4	DIURETICS
IODOFLEX PAD	-	NC	ANTISEPTICS & DISINFECTANTS
IODOQUINOL/HC ALOE GEL	-	NC	DERMATOLOGICALS
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	NC	DERMATOLOGICALS
IODOQUINOL-HYDROCORTISONE CREAM	-	NC	DERMATOLOGICALS
iohexol inj (OMNIPAQUE equiv)	-	NC	DIAGNOSTIC PRODUCTS
IOPIDINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
IOPIDINE OPHTH SOLN	-	4	OPHTHALMIC AGENTS
IPOL INJ	VAC	1	VACCINES
ipratropium bromide hfa inhaler aerosol (ATROVENT equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ipratropium nasal spray (ATROVENT equiv)	-	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
ipratropium neb soln (ATROVENT equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
IQIRVO TAB (QL= 1 tab/day)	PA-QL-SP	5	GASTROINTESTINAL AGENTS - MISC.
irbesartan tab (AVAPRO equiv)	-	2	ANTIHYPERTENSIVES
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	2	ANTIHYPERTENSIVES
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	2	HEMATOPOIETIC AGENTS
ISENTRESS (HD) TAB	-	3	ANTIVIRALS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
ISENTRESS CHEW TAB	-	3	ANTIVIRALS
ISENTRESS POWDER PACK	-	3	ANTIVIRALS
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	1	CONTRACEPTIVES
ISOLEUCINE POWDER	OTC	EXC	NUTRIENTS
isoniazid syrup (ISONIAZID equiv)	-	4	ANTIMYCOBACTERIAL AGENTS
isoniazid tab	-	2	ANTIMYCOBACTERIAL AGENTS
ISOPTO CARPINE OPHTH SOLN	-	4	OPHTHALMIC AGENTS
ISORDIL TITRADOSE TAB	-	4	ANTIANGINAL AGENTS
isosorbide dinitrate tab (ISORDIL equiv)	-	2	ANTIANGINAL AGENTS
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	4	ANTIANGINAL AGENTS
isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	NC	CARDIOVASCULAR AGENTS - MISC.
isosorbide mononitrate ER tab (IMDUR equiv)	-	2	ANTIANGINAL AGENTS
isosorbide mononitrate tab (MONOKET equiv)	-	2	ANTIANGINAL AGENTS
isotretinoin cap 25mg (ABSORICA equiv)	-	NC	DERMATOLOGICALS
isotretinoin cap 35mg (ABSORICA equiv)	-	NC	DERMATOLOGICALS
isradipine cap (DYNACIRC equiv)	-	2	CALCIUM CHANNEL BLOCKERS
ISTALOL OPHTH SOLN	-	3	OPHTHALMIC AGENTS
ISTURISA TAB (QL= 12 tabs/day)	PA-QL-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
ITOVEBI TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
itraconazole cap (SPORANOX equiv)	-	3	ANTIFUNGALS
itraconazole soln (SPORANOX equiv)	PA	4	ANTIFUNGALS
ivabradine hcl tab (CORLANOR equiv)	-	2	CARDIOVASCULAR AGENTS - MISC.
ivermectin cream (SOOLANTRA equiv) (QL= 45 grams/30 days)	QL	3	DERMATOLOGICALS
IVERMECTIN CREAM	-	NC	DERMATOLOGICALS
IVERMECTIN LOTION	-	NC	DERMATOLOGICALS
ivermectin tab (STROMECTOL equiv)	-	3	ANTHELMINTICS
IVERMECTIN TAB	-	NC	ANTHELMINTICS
IWILFIN TAB (QL= 8 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
IXCHIQ INJ	VAC	EXC	VACCINES
IXIARO INJ	VAC	EXC	VACCINES
IXINITY INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
IYUZEH OPHTH DROPS	-	NC	OPHTHALMIC AGENTS
JADENU SPRINKLE	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JADENU TAB	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
JAKAFI TAB (QL= 2 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JAKAFI XR TAB (QL= 1 tab/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JALYN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
JANUMET TAB	-	NC	ANTIDIABETICS
JANUMET XR TAB	-	NC	ANTIDIABETICS
JANUVIA TAB	-	NC	ANTIDIABETICS
JARDIANCE TAB	-	NC	ANTIDIABETICS
JASCAYD TAB	-	NC	RESPIRATORY AGENTS - MISC.
JAVADIN SOLN	-	NC	ANTIHYPERTENSIVES

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
JAYPIRCA TAB (QL= 2 tabs/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JENLIVA CAP	-	NC	MULTIVITAMINS
JENTADUETO TAB (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
JIDEYTRO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
jinteli tab (FEMHRT equiv)	-	2	ESTROGENS
JIVI INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
JOENJA TAB (QL= 2 tabs/day)	PA-QL-SP	5	MISCELLANEOUS THERAPEUTIC CLASSES
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	1	CONTRACEPTIVES
JOURNAVX TAB	-	NC	ANALGESICS - NONNARCOTIC
JUBLIA SOLN	-	NC	DERMATOLOGICALS
JULUCA TAB	-	3	ANTIVIRALS
JUVMO TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
JUVMO TAB TITRATION PACK	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
JUXTAPID CAP	-	NC	ANTIHYPERLIPIDEMICS
JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 years and older)	PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
JYNARQUE PAK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
JYNNEOS INJ	VAC	1	VACCINES
K CITRATE SOLN CITR ACD	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
K/NA CITRATE SOL CITR ACD	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
KADIAN CAP	-	NC	ANALGESICS - OPIOID
KALETRA SOLN	-	4	ANTIVIRALS
KALETRA TAB	-	4	ANTIVIRALS
KALYDECO PAK (QL= 2 packets/day)	PA-QL-SP	5	RESPIRATORY AGENTS - MISC.
KALYDECO TAB (QL= 2 tabs/day)	PA-QL-SP	5	RESPIRATORY AGENTS - MISC.
KAPSPARGO CAP	-	NC	BETA BLOCKERS
KAPVAY TAB	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
KARBINAL ER SUSP	-	NC	ANTIHISTAMINES
KATERZIA SUSP (Prior Authorization required for members age 9 years and older)	PA	4	CALCIUM CHANNEL BLOCKERS
KEFLEX CAP	-	4	CEPHALOSPORINS
KEFLEX CAP 750MG	-	NC	CEPHALOSPORINS
kelnor tab (DEMULEN equiv)	-	1	CONTRACEPTIVES
KENALOG INJ	-	4	CORTICOSTEROIDS
KENALOG INJ, TRIAMCINOLONE ACE INJ	-	4	CORTICOSTEROIDS
KENALOG SPRAY	-	NC	DERMATOLOGICALS
KEPPRA SOLN	-	4	ANTICONVULSANTS
KEPPRA TAB	-	4	ANTICONVULSANTS
KEPPRA XR TAB	-	4	ANTICONVULSANTS
KERAFOAM	-	NC	DERMATOLOGICALS
KERALAC CREAM	-	NC	DERMATOLOGICALS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
KERAMATRIX	-	NC	DERMATOLOGICALS
KERASTAT CREAM	-	NC	DERMATOLOGICALS
KERASTAT GEL	-	NC	DERMATOLOGICALS
KERENDIA TAB (QL= 1 tab/day)	PA-QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
KERLONE TAB	-	4	BETA BLOCKERS
KERYDIN SOLN	-	NC	DERMATOLOGICALS
KESIMPTA INJ	SP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
KETAMINE HCL TROCHES	-	NC	GENERAL ANESTHETICS
ketoconazole cream (NIZORAL CREAM equiv)	-	2	DERMATOLOGICALS
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	2	DERMATOLOGICALS
ketoconazole tab (NIZORAL equiv)	-	2	ANTIFUNGALS
KETO-DIASTIX TEST STRIP	OTC	2	DIAGNOSTIC PRODUCTS
KETOPROFEN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
KETOPROFEN ER CAP	-	4	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj (TORADOL equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	2	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	2	ANALGESICS - ANTI-INFLAMMATORY
ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days)	QL	2	ANALGESICS - ANTI-INFLAMMATORY
ketorolac ophth soln (ACULAR (LS) equiv)	-	2	OPHTHALMIC AGENTS
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	2	ANALGESICS - ANTI-INFLAMMATORY
KETOROLAC TROMETHAMINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
KETOSTIX	OTC	2	DIAGNOSTIC PRODUCTS
KEVEYIS TAB	-	NC	DIURETICS
KEVZARA INJ (QL= 2 inj/28 days)	PA-QL-SP	5	ANALGESICS - ANTI-INFLAMMATORY
KHINDIVI SOLN (QL= 90ml/30 days; Prior Authorization required for members age 9 years and older)	PA-QL-SP	5	CORTICOSTEROIDS
KINERET INJ (QL= 1 inj/day)	PA-QL-SP	5	ANALGESICS - ANTI-INFLAMMATORY
KINRIX INJ, QUADRACEL DTAP-IPV INJ	VAC	1	TOXOIDS
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE	VAC	1	TOXOIDS
KIRSTY INJ	-	NC	ANTIDIABETICS
KISQALI PAK (QL= 91 tabs/28 days)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KISQALI TAB (QL= 63 tabs/28 days)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KITABIS PAK NEB SOLN	-	NC	AMINOGLYCOSIDES
KLARITY-B DROPS	-	NC	OPHTHALMIC AGENTS
KLARITY-L DROPS	-	NC	OPHTHALMIC AGENTS
KLARON LOTION	-	4	DERMATOLOGICALS
KLISYRI OINT	-	NC	DERMATOLOGICALS
KLONOPIN TAB	-	4	ANTICONVULSANTS
KLOXXADO NASAL SPRAY	-	3	ANTIDOTES AND SPECIFIC ANTAGONISTS
KOGENATE FS INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
KOMBIGLYZE XR TAB	-	NC	ANTIDIABETICS
KOMZIFTI CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

Drug Name	Special Code	Tier	Category
KONVOMEP SUSP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
KORLYM TAB	-	NC	ANTIDIABETICS
KOSELUGO CAP (QL= 4 caps/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO CAP 10MG (QL= 8 caps/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO SPRINKLE CAP (QL= 12 caps/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KOSELUGO SPRINKLE CAP 5MG (QL= 20 caps/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
K-PHOS NEUTRAL TAB 155-852-130MG	-	4	MINERALS & ELECTROLYTES
K-PHOS TAB	-	3	MINERALS & ELECTROLYTES
KRAZATI TAB (QL= 6 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
KRINTAFEL TAB	-	3	ANTIMALARIALS
K-TAB	-	2	MINERALS & ELECTROLYTES
KUVAN POWDER PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KUVAN TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYBELLA INJ	-	NC	DERMATOLOGICALS
KYGEVVI POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
KYNAMRO INJ	-	NC	ANTIHYPERLIPIDEMICS
KYNMOBI FILM (QL= 5 films/day)	PA-QL-SP	5	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYNMOBI TITRATION KIT (QL= 1 kit/fill)	PA-QL-SP	5	ANTIPARKINSON AND RELATED THERAPY AGENTS
KYTRIL TAB (QL= 14 tabs/fill)	QL	4	ANTIEMETICS
KYZATREX CAP	-	NC	ANDROGENS-ANABOLIC
KYZATREX CAP, JATENZO CAP, TLANDO CAP	-	NC	ANDROGENS-ANABOLIC
L.E.T. GEL	-	NC	DERMATOLOGICALS
labetalol hcl tab 400mg	-	NC	BETA BLOCKERS
labetalol tab (NORMODYNE equiv)	-	2	BETA BLOCKERS
lacosamide oral solution (VIMPAT equiv)	-	2	ANTICONVULSANTS
lacosamide tab (VIMPAT equiv)	-	2	ANTICONVULSANTS
LACRISERT OPHTH INSERT	-	NC	OPHTHALMIC AGENTS
lactulose oral crystal packet	-	NC	LAXATIVES
lactulose soln	-	2	LAXATIVES
LAGEVRIO CAP (EUA) (QL= 40 caps/fill)	QL	1	ANTIVIRALS
LAGEVRIO CAP 200MG (QL= 40 caps/fill)	QL	3	ANTIVIRALS
LAMICTAL CHEW TAB	-	4	ANTICONVULSANTS
LAMICTAL ODT	-	NC	ANTICONVULSANTS
LAMICTAL ODT KIT	-	NC	ANTICONVULSANTS
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	4	ANTICONVULSANTS
LAMICTAL STARTER KIT	-	4	ANTICONVULSANTS
LAMICTAL TAB	-	4	ANTICONVULSANTS
LAMICTAL XR TAB	-	4	ANTICONVULSANTS

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
LAMISIL TAB	-	4	ANTIFUNGALS
lamivudine soln (EPIVIR equiv)	-	2	ANTIVIRALS
lamivudine tab (EPIVIR equiv)	-	2	ANTIVIRALS
lamivudine tab 100mg (EPIVIR HBV equiv)	-	2	ANTIVIRALS
lamivudine/zidovudine tab (COMBIVIR equiv)	-	3	ANTIVIRALS
lamotrigine chew tab (LAMICTAL equiv)	-	2	ANTICONVULSANTS
lamotrigine ER tab (LAMICTAL XR equiv)	-	4	ANTICONVULSANTS
lamotrigine ODT (LAMICTAL equiv)	-	NC	ANTICONVULSANTS
lamotrigine ODT kit (LAMICTAL equiv)	-	NC	ANTICONVULSANTS
lamotrigine starter kit (LAMICTAL STARTER KIT equiv)	-	4	ANTICONVULSANTS
lamotrigine tab (LAMICTAL equiv)	-	2	ANTICONVULSANTS
LAMPIT TAB (Restricted to Infectious Disease Specialist)	RS	3	ANTI-INFECTIVE AGENTS - MISC.
LANCET DEVICE	OTC	2	MEDICAL DEVICES AND SUPPLIES
LANCET KIT	OTC	2	MEDICAL DEVICES AND SUPPLIES
LANCETS	OTC	2	MEDICAL DEVICES AND SUPPLIES
LANGLARA INJ	-	NC	ANTIDIABETICS
LANOXIN TAB	-	4	CARDIOTONICS
LANOXIN TAB 62.5MCG	-	NC	CARDIOTONICS
lansoprazole cap (PREVACID equiv) (Rx Only)	-	2	ULCER DRUGS
lansoprazole odt (PREVACID SOLUTAB equiv) (Prior Authorization required for members age 9 years and older)	PA	4	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
LANSOPRAZOLE SUSP	-	NC	ULCER DRUGS
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
LANSOPRAZOLE/AMOXICILLIN/CLARITHTHROMYCIN KIT	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
lanthanum carbonate chew tab (FOSRENOL equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
LANTUS INJ	-	3	ANTIDIABETICS
LANTUS SOLOSTAR INJ	-	3	ANTIDIABETICS
lapatinib ditosylate tab (TYKERB equiv)	PA-SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
L-arginine tab	OTC	EXC	NUTRIENTS
LASIX ONYU INJ 80MG/2.67ML (QL= 6 cartridges/fill)	QL	3	DIURETICS
LASIX ONYU REUSABLE UNIT (QL= 1 device/year)	QL	3	MEDICAL DEVICES AND SUPPLIES
LASIX TAB	-	4	DIURETICS
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	2	OPHTHALMIC AGENTS
LATISSE SOLN	-	EXC	DERMATOLOGICALS
LATUDA TAB	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LAZANDA NASAL SPRAY	-	NC	ANALGESICS - OPIOID
LAZCLUZE TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
L-carnitex cap	OTC	EXC	NUTRIENTS
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	PA-QL	3	ANTIVIRALS
leflunomide tab (ARAVA equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist)	QL-RS-SP	2	MISCELLANEOUS THERAPEUTIC CLASSES

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
LENVIMA CAP (QL= 3 caps/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEQEMBI IQLIK INJ 250MG/1.25ML (QL= 8 inj/28 days)	PA-QL-SP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LEQEMBI IQLK INJ (QL= 4 inj/28 days)	PA-QL-SP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LEQSELVI TAB (QL= 2 tabs/day)	PA-QL-SP	5	DERMATOLOGICALS
LEROCHOL SOLN	-	NC	ANTIHYPERLIPIDEMICS
LESCOL XL TAB	-	4	ANTIHYPERLIPIDEMICS
LETAIRIS TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
letrozole tab (FEMARA equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUCOVOR CA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
leucovorin tab	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKERAN TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEUKINE INJ	-	NC	HEMATOPOIETIC AGENTS
leuprolide inj (LUPRON equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days)	QL	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
levalbuterol neb soln (XOPENEX equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
LEVAQUIN TAB	-	4	FLUOROQUINOLONES
LEVBID ER TAB 0.375MG	-	4	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
LEVEMIR FLEXTOUCH INJ	-	3	ANTIDIABETICS
LEVEMIR INJ	-	3	ANTIDIABETICS
levetiracetam ER tab (KEPPRA XR equiv)	-	2	ANTICONVULSANTS
levetiracetam soln (KEPPRA equiv)	-	2	ANTICONVULSANTS
levetiracetam tab (KEPPRA equiv)	-	2	ANTICONVULSANTS
LEVETIRACETAM TAB FOR ORAL SUSP, SPRITAM TAB FOR ORAL SUSP	-	NC	ANTICONVULSANTS
LEVITRA TAB	-	EXC	CARDIOVASCULAR AGENTS - MISC.
LEVOBUNOLOL OPHTH SOLN	-	2	OPHTHALMIC AGENTS
levobunolol ophth soln (BETAGAN equiv)	-	2	OPHTHALMIC AGENTS
LEVOCARNITINE L-TARTRATE CAP	OTC	EXC	NUTRIENTS
levocarnitine soln (CARNITOR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocarnitine tab (CARNITOR equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
levocetirizine soln (XYZAL equiv)	-	NC	ANTIHISTAMINES
levocetirizine tab (XYZAL equiv)	-	NC	ANTIHISTAMINES
levofloxacin ophth soln (QUIXIN equiv)	-	2	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
LEVOFLOXACIN OPHTH SOLN 0.5%	-	2	OPHTHALMIC AGENTS
levofloxacin soln (LEVAQUIN equiv)	-	2	FLUOROQUINOLONES
levofloxacin tab (LEVAQUIN equiv)	-	2	FLUOROQUINOLONES

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
levonorgestrel tab (PLAN B equiv)	OTC	1	CONTRACEPTIVES
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	1	CONTRACEPTIVES
levorphanol tab (LEVORPHANOL equiv)	-	NC	ANALGESICS - OPIOID
LEVOTHYROXINE INJ	-	NC	THYROID AGENTS
LEVOTHYROXINE INJ 100MCG/ML	-	NC	THYROID AGENTS
levothyroxine tab (SYNTHROID equiv)	-	2	THYROID AGENTS
LEVSIN INJ	-	NC	ULCER DRUGS
LEVSIN SL TAB 0.125MG	-	4	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
LEVSIN TAB 0.125MG	-	4	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
LEXAPRO TAB	-	4	ANTIDEPRESSANTS
LEXIVA TAB	-	4	ANTIVIRALS
LEXTOL PAK	-	NC	DERMATOLOGICALS
l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day)	PA-QL-SP	2	HEMATOPOIETIC AGENTS
LIALDA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
LIBERVANT FILM	-	NC	ANTICONVULSANTS
LIBRAX CAP	-	NC	ULCER DRUGS
LICART PATCH	-	NC	DERMATOLOGICALS
LIDAMANTLE LOTION	-	NC	DERMATOLOGICALS
LIDO/MENTHOL SPRAY	-	NC	DERMATOLOGICALS
LIDO/RAC/TET GEL	-	NC	DERMATOLOGICALS
LIDOCAINE CREAM	-	NC	DERMATOLOGICALS
lidocaine gel (GLYDO equiv)	-	2	DERMATOLOGICALS
LIDOCAINE GEL	-	NC	DERMATOLOGICALS
LIDOCAINE JELLY 2%	-	3	DERMATOLOGICALS
LIDOCAINE OINT (QL= 107gm/30 days)	QL	2	DERMATOLOGICALS
lidocaine oint/transparent dressing kit (LIDOPAC equiv)	-	NC	DERMATOLOGICALS
LIDOCAINE ORAL SOLN	-	NC	MOUTH/THROAT/DENTAL AGENTS
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	4	DERMATOLOGICALS
lidocaine patch 3.5% (GEN7T equiv)	OTC	NC	DERMATOLOGICALS
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	3	DERMATOLOGICALS
lidocaine soln (XYLOCAINE equiv)	-	2	DERMATOLOGICALS
LIDOCAINE SUPP	-	NC	ANORECTAL AND RELATED PRODUCTS
lidocaine viscous soln (LIDOCAINE HCL (MOUTH-THROAT) equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
LIDOCAINE/HC CREAM	-	3	ANORECTAL AND RELATED PRODUCTS
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC	ANORECTAL AGENTS
lidocaine/prilocaine cream (EMLA equiv)	-	2	DERMATOLOGICALS
LIDOCAINE/TETRACAINE CREAM	-	NC	DERMATOLOGICALS
LIDOCIN GEL	-	NC	DERMATOLOGICALS
LIDODERM PATCH (QL= 3 patches/day)	QL	4	DERMATOLOGICALS
LIDO-EP-TETR SOLN	-	NC	DERMATOLOGICALS
LIDOLOG KIT	-	NC	CORTICOSTEROIDS
LIDOSTREAM KIT	-	NC	DERMATOLOGICALS
LIDOTIN PAK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LIDOTREX GEL	-	NC	DERMATOLOGICALS

Drug Name	Special Code	Tier	Category
LIDOVEX CREAM	-	NC	DERMATOLOGICALS
LIFYORLI CAP DOSE PACK	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LIKMEZ SUSP (Prior Authorization required for members age 9 years and older)	PA	4	ANTI-INFECTIVE AGENTS - MISC.
LINDANE SHAMPOO	-	4	DERMATOLOGICALS
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	3	ANTI-INFECTIVE AGENTS - MISC.
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	3	ANTI-INFECTIVE AGENTS - MISC.
LINZESS CAP (QL= 1 cap/day)	PA-QL	4	GASTROINTESTINAL AGENTS - MISC.
liothyronine tab (CYTOMEL equiv)	-	2	THYROID AGENTS
LIPFENDRA TAB	-	NC	ANTIHYPERLIPIDEMICS
LIPITOR TAB	-	4	ANTIHYPERLIPIDEMICS
LIQREV SUSP	-	NC	CARDIOVASCULAR AGENTS - MISC.
liraglutide (weight mngmt) soln pen-inj (SAXENDA equiv)	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3	ANTIDIABETICS
lisdexamfetamine dimesylate cap (VYVANSE equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
lisdexamfetamine dimesylate chew tab (VYVANSE equiv)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	2	ANTIHYPERTENSIVES
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	2	ANTIHYPERTENSIVES
LISRAYA TAB	-	NC	DERMATOLOGICALS
LITFULO CAP (QL= 1 cap/day)	PA-QL-SP	5	DERMATOLOGICALS
LITHIUM CARBONATE CAP	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate cap (ESKALITH ER equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate ER tab (LITHOBID equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium carbonate tab	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lithium oral solution (LITHIUM equiv) (Prior Authorization required for members age 9 years and older)	PA	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOBID TAB	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LITHOSTAT TAB	-	4	GENITOURINARY AGENTS - MISCELLANEOUS
LIVALO TAB	-	4	ANTIHYPERLIPIDEMICS
LIVDELZI CAP (QL= 1 cap/day)	PA-QL-SP	5	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI SOLN (QL= 90ml/30 days)	PA-QL-SP	5	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI SOLN 19MG/ML (QL= 60mL/30 days)	PA-QL-SP	5	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI TAB (QL= 2 tabs/day)	PA-QL-SP	5	GASTROINTESTINAL AGENTS - MISC.
LIVMARLI TAB 30MG (QL= 1 tab/day)	PA-QL-SP	5	GASTROINTESTINAL AGENTS - MISC.
LIVTENCITY TAB (QL= 4 tabs/day)	PA-QL-SP	5	ANTIVIRALS
L-lysine tab	OTC	EXC	NUTRIENTS
L-METHYLFOLATE TAB	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
L-METHYLFOLATE W/ VIT B12-VIT B6-VIT B2 TAB	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
L-METHYLFOLATE-ALGAE-B12-ACETYLCYST TAB	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
L-METHYLFOL-B12-B6-ALPHA LIPOIC AC CAP	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
LMR PLUS KIT	-	NC	DERMATOLOGICALS
LO LOESTRIN TAB	-	1	CONTRACEPTIVES
LOARGYS INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
LOCOID CREAM	-	NC	DERMATOLOGICALS
LOCOID LIPOCREAM	-	NC	DERMATOLOGICALS
LOCOID LOTION	-	NC	DERMATOLOGICALS
LOCOID OINT	-	NC	DERMATOLOGICALS
LOCOID SOLN	-	NC	DERMATOLOGICALS
LODOCO TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
LODOSYN TAB	-	4	ANTIPARKINSON AGENTS
lofexidine hcl tab (LUCEMYRA equiv) (QL= 96 tabs/7 days)	PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
lohist liquid (DECON-A equiv)	OTC	EXC	COUGH/COLD/ALLERGY
LOKELMA PAK (QL= 1 packet/day)	PA-QL	3	MISCELLANEOUS THERAPEUTIC CLASSES
LOKELMA PAK 10GM	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
LOKELMA PAK 5GM	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
LOMOTIL TAB	-	4	ANTIDIARRHEALS
lomustine cap (GLEOSTINE equiv)	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LONSURF TAB	PA-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
loperamide cap (IMODIUM equiv)	-	NC	ANTIDIARRHEALS
loperamide hcl soln (LOPERAMIDE equiv)	OTC	NC	ANTIDIARRHEAL/PROBIOTIC AGENTS
LOPID TAB	-	4	ANTIHYPERLIPIDEMICS
lopinavir/ritonavir soln (KALETRA equiv)	-	3	ANTIVIRALS
lopinavir/ritonavir tab (KALETRA equiv)	-	3	ANTIVIRALS
LOPRESSOR SOLN (QL= 45ml/day; Prior Authorization required for members age 9 years and older)	PA-QL	4	BETA BLOCKERS
LOPRESSOR TAB	-	4	BETA BLOCKERS
LOPROX CREAM	-	4	DERMATOLOGICALS
LOPROX SHAMPOO	-	4	DERMATOLOGICALS
loratadine cap (CLARITIN equiv)	OTC	EXC	ANTIHISTAMINES
lorazepam conc (ATIVAN equiv)	-	2	ANTIANXIETY AGENTS
lorazepam tab (ATIVAN equiv)	-	2	ANTIANXIETY AGENTS
LORBRENA TAB 100MG (QL= 1 tab/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LORBRENA TAB 25MG (QL= 3 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LOREEV XR CAP	-	NC	ANTIANXIETY AGENTS
LORTAB	-	4	ANALGESICS - OPIOID
LORTAB ELIXIR	-	4	ANALGESICS - OPIOID
LORVATUS PHARMAPAK KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
losartan tab (COZAAR equiv)	-	2	ANTIHYPERTENSIVES
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	2	ANTIHYPERTENSIVES
LOTEMAX GEL	-	4	OPHTHALMIC AGENTS
LOTEMAX OPHTH OINT	-	3	OPHTHALMIC AGENTS
LOTEMAX OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
LOTEMAX SM GEL 0.38%	-	NC	OPHTHALMIC AGENTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
LOTENSIN HCT TAB	-	4	ANTIHYPERTENSIVES
LOTENSIN TAB	-	4	ANTIHYPERTENSIVES
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	3	OPHTHALMIC AGENTS
loteprednol etabonate-tobramycin ophth susp (ZYLET equiv)	-	NC	OPHTHALMIC AGENTS
loteprednol ophth susp (LOTEMAX, ALREX equiv)	-	3	OPHTHALMIC AGENTS
LOTREL CAP	-	4	ANTIHYPERTENSIVES
LOTRIMIN AF CREAM	-	NC	DERMATOLOGICALS
LOTRISONE CREAM	-	4	DERMATOLOGICALS
LOTRONEX TAB	-	4	GASTROINTESTINAL AGENTS - MISC.
lovastatin tab (MEVACOR equiv)	-	1	ANTIHYPERLIPIDEMICS
LOVAZA CAP	-	4	ANTIHYPERLIPIDEMICS
LOVENOX INJ	-	4	ANTICOAGULANTS
loxapine cap (LOXITANE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day)	QL	2	GASTROINTESTINAL AGENTS - MISC.
LUCEMYRA TAB (QL= 96 tabs/7 days)	PA-QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LULICONAZOLE CREAM, LUZU CREAM	-	NC	DERMATOLOGICALS
LUMAKRAS TAB (QL= 8 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMAKRAS TAB 240MG (QL= 4 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMAKRAS TAB 320MG (QL= 3 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LUMIGAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
LUMRYZ PACK (QL= 1 pack/day)	PA-QL-SP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUMRYZ STARTER PACK (QL= 1 packet/day)	PA-QL-SP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LUNATAL DHA CAP 18-0.6-0.4-350 MG	-	NC	MULTIVITAMINS
LUNESTA TAB (QL= 1 tab/day)	QL	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
LUPANETA PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
LUPKYNIS CAP (QL= 6 caps/day)	PA-QL-SP	5	MISCELLANEOUS THERAPEUTIC CLASSES
LUPRON DEPOT PED INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
lurasidone hcl tab (LATUDA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
LURBIRO TAB 100MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
LUVIRA CAP	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
LUXIQ FOAM	-	NC	DERMATOLOGICALS
LYBALVI TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYNAVOY TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
LYNKUET CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
LYNPARZA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYRICA CAP (QL= 3 caps/day)	QL	4	ANTICONVULSANTS
LYRICA CAP 225MG (QL= 2 caps/day)	QL	4	ANTICONVULSANTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
LYRICA CAP 300MG (QL= 2 caps/day)	QL	4	ANTICONVULSANTS
LYRICA CR TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
LYRICA SOLN	QL	4	ANTICONVULSANTS
LYSINE TAB	OTC	EXC	NUTRIENTS
LYSODREN TAB	SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYSTEDA TAB	-	4	HEMOSTATICS
LYTGOBI THERAPY PACK (QL= 5 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
LYUMJEV INJ	-	3	ANTIDIABETICS
LYUMJEV KWIKPEN INJ	-	3	ANTIDIABETICS
LYUMJEV TEMPO PEN	-	3	ANTIDIABETICS
LYVISPAH GRANULE PACKET (Prior Authorization required for members age 9 years and older)	PA	4	MUSCULOSKELETAL THERAPY AGENTS
macitentan tab (OPSUMIT equiv) (QL= 1 tab/day)	PA-QL-SP	2	CARDIOVASCULAR AGENTS - MISC.
MACRILEN PACK	-	NC	DIAGNOSTIC PRODUCTS
MACROBID CAP	-	4	ANTI-INFECTIVE AGENTS - MISC.
MACRODANTIN CAP	-	4	ANTI-INFECTIVE AGENTS - MISC.
MACRODANTIN CAP 25MG	-	NC	ANTI-INFECTIVE AGENTS - MISC.
MAFENIDE ACETATE SOLN PACK	-	NC	DERMATOLOGICALS
MAGNESIUM SULF INJ	-	NC	MINERALS & ELECTROLYTES
magnesium sulfate inj	-	NC	MINERALS & ELECTROLYTES
MALARONE TAB	-	4	ANTIMALARIALS
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	4	DERMATOLOGICALS
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	1	MEDICAL DEVICES AND SUPPLIES
MANNITOL INJ	-	NC	DIURETICS
maraviroc tab (SELZENTRY equiv)	-	3	ANTIVIRALS
MARINOL CAP	PA	4	ANTIEMETICS
MARPLAN TAB (QL= 4 tabs/day)	QL	4	ANTIDEPRESSANTS
MATERVIA CAP	-	NC	MULTIVITAMINS
MATRONEX TAB	-	NC	MULTIVITAMINS
MATULANE CAP	SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MAVENCLAD THERAPY PAK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAVIK TAB	-	4	ANTIHYPERTENSIVES
MAVYRET PAK (QL= 5 packs/day)	PA-QL	3	ANTIVIRALS
MAVYRET TAB (QL= 3 tabs/day)	PA-QL	3	ANTIVIRALS
MAXALT MLT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	4	MIGRAINE PRODUCTS
MAXALT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	4	MIGRAINE PRODUCTS
MAXIDEX OPHTH SOLN	-	3	OPHTHALMIC AGENTS
MAXITROL OPHTH OINT	-	4	OPHTHALMIC AGENTS
MAXITROL OPHTH SUSP	-	4	OPHTHALMIC AGENTS
MAXZIDE TAB	-	4	DIURETICS
MAYZENT TAB	SP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MAYZENT TAB STARTER PACK	SP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
MECLIZINE CHEW TAB	-	NC	ANTIEMETICS
meclizine tab (ANTIVERT equiv)	-	NC	ANTIEMETICS
MECLOFENAMATE CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MEDI-PATCH W/LIDOCAINE PATCH	-	NC	DERMATOLOGICALS
MEDROL DOSE PACK	-	4	CORTICOSTEROIDS
MEDROL TAB	-	3	CORTICOSTEROIDS
MEDROL TAB	-	4	CORTICOSTEROIDS
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	1	CONTRACEPTIVES
medroxyprogesterone tab (PROVERA equiv)	-	2	PROGESTINS
mefenamic acid cap (PONSTEL equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
mefloquine tab (LARIAM equiv)	-	3	ANTIMALARIALS
megestrol ES susp (MEGACE ES equiv)	-	4	PROGESTINS
megestrol susp (MEGACE equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEGESTROL SUSP	-	4	PROGESTINS
megestrol tab (MEGACE equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST SOLN	PA-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKINIST TAB 2MG (QL= 1 tab/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MEKTOVI TAB (QL= 6 tabs/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
meloxicam cap (VIVLODEX equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM COMFORT KIT	-	NC	ANALGESICS - ANTI-INFLAMMATORY
MELOXICAM SUSP, ZYBIC SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
meloxicam tab (MOBIC equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
melphalan inj (ALKERAN equiv)	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
memantine ER cap (NAMENDA XR equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine hcl-donepezil hcl 24hr er cap (NAMZARIC equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine sol (NAMENDA equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
memantine tab (NAMENDA equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MEMANTINE TITRATION PAK	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MENACTRA INJ	VAC	1	VACCINES
MENEST TAB	-	4	ESTROGENS
MENOSTAR PATCH	-	NC	ESTROGENS
MENQUADFI INJ	VAC	1	VACCINES
MENTAX CREAM	-	4	DERMATOLOGICALS
MENTHOREAL10 THERAPY PACK	-	NC	DERMATOLOGICALS
MENVEO INJ	VAC	1	VACCINES
meperidine tab (DEMEROL equiv)	-	NC	ANALGESICS - OPIOID
MEPHYTON TAB	-	4	VITAMINS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
meprobamate tab (MILTOWN equiv)	-	4	ANTIANXIETY AGENTS
MEPRON SUSP	-	4	ANTI-INFECTIVE AGENTS - MISC.
mercaptopurine susp (PURIXAN equiv) (Prior Authorization required for members age 9 years and older)	PA	4	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
mercaptopurine tab (PURINETHOL equiv)	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MERILOG INJ	-	NC	ANTIDIABETICS
MERILOG SOLOSTAR INJ	-	NC	ANTIDIABETICS
meropenem inj (MERREM equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
MESALAMINE DR CAP	-	3	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR cap (DELZICOL equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
mesalamine DR tab (LIALDA equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
mesalamine enema (ROWASA equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (APRISO equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
mesalamine ER cap (PENTASA CR equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
mesalamine supp (CANASA equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
mesalamine tab (ASACOL equiv)	-	4	GASTROINTESTINAL AGENTS - MISC.
mesna tab (MESNEX equiv)	SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MESNEX TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MESTINON TAB	-	4	ANTIMYASTHENIC/CHOLINERGIC AGENTS
MESTINON TIMESPAN TAB	-	4	ANTIMYASTHENIC/CHOLINERGIC AGENTS
METANX CAP	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
metaxalone tab (SKELAXIN equiv)	-	4	MUSCULOSKELETAL THERAPY AGENTS
METAXALONE TAB	-	NC	MUSCULOSKELETAL THERAPY AGENTS
METDRAY GEL	-	NC	DERMATOLOGICALS
metformin ER osmotic tab (FORTAMET equiv)	-	NC	ANTIDIABETICS
metformin ER tab (GLUCOPHAGE XR equiv)	-	2	ANTIDIABETICS
metformin hcl tab 625MG	-	NC	ANTIDIABETICS
metformin hcl tab 750MG	-	NC	ANTIDIABETICS
metformin soln (RIOMET equiv)	-	4	ANTIDIABETICS
metformin tab (GLUCOPHAGE equiv)	-	2	ANTIDIABETICS
METFORMIN TAB	-	NC	ANTIDIABETICS
methadone soln (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2	ANALGESICS - OPIOID
methadone tab (DOLOPHINE equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2	ANALGESICS - OPIOID
METHADOSE CONC (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	4	ANALGESICS - OPIOID
methadose tab (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2	ANALGESICS - OPIOID
methamphetamine hcl tab (METHAMPHETAMINE equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methazolamide tab (NEPTAZANE equiv)	-	3	DIURETICS
METHENAM MAN TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
methenamine hippurate tab (HIPREX equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
METHENAMINE ORAL SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
methimazole tab (TAPAZOLE equiv)	-	2	THYROID AGENTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
METHITEST TAB	-	NC	ANDROGENS-ANABOLIC
methocarbamol tab (ROBAXIN equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
methocarbamol tab 1000mg (ROBAXIN equiv)	-	NC	MUSCULOSKELETAL THERAPY AGENTS
methotrexate inj	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
methotrexate tab (TREXALL equiv)	-	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
METHOXSALEN CAP	-	3	DERMATOLOGICALS
methoxsalen cap (OXSORALEN ULTRA equiv)	-	3	DERMATOLOGICALS
methscopolamine tab (PAMINE equiv)	-	4	ULCER DRUGS
methsuximide cap (CELONTIN equiv)	-	3	ANTICONVULSANTS
methyldopa tab (ALDOMET equiv)	-	2	ANTIHYPERTENSIVES
METHYLDOPA TAB	-	4	ANTIHYPERTENSIVES
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	3	OXYTOCICS
METHYLIN SOLN	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate CD cap (METADATE CD equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate chew tab (METHYLIN equiv)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER cap (RITALIN LA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER cap (APTENSIO XR equiv)	-	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE ER TAB	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab (CONCERTA equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE ER TAB 27MG	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE ER TAB 36MG	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE ER TAB 54MG	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate ER tab 72mg	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
METHYLPHENIDATE ER TAB, RELEXXII TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate soln (METHYLIN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate tab (RITALIN equiv)	-	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylphenidate td patch (DAYTRANA equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
methylprednisolone acetate inj (DEPO-MEDROL equiv)	-	2	CORTICOSTEROIDS
methylprednisolone dose pack (MEDROL equiv)	-	2	CORTICOSTEROIDS
methylprednisolone tab (MEDROL equiv)	-	2	CORTICOSTEROIDS
methylprenisolone sod succinate inj (SOLU-MEDROL equiv)	-	2	CORTICOSTEROIDS
methyltestosterone cap	PA	4	ANDROGENS-ANABOLIC
metoclopramide soln (REGLAN equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
metoclopramide tab (REGLAN equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
metolazone tab (ZAROXOLYN equiv)	-	2	DIURETICS
metoprolol ER tab (TOPROL XL equiv)	-	2	BETA BLOCKERS
metoprolol tab (LOPRESSOR equiv)	-	2	BETA BLOCKERS
METOPROLOL TARTRATE TAB	-	NC	BETA BLOCKERS
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	3	ANTIHYPERTENSIVES
METOZOLV ODT	-	NC	GASTROINTESTINAL AGENTS - MISC.
METROCREAM	-	4	DERMATOLOGICALS
METROGEL 1%	-	4	DERMATOLOGICALS
METROGEL VAGINAL GEL	-	4	VAGINAL PRODUCTS
METROLOTION	-	4	DERMATOLOGICALS
metronidazole cap (FLAGYL equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
metronidazole cream (METROCREAM equiv)	-	2	DERMATOLOGICALS
metronidazole gel (METROGEL equiv)	-	3	DERMATOLOGICALS
metronidazole gel 0.75% (METROGEL equiv)	-	2	DERMATOLOGICALS
metronidazole lotion (METROLOTION equiv)	-	3	DERMATOLOGICALS
metronidazole tab (FLAGYL equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
METRONIDAZOLE TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
metronidazole vaginal gel (METROGEL equiv)	-	2	VAGINAL PRODUCTS
metyrosine cap (DEMSER equiv)	-	NC	ANTIHYPERTENSIVES
mexiletine hcl cap	-	3	ANTIARRHYTHMICS
MEXPAROX HC CREAM	-	NC	DERMATOLOGICALS
MFLUSIVA INJ (QL= 1 inj/28; Covered for members age 50 years and older)	QL-VAC	1	VACCINES
MIACALCIN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MICARDIS HCT TAB	-	NC	ANTIHYPERTENSIVES
MICARDIS TAB	-	4	ANTIHYPERTENSIVES
MICLARA LIQUID	OTC	NC	ANTIHISTAMINES
MICONAZOLE 3 SUPP 200MG	-	4	VAGINAL PRODUCTS
MICROVIX LP PAK	-	NC	DERMATOLOGICALS
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
MIDAZOLAM INJ (QL= 1 inj/fill)	QL	3	ANTICONVULSANTS
midodrine tab (PROAMATINE equiv)	-	2	VASOPRESSORS
MIDUELLA, PARAGARD IUD	-	1	CONTRACEPTIVES
MIEBO OPHTH SOLN (QL= 1 bottle/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	3	OPHTHALMIC AGENTS
MIFEPREX TAB	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)	PA-QL-SP	2	ANTIDIABETICS
mifepristone tab 200mg (MIFIPREX equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
MIGERGOT SUPP	-	NC	MIGRAINE PRODUCTS
MIGLITOL TAB	-	4	ANTIDIABETICS
miglitol tab (MIGLITOL equiv)	-	4	ANTIDIABETICS
miglustat cap (ZAVESCA equiv) (QL= 3 caps/day)	PA-QL-SP	2	HEMATOPOIETIC AGENTS
MIGRANAL SPRAY	-	NC	MIGRAINE PRODUCTS
MILLIPRED DP PAK	-	NC	CORTICOSTEROIDS
MILLIPRED TAB	-	NC	CORTICOSTEROIDS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
milnacipran hcl tab (SAVELLA equiv) (QL= 2 tabs/day)	QL	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
milnacipran hcl tab pak (SAVELLA equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
MIMRYLO INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MINASTRIN CHEW TAB	-	4	CONTRACEPTIVES
MINIPRESS CAP	-	4	ANTIHYPERTENSIVES
MINOCIN CAP	-	4	TETRACYCLINES
minocycline cap (MINOCIN equiv)	-	2	TETRACYCLINES
MINOCYCLINE ER CAP	-	NC	TETRACYCLINES
minocycline ER tab (SOLODYN equiv)	-	NC	TETRACYCLINES
minocycline tab (DYNACIN equiv)	-	3	TETRACYCLINES
MINOLIRA TAB	-	NC	TETRACYCLINES
minoxidil tab (LONITEN equiv)	-	2	ANTIHYPERTENSIVES
MINT REFILL KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
MINT STARTER KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
MIPLYFFA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
mirabegron granules for oral extended release susp (MYRBETRIQ equiv)	-	NC	URINARY ANTISPASMODICS
mirabegron tab er (MYRBETRIQ equiv)	-	NC	URINARY ANTISPASMODICS
MIRAPEX ER TAB	-	4	ANTIPARKINSON AGENTS
MIRAPEX TAB	-	4	ANTIPARKINSON AGENTS
MIRCERA INJ	-	NC	HEMATOPOIETIC AGENTS
MIRCETTE TAB	-	4	CONTRACEPTIVES
MIRENA IUD	-	1	CONTRACEPTIVES
mirtazapine ODT (REMERON equiv)	-	2	ANTIDEPRESSANTS
mirtazapine tab (REMERON equiv)	-	2	ANTIDEPRESSANTS
MIRVASO GEL	-	EXC	DERMATOLOGICALS
misoprostol tab (CYTOTEC equiv)	-	2	ULCER DRUGS
M-M-R II INJ	VAC	1	VACCINES
MNEXSPIKE INJ 10MCG/0.2ML (QL= 1 dose/24 days)	QL-VAC	1	VACCINES
MOBIC TAB	-	4	ANALGESICS - ANTI-INFLAMMATORY
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	2	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
MODEYSO CAP (QL= 20 caps/28 days)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
moexipril tab (UNIVASC equiv)	-	2	ANTIHYPERTENSIVES
MOLINDONE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
mometasone cream (ELOCON equiv)	-	2	DERMATOLOGICALS
mometasone nasal spray (NASONEX equiv) (QL= 2 bottles/fill)	QL	2	NASAL AGENTS - SYSTEMIC AND TOPICAL
mometasone oint (ELOCON equiv)	-	2	DERMATOLOGICALS
mometasone soln (ELOCON equiv)	-	2	DERMATOLOGICALS
MONODOX CAP	-	4	TETRACYCLINES
montelukast chew tab (SINGULAIR equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
montelukast granule pack (SINGULAIR equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
montelukast tab (SINGULAIR equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
MONUROL GRANULE PACK	-	4	ANTI-INFECTIVE AGENTS - MISC.
MORPHABOND TAB	-	NC	ANALGESICS - OPIOID
morphine sulfate ER tab (MS CONTIN equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2	ANALGESICS - OPIOID
MORPHINE SULFATE ORAL SOLN 10 MG/5ML	-	2	ANALGESICS - OPIOID
MORPHINE SULFATE ORAL SOLN 100MG/5ML	-	2	ANALGESICS - OPIOID
morphine sulfate oral soln 10mg/5ml (MORPHINE SULFATE equiv)	-	2	ANALGESICS - OPIOID
morphine sulfate soln	-	2	ANALGESICS - OPIOID
MORPHINE SULFATE SOLN 20MG/5ML	-	2	ANALGESICS - OPIOID
MORPHINE SULFATE SUPP	-	3	ANALGESICS - OPIOID
morphine sulfate tab	-	2	ANALGESICS - OPIOID
MOTEGRITY TAB (QL= 1 tab/day)	QL	4	GASTROINTESTINAL AGENTS - MISC.
MOTOFEN TAB	-	4	ANTIDIARRHEALS
MOTPOLY XR CAP	-	NC	ANTICONVULSANTS
MOTRIN SUSP	-	4	ANALGESICS - ANTI-INFLAMMATORY
MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3	ANTIDIABETICS
MOVANTIK TAB (QL= 1 tab/day)	PA-QL	3	GASTROINTESTINAL AGENTS - MISC.
MOVIPREP SOLN	-	NC	LAXATIVES
MOXATAG TAB	-	NC	PENICILLINS
MOXATAG TAB 775MG	-	NC	PENICILLINS
MOXEZA OPHTH SOLN 0.5%	-	NC	OPHTHALMIC AGENTS
MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	2	OPHTHALMIC AGENTS
MOXIFLOXACIN SOLN	-	NC	OPHTHALMIC AGENTS
moxifloxacin tab (AVELOX equiv)	-	3	FLUOROQUINOLONES
MOZOBIL INJ	-	NC	HEMATOPOIETIC AGENTS
MPM PAK	-	NC	OXYTOCICS
MRESVIA INJ (QL= 1 dose/lifetime)	QL-VAC	1	VACCINES
MS CONTIN TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	4	ANALGESICS - OPIOID
MUCINEX LIQUID	-	NC	COUGH/COLD/ALLERGY
MULPLETA TAB	-	NC	HEMATOPOIETIC AGENTS
MULTAQ TAB	-	3	ANTIARRHYTHMICS
MULTIGEN FOLIC TAB	-	2	HEMATOPOIETIC AGENTS
MULTIGEN PLUS TAB	-	2	HEMATOPOIETIC AGENTS
MULTIGEN TAB	-	2	HEMATOPOIETIC AGENTS
MULTI-MAC TAB	-	NC	MULTIVITAMINS
MULTIPLE-VITAMIN/FL-FE DROPS	-	NC	MULTIVITAMINS
MULTIVITAMIN CHEW TAB	-	NC	MULTIVITAMINS
multivitamin/minerals tab (STROVITE equiv)	-	NC	MULTIVITAMINS
mupirocin cream (BACTROBAN equiv)	-	NC	DERMATOLOGICALS
mupirocin oint (BACTROBAN OINT equiv)	-	2	DERMATOLOGICALS
MYALEPT INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MYAMBUTOL TAB	-	4	ANTIMYCOBACTERIAL AGENTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
MYCAPSSA CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
MYCOBUTIN CAP	-	4	ANTIMYCOBACTERIAL AGENTS
mycophenolate DR tab (MYFORTIC equiv)	-	3	ASSORTED CLASSES
mycophenolate mofetil cap (CELLCEPT equiv)	-	2	ASSORTED CLASSES
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	3	ASSORTED CLASSES
mycophenolate mofetil tab (CELLCEPT equiv)	-	2	ASSORTED CLASSES
MYDAYIS CAP 12.5MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
MYDAYIS CAP 25MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
MYDAYIS CAP 37.5MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
MYDAYIS CAP 50MG	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
MYDCOMBI OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
MYDRIACYL OPHTH SOLN	-	4	OPHTHALMIC AGENTS
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	3	ESTROGENS
MYFORTIC TAB	-	4	ASSORTED CLASSES
MYHIBBIN SUSP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
MYLERAN TAB	SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
MYNATAL-Z TAB	-	4	MULTIVITAMINS
MYNEPHRON CAP	-	NC	MULTIVITAMINS
MYQORZO TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
MYRBETRIQ SUSP	-	NC	URINARY ANTISPASMODICS
MYRBETRIQ TAB	-	3	URINARY ANTISPASMODICS
MYSOLINE TAB	-	4	ANTICONVULSANTS
MYTESI TAB	-	NC	ANTIDIARRHEALS
nabumetone tab (RELAFEN equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
nadolol tab (CORGARD equiv)	-	3	BETA BLOCKERS
NAFLON CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAFTIFINE CREAM	-	4	DERMATOLOGICALS
naftifine cream (NAFTIN equiv)	-	4	DERMATOLOGICALS
naftifine hcl gel 2% (NAFTIN equiv)	-	NC	DERMATOLOGICALS
NAFTIN GEL 2%	-	NC	DERMATOLOGICALS
nalbuphine inj	M	6	ANALGESICS - OPIOID
naloxone hcl nasal spray (NARCAN equiv)	OTC	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
naloxone inj	-	2	ANTIDOTES
naloxone prefilled inj	-	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	3	ANTIDOTES AND SPECIFIC ANTAGONISTS
naltrexone tab (REVIA equiv)	-	2	ANTIDOTES
NAMENDA TAB	-	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR CAP	-	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMENDA XR TITRATION PACK	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAMZARIC CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
NAMZARIC STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NAPRELAN CR TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN EC TAB	-	4	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN EC TAB 500MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROSYN TAB	-	4	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN CREAM COMPOUND KIT	-	NC	DERMATOLOGICALS
naproxen EC tab (NAPROSYN EC equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
naproxen EC tab 500mg (NAPROSYN EC equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SOD ER TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen sodium tab (ANAPROX equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
NAPROXEN SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen susp (NAPROSYN equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naproxen tab (NAPROSYN equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
NARCAN NASAL SPRAY	OTC	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
NARDIL TAB 15MG	-	4	ANTIDEPRESSANTS
NASACORT OTC NASAL SPRAY	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
NASCOBAL SPRAY	-	4	HEMATOPOIETIC AGENTS
NATACYN OPHTH SUSP (QL= 15ml/fill)	QL	3	OPHTHALMIC AGENTS
NATAZIA TAB	-	1	CONTRACEPTIVES
nateglinide tab (STARLIX equiv)	-	3	ANTIDIABETICS
NATESTO GEL	-	NC	ANDROGENS-ANABOLIC
NATESTO NASAL GEL	-	NC	ANDROGENS-ANABOLIC
NATROBA SUSP (QL= 1 bottle/fill)	QL	4	DERMATOLOGICALS
NATROBA SUSP 0.90% (QL= 1 bottle/fill)	QL	4	DERMATOLOGICALS
NAYZILAM SPRAY (QL= 4 doses/fill)	QL	4	ANTICONVULSANTS
nebivolol hcl tab (BYSTOLIC equiv)	-	2	BETA BLOCKERS
NEBUPENT NEB SOLN	-	4	ANTI-INFECTIVE AGENTS - MISC.
NEBUSAL NEB SOLN	-	3	COUGH/COLD/ALLERGY
NEFAZODONE TAB	-	4	ANTIDEPRESSANTS
NEFFY SPRAY (QL= 2 doses/fill)	QL	3	VASOPRESSORS
NEMLUVIO INJ (QL= 1 inj/56 days)	PA-QL-SP	5	DERMATOLOGICALS
NENDRUX GEL	-	NC	DERMATOLOGICALS
NEO/BAC/POLY OPHTH OINT	-	2	OPHTHALMIC AGENTS
NEO/POLY/BAC/HC OPHTH OINT	-	2	OPHTHALMIC AGENTS
neomycin tab	-	2	AMINOGLYCOSIDES
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	2	OPHTHALMIC AGENTS
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	-	2	OTIC AGENTS
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv)	-	2	OTIC AGENTS
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	2	OPHTHALMIC AGENTS
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	2	OPHTHALMIC AGENTS
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
NEONATAL 19 TAB	-	4	MULTIVITAMINS
NEONATAL FE TAB	-	4	MULTIVITAMINS
NEORAL CAP	-	4	ASSORTED CLASSES

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
NEORAL SOLN	-	4	ASSORTED CLASSES
NEOSALUS FOAM	-	NC	DERMATOLOGICALS
NEOSALUS LOTION	-	NC	DERMATOLOGICALS
NEOSPORIN OPHTH SOLN	-	4	OPHTHALMIC AGENTS
NEO-SYNALAR CREAM	-	NC	DERMATOLOGICALS
NEPHRON FA TAB	-	3	HEMATOPOIETIC AGENTS
NEPTAZANE TAB	-	4	DIURETICS
NEREUS CAP	-	NC	ANTIEMETICS
NERLYNX TAB (QL= 6 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEULASTA INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPOGEN INJ	-	NC	HEMATOPOIETIC AGENTS
NEUPRO PATCH	-	4	ANTIPARKINSON AGENTS
NEURONTIN CAP (QL= 9 caps/day)	QL	4	ANTICONVULSANTS
NEURONTIN SOLN (QL= 72 mls/day)	QL	4	ANTICONVULSANTS
NEURONTIN TAB 600MG (QL= 6 tabs/day)	QL	4	ANTICONVULSANTS
NEURONTIN TAB 800MG (QL= 4.5 tabs/day)	QL	4	ANTICONVULSANTS
NEVANAC OPHTH SUSP	-	3	OPHTHALMIC AGENTS
NEVIRAPINE ER TAB	-	3	ANTIVIRALS
nevirapine ER tab (VIRAMUNE XR equiv)	-	3	ANTIVIRALS
NEVIRAPINE SUSP	-	3	ANTIVIRALS
nevirapine tab (VIRAMUNE equiv)	-	2	ANTIVIRALS
NEXAVAR TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NEXICLON XR TAB	-	NC	ANTIHYPERTENSIVES
NEXIUM CAP (Rx Only)	-	4	ULCER DRUGS
NEXIUM GRANULE PACK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
NEXLETOL TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	3	ANTIHYPERLIPIDEMICS
NEXLIZET TAB (QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	3	ANTIHYPERLIPIDEMICS
NEXPLANON IMPLANT	-	1	CONTRACEPTIVES
NEXTSTELLIS TAB	-	1	CONTRACEPTIVES
NGENLA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
niacin ER tab (NIASPAN equiv)	-	2	ANTIHYPERLIPIDEMICS
NIACOR TAB	-	NC	ANTIHYPERLIPIDEMICS
NIASPAN ER TAB	-	4	ANTIHYPERLIPIDEMICS
nicardipine cap (CARDENE equiv)	-	4	CALCIUM CHANNEL BLOCKERS
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nifedipine cap (PROCARDIA equiv)	-	2	CALCIUM CHANNEL BLOCKERS
nifedipine ER tab (ADALAT CC equiv)	-	2	CALCIUM CHANNEL BLOCKERS
NILOTINB TAR CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NILOTINIB D-TAR CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nilotinib hcl cap (TASIGNA equiv)	PA-SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NILUTAMIDE TAB	SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nilutamide tab (NILANDRON equiv)	SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nimodipine cap (NIMOTOP equiv)	-	4	CALCIUM CHANNEL BLOCKERS
NINLARO CAP	PA-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
nintedanib esylate cap (OFEV equiv) (QL= 2 caps/day)	PA-QL	2	RESPIRATORY AGENTS - MISC.
NIRAVAM ODT	-	4	ANTIANXIETY AGENTS
nisoldipine ER tab (SULAR equiv)	-	4	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	4	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER TAB 25.5MG	-	4	CALCIUM CHANNEL BLOCKERS
NISOLDIPINE ER, SULAR ER TAB	-	4	CALCIUM CHANNEL BLOCKERS
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	3	ANTI-INFECTIVE AGENTS - MISC.
nitisinone cap (ORFADIN equiv)	PA-SP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
NITRO-DUR PATCH	-	4	ANTIANGINAL AGENTS
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	4	ANTIANGINAL AGENTS
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin monohydrate cap (MACROBID equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization required for members age 9 years and older)	PA	4	ANTI-INFECTIVE AGENTS - MISC.
NITROFURANTOIN SUSP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
NITROGLYCERIN ER CAP	-	2	ANTIANGINAL AGENTS
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	4	ANTIANGINAL AGENTS
nitroglycerin oint	-	3	ANTIANGINAL AGENTS
nitroglycerin oint (RECTIV equiv)	-	4	ANORECTAL AND RELATED PRODUCTS
nitroglycerin patch (NITRO-DUR equiv)	-	2	ANTIANGINAL AGENTS
nitroglycerin SL tab (NITROSTAT equiv)	-	2	ANTIANGINAL AGENTS
NITROLINGUAL PUMP SPRAY	-	4	ANTIANGINAL AGENTS
NITROSTAT SL TAB	-	4	ANTIANGINAL AGENTS

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
NITYR TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NIVESTYM INJ	SP	5	HEMATOPOIETIC AGENTS
NIZATIDINE CAP	-	2	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
nizatidine cap (AXID equiv)	-	2	ULCER DRUGS
NIZORAL SHAMPOO	-	4	DERMATOLOGICALS
NOCDURNA SL TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NOCTIVA EMULSION SPRAY	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
NORDITROPIN INJ, NUTROPIN AQ INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	1	CONTRACEPTIVES
norethindrone acetate/ethinyl estradial FE chew tab (MINASTRIN equiv)	-	1	CONTRACEPTIVES
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	-	1	CONTRACEPTIVES
norethindrone tab (NORA-QD equiv)	-	1	CONTRACEPTIVES
norethindrone tab (AYGESTIN equiv)	-	2	PROGESTINS
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	1	CONTRACEPTIVES
NORGESIC TAB FORTE	-	NC	MUSCULOSKELETAL THERAPY AGENTS
NORGESIC TAB, ORPHENADRINE/ASPIRIN/CAFFEINE TAB 25-385-30MG	-	4	MUSCULOSKELETAL THERAPY AGENTS
NORITATE CREAM	-	NC	DERMATOLOGICALS
NORLIQVA ORAL SOLN (Prior Authorization required for members age 9 years and older)	PA	4	CALCIUM CHANNEL BLOCKERS
NORPACE CAP	-	4	ANTIARRHYTHMICS
NORPACE CR CAP	-	3	ANTIARRHYTHMICS
NORPRAMIN TAB	-	4	ANTIDEPRESSANTS
NOR-QD TAB	-	4	CONTRACEPTIVES
NORTHERA CAP	-	NC	VASOPRESSORS
nortrel tab (OVCON 35 equiv)	-	1	CONTRACEPTIVES
nortriptyline cap (PAMELOR equiv)	-	2	ANTIDEPRESSANTS
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	2	ANTIDEPRESSANTS
NORVASC TAB	-	4	CALCIUM CHANNEL BLOCKERS
NORVIR POWDER PACK	-	3	ANTIVIRALS
NORVIR TAB	-	4	ANTIVIRALS
NOURIANZ TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
NOVACORT GEL	-	NC	DERMATOLOGICALS
NOVAVAX INJ (QL= 1 dose/24 days)	QL-VAC	1	VACCINES
NOVOEIGHT INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
NOVOFINE PEN NEEDLE	OTC	2	MEDICAL DEVICES AND SUPPLIES
NOVOLIN 70/30 FLEXPEN INJ	OTC	NC	ANTIDIABETICS
NOVOLIN 70/30 FLEXPEN RELION INJ	OTC	NC	ANTIDIABETICS
NOVOLIN 70/30 INJ	OTC	NC	ANTIDIABETICS
NOVOLIN 70/30 RELION INJ	OTC	NC	ANTIDIABETICS
NOVOLIN N FLEXPEN INJ	OTC	NC	ANTIDIABETICS
NOVOLIN N INJ	OTC	NC	ANTIDIABETICS
NOVOLIN N RELION 100UNIT/ML	OTC	NC	ANTIDIABETICS

Drug Name	Special Code	Tier	Category
NOVOLIN R FLEXPEN INJ	OTC	NC	ANTIDIABETICS
NOVOLIN R INJ	OTC	NC	ANTIDIABETICS
NOVOLIN R RELION INJ	OTC	NC	ANTIDIABETICS
NOVOLOG FLEXPEN INJ	-	NC	ANTIDIABETICS
NOVOLOG FLEXPEN RELION INJ	-	NC	ANTIDIABETICS
NOVOLOG INJ	-	NC	ANTIDIABETICS
NOVOLOG MIX FLEXPEN INJ	-	NC	ANTIDIABETICS
NOVOLOG MIX INJ	-	NC	ANTIDIABETICS
NOVOLOG PENFILL INJ	-	NC	ANTIDIABETICS
NOVOSEVEN RT INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
NOVYRA TAB	-	NC	MULTIVITAMINS
NOXAFIL PAK	-	4	ANTIFUNGALS
NOXAFIL SUSP	-	4	ANTIFUNGALS
NOXAFIL TAB	-	NC	ANTIFUNGALS
NUBEQA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
NUCALA INJ (QL= 1 inj/28 days)	PA-QL-SP	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
NUCARACLINPA KIT	-	NC	DERMATOLOGICALS
NUCARARXPAK KIT	-	NC	DERMATOLOGICALS
NUCORT LOTION	-	4	DERMATOLOGICALS
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	3	ANALGESICS - OPIOID
NUCYNTA TAB	-	4	ANALGESICS - OPIOID
NUDERMRXPAK PAK	-	NC	DERMATOLOGICALS
NUEDEXTA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
nulido pad (NULIDO equiv)	-	NC	DERMATOLOGICALS
NUPLAZID CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUPLAZID TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
NUTRICHEW CHEW 29-1 MG	-	NC	MULTIVITAMINS
NUTRITIONAL SUPPLEMENT LIQUID	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
NUTRITIONAL SUPPLEMENT PACK	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
NUTRITIONAL SUPPLEMENT POWDER	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
NUVAKAAN II KIT	-	NC	DERMATOLOGICALS
NUVIGIL TAB (QL= 1 tab/day)	QL	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
NUWIQ INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
NUWIQ KIT	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
NUZOLVENCE GRANULE PACK	-	NC	ANTI-INFECTIVE AGENTS - MISC.
NUZYRA TAB	-	NC	TETRACYCLINES
NYATA KIT	-	NC	DERMATOLOGICALS
NYMALIZE SOLN	-	NC	CALCIUM CHANNEL BLOCKERS
NYPOZI INJ	-	NC	HEMATOPOIETIC AGENTS
nystatin cream (MYCOSTATIN CREAM equiv)	-	2	DERMATOLOGICALS
nystatin oint	-	2	DERMATOLOGICALS
nystatin susp	-	2	MOUTH/THROAT/DENTAL AGENTS

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
NYSTATIN SUSP	-	NC	MOUTH/THROAT/DENTAL AGENTS
nystatin tab	-	2	ANTIFUNGALS
nystatin topical powder	-	2	DERMATOLOGICALS
nystatin/triamcinolone cream	-	2	DERMATOLOGICALS
nystatin/triamcinolone oint	-	2	DERMATOLOGICALS
NYVEPRIA INJ	SP	5	HEMATOPOIETIC AGENTS
OBIZUR INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
OCALIVA TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
octreotide inj (SANDOSTATIN equiv)	SP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCTREOTIDE INJ 100MCG	SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
OCUFLOX OPHTH SOLN	-	4	OPHTHALMIC AGENTS
ODACTRA SL TAB	PA	4	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
ODEFSEY TAB	-	3	ANTIVIRALS
ODOMZO CAP (QL= 1 cap/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OFEV CAP	-	NC	RESPIRATORY AGENTS - MISC.
ofloxacin ophth soln (OCUFLOX equiv)	-	2	OPHTHALMIC AGENTS
ofloxacin otic soln (FLOXIN equiv)	-	2	OTIC AGENTS
OFLOXACIN TAB	-	2	FLUOROQUINOLONES
OGSIVEO TAB (QL= 2 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OGSIVEO TAB 50MG (QL= 6 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OHTUVAYRE SUSP (QL= 60 ampules/30 days)	PA-QL-SP	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
OJEMDA SUSP (QL= 96ml/28 days)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OJEMDA TAB (QL= 24 tabs/28 days)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
OJJAARA TAB (QL= 1 tab/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
olanzapine ODT (ZYPREXA equiv)	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine tab (ZYPREXA equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
OLLIZAC POWDER	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
olmesartan tab (BENICAR equiv)	-	2	ANTIHYPERTENSIVES
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	2	ANTIHYPERTENSIVES
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	2	ANTIHYPERTENSIVES
olopatadine nasal spray (PATANASE equiv)	-	3	NASAL AGENTS - SYSTEMIC AND TOPICAL
olopatadine ophth soln (PATANOL equiv)	-	NC	OPHTHALMIC AGENTS
OLPRUVA PACK	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
OLUMIANT TAB (QL= 1 tab/day)	PA-QL-SP	5	ANALGESICS - ANTI-INFLAMMATORY
OLUX E FOAM	-	NC	DERMATOLOGICALS
OLUX FOAM	-	4	DERMATOLOGICALS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
omega-3 DR cap	OTC	EXC	NUTRIENTS
omega-3 fatty acids cap	OTC	EXC	NUTRIENTS
OMEGA-3 FATTY ACIDS CAP DELAYED RELEASE	OTC	EXC	NUTRIENTS
OMEGA-3 RX PAK COMPLETE	-	NC	ANTIHYPERLIPIDEMICS
omega-3-acid ethyl esters cap (LOVAZA equiv)	-	2	ANTIHYPERLIPIDEMICS
omeprazole DR cap (PRILOSEC equiv)	-	2	ULCER DRUGS
omeprazole tab	OTC	EXC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC	ULCER DRUGS
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC	ULCER DRUGS
OMLONTI OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
OMLYCLO SYRINGE (QL= 2 inj/28 days)	PA-QL-SP	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
OMLYCLO SYRINGE 150MG/ML (QL= 2 inj/28 days)	PA-QL-SP	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
OMLYCLO SYRINGE 300MG/2ML (QL= 1 inj/28 days)	PA-QL-SP	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
OMNARIS NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
OMNICEF SUSP	-	4	CEPHALOSPORINS
OMNIPAQUE INJ	-	NC	DIAGNOSTIC PRODUCTS
OMNIPAQUE SOLN	-	NC	DIAGNOSTIC PRODUCTS
OMNIPOD 5 DEX G7G6 INTRO KIT (QL= 1 kit/year)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 DEX G7G6 PODS (QL= 10 pods/month)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 G7 MIS PODS (QL= 10 pods/30 days)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT (QL= 1 kit/year)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 LIBRE2 PLUS G6 PODS (QL= 10 pods/30 days)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH INTRO KIT (QL= 1 kit/year)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PDM KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD GO KIT (QL= 10 pods/month)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	3	MEDICAL DEVICES AND SUPPLIES
OMNITROPE INJ	PA-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
OMVOH INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
ONAPGO INJ	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
ondansetron ODT (ZOFRAN equiv)	-	2	ANTIEMETICS
ondansetron soln (ZOFRAN equiv)	-	2	ANTIEMETICS
ondansetron tab (ZOFRAN equiv)	-	2	ANTIEMETICS
ONDANSETRON TAB	-	NC	ANTIEMETICS
ONDANSETRON TAB ODT	-	NC	ANTIEMETICS
ONEXTON GEL1.2-3.75%	-	NC	DERMATOLOGICALS
ONFI SUSP (Prior Authorization required for members age 9 years and older)	PA	4	ANTICONVULSANTS
ONFI TAB	-	NC	ANTICONVULSANTS
ONGLYZA TAB	-	NC	ANTIDIABETICS
ONTRALFY ORAL SOLN	-	NC	MUSCULOSKELETAL THERAPY AGENTS

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
ONUREG TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ONYCHO-MED KIT	-	NC	DERMATOLOGICALS
ONYDA XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
ONZETRA XSAIL	-	NC	MIGRAINE PRODUCTS
OPANA TAB	-	NC	ANALGESICS - OPIOID
OPILL TAB	OTC	1	CONTRACEPTIVES
OPIPZA FILM	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
OPIUM TINCTURE	-	NC	ANTIDIARRHEAL/PROBIOTIC AGENTS
OPSUMIT TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
OPSYNVI TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
OPVEE NASAL SPRAY	-	3	ANTIDOTES AND SPECIFIC ANTAGONISTS
OPZELURA CREAM (QL= 12 tubes/year)	PA-QL	4	DERMATOLOGICALS
ORACEA CAP	-	NC	DERMATOLOGICALS
ORACIT SOLN	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
ORALAIR SL TAB	-	NC	BIOLOGICALS MISC
ORAP TAB	-	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ORAPRED ODT TAB, PREDNISOLONE ODT TAB	-	4	CORTICOSTEROIDS
ORAPRED SOLN	-	4	CORTICOSTEROIDS
ORAVIG TAB	-	NC	MOUTH/THROAT/DENTAL AGENTS
ORENCIA CLICK INJ (QL= 4 inj/28 days)	PA-QL-SP	5	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	PA-QL-SP	5	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	PA-QL-SP	5	ANALGESICS - ANTI-INFLAMMATORY
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	PA-QL-SP	5	ANALGESICS - ANTI-INFLAMMATORY
ORENITRAM TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORENITRAM TAB MONTH PAK	-	NC	CARDIOVASCULAR AGENTS - MISC.
ORFADIN CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORFADIN SUSP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORGOVYX TAB (QL= 30 tabs/28 days)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	3	ESTROGENS
ORILISSA TAB 150MG (QL= 1 tab/day)	PA-QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORILISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
ORKAMBI GRANULES PACKET (QL= 2 packets/day)	PA-QL-SP	5	RESPIRATORY AGENTS - MISC.
ORKAMBI TAB (QL= 4 tabs/day)	PA-QL-SP	5	RESPIRATORY AGENTS - MISC.
ORLADEYO CAP (QL= 1 cap/day)	PA-QL-SP	5	HEMATOLOGICAL AGENTS - MISC.
ORLADEYO PACK (QL= 1 packet/day)	PA-QL-SP	5	HEMATOLOGICAL AGENTS - MISC.
ORLYNVAH TAB	-	NC	ANTI-INFECTIVE AGENTS - MISC.
orphenadrine citrate ER tab (NORFLEX equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
ORSERDU TAB (QL= 3 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ORSERDU TAB 345MG (QL= 1 tab/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
ORTHO TRI-CYCLEN (LO) TAB	-	4	CONTRACEPTIVES
ORTHO-CYCLEN TAB	-	4	CONTRACEPTIVES
ORTIKOS ER CAP	-	NC	CORTICOSTEROIDS
ORUDIS CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	2	ANTIVIRALS
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	2	ANTIVIRALS
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	3	ANTIVIRALS
OSMOLEX ER TAB	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
OSMOPREP TAB	-	NC	LAXATIVES
OSPHENA TAB	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
OTEZLA STARTER PACK (QL= 1 pack/28 days)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA TAB (QL= 2 tabs/day)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA XR TAB (QL= 1 tab/day)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
OTEZLA/OTEZLA XR STARTER PACK (QL= 1 pack/28 days)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
otomax-HC otic soln (CORTANE-B equiv)	-	NC	OTIC AGENTS
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC	OTIC AGENTS
OTULFI INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
OTULFI, USTEKINUMAB-AAUZ SYRINGE	-	NC	DERMATOLOGICALS
OVACE PLUS CREAM	-	4	DERMATOLOGICALS
OVACE PLUS GEL WASH	-	NC	DERMATOLOGICALS
OVACE PLUS LIQ WASH 10%	-	4	DERMATOLOGICALS
OVACE PLUS LOTION	-	NC	DERMATOLOGICALS
OVACE PLUS SHAMPOO	-	NC	DERMATOLOGICALS
OVACE PLUS FOAM	-	NC	DERMATOLOGICALS
OVCON 35 TAB	-	4	CONTRACEPTIVES
OVEEZA CAP	-	NC	HEMATOPOIETIC AGENTS
OVIDE LOTION (QL= 2 bottles/fill)	QL	4	DERMATOLOGICALS
OVIDREL INJ	INF	EXC	ENDOCRINE AND METABOLIC AGENTS - MISC.
oxaprozin tab (DAYPRO equiv)	-	3	ANALGESICS - ANTI-INFLAMMATORY
oxazepam cap (SERAX equiv)	-	3	ANTIANXIETY AGENTS
OXBRYTA TAB	-	NC	HEMATOPOIETIC AGENTS
OXBRYTA TAB FOR ORAL SUSP	-	NC	HEMATOPOIETIC AGENTS
oxcarbazepine er tab (OXTELLAR equiv)	-	NC	ANTICONVULSANTS
oxcarbazepine susp (TRILEPTAL equiv)	-	2	ANTICONVULSANTS
oxcarbazepine tab (TRILEPTAL equiv)	-	2	ANTICONVULSANTS
OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime)	PA-QL-SP	5	OPHTHALMIC AGENTS
OXIANUJO CREAM	-	NC	DERMATOLOGICALS
oxiconazole nitrate cream (OXISTAT equiv)	-	4	DERMATOLOGICALS
OXISTAT CREAM	-	NC	DERMATOLOGICALS
OXISTAT LOTION	-	NC	DERMATOLOGICALS
OXSORALEN ULTRA CAP	-	4	DERMATOLOGICALS
OXTELLAR XR TAB	-	NC	ANTICONVULSANTS
oxybutynin ER tab (DITROPAN XL equiv)	-	2	URINARY ANTISPASMODICS
oxybutynin syrup	-	2	URINARY ANTISPASMODICS
oxybutynin tab (DITROPAN equiv)	-	2	URINARY ANTISPASMODICS
oxybutynin tab 2.5mg	-	NC	URINARY ANTISPASMODICS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
oxycodone cap (OXYIR equiv)	-	2	ANALGESICS - OPIOID
oxycodone conc (ROXICODONE equiv)	-	3	ANALGESICS - OPIOID
oxycodone soln (ROXICODONE equiv)	-	3	ANALGESICS - OPIOID
oxycodone tab (ROXICODONE equiv)	-	2	ANALGESICS - OPIOID
OXYCODONE TAB	-	NC	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN	-	3	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC	ANALGESICS - OPIOID
oxycodone/acetaminophen tab (PERCOCET equiv)	-	2	ANALGESICS - OPIOID
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	NC	ANALGESICS - OPIOID
OXYCONTIN CR TAB	-	NC	ANALGESICS - OPIOID
OXYIR CAP	-	3	ANALGESICS - OPIOID
oxymetazoline hcl cream (RHOFADE equiv)	-	EXC	DERMATOLOGICALS
oxymorphone tab (OPANA equiv)	-	3	ANALGESICS - OPIOID
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3	ANTIDIABETICS
OZEMPIC TAB, RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3	ANTIDIABETICS
PALFORZIA POWDER PACK	PA-SP	5	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
PALFORZIA SPRINKLE CAP	PA-SP	5	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
paliperidone ER tab (INVEGA equiv)	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PALSONIFY TAB (QL= 2 tabs/day)	PA-QL-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
PALYNZIQ INJ (QL= 1 inj/day)	PA-QL-SF-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
PAMELOR CAP	-	4	ANTIDEPRESSANTS
PANCREAZE CAP, PERTZYE CAP	-	NC	DIGESTIVE AIDS
PANDEL CREAM	-	NC	DERMATOLOGICALS
PANRETIN GEL	-	NC	DERMATOLOGICALS
pantoprazole EC tab (PROTONIX equiv)	-	2	ULCER DRUGS
pantoprazole sodium packet (PROTONIX PAK equiv)	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
paramox hc gel (NOVACORT GEL equiv)	-	NC	DERMATOLOGICALS
PAREGORIC TINCTURE	-	NC	ANTIDIARRHEALS
paricalcitol cap (ZEMPLAR equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
PARLODEL CAP	-	4	ANTIPARKINSON AGENTS
PARLODEL TAB	-	4	ANTIPARKINSON AGENTS
PARNATE TAB	-	4	ANTIDEPRESSANTS
paroxetine cap (BRISDELLE equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
paroxetine ER tab (PAXIL CR equiv)	-	3	ANTIDEPRESSANTS
PAROXETINE SUSP	-	4	ANTIDEPRESSANTS
paroxetine tab (PAXIL equiv)	-	2	ANTIDEPRESSANTS
PASER GRANULE	-	4	ANTIMYCOBACTERIAL AGENTS
PATANASE NASAL SPRAY	-	4	NASAL AGENTS - SYSTEMIC AND TOPICAL
PAXIL CR TAB	-	4	ANTIDEPRESSANTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
PAXIL ORAL SUSP	-	4	ANTIDEPRESSANTS
PAXIL TAB	-	4	ANTIDEPRESSANTS
PAXLOVID PAK (QL= 11 tabs/90 days)	QL	3	ANTIVIRALS
PAXLOVID TAB 150-100MG (QL= 20 tabs/90 days)	QL	3	ANTIVIRALS
PAXLOVID TAB 300-100MG (QL= 30 tabs/90 days)	QL	3	ANTIVIRALS
pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day)	PA-QL-SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PAZOPANIB TAB 400MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEAK FLOW METER	OTC	2	MEDICAL DEVICES AND SUPPLIES
PEDIARIX INJ	VAC	1	TOXOIDS
pediatric multiple vitamins/fluoride soln	-	NC	MULTIVITAMINS
pediatric multiple vitamins/fluoride/iron soln	-	NC	MULTIVITAMINS
PEDIZOLPAK THERAPY PACK	-	NC	DERMATOLOGICALS
PEDVAXHIB INJ	VAC	1	VACCINES
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/365 days; $0 copay for members age 45-75 years; All other members covered at generic copay)	QL	1	LAXATIVES
peg 3350/electrolytes soln (COLYTE equiv) (QL= 2 fills/365 days; $0 copay for members age 45-75 years; All other members covered at generic copay)	QL	1	LAXATIVES
peg 3350/electrolytes soln (NULYTELY equiv) (QL= 2 fills/365 days; $0 copay for members age 45-75 years; All other members covered at generic copay)	QL	1	LAXATIVES
PEGASYS INJ	SP	5	ANTIVIRALS
PEG-PREP KIT	-	NC	LAXATIVES
PELLIX SOLN	-	NC	DERMATOLOGICALS
PEMAZYRE TAB (QL= 1 tab/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PEN NEEDLE	OTC	NC	MEDICAL DEVICES AND SUPPLIES
PENBRAYA INJ	VAC	1	VACCINES
penciclovir cream (DENAVIR equiv)	-	4	DERMATOLOGICALS
penicillamine tab (DEPEN TITRATAB equiv)	-	3	MISCELLANEOUS THERAPEUTIC CLASSES
penicilliamine cap (CUPRIMINE equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
penicillin vk tab (VEETIDS equiv)	-	2	PENICILLINS
PENICILLN VK SOLN	-	2	PENICILLINS
PENICILLN VK SOLN 125MG/5ML	-	NC	PENICILLINS
PENICILLN VK SOLN 250MG/5ML	-	NC	PENICILLINS
PENLAC SOLN	-	NC	DERMATOLOGICALS
PENMENVY INJ	VAC	1	VACCINES
PENNSAID SOLN	-	NC	DERMATOLOGICALS
PENTACEL INJ	VAC	1	TOXOIDS
pentamidine neb soln (NEBUPENT equiv)	-	3	ANTI-INFECTIVE AGENTS - MISC.
PENTASA CR CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
PENTAZOCINE/NALOXONE TAB	-	4	ANALGESICS - OPIOID
pentazocine/naloxone tab (TALWIN NX equiv)	-	4	ANALGESICS - OPIOID
PENTOSAN CAP	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
pentoxifylline ER tab (TRENTAL equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
PEPCID SUSP	-	4	ULCER DRUGS
PEPCID TAB (Rx Only)	-	4	ULCER DRUGS

Drug Name	Special Code	Tier	Category
perampanel susp (FYCOMPA equiv)	-	NC	ANTICONVULSANTS
perampanel tab (FYCOMPA equiv)	-	NC	ANTICONVULSANTS
PERCOCET TAB	-	4	ANALGESICS - OPIOID
PERFOROMIST NEB SOLN	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PERIDEX SOLN	-	4	MOUTH/THROAT/DENTAL AGENTS
PERINDOPRIL TAB	-	2	ANTIHYPERTENSIVES
perindopril tab (ACEON equiv)	-	2	ANTIHYPERTENSIVES
permethrin cream (ELIMITE CREAM equiv)	-	2	DERMATOLOGICALS
perphenazine tab (TRILAFON equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PERPHENAZINE/ AMITRIPTYLINE TAB	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PEXEVA TAB	-	NC	ANTIDEPRESSANTS
PHEBURANE ORAL PELLETS	SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
PHENAZOPYRIDINE TAB	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
phenazopyridine tab (PYRIDIUM equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
PHENDIMETRAZINE ER TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
phendimetrazine tab (BONTRIL PDM equiv)	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
PHENELZINE SULFATE TAB	-	2	ANTIDEPRESSANTS
phenelzine tab (NARDIL equiv)	-	2	ANTIDEPRESSANTS
phenobarbital elixir	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
PHENOBARBITAL ELXIR	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
phenobarbital tab	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
PHENOBARBITAL TAB 100MG	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
PHENOBARBITAL TAB 15MG	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
PHENOBARBITAL TAB 16.2MG	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
PHENOBARBITAL TAB 30MG	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
PHENOBARBITAL TAB 32.4MG	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
PHENOBARBITAL TAB 60MG	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
PHENOBARBITAL TAB 64.8MG	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
PHENOBARBITAL TAB 97.2MG	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
phenoxybenzamine cap (DIBENZYLINE equiv)	-	3	ANTIHYPERTENSIVES
phentermine tab 8mg, lomaira tab 8mg	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
phenylephrine ophth soln (MYDFRIN equiv)	-	2	OPHTHALMIC AGENTS
phenytoin cap (DILANTIN equiv)	-	2	ANTICONVULSANTS
phenytoin chew tab (DILANTIN equiv)	-	3	ANTICONVULSANTS
phenytoin susp (DILANTIN equiv)	-	2	ANTICONVULSANTS
PHEXXI GEL (QL= 1 box/fill)	QL	1	VAGINAL AND RELATED PRODUCTS
PHOSLO CAP	-	4	GASTROINTESTINAL AGENTS - MISC.
PHOSPHA 250 NEUTRAL TAB	-	2	MINERALS & ELECTROLYTES
PHOSPHOLINE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PHOSPHO-TRIN K500 TAB	-	3	MINERALS & ELECTROLYTES
PHOTREXA OP KIT	-	NC	OPHTHALMIC AGENTS
PHOTREXA VISCOUS OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PHYRAGO TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
phytonadione tab (MEPHYTON equiv)	-	3	VITAMINS
PIFELTRO TAB	-	3	ANTIVIRALS
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	2	OPHTHALMIC AGENTS
pilocarpine tab (SALAGEN equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
pimecrolimus cream (ELIDEL equiv) (Covered for members age 2 years and older)	-	3	DERMATOLOGICALS
pimozide tab (ORAP equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pindolol tab (VISKEN equiv)	-	2	BETA BLOCKERS
pioglitazone tab (ACTOS equiv)	-	2	ANTIDIABETICS
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC	ANTIDIABETICS
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC	ANTIDIABETICS
PIQRAY TAB	PA-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)	PA-QL	2	RESPIRATORY AGENTS - MISC.
PIRFENIDONE TAB	-	NC	RESPIRATORY AGENTS - MISC.
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	PA-QL	2	RESPIRATORY AGENTS - MISC.
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	PA-QL	2	RESPIRATORY AGENTS - MISC.
piroxicam cap (FELDENE equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
pitavastatin calcium tab (LIVALO equiv)	-	3	ANTIHYPERLIPIDEMICS
PIVOT INSULIN PUMP STARTER KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
PIVOT SUPPLY KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
PIVYA TAB	-	NC	PENICILLINS
PLAN B TAB	OTC	1	CONTRACEPTIVES
PLAQUENIL TAB	-	4	ANTIMALARIALS
PLAVIX TAB 300MG	-	NC	HEMATOLOGICAL AGENTS - MISC.
PLAVIX TAB 75MG	-	4	HEMATOLOGICAL AGENTS - MISC.
PLEGRIDY INJ	SP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLEGRIDY PEN INJ	SP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PLENITY CAP	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
PLENVU SOLN	-	NC	LAXATIVES
plerixafor subcutaneous inj (MOZOBIL equiv)	-	NC	HEMATOPOIETIC AGENTS
PLEXION CREAM 9.8-4.8%	-	NC	DERMATOLOGICALS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
PLIAGLIS CREAM	-	NC	DERMATOLOGICALS
PLIAGLIS KIT	-	NC	DERMATOLOGICALS
PNEUMOVAX INJ	VAC	1	VACCINES
PNV PRENATOL TAB 27-1 MG	-	NC	MULTIVITAMINS
PODIAPN CAP	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
PODOCON SOLN	-	3	DERMATOLOGICALS
podofilox gel (CONDYLOX equiv)	-	4	DERMATOLOGICALS
PODOFILOX SOLN	-	3	DERMATOLOGICALS
podofilox soln (CONDYLOX equiv)	-	3	DERMATOLOGICALS
POKONZA ORAL SOLN	-	NC	MINERALS & ELECTROLYTES
POKONZA POWDER	-	NC	MINERALS & ELECTROLYTES
POLYETHYLENE GLYCOL 8000 GRANULES	-	3	PHARMACEUTICAL ADJUVANTS
POLY-IRON CAP 150 FORTE	-	2	HEMATOPOIETIC AGENTS
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	2	OPHTHALMIC AGENTS
POLYTRIM OPHTH SOLN	-	4	OPHTHALMIC AGENTS
POLY-TUSSIN DM SYRUP	-	NC	COUGH/COLD/ALLERGY
POLY-VI-FLOR SUSP	-	NC	MULTIVITAMINS
pomalidomide cap (POMALYST equiv) (QL= 21 caps/28 days)	PA-QL-SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
POMALYST CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
PONSTEL CAP	-	4	ANALGESICS - ANTI-INFLAMMATORY
PONVORY TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
PONVORY TAB STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
posaconazole DR tab (NOXAFIL equiv)	-	4	ANTIFUNGALS
posaconazole susp (NOXAFIL equiv)	-	4	ANTIFUNGALS
POTABA CAP	-	4	VITAMINS
potassium bicarbonate effer tab (K-LYTE equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride ER cap (MICRO-K equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride ER tab (K-TAB equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride micro tab (K-DUR equiv)	-	2	MINERALS & ELECTROLYTES
potassium chloride powder packet (KLOR-CON equiv)	-	3	MINERALS & ELECTROLYTES
potassium chloride soln	-	3	MINERALS & ELECTROLYTES
POTASSIUM CHLORIDE TAB ER	-	2	MINERALS & ELECTROLYTES
potassium citrate CR tab (UROCIT-K equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
POTASSIUM IODIDE ORAL SOLN	-	NC	COUGH/COLD/ALLERGY
PRADAXA CAP	-	4	ANTICOAGULANTS
PRADAXA PELLET PACK	-	NC	ANTICOAGULANTS
pramipexole ER tab (MIRAPEX ER equiv)	-	4	ANTIPARKINSON AGENTS
pramipexole tab (MIRAPEX equiv)	-	2	ANTIPARKINSON AGENTS
PRAMOSONE CREAM 1%	-	NC	DERMATOLOGICALS
PRAMOSONE CREAM 2.5-1%	-	NC	DERMATOLOGICALS
PRAMOSONE LOTION	-	NC	DERMATOLOGICALS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
PRAMOSONE OINT	-	NC	DERMATOLOGICALS
PRANDIMET TAB	-	NC	ANTIDIABETICS
prasugrel tab (EFFIENT equiv)	-	2	HEMATOLOGICAL AGENTS - MISC.
pravastatin tab (PRAVACHOL equiv)	-	1	ANTIHYPERLIPIDEMICS
praziquantel tab (BILTRICIDE equiv)	-	3	ANTHELMINTICS
prazosin cap (MINIPRESS equiv)	-	2	ANTIHYPERTENSIVES
PRECISION XTRA KETONE TEST STRIP	OTC	NC	DIAGNOSTIC PRODUCTS
PRECISION XTRA METER	OTC	1	MEDICAL DEVICES AND SUPPLIES
PRECISION XTRA TEST STRIP	OTC	3	DIAGNOSTIC PRODUCTS
PRECOSE TAB	-	4	ANTIDIABETICS
PRED FORTE OPHTH SUSP	-	4	OPHTHALMIC AGENTS
PRED MILD OPHTH SOLN	-	3	OPHTHALMIC AGENTS
prednisolone acetate ophth susp (PRED FORTE equiv)	-	2	OPHTHALMIC AGENTS
prednisolone ODT (ORAPRED equiv)	-	3	CORTICOSTEROIDS
PREDNISOLONE OPHTH SUSP	-	2	OPHTHALMIC AGENTS
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
prednisolone soln	-	2	CORTICOSTEROIDS
prednisolone soln (PEDIAPRED equiv)	-	2	CORTICOSTEROIDS
PREDNISOLONE SOLN	-	4	CORTICOSTEROIDS
prednisolone tab (MILLIPRED equiv)	-	NC	CORTICOSTEROIDS
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
PREDNISONE DR TAB	-	NC	CORTICOSTEROIDS
PREDNISONE DR TAB, RAYOS DR TAB	-	NC	CORTICOSTEROIDS
prednisone pack	-	NC	CORTICOSTEROIDS
PREDNISONE SOLN	-	3	CORTICOSTEROIDS
prednisone tab (DELTASONE equiv)	-	2	CORTICOSTEROIDS
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC	CORTICOSTEROIDS
pregabalin cap (LYRICA equiv) (QL= 3 caps/day)	QL	2	ANTICONVULSANTS
pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day)	QL	2	ANTICONVULSANTS
pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day)	QL	2	ANTICONVULSANTS
pregabalin ER tab (LYRICA CR equiv)	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	3	ANTICONVULSANTS
PREGEN DHA CAP	-	NC	MULTIVITAMINS
PREGENNA TAB	-	NC	MULTIVITAMINS
PREHEVBRIO SUSP	VAC	1	VACCINES
PREMARIN TAB	-	4	ESTROGENS
PREMARIN VAGINAL CREAM	-	3	VAGINAL PRODUCTS
premasol inj	OTC	EXC	NUTRIENTS
PREMPHASE TAB, PREMPRO TAB	-	3	ESTROGENS
PRENACHEW CHEW	-	NC	MULTIVITAMINS
PRENARA CAP	-	NC	MULTIVITAMINS
PRENATABS RX TAB	-	2	MULTIVITAMINS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
PRENATAL 19 CHEW TAB	-	2	MULTIVITAMINS
PRENATAL 19 TAB	-	2	MULTIVITAMINS
PRENATAL VITAMINS (NON-PREFERRED)	-	4	VITAMINS
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	2	MULTIVITAMINS
PRENATE MAX TAB	-	NC	MULTIVITAMINS
PRENATOL-M TAB 27-1.2MG	-	NC	MULTIVITAMINS
PRENATRIX TAB	-	NC	MULTIVITAMINS
PRENATRYL TAB	-	NC	MULTIVITAMINS
PRESTALIA TAB	-	NC	ANTIHYPERTENSIVES
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	3	ANTIMYCOBACTERIAL AGENTS
PREVACID CAP	OTC	4	ULCER DRUGS
PREVACID SOLUTAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
PREVIDENT 5000 PASTE 1.1%	-	3	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT GEL	-	3	MOUTH/THROAT/DENTAL AGENTS
PREVIDENT SOLN 0.2%	-	3	MOUTH/THROAT/DENTAL AGENTS
PREVNAR 20 INJ	VAC	1	VACCINES
PREVYMIS PAK (QL= 4 packets/day; Limit 800 packets/365 days)	PA-QL-SP	5	ANTIVIRALS
PREVYMIS TAB (QL= 1 tab/day; Limit 200 tabs/365 days)	PA-QL-SP	5	ANTIVIRALS
PREZCOBIX TAB	-	3	ANTIVIRALS
PREZISTA SUSP	-	3	ANTIVIRALS
PREZISTA TAB	-	3	ANTIVIRALS
PREZISTA TAB	-	4	ANTIVIRALS
PRIFTIN TAB	-	NC	ANTIMYCOBACTERIAL AGENTS
PRILOSEC CAP	-	NC	ULCER DRUGS
primaquine tab (PRIMAQUINE equiv)	-	2	ANTIMALARIALS
PRIMAQUINE TAB	-	4	ANTIMALARIALS
primidone tab (MYSOLINE equiv)	-	2	ANTICONVULSANTS
PRIMIDONE TAB	-	NC	ANTICONVULSANTS
PRIMLEV TAB 10-300MG	-	NC	ANALGESICS - OPIOID
PRIMLEV TAB 5-300MG	-	NC	ANALGESICS - OPIOID
PRINIVIL TAB, ZESTRIL TAB	-	4	ANTIHYPERTENSIVES
PRIORIX INJ	VAC	1	VACCINES
PRISTIQ TAB	-	4	ANTIDEPRESSANTS
PROAIR RESPICLICK INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
probenecid tab (BENEMID equiv)	-	2	GOUT AGENTS
procainamide inj	-	NC	ANTIARRHYTHMICS
prochlorperazine supp (COMPAZINE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
prochlorperazine tab (COMPAZINE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
PROCORT CREAM	-	NC	ANORECTAL AGENTS
PROCRIT INJ	-	NC	HEMATOPOIETIC AGENTS
PROCTOCORT CREAM	-	4	DERMATOLOGICALS
PROCTOFOAM HC FOAM	-	3	ANORECTAL AGENTS
proctosol HC cream (ANUSOL HC equiv)	-	2	ANORECTAL AGENTS
PROCYSBI GRANULES PACKET	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
PRODRIN TAB	-	NC	MIGRAINE PRODUCTS
PROFILNINE INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
PROFINAC PAK	-	NC	DERMATOLOGICALS
progesterone cap (PROMETRIUM equiv)	-	2	PROGESTINS
progesterone oil inj	-	2	PROGESTINS
PROGESTERONE SUPP	PA	4	VAGINAL PRODUCTS
progesterone vaginal insert (ENDOMETRIN equiv)	-	NC	VAGINAL AND RELATED PRODUCTS
PROGLYCEM SUSP	-	4	ANTIDIABETICS
PROGRAF CAP	-	4	ASSORTED CLASSES
PROGRAF PACKET	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
PROLATE TAB 7.5-300MG	-	NC	ANALGESICS - OPIOID
PROLENSA OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
PROLIA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
PROMACTA POWDER	-	NC	HEMATOPOIETIC AGENTS
PROMACTA TAB	-	NC	HEMATOPOIETIC AGENTS
promethazine DM syrup	-	2	COUGH/COLD/ALLERGY
promethazine supp (PHENERGAN equiv)	-	3	ANTIHISTAMINES
promethazine syrup	-	2	ANTIHISTAMINES
promethazine tab (PHENERGAN equiv)	-	2	ANTIHISTAMINES
PROMETHAZINE VC SYRUP	-	2	COUGH/COLD/ALLERGY
promethazine VC syrup (PHENERGAN VC equiv)	-	2	COUGH/COLD/ALLERGY
PROMETHAZINE VC/CODEINE SYRUP	-	2	COUGH/COLD/ALLERGY
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	2	COUGH/COLD/ALLERGY
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	2	COUGH/COLD/ALLERGY
PROMETHEGAN SUPP	-	3	ANTIHISTAMINES
PROMETRIUM CAP	-	4	PROGESTINS
PROMISEB CREAM	-	NC	DERMATOLOGICALS
propafenone ER cap (RYTHMOL SR equiv)	-	3	ANTIARRHYTHMICS
propafenone tab (RYTHMOL equiv)	-	2	ANTIARRHYTHMICS
proparacaine ophth soln (ALCAINE equiv)	-	2	OPHTHALMIC AGENTS
propranolol ER cap (INDERAL LA equiv)	-	2	BETA BLOCKERS
propranolol hcl oral soln 20mg/5ml	-	2	BETA BLOCKERS
PROPRANOLOL SOLN	-	2	BETA BLOCKERS
propranolol tab (INDERAL equiv)	-	2	BETA BLOCKERS
propylthiouracil tab	-	2	THYROID AGENTS
PROQUAD INJ	VAC	1	VACCINES
PROQUIN XR TAB	-	NC	FLUOROQUINOLONES
PROSCAR TAB	-	4	GENITOURINARY AGENTS - MISCELLANEOUS
PROSED DS TAB	-	NC	URINARY ANTI-INFECTIVES
pro-stat liquid	OTC	EXC	NUTRIENTS
PROTEIN LIQUID	OTC	EXC	NUTRIENTS
protein oral liquid	OTC	EXC	NUTRIENTS
PROTEIN ORAL POWDER	OTC	EXC	NUTRIENTS
PROTHELIAL PASTE	-	NC	MOUTH/THROAT/DENTAL AGENTS
PROTONIX EC TAB	-	NC	ULCER DRUGS
PROTOPIC OINT	-	4	DERMATOLOGICALS
protriptyline tab (VIVACTIL equiv)	-	4	ANTIDEPRESSANTS

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
PROVERA TAB	-	4	PROGESTINS
PROVIGIL TAB (QL= 2 tabs/day)	QL	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
PROZAC CAP	-	4	ANTIDEPRESSANTS
PROZAC WEEKLY CAP	-	NC	ANTIDEPRESSANTS
prucalopride succinate tab (MOTEGRITY equiv) (QL= 1 tab/day)	QL	2	GASTROINTESTINAL AGENTS - MISC.
PULMICORT FLEXHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMICORT INH SUSP	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
PULMOZYME INH SOLN	SP	5	RESPIRATORY AGENTS - MISC.
PUREFOLIX TAB	-	NC	HEMATOPOIETIC AGENTS
PYLERA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
pyrazinamide tab	-	2	ANTIMYCOBACTERIAL AGENTS
PYRIDIUM TAB 100MG	-	4	GENITOURINARY AGENTS - MISCELLANEOUS
PYRIDIUM TAB 200MG	-	4	GENITOURINARY AGENTS - MISCELLANEOUS
pyridostigmine CR tab (MESTINON equiv)	-	3	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridostigmine tab (MESTINON equiv)	-	2	ANTIMYASTHENIC/CHOLINERGIC AGENTS
PYRIDOSTIGMINE TAB 30MG	-	NC	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyridstigmine soln (MESTINON equiv)	-	4	ANTIMYASTHENIC/CHOLINERGIC AGENTS
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day)	PA-QL-SP	2	ANTIMALARIALS
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC	ANTIMALARIALS
PYRUKYND TAB (QL= 2 tabs/day)	PA-QL-SP	5	HEMATOLOGICAL AGENTS - MISC.
PYRUKYND TAPER PACK (QL= 1 tab/day)	PA-QL-SP	5	HEMATOLOGICAL AGENTS - MISC.
PYZCHIVA INJ	-	NC	DERMATOLOGICALS
QBRELIS SOLN (Prior Authorization required for members age 9 years and older)	PA	4	ANTIHYPERTENSIVES
QBREXZA PAD	-	NC	DERMATOLOGICALS
QDOLO SOLN, TRAMADOL SOLN	-	NC	ANALGESICS - OPIOID
QELBREE ER CAP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
QFITLIA INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
QINLOCK TAB (QL= 3 tabs/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
QLOSI OPHTH SOLN, VUITY OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
QMIIZ ODT TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
QNASL NASAL SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
QTERN TAB	-	NC	ANTIDIABETICS
QUALAQUIN CAP	-	NC	ANTIMALARIALS
QUAZEPAM TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS
QUDEXY XR CAP	-	NC	ANTICONVULSANTS
QUESTRAN LITE POWDER	-	4	ANTIHYPERLIPIDEMICS
QUESTRAN POWDER	-	4	ANTIHYPERLIPIDEMICS
QUESTRAN POWDER PACK	-	4	ANTIHYPERLIPIDEMICS
quetiapine tab (SEROQUEL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
QUETIAPINE TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
quetiapine XR tab (SEROQUEL XR equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
QUILLIVANT XR SUSP	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
quinapril tab (ACCUPRIL equiv)	-	2	ANTIHYPERTENSIVES
QUINAPRIL/HCTZ TAB	-	NC	ANTIHYPERTENSIVES
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	NC	ANTIHYPERTENSIVES
quinidine gluconate CR tab	-	3	ANTIARRHYTHMICS
quinidine sulfate tab	-	2	ANTIARRHYTHMICS
QUINIDINE SULFATE TAB	-	NC	ANTIARRHYTHMICS
quinine sulfate cap (QUALAQUIN equiv)	-	NC	ANTIMALARIALS
QUINIXIL PAK	-	NC	DERMATOLOGICALS
QUINOSONE KIT	-	NC	DERMATOLOGICALS
QUIOFIC SOLN	-	NC	HEMATOPOIETIC AGENTS
QULIPTA TAB	-	NC	MIGRAINE PRODUCTS
QUVIVIQ TAB	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
QVAR AERO	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
QVAR REDIHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
rabeprazole EC tab (ACIPHEX equiv)	-	2	ULCER DRUGS
RADICAVA ORS STARTER KIT (QL= 70ml/365 days)	PA-QL-SP	5	NEUROMUSCULAR AGENTS
RADICAVA ORS SUSP (QL= 50mL/28 days)	PA-QL-SP	5	NEUROMUSCULAR AGENTS
RAGWITEK SL TAB	-	NC	BIOLOGICALS MISC
RALDESY SOLN	-	NC	ANTIDEPRESSANTS
raloxifene tab (EVISTA equiv) ($0 copay for female members only age 35 years and older; All other members covered at generic copay)	-	1	ENDOCRINE AND METABOLIC AGENTS - MISC.
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	3	HYPNOTICS/SEDATIVES/SLEEP DISORDEF AGENTS
ramipril cap (ALTACE equiv)	-	2	ANTIHYPERTENSIVES
RANEXA TAB	-	4	ANTIANGINAL AGENTS
RANITIDINE TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
ranolazine tab (RANEXA equiv)	-	2	ANTIANGINAL AGENTS
RAPAFLO CAP	-	4	GENITOURINARY AGENTS - MISCELLANEOUS
RAPAMUNE SOLN	-	4	MISCELLANEOUS THERAPEUTIC CLASSES
RAPAMUNE TAB	-	4	ASSORTED CLASSES
rasagiline tab (AZILECT equiv)	-	3	ANTIPARKINSON AGENTS
RASONQUE TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RAVICTI LIQUID	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAYALDEE CAP	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RAZADYNE SOLN	-	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
RAZADYNE TAB	-	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBIF INJ	-	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
REBINYN INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
REBLOZYL INJ	-	NC	HEMATOPOIETIC AGENTS
RECOMBINATE INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
RECORLEV TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
RECTIV OINT	-	4	ANORECTAL AND RELATED PRODUCTS
REDEMPLO PFS INJ (QL= 1 inj/84 days)	PA-QL-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
REDITREX INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
REGLAN TAB	-	4	GASTROINTESTINAL AGENTS - MISC.
RELAFEN DS TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	3	ANTIVIRALS
RELEUKO INJ	-	NC	HEMATOPOIETIC AGENTS
RELEUKO PREFILLED SYRINGE INJ	-	NC	HEMATOPOIETIC AGENTS
RELEVIA TAB 27-1MG	-	NC	MULTIVITAMINS
RELEXXI ER TAB	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
RELISTOR INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR INJ KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELISTOR TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
RELPAX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
RELTONE CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
REMERON SOLUTAB	-	4	ANTIDEPRESSANTS
REMERON TAB	-	4	ANTIDEPRESSANTS
RENACIDIN SOLN	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
RENAGEL TAB 800MG	-	NC	GASTROINTESTINAL AGENTS - MISC.
renaphro cap (NEPHROCAP equiv)	-	NC	MULTIVITAMINS
RENOVA CREAM	-	EXC	DERMATOLOGICALS
RENVELA TAB	-	4	GASTROINTESTINAL AGENTS - MISC.
repaglinide tab (PRANDIN equiv)	-	2	ANTIDIABETICS
REPATHA INJ (QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	3	ANTIHYPERLIPIDEMICS
REQUIP TAB	-	4	ANTIPARKINSON AGENTS
REQUIP XL TAB	-	4	ANTIPARKINSON AGENTS
RESERVAPAK SYRUP	-	NC	ALTERNATIVE MEDICINES
RESTASIS OPHTH EMULSION	-	NC	OPHTHALMIC AGENTS
RESTORIL CAP 15MG	-	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
RESTORIL CAP 22.5MG	-	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
RESTORIL CAP 30MG	-	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
RESTORIL CAP 7.5MG	-	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
RETACRIT INJ	-	3	HEMATOPOIETIC AGENTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
RETEVMO CAP (QL= 2 caps/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO CAP 40MG (QL= 3 caps/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO TAB (QL= 2 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETEVMO TAB 40MG (QL= 3 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RETIN-A CREAM (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2	DERMATOLOGICALS
RETIN-A GEL (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2	DERMATOLOGICALS
RETIN-A MICRO GEL/GEL PUMP	-	NC	DERMATOLOGICALS
RETIN-A MICRO GEL/GEL PUMP, TRETINOIN MICROSPHERE GEL/GEL PUI	-	NC	DERMATOLOGICALS
RETROVIR CAP	-	4	ANTIVIRALS
RETROVIR SYRUP	-	4	ANTIVIRALS
RETROVIR TAB	-	4	ANTIVIRALS
REVATIO SUSP (Prior Authorization required for members age 9 years and older)	PA	4	CARDIOVASCULAR AGENTS - MISC.
REVATIO TAB	PA	4	CARDIOVASCULAR AGENTS - MISC.
REVLIMID CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
REVUFORJ TAB (QL= 2 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REVUFORJ TAB 110MG (QL= 4 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REVUFORJ TAB 25MG (QL= 8 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REXAPHENAC CREAM	-	NC	DERMATOLOGICALS
REXASIL KIT	-	NC	DERMATOLOGICALS
REXULTI TAB	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
REYATAZ CAP	-	4	ANTIVIRALS
REYATAZ POWDER PACK	-	3	ANTIVIRALS
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	3	MIGRAINE PRODUCTS
REZDIFFRA TAB (QL= 1 tab/day)	PA-QL-SP	5	GASTROINTESTINAL AGENTS - MISC.
REZENOPY SPRAY 10MG/0.11ML	-	NC	ANTIDOTES AND SPECIFIC ANTAGONISTS
REZLIDHIA CAP (QL= 2 caps/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
REZUROCK TAB (QL= 1 tab/day)	PA-QL-SP	5	MISCELLANEOUS THERAPEUTIC CLASSES
REZVOGLAR INJ	-	NC	ANTIDIABETICS
REZYST CHEW TAB	-	NC	ANTIDIARRHEALS
RHAPSIDO TAB	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
RHOFADE CREAM	-	EXC	DERMATOLOGICALS
RHOPRESSA OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
RIASTAP INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
RIBAVIRIN CAP	-	2	ANTIVIRALS
ribavirin cap (REBETOL equiv)	-	2	ANTIVIRALS
RIBAVIRIN INH	-	NC	ANTIVIRALS
ribavirin inh soln (VIRAZOLE equiv)	-	NC	ANTIVIRALS
RIBAVIRIN TAB	-	2	ANTIVIRALS
rifabutin cap (MYCOBUTIN equiv)	-	3	ANTIMYCOBACTERIAL AGENTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
RIFADIN CAP	-	4	ANTIMYCOBACTERIAL AGENTS
rifampin cap (RIFADIN equiv)	-	3	ANTIMYCOBACTERIAL AGENTS
rifapentine tab (PRIFTIN equiv)	-	3	ANTIMYCOBACTERIAL AGENTS
rilpivirine hcl tab (EDURANT equiv)	-	3	ANTIVIRALS
RILUTEK TAB	-	NC	NEUROMUSCULAR AGENTS
riluzole tab (RILUTEK equiv)	-	3	NEUROMUSCULAR AGENTS
RIMANTADINE TAB	-	4	ANTIVIRALS
RINVOQ ER TAB (QL= 1 tab/day)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
RINVOQ ORAL SOLN (QL= 12ml/day)	PA-QL	5	ANALGESICS - ANTI-INFLAMMATORY
riociguat tab (ADEMPAS equiv) (QL= 3 tabs/day)	PA-QL-SP	2	CARDIOVASCULAR AGENTS - MISC.
RIOMET SOLN	-	4	ANTIDIABETICS
risedronate DR tab (ATELVIA equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
risedronate tab (ACTONEL equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
RISPERDAL M ODT	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL SOLN	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERDAL TAB	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RISPERIDONE ODT	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone ODT (RISPERDAL M equiv)	-	3	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone soln (RISPERDAL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
risperidone tab (RISPERDAL equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
RITALIN LA CAP, APTENSIO XR CAP	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
RITALIN TAB	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ritonavir tab (NORVIR equiv)	-	3	ANTIVIRALS
RITUXAN INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
rivaroxaban for susp (XARELTO equiv)	-	2	ANTICOAGULANTS
rivaroxaban tab 2.5mg (XARELTO equiv)	-	2	ANTICOAGULANTS
rivastigmine cap (EXELON equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
rivastigmine patch (EXELON equiv)	-	3	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
RIVFLOZA INJ (QL= 1 inj/30 days)	PA-QL-SP	5	GENITOURINARY AGENTS - MISCELLANEOUS
RIVFLOZA INJ 160MG (QL= 1 inj/30 days)	PA-QL-SP	5	GENITOURINARY AGENTS - MISCELLANEOUS
RIVFLOZA VIAL (QL= 2 vials/30 days)	PA-QL-SP	5	GENITOURINARY AGENTS - MISCELLANEOUS
RIVIVE, REXTOVY SPRAY	OTC	2	ANTIDOTES AND SPECIFIC ANTAGONISTS
RIXUBIS INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
RIZAFILM MIS	-	NC	MIGRAINE PRODUCTS
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	2	MIGRAINE PRODUCTS
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	2	MIGRAINE PRODUCTS
ROAOXIA GEL	-	NC	DERMATOLOGICALS
ROBAXIN TAB	-	4	MUSCULOSKELETAL THERAPY AGENTS
ROBINUL TAB	-	4	ULCER DRUGS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
ROCALTROL CAP	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ROCALTROL SOLN	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ROCKLATAN OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
roflumilast tab (DALIRESP equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ROMVIMZA CAP (QL= 8 caps/28 days)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ropinirole ER tab (REQUIP XL equiv)	-	3	ANTIPARKINSON AGENTS
ropinirole tab (REQUIP equiv)	-	2	ANTIPARKINSON AGENTS
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC	LOCAL ANESTHETICS-PARENTERAL
ROSADAN KIT	-	NC	DERMATOLOGICALS
ROSULA EMULSION	-	4	DERMATOLOGICALS
rosuvastatin tab (CRESTOR equiv)	-	1	ANTIHYPERLIPIDEMICS
ROSZET TAB	-	NC	ANTIHYPERLIPIDEMICS
ROSZET TAB, EZETIMIBE/ROSUVASTATIN TAB	-	NC	ANTIHYPERLIPIDEMICS
ROTARIX SUSP	VAC	1	VACCINES
ROTATEQ INJ	VAC	1	VACCINES
ROWASA KIT	-	NC	GASTROINTESTINAL AGENTS - MISC.
ROXICODONE TAB	-	4	ANALGESICS - OPIOID
ROXYBOND TAB	-	NC	ANALGESICS - OPIOID
ROZEREM TAB (QL= 1 tab/day)	QL	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ROZLYTREK CAP (QL= 3 caps/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ROZLYTREK PAK (QL= 6 packs/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUBRACA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RUCONEST INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
rufinamide susp (BANZEL equiv) (Prior Authorization required for members age 9 years and older)	PA	3	ANTICONVULSANTS
rufinamide tab (BANZEL equiv)	-	3	ANTICONVULSANTS
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	3	ANTIVIRALS
RYALTRIS SPRAY	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
RYBIX ODT	-	NC	ANALGESICS - OPIOID
RYDAPT CAP (QL= 56 caps/28 days)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
RYTHMOL SR CAP	-	4	ANTIARRHYTHMICS
SABRIL POWDER PACK	-	NC	ANTICONVULSANTS
SABRIL TAB	-	NC	ANTICONVULSANTS
sacubitril-valsartan tab (ENTRESTO equiv) (QL= 2 tabs/day)	QL	2	CARDIOVASCULAR AGENTS - MISC.
SAFYRAL TAB	-	1	CONTRACEPTIVES
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SALAGEN TAB	-	4	MOUTH/THROAT/DENTAL AGENTS
SALEX LOTION KIT	-	NC	DERMATOLOGICALS
SALEX SHAMPOO	-	NC	DERMATOLOGICALS
SALICATE LIQUID	-	NC	DERMATOLOGICALS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
SALICYLIC AC SOLN ER, XALIX SOLN	-	NC	DERMATOLOGICALS
SALIMEZ FORTE CREAM	-	NC	DERMATOLOGICALS
SALSALATE TAB	-	NC	ANALGESICS - NONNARCOTIC
salsalate tab (DISALCID equiv)	-	NC	ANALGESICS - NONNARCOTIC
SAMSCA TAB	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANCUSO PATCH (QL= 4 patches/fill)	QL	4	ANTIEMETICS
SANDIMMUNE CAP	-	4	ASSORTED CLASSES
SANDIMMUNE SOLN 100MG/ML	-	3	ASSORTED CLASSES
SANDOSTATIN INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SANTYL OINT (QL= 90gm/30 days)	QL	3	DERMATOLOGICALS
SAPHNELO INJ (QL= 4 inj/28 days)	PA-QL-SP	5	MISCELLANEOUS THERAPEUTIC CLASSES
SAPHNELO PEN INJ (QL= 4 inj/28 days)	PA-QL-SP	5	MISCELLANEOUS THERAPEUTIC CLASSES
SAPHRIS SL TAB (QL= 2 tabs/day)	QL	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
sapropterin dihydrochloride powder packet (KUVAN equiv)	PA-SP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
sapropterin dihydrochloride soluble tab (KUVAN equiv)	PA-SP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
SARAFEM TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVAYSA TAB	-	NC	ANTICOAGULANTS
SAVELLA PAK	-	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SAVELLA TAB (QL= 2 tabs/day)	QL	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
saxagliptin hcl tab (ONGLYZA equiv)	-	NC	ANTIDIABETICS
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)	-	NC	ANTIDIABETICS
SAXENDA INJ	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
SCARCIN GEL	-	NC	DERMATOLOGICALS
SCARCIN LIQUID ROLL-ON	-	NC	DERMATOLOGICALS
SCEMBLIX TAB (QL= 2 tabs/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SCEMBLIX TAB 100 MG (QL= 4 tabs/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
scopolamine patch (TRANSDERM-SCOP equiv)	-	3	ANTIEMETICS
SDAMLO SOLN	-	NC	CALCIUM CHANNEL BLOCKERS
SEASONIQUE TAB	-	4	CONTRACEPTIVES
SECUADO PATCH	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEGLENTIS TAB	-	NC	ANALGESICS - OPIOID
SEGLUROMET TAB	-	NC	ANTIDIABETICS
SELARSDI INJ	-	NC	DERMATOLOGICALS
selegiline cap (ELDEPRYL equiv)	-	2	ANTIPARKINSON AGENTS
selegiline tab (ELDEPRYL equiv)	-	2	ANTIPARKINSON AGENTS
SELENIUM SUL SHA	-	3	DERMATOLOGICALS
SELENIUM SUL SHA 2%	-	NC	DERMATOLOGICALS
SELENIUM SULFIDE LOTION	-	2	DERMATOLOGICALS
selenium sulfide lotion 2.5% (SELSUN equiv)	-	2	DERMATOLOGICALS
selenium sulfide shampoo (SELSEB equiv)	-	3	DERMATOLOGICALS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC	DERMATOLOGICALS
SELRX SHAMPOO 2.3%	-	NC	DERMATOLOGICALS
SELZENTRY SOLN	-	3	ANTIVIRALS
SELZENTRY TAB	-	4	ANTIVIRALS
SEMGLEE INJ (SINGLE PEN)	-	NC	ANTIDIABETICS
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ	-	3	ANTIDIABETICS
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN	-	3	ANTIDIABETICS
SEMGLEE SOLN	-	NC	ANTIDIABETICS
SEMPREX-D CAP	-	EXC	COUGH/COLD/ALLERGY
SENSIPAR TAB	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEPHIENCE POWDER	PA-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
SEREVENT DISKUS INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SERNIVO SPRAY	-	NC	DERMATOLOGICALS
SEROQUEL TAB	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SEROQUEL XR TAB	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
SERTRALINE CAP	-	NC	ANTIDEPRESSANTS
sertraline conc (ZOLOFT equiv)	-	2	ANTIDEPRESSANTS
sertraline hcl cap	-	NC	ANTIDEPRESSANTS
sertraline tab (ZOLOFT equiv)	-	2	ANTIDEPRESSANTS
SEVELAMER CARBONATE TAB	-	3	GASTROINTESTINAL AGENTS - MISC.
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC	GASTROINTESTINAL AGENTS - MISC.
sevelamer powder pak (RENVELA equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
sevelamer tab (RENVELA TAB equiv)	-	3	GASTROINTESTINAL AGENTS - MISC.
SEVENFACT INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
SEYSARA TAB	-	NC	TETRACYCLINES
SFROWASA ENEMA	-	4	GASTROINTESTINAL AGENTS - MISC.
SHINGRIX INJ (Covered for members age 19 years and older)	VAC	1	VACCINES
SIGNIFOR INJ (QL= 2 vials/day)	PA-QL-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
SIKLOS TAB	-	NC	HEMATOPOIETIC AGENTS
SILALITE PAK MIS	-	NC	DERMATOLOGICALS
SILATRIX GEL	-	NC	MOUTH/THROAT/DENTAL AGENTS
sildenafil susp (REVATIO equiv) (Prior Authorization required for members age 9 years and older)	PA	3	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab (VIAGRA equiv)	-	EXC	CARDIOVASCULAR AGENTS - MISC.
sildenafil tab 20mg (REVATIO equiv)	PA	2	CARDIOVASCULAR AGENTS - MISC.
SILIPAC KIT	-	NC	DERMATOLOGICALS
SILIQ INJ	-	NC	DERMATOLOGICALS
silodosin cap (RAPAFLO equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
SILVADENE CREAM	-	4	DERMATOLOGICALS
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	2	DERMATOLOGICALS
SILVERA PAD	-	NC	DERMATOLOGICALS
SIMBRINZA OPHTH SUSP	-	3	OPHTHALMIC AGENTS
SIMCOR TAB	-	NC	ANTIHYPERLIPIDEMICS
SIMLANDI INJ (adalimumab-ryvk)	-	NC	ANALGESICS - ANTI-INFLAMMATORY

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
SIMLANDI INJ, ADALIMUMAB-RYVK INJ (QUALLENT)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI ARIA INJ	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)	PA-QL-SP	5	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI AUTO-INJECTOR 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 100MG (QL=1 inj/28 days)	PA-QL-SP	5	ANALGESICS - ANTI-INFLAMMATORY
SIMPONI INJ 50MG	-	NC	ANALGESICS - ANTI-INFLAMMATORY
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	1	ANTIHYPERLIPIDEMICS
simvastatin tab 80mg (ZOCOR equiv) (80 mg simvastatin is not covered)	-	NC	ANTIHYPERLIPIDEMICS
SINEMET CR TAB	-	4	ANTIPARKINSON AGENTS
SINEMET TAB	-	4	ANTIPARKINSON AGENTS
SINGULAIR CHEW TAB	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SINGULAIR GRANULE PACK	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SINGULAIR TAB	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
sirolimus soln (RAPAMUNE equiv)	-	3	MISCELLANEOUS THERAPEUTIC CLASSES
sirolimus tab (RAPAMUNE equiv)	-	3	ASSORTED CLASSES
SIRTURO TAB	-	NC	ANTIMYCOBACTERIAL AGENTS
sitagliptin phosphate tab (JANUVIA equiv) (QL= 1 tab/day)	QL-¢	3	ANTIDIABETICS
sitagliptin phosphate-metformin hcl er tab (JANUMET equiv) (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
sitagliptin phosphate-metformin hcl tab (JANUMET equiv) (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
SITAGLIPTIN/METFORMIN TAB	-	NC	ANTIDIABETICS
SITAVIG TAB	-	NC	ANTIVIRALS
SITZMARKS CAP	-	NC	DIAGNOSTIC PRODUCTS
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	3	ANTI-INFECTIVE AGENTS - MISC.
SKELAXIN TAB	-	4	MUSCULOSKELETAL THERAPY AGENTS
SKLICE LOTION	-	NC	DERMATOLOGICALS
SKYCLARYS CAP (QL= 3 caps/day)	PA-QL-SP	5	NEUROMUSCULAR AGENTS
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	PA-QL-SP	5	DERMATOLOGICALS
SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days)	PA-QL-SP	5	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days)	PA-QL-SP	5	GASTROINTESTINAL AGENTS - MISC.
SKYRIZI INJ 55MG/0.37ML (QL= 1 inj/84 days)	PA-QL-SP	5	DERMATOLOGICALS
SKYTROFA INJ	PA-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
SLYND TAB	-	1	CONTRACEPTIVES
SMOFLIPID EMULSION	OTC	EXC	NUTRIENTS
smz/tmp (DS) tab (BACTRIM DS equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
SOAANZ TAB	-	NC	DIURETICS
SOD CHLORIDE INJ	M	6	MINERALS & ELECTROLYTES
SOD SUL/SULF LIQ 9-4.5%	-	3	DERMATOLOGICALS
SOD SUL/SULF SUSP 10-5%	-	3	DERMATOLOGICALS
SOD SUL/SULF SUSP 8-4%	-	3	DERMATOLOGICALS
SODIUM CHLORIDE 0.9% IRR SOLN	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
sodium chloride inj	-	NC	MINERALS & ELECTROLYTES
sodium citrate/citric acid soln (BICITRA equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
sodium fluoride cream (PREVIDENT equiv) ($0 copay for members age 5 years and younger; All other members covered at generic copay)	-	1	MOUTH/THROAT/DENTAL AGENTS
SODIUM FLUORIDE GEL	-	2	MOUTH/THROAT/DENTAL AGENTS
SODIUM FLUORIDE PASTE	-	2	MOUTH/THROAT/DENTAL AGENTS
sodium fluoride soln (LURIDE equiv) ($0 copay for members age 5 years and younger; All other members covered at generic copay)	-	1	MINERALS & ELECTROLYTES
SODIUM FLUORIDE SOLN	-	2	MOUTH/THROAT/DENTAL AGENTS
SODIUM FLUORIDE TAB ($0 copay for members age 5 years and younger; All other members covered at generic copay)	-	1	MINERALS & ELECTROLYTES
sodium fluoride tab (LURIDE equiv) ($0 copay for members age 5 years and younger; All other members covered at generic copay)	-	1	MINERALS & ELECTROLYTES
SODIUM IODIDE I-131 SOLN	-	NC	THYROID AGENTS
sodium oxybate oral soln (XYREM equiv) (QL= 540ml/30 days)	PA-QL-SP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SODIUM OXYBATE SOLN (QL= 540ml/30 days)	PA-QL-SP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
sodium phenylbutyrate powder (BUPHENYL equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium phenylbutyrate tab (BUPHENYL equiv)	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
sodium polystyrene powder (KAYEXALATE equiv)	-	3	ASSORTED CLASSES
sodium polystyrene susp (SPS equiv)	-	2	ASSORTED CLASSES
SODIUM SULFA LIQ WASH	-	3	DERMATOLOGICALS
sodium sulfacetamide lotion (KLARON equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide shampoo (OVACE equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide wash (OVACE WASH equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)	-	3	DERMATOLOGICALS
sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)	-	3	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR CREAM 10-2%	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	3	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	4	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR LOTION	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC	DERMATOLOGICALS
SODIUM SULFACETAMIDE/SULFUR WASH	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	NC	DERMATOLOGICALS
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC	DERMATOLOGICALS
sodium/magnesium/potassium soln (SUPREP equiv) ($0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	1	LAXATIVES
SOFDRA GEL	-	NC	DERMATOLOGICALS
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	PA-QL	3	ANTIVIRALS
SOGROYA INJ	PA-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOHONOS CAP 1.5MG (QL= 56 caps/28 days)	PA-QL-SP	5	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 10MG (QL= 56 caps/28 days)	PA-QL-SP	5	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 1MG (QL= 28 caps/28 days)	PA-QL-SP	5	MUSCULOSKELETAL THERAPY AGENTS
SOHONOS CAP 2.5MG (QL= 28 caps/28 days)	PA-QL-SP	5	MUSCULOSKELETAL THERAPY AGENTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
SOHONOS CAP 5MG (QL= 28 caps/28 days)	PA-QL-SP	5	MUSCULOSKELETAL THERAPY AGENTS
SOLAICE PATCH	-	NC	DERMATOLOGICALS
SOLARAVIX PAK	-	NC	DERMATOLOGICALS
solifenacin tab (VESICARE equiv)	-	2	URINARY ANTISPASMODICS
SOLIQUA INJ (QL= 15ml/25 days)	QL	3	ANTIDIABETICS
SOLODYN TAB	-	NC	TETRACYCLINES
SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	4	AMEBICIDES
SOLU-CORTEF INJ (QL= 1 vial/fill)	QL	3	CORTICOSTEROIDS
SOLU-CORTEF INJ 100MG (QL= 2 vials/fill)	QL	3	CORTICOSTEROIDS
SOLU-MEDROL INJ	-	4	CORTICOSTEROIDS
SOLU-MEDROL INJ 2GM	-	3	CORTICOSTEROIDS
SOLU-MEDROL PF INJ	-	4	CORTICOSTEROIDS
SOMA TAB	-	4	MUSCULOSKELETAL THERAPY AGENTS
SOMA TAB 250MG	-	NC	MUSCULOSKELETAL THERAPY AGENTS
SOMAVERT INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
SOOLANTRA CREAM	-	NC	DERMATOLOGICALS
sorafenib tosylate tab (NEXAVAR equiv)	PA-SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SORIATANE CAP	-	4	DERMATOLOGICALS
sotalol AF tab (BETAPACE AF equiv)	-	2	BETA BLOCKERS
sotalol tab (BETAPACE equiv)	-	2	BETA BLOCKERS
SOTYKTU TAB	-	NC	DERMATOLOGICALS
SOTYLIZE SOLN	-	NC	BETA BLOCKERS
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 years and older)	PA	4	BETA BLOCKERS
SOVALDI PELLET PAK	-	NC	ANTIVIRALS
SOVALDI TAB	-	NC	ANTIVIRALS
SOVUNA TAB 200MG	-	NC	ANTIMALARIALS
SOVUNA TAB 300MG	-	NC	ANTIMALARIALS
SPEVIGO INJ (QL= 2ml/28 days)	PA-QL-SP	5	DERMATOLOGICALS
SPIKEVAX INJ (QL= 1 dose/24 days)	QL-VAC	1	VACCINES
SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days)	QL-VAC	1	VACCINES
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	3	DERMATOLOGICALS
SPIRIVA HANDIHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), o SYMBICORT (BUDESONIDE/FORMOTEROL))	QL-ST	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
spironolactone susp (CAROSPIR equiv)	PA	4	DIURETICS
spironolactone tab (ALDACTONE equiv)	-	2	DIURETICS
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	2	DIURETICS
SPORANOX CAP	-	4	ANTIFUNGALS
SPORANOX SOLN	PA	4	ANTIFUNGALS
SPRAVATO NASAL SOLN	-	6	ANTIDEPRESSANTS
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	1	CONTRACEPTIVES

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
SPRIX NASAL SPRAY	-	NC	ANALGESICS - ANTI-INFLAMMATORY
SPRYCEL TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SPS	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
STALEVO TAB	-	4	ANTIPARKINSON AND RELATED THERAPY AGENTS
STARJEMZA INJ	-	NC	DERMATOLOGICALS
STARJEMZA PFS INJ	-	NC	DERMATOLOGICALS
STAVZOR CAP	-	NC	ANTICONVULSANTS
STEGLATRO TAB	-	NC	ANTIDIABETICS
STEGLUJAN TAB	-	NC	ANTIDIABETICS
STELARA INJ	-	NC	DERMATOLOGICALS
STENDRA TAB	-	EXC	CARDIOVASCULAR AGENTS - MISC.
STEQEYMA INJ (QL= 1 inj/84 days)	PA-QL-SP	5	DERMATOLOGICALS
STEQEYMA INJ 90MG (QL= 1 inj/84 days)	PA-QL-SP	5	DERMATOLOGICALS
STEQEYMA VIAL	-	NC	DERMATOLOGICALS
STIMUFEND INJ	-	NC	HEMATOPOIETIC AGENTS
STIOLTO INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STIVARGA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
STRATTERA CAP	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
STRENSIQ INJ	PA-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
STRIANT FILM	-	NC	ANDROGENS-ANABOLIC
STRIBILD TAB	-	3	ANTIVIRALS
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
STROMECTOL TAB	-	4	ANTHELMINTICS
SUBLOCADE SOLN, BRIXADI SOLN	SP	5	ANALGESICS - OPIOID
SUBOXONE SL FILM	-	4	ANALGESICS - OPIOID
SUBSYS SPRAY	-	NC	ANALGESICS - OPIOID
SUBVENITE SUSP (Prior Authorization required for members age 9 years and older)	PA	4	ANTICONVULSANTS
SUCRAID SOLN	-	NC	DIGESTIVE AIDS
sucralfate susp (CARAFATE equiv)	-	3	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINER CS
sucralfate tab (CARAFATE equiv)	-	2	ULCER DRUGS
SUFLAVE SOLN (QL= 2 fills/365 days)	QL	3	LAXATIVES
SULFACETAMIDE SOD OPHTH SOLN	-	2	OPHTHALMIC AGENTS
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	2	OPHTHALMIC AGENTS
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	2	OPHTHALMIC AGENTS
sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)	-	NC	DERMATOLOGICALS
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	3	DERMATOLOGICALS
SULFACETAMIDE SODIUM/SULFUR CREAM 9.8-4.8%	-	NC	DERMATOLOGICALS
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
sulfadiazine tab	-	4	SULFONAMIDES
SULFAMYLON CREAM	-	3	DERMATOLOGICALS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
SULFAMYLON PACK	-	NC	DERMATOLOGICALS
sulfasalazine EC tab (AZULFIDINE equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
sulfasalazine tab (AZULFIDINE equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
sulindac tab (CLINORIL equiv)	-	2	ANALGESICS - ANTI-INFLAMMATORY
SUMADAN WASH 9-4.5%	-	4	DERMATOLOGICALS
SUMADEN XLT KIT	-	NC	DERMATOLOGICALS
SUMANSETRON PAK	-	NC	MIGRAINE PRODUCTS
sumatriptan inj (IMITREX equiv) (QL= 6 inj/fill, 3 fills/30 days)	QL	3	MIGRAINE PRODUCTS
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 3 fills/30 days)	QL	3	MIGRAINE PRODUCTS
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan vial inj (IMITREX equiv) (QL= 10 vials/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC	MIGRAINE PRODUCTS
SUMAVEL DOSEPRO INJ	-	NC	MIGRAINE PRODUCTS
SUMAXIN WASH	-	NC	DERMATOLOGICALS
sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day)	PA-QL-SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SUNLENCA INJ (QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist)	QL-RS-SP	5	ANTIVIRALS
SUNLENCA TAB (QL= 4 tabs/28 days; Restricted to Infectious Disease Specialist)	QL-RS-SP	5	ANTIVIRALS
SUNLENCA TAB 300MG (QL= 5 tabs/28 days; Restricted to Infectious Disease Specialist)	QL-RS-SP	5	ANTIVIRALS
SUNOSI TAB (QL= 1 tab/day)	PA-QL	3	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ NOREXIANTS
SUPRAX CAP	-	4	CEPHALOSPORINS
SUPRAX SUSP	-	4	CEPHALOSPORINS
SUPRAX SUSP 500MG/5ML	-	4	CEPHALOSPORINS
SUPREP BOWEL PREP PACK	-	NC	LAXATIVES
SURMONTIL CAP	-	4	ANTIDEPRESSANTS
SUSTIVA TAB	-	4	ANTIVIRALS
SUSTOL INJ	-	NC	ANTIEMETICS
SUTAB TAB	-	NC	LAXATIVES
SUTENT CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYLATRON INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
SYMBICORT INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
SYMBRAVO TAB	-	NC	MIGRAINE PRODUCTS
SYMBYAX CAP	-	4	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
SYMDEKO TAB (QL= 2 tabs/day)	PA-QL-SP	5	RESPIRATORY AGENTS - MISC.
SYMFI (LO) TAB	-	4	ANTIVIRALS
SYMLINPEN INJ	-	NC	ANTIDIABETICS
SYMPAZAN ORAL FILM	-	NC	ANTICONVULSANTS
SYMPROIC TAB (QL= 1 tab/day)	PA-QL	3	GASTROINTESTINAL AGENTS - MISC.
SYMTUZA TAB	-	3	ANTIVIRALS
SYNAGIS INJ	-	NC	PASSIVE IMMUNIZING AGENTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
SYNAREL NASAL SOLN	-	3	ENDOCRINE AND METABOLIC AGENTS - MISC.
SYNERA PATCH	-	NC	DERMATOLOGICALS
SYNJARDY TAB	-	NC	ANTIDIABETICS
SYNJARDY XR TAB	-	NC	ANTIDIABETICS
SYNTHROID TAB	-	4	THYROID AGENTS
SYPRINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
TABLOID TAB	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TABRECTA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TACLONEX OINT	-	NC	DERMATOLOGICALS
tacrolimus cap (PROGRAF equiv)	-	2	ASSORTED CLASSES
tacrolimus cap er (ASTAGRAF XL equiv)	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
tacrolimus oint (PROTOPIC OINT equiv)	-	2	DERMATOLOGICALS
tadalafil tab (CIALIS equiv)	-	EXC	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab (PAH) (ADCIRCA equiv)	PA	2	CARDIOVASCULAR AGENTS - MISC.
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap)	QL-ST	2	CARDIOVASCULAR AGENTS - MISC.
TADLIQ SUSP (Prior Authorization required for members age 9 years and older)	PA	4	CARDIOVASCULAR AGENTS - MISC.
TAFINLAR CAP (QL= 4 caps/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAFINLAR TAB	PA-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv) (QL= 1 vial/day)	PA-QL	3	OPHTHALMIC AGENTS
TAGRISSO TAB (QL= 1 tab/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAKHZYRO INJ (QL= 2 inj/28 days)	PA-QL-SP	5	HEMATOLOGICAL AGENTS - MISC.
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days)	PA-QL-SP	5	HEMATOLOGICAL AGENTS - MISC.
TALICIA CAP	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
TALTZ INJ (QL= 1 inj/28 days)	PA-QL-SP	5	DERMATOLOGICALS
TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days)	PA-QL-SP	5	DERMATOLOGICALS
TALTZ INJ 40 MG/0.5ML (QL= 1 inj/28 days)	PA-QL-SP	5	DERMATOLOGICALS
TALZENNA CAP 0.1MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.25MG (QL= 3 caps/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.35MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TAMIFLU CAP (QL= 10 caps/fill)	QL	4	ANTIVIRALS
TAMIFLU CAP 30MG (QL= 20 caps/fill)	QL	4	ANTIVIRALS
tamoxifen tab (NOLVADEX equiv) ($0 copay for female members only age 35 years and older; All other members covered at generic copay)	-	1	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
tamsulosin cap (FLOMAX equiv)	-	2	GENITOURINARY AGENTS - MISCELLANEOUS
TANZEUM INJ	-	NC	ANTIDIABETICS
TAPAZOLE TAB	-	4	THYROID AGENTS
TAPENTADOL ER TAB 100MG	-	NC	ANALGESICS - OPIOID
TAPENTADOL ER TAB 150MG	-	NC	ANALGESICS - OPIOID
TAPENTADOL ER TAB 200MG	-	NC	ANALGESICS - OPIOID
TAPENTADOL ER TAB 250MG	-	NC	ANALGESICS - OPIOID
TAPENTADOL ER TAB 50MG	-	NC	ANALGESICS - OPIOID
tapentadol hcl tab (NUCYNTA equiv)	-	4	ANALGESICS - OPIOID
TAPENTADOL SOLN	-	NC	ANALGESICS - OPIOID
TARCEVA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TARGRETIN GEL	-	NC	DERMATOLOGICALS
TARKA TAB	-	NC	ANTIHYPERTENSIVES
TARPEYO CAP	-	NC	CORTICOSTEROIDS
TASCENSO ODT TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TASIGNA CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
tasimelteon cap (HETLIOZ equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
TASMAR TAB	-	4	ANTIPARKINSON AGENTS
TASOPROL CREAM KIT	-	NC	DERMATOLOGICALS
tavaborole soln (KERYDIN equiv) (QL= 10mL/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab)	QL-ST	3	DERMATOLOGICALS
TAVALISSE TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
TAVNEOS CAP (QL= 6 caps/day)	PA-QL-SP	5	HEMATOLOGICAL AGENTS - MISC.
TAYTULLA CAP	-	4	CONTRACEPTIVES
tazarotene cream 0.05% (TAZORAC equiv)	-	4	DERMATOLOGICALS
tazarotene cream 0.1% (TAZORAC equiv)	-	3	DERMATOLOGICALS
tazarotene gel (TAZORAC equiv)	-	NC	DERMATOLOGICALS
TAZORAC CREAM	-	4	DERMATOLOGICALS
TAZORAC GEL	-	NC	DERMATOLOGICALS
TECFIDERA CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TECFIDERA STARTER PACK	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TEGRETOL SUSP	-	4	ANTICONVULSANTS
TEGRETOL TAB	-	4	ANTICONVULSANTS
TEGRETOL XR TAB	-	4	ANTICONVULSANTS
TEKTURNA TAB	-	4	ANTIHYPERTENSIVES
telmisartan tab (MICARDIS equiv)	-	2	ANTIHYPERTENSIVES
TELMISARTAN/AMLODIPINE TAB	-	NC	ANTIHYPERTENSIVES
telmisartan/amlodipine tab (TWYNSTA equiv)	-	NC	ANTIHYPERTENSIVES
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	2	ANTIHYPERTENSIVES
temazepam cap 15mg (RESTORIL equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
temazepam cap 22.5mg (RESTORIL equiv)	-	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 30mg (RESTORIL equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
temazepam cap 7.5mg (RESTORIL equiv)	-	4	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
TEMODAR CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEMOVATE CREAM	-	4	DERMATOLOGICALS
TEMOVATE OINT	-	4	DERMATOLOGICALS
temozolomide cap (TEMODAR equiv)	SP	2	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TEMPO SMART BUTTON (QL= 1 button/8 months)	QL	3	MEDICAL DEVICES AND SUPPLIES
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	3	ANTIVIRALS
TENORETIC TAB	-	4	ANTIHYPERTENSIVES
TENORMIN TAB	-	4	BETA BLOCKERS
TEPMETKO TAB (QL= 2 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TERAVAX CAP	-	NC	MULTIVITAMINS
TERAZOL CREAM	-	4	VAGINAL PRODUCTS
terazosin cap (HYTRIN equiv)	-	2	ANTIHYPERTENSIVES
terbinafine tab (LAMISIL equiv)	-	2	ANTIFUNGALS
terbutaline sulfate tab (BRETHINE equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
terconazole cream (TERAZOL equiv)	-	2	VAGINAL PRODUCTS
TERCONAZOLE CREAM 0.8%	-	2	VAGINAL PRODUCTS
terconazole supp (TERAZOL equiv)	-	2	VAGINAL PRODUCTS
teriflunomide tab (AUBAGIO TAB equiv)	SP	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
teriparatide (recombinant) soln pen-inj (FORTEO equiv)	-	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
TESSALON CAP	-	4	COUGH/COLD/ALLERGY
TEST STRIP (all other test strips)	OTC	NC	DIAGNOSTIC PRODUCTS
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	2	ANDROGENS-ANABOLIC
TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill)	QL	3	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	4	ANDROGENS-ANABOLIC
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	4	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 10MG/ACT	-	NC	ANDROGENS-ANABOLIC
testosterone gel 2% (FORTESTA equiv)	-	NC	ANDROGENS-ANABOLIC
TESTOSTERONE GEL 20.25MG/1.25GM (QL= 1 packet/day)	PA-QL	4	ANDROGENS-ANABOLIC
TESTOSTERONE GEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
TESTOSTERONE GEL, VOGELXO GEL	-	NC	ANDROGENS-ANABOLIC
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	3	ANDROGENS-ANABOLIC
TETANUS/DIPHTHERIA TOXOID INJ	VAC	1	TOXOIDS

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
tetrabenazine tab (XENAZINE equiv)	-	2	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
tetracaine hcl ophth soln	-	2	OPHTHALMIC AGENTS
TETRACAINE OPHTH SOLN	-	2	OPHTHALMIC AGENTS
tetracycline cap	-	4	TETRACYCLINES
TETRACYCLINE TAB	-	NC	TETRACYCLINES
TEXACORT SOLN	-	NC	DERMATOLOGICALS
TEZRULY SOLN	-	NC	ANTIHYPERTENSIVES
TEZSPIRE INJ (QL= 1 pen/28 days)	PA-QL	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THALITONE TAB	-	NC	DIURETICS
THALOMID CAP	SP	5	ASSORTED CLASSES
theanine cap	OTC	EXC	NUTRIENTS
THEO-24 CAP	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline ER tab (UNIPHYL equiv)	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline soln	-	2	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THEOPHYLLINE TAB ER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
theophylline tab er (THEOPHYLLINE ER equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
THIOLA EC TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
THIOLA TAB	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
thioridazine hcl tab (THIORIDAZINE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
thiothixene cap (NAVANE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
THYQUIDITY SOLN	-	NC	THYROID AGENTS
TIAGABINE TAB	-	3	ANTICONVULSANTS
tiagabine tab (GABITRIL equiv)	-	3	ANTICONVULSANTS
TIAZAC CAP	-	4	CALCIUM CHANNEL BLOCKERS
TIBSOVO TAB (QL= 2 tabs/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ticagrelor tab (BRILINTA equiv)	-	3	HEMATOLOGICAL AGENTS - MISC.
TICANASE PAK	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
TICOVAC INJ	VAC	EXC	VACCINES
TIGAN CAP	-	4	ANTIEMETICS
TIGAN INJ	-	NC	ANTIEMETICS
TIGLUTIK SUSP	-	NC	NEUROMUSCULAR AGENTS
TIKOSYN CAP	-	4	ANTIARRHYTHMICS
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)	-	4	OPHTHALMIC AGENTS
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	3	OPHTHALMIC AGENTS
timolol maleate ophth soln (TIMOPTIC equiv)	-	2	OPHTHALMIC AGENTS
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	3	OPHTHALMIC AGENTS
timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv)	-	4	OPHTHALMIC AGENTS
TIMOLOL MALEATE TAB	-	2	BETA BLOCKERS
timolol maleate tab (BLOCADREN equiv)	-	2	BETA BLOCKERS
timolol ophth soln (BETIMOL equiv)	-	3	OPHTHALMIC AGENTS

Drug Name	Special Code	Tier	Category
TIMOPTIC OCUDOSE OPHTH SOLN 0.25%	-	4	OPHTHALMIC AGENTS
TIMOPTIC OCUDOSE OPHTH SOLN 0.5%	-	4	OPHTHALMIC AGENTS
TIMOPTIC OPHTH SOLN	-	4	OPHTHALMIC AGENTS
TIMOPTIC-XE OPHTH GEL	-	4	OPHTHALMIC AGENTS
TINDAMAX TAB	-	4	ANTI-INFECTIVE AGENTS - MISC.
tinidazole tab (TINDAMAX equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
tiopronin tab (THIOLA equiv)	PA	2	GENITOURINARY AGENTS - MISCELLANEOUS
tiopronin tab delayed release (THIOLA EC equiv)	PA	2	GENITOURINARY AGENTS - MISCELLANEOUS
tiotropium bromide cap inhaler (SPIRIVA equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TIROSINT CAP	-	NC	THYROID AGENTS
TIROSINT-SOL (QL= 1ml/day; Prior Authorization required for members age 9 years and older)	PA-QL	4	THYROID AGENTS
TIVICAY PD TAB	-	3	ANTIVIRALS
TIVICAY TAB	-	3	ANTIVIRALS
tizanidine cap (ZANAFLEX equiv)	-	3	MUSCULOSKELETAL THERAPY AGENTS
TIZANIDINE COMFORT KIT	-	NC	MUSCULOSKELETAL THERAPY AGENTS
tizanidine tab (ZANAFLEX equiv)	-	2	MUSCULOSKELETAL THERAPY AGENTS
TOBI PODHALER	PA-SP	5	AMINOGLYCOSIDES
TOBRADEX OPHTH OINT	-	3	OPHTHALMIC AGENTS
TOBRADEX OPHTH SOLN	-	4	OPHTHALMIC AGENTS
TOBRADEX ST OPHTH SUSP	-	4	OPHTHALMIC AGENTS
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	RS	2	AMINOGLYCOSIDES
tobramycin neb soln (BETHKIS equiv)	-	NC	AMINOGLYCOSIDES
tobramycin ophth soln (TOBREX equiv)	-	2	OPHTHALMIC AGENTS
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	2	OPHTHALMIC AGENTS
TOBREX OPHTH OINT	-	4	OPHTHALMIC AGENTS
TOBREX OPHTH SOLN	-	4	OPHTHALMIC AGENTS
TODAY SPONGE	OTC	1	VAGINAL PRODUCTS
tofacitinib citrate ER tab (XELJANZ equiv) (QL= 1 tab/day)	QL-SP	2	ANALGESICS - ANTI-INFLAMMATORY
tofacitinib citrate oral soln (XELJANZ equiv) (QL= 10ml/day)	QL-SP	2	ANALGESICS - ANTI-INFLAMMATORY
tofacitinib citrate tab (XELJANZ equiv) (QL= 2 tabs/day)	QL-SP	2	ANALGESICS - ANTI-INFLAMMATORY
TOFRANIL TAB	-	4	ANTIDEPRESSANTS
tolcapone tab (TASMAR equiv)	-	4	ANTIPARKINSON AGENTS
TOLECTIN DS CAP, TOLMETIN CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TOLECTIN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TOLMETIN TAB, TOLECTIN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
TOLSURA CAP	-	NC	ANTIFUNGALS
tolterodine SR cap (DETROL LA equiv)	-	2	URINARY ANTISPASMODICS
tolterodine tab (DETROL equiv)	-	2	URINARY ANTISPASMODICS
tolvaptan tab (JYNARQUE equiv) (QL= 2 tabs/day)	PA-QL-SP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab (SAMSCA equiv)	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
tolvaptan tab therapy pack (JYNARQUE equiv) (QL= 2 tabs/day)	PA-QL-SP	2	ENDOCRINE AND METABOLIC AGENTS - MISC.

Drug Name	Special Code	Tier	Category
TONMYA SL TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TOPAMAX SPRINKLE CAP	-	4	ANTICONVULSANTS
TOPAMAX TAB	-	4	ANTICONVULSANTS
TOPICORT CREAM	-	4	DERMATOLOGICALS
TOPICORT CREAM 0.05%	-	NC	DERMATOLOGICALS
TOPICORT GEL	-	NC	DERMATOLOGICALS
TOPICORT OINT	-	4	DERMATOLOGICALS
TOPICORT OINT 0.05%	-	NC	DERMATOLOGICALS
topiramate ER cap (QUDEXY equiv)	-	NC	ANTICONVULSANTS
topiramate er cap (TROKENDI XR equiv)	-	NC	ANTICONVULSANTS
topiramate oral soln (EPRONTIA equiv)	-	NC	ANTICONVULSANTS
topiramate sprinkle cap (TOPAMAX equiv)	-	2	ANTICONVULSANTS
topiramate tab (TOPAMAX equiv)	-	2	ANTICONVULSANTS
TOPROL XL TAB	-	4	BETA BLOCKERS
toremifene tab (FARESTON equiv)	-	3	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
torsemide tab (DEMADEX equiv)	-	2	DIURETICS
TOSYMRA SOLN	-	NC	MIGRAINE PRODUCTS
TOUJEO MAX SOLOSTAR INJ	-	3	ANTIDIABETICS
TOUJEO SOLOSTAR INJ	-	3	ANTIDIABETICS
TOVET KIT	-	NC	DERMATOLOGICALS
TOVIAZ TAB	-	4	URINARY ANTISPASMODICS
TRACLEER TAB	-	NC	CARDIOVASCULAR AGENTS - MISC.
TRACLEER TAB 62.5MG, 125MG	-	NC	CARDIOVASCULAR AGENTS - MISC.
TRADJENTA TAB (QL= 1 tab/day)	QL	3	ANTIDIABETICS
TRAMADOL COMPOUND KIT	-	NC	DERMATOLOGICALS
TRAMADOL ER CAP	-	NC	ANALGESICS - OPIOID
tramadol ER tab (ULTRAM ER equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	4	ANALGESICS - OPIOID
TRAMADOL HCL ER TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	4	ANALGESICS - OPIOID
TRAMADOL HCL TAB	-	NC	ANALGESICS - OPIOID
tramadol hcl tab 100mg	-	NC	ANALGESICS - OPIOID
tramadol hcl tab 25mg	-	NC	ANALGESICS - OPIOID
tramadol tab (ULTRAM equiv)	-	2	ANALGESICS - OPIOID
tramadol/acetaminophen tab (ULTRACET equiv)	-	2	ANALGESICS - OPIOID
trandolapril tab (MAVIK equiv)	-	2	ANTIHYPERTENSIVES
TRANDOLAPRIL/VERAPAMIL ER TAB	-	NC	ANTIHYPERTENSIVES
tranexamic acid inj (CYKLOKAPRON equiv)	-	NC	HEMOSTATICS
tranexamic acid tab (LYSTEDA equiv)	-	2	HEMOSTATICS
TRANSDERM-SCOP PATCH	-	4	ANTIEMETICS
TRANXENE-T TAB	-	4	ANTIANXIETY AGENTS
tranylcypromine tab (PARNATE equiv)	-	3	ANTIDEPRESSANTS
TRAVATAN Z DROPS (QL= 2.5ml/30 days)	QL	4	OPHTHALMIC AGENTS
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	3	OPHTHALMIC AGENTS
trazodone tab (DESYREL equiv)	-	2	ANTIDEPRESSANTS
TRAZODONE TAB	-	NC	ANTIDEPRESSANTS
trazodone tab 300mg (DESYREL equiv)	-	NC	ANTIDEPRESSANTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
TREANDA INJ	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRECATOR TAB (Restricted to Infectious Disease Specialist)	RS	4	ANTIMYCOBACTERIAL AGENTS
TRELEGY ELLIPTA INHALER	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
TREMFYA INDUCTION INJ 200MG/ML (QL= 2 inj/28 days; 6 inj/year)	PA-QL-SP	5	GASTROINTESTINAL AGENTS - MISC.
TREMFYA INJ (QL= 1 inj/56 days)	PA-QL-SP	5	DERMATOLOGICALS
TREMFYA INJ 200MG/2ML (QL= 1 inj/28 days)	PA-QL-SP	5	GASTROINTESTINAL AGENTS - MISC.
TRESIBA FLEXTOUCH INJ	-	3	ANTIDIABETICS
TRESIBA INJ	-	3	ANTIDIABETICS
tretinoin cap (VESANOID equiv)	SP	2	ANTINEOPLASTICS
tretinoin cream (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3	DERMATOLOGICALS
tretinoin gel (RETIN-A GEL equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3	DERMATOLOGICALS
tretinoin gel 0.05% (ATRALIN equiv)	-	NC	DERMATOLOGICALS
tretinoin microsphere gel	-	NC	DERMATOLOGICALS
TRETTEN INJ	-	NC	HEMATOLOGICAL AGENTS - MISC.
TREXALL TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TREXIMET TAB	-	NC	MIGRAINE PRODUCTS
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC	ANALGESICS - OPIOID
triamcinolone acetate inj (KENALOG equiv)	-	2	CORTICOSTEROIDS
triamcinolone acetonide oint (TRIANEX equiv)	-	NC	DERMATOLOGICALS
triamcinolone cream	-	2	DERMATOLOGICALS
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	2	MOUTH/THROAT/DENTAL AGENTS
TRIAMCINOLONE LOTION	-	2	DERMATOLOGICALS
triamcinolone oint	-	2	DERMATOLOGICALS
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	EXC	NASAL AGENTS - SYSTEMIC AND TOPICAL
TRIAMCINOLONE SPRAY	-	NC	DERMATOLOGICALS
triamcinolone spray (KENALOG equiv)	-	NC	DERMATOLOGICALS
triamterene cap (DYRENIUM equiv)	-	3	DIURETICS
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	2	DIURETICS
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	2	DIURETICS
TRIAMVEX KIT	-	NC	DERMATOLOGICALS
TRIANEX OINT	-	NC	DERMATOLOGICALS
triazolam tab (HALCION equiv)	-	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
TRIBENZOR TAB	-	NC	ANTIHYPERTENSIVES
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC	DIAGNOSTIC PRODUCTS
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC	ALLERGENIC EXTRACTS/BIOLOGICALS MISC
TRICHOSOL SOLN	-	NC	PHARMACEUTICAL ADJUVANTS
TRICOR TAB	-	4	ANTIHYPERLIPIDEMICS
trientine cap (SYPRINE equiv)	PA	2	MISCELLANEOUS THERAPEUTIC CLASSES
TRIENTINE CAP	-	NC	MISCELLANEOUS THERAPEUTIC CLASSES
trifluoperazine tab (STELAZINE equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
TRIFLURIDINE OPHTH SOLN	-	3	OPHTHALMIC AGENTS
TRIGLIDE TAB	-	NC	ANTIHYPERLIPIDEMICS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
trihexyphenidyl elixir (ARTANE equiv)	-	2	ANTIPARKINSON AND RELATED THERAPY AGENTS
trihexyphenidyl tab (ARTANE equiv)	-	2	ANTIPARKINSON AGENTS
TRIJARDY XR TAB	-	NC	ANTIDIABETICS
TRIKAFTA TAB (QL= 84 tabs/28 days)	PA-QL-SP	5	RESPIRATORY AGENTS - MISC.
TRIKAFTA THERAPY PACK (QL= 2 packets/day)	PA-QL-SP	5	RESPIRATORY AGENTS - MISC.
tri-legest tab (ESTROSTEP FE equiv)	-	1	CONTRACEPTIVES
TRILEPTAL SUSP	-	4	ANTICONVULSANTS
TRILEPTAL TAB	-	4	ANTICONVULSANTS
TRILIPIX CAP	-	NC	ANTIHYPERLIPIDEMICS
TRILOCICLO KIT	-	NC	DERMATOLOGICALS
TRI-LUMA CREAM	-	EXC	DERMATOLOGICALS
trimethobenzamide cap (TIGAN equiv)	-	2	ANTIEMETICS
trimethobenzamide hcl inj (TIGAN equiv)	-	NC	ANTIEMETICS
TRIMETHOPRIM TAB	-	2	ANTI-INFECTIVE AGENTS - MISC.
trimethoprim tab (PROLOPRIM equiv)	-	2	ANTI-INFECTIVE AGENTS - MISC.
trimipramine cap (SURMONTIL equiv)	-	4	ANTIDEPRESSANTS
TRI-NORINYL TAB	-	4	CONTRACEPTIVES
TRINTELLIX TAB (QL= 1 tab/day; Step Therapy requires trial of generic antidepressant: escitalopram, sertraline, fluoxetine, citalopram, paroxetine, fluvoxamine, bupropion, venlafaxine, desvenlafaxine, or duloxetine)	QL-ST-¢	4	ANTIDEPRESSANTS
TRIONEX PAK	-	NC	DERMATOLOGICALS
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	1	CONTRACEPTIVES
TRIUMEQ PD TAB	-	3	ANTIVIRALS
TRIUMEQ TAB	-	3	ANTIVIRALS
TRI-VITAMIN FLUORIDE DROPS	-	NC	MULTIVITAMINS
TROKENDI XR CAP	-	NC	ANTICONVULSANTS
tropicamide ophth soln (MYDRIACYL equiv)	-	2	OPHTHALMIC AGENTS
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
trospium chloride SR cap (SANCTURA XR equiv)	-	3	URINARY ANTISPASMODICS
trospium tab (SANCTURA equiv)	-	2	URINARY ANTISPASMODICS
TRUDHESA NASAL SPRAY	-	NC	MIGRAINE PRODUCTS
TRULANCE TAB (QL= 1 tab/day)	PA-QL	3	GASTROINTESTINAL AGENTS - MISC.
TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3	ANTIDIABETICS
TRUMENBA INJ	VAC	1	VACCINES
TRUQAP TAB (QL= 64 tabs/28 days)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUQAP THERAPY PACK (QL= 64 tabs/28 days)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TRUSOPT OPHTH SOLN	-	4	OPHTHALMIC AGENTS
TRUTAKNA INJ	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
TRYNGOLZA INJ (QL= 1 inj/28 days)	PA-QL-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
TRYPTYR SOLN	-	NC	OPHTHALMIC AGENTS
TRYVIO TAB	-	NC	ANTIHYPERTENSIVES
TUDORZA PRESSAIR INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
TUKYSA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TURALIO CAP (QL= 4 caps/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TUSSICAPS	-	NC	COUGH/COLD/ALLERGY
tussigon tab (HYCODAN equiv)	-	2	COUGH/COLD/ALLERGY
TUXARIN ER TAB	-	NC	COUGH/COLD/ALLERGY
TUZISTRA XR SUSP	-	NC	COUGH/COLD/ALLERGY
TWIIST REFILL KIT (QL= 1 kit/month)	QL	3	MEDICAL DEVICES AND SUPPLIES
TWIIST STARTER KIT (QL= 1 kit/month)	QL	3	MEDICAL DEVICES AND SUPPLIES
TWINRIX INJ	VAC	1	VACCINES
TWIRLA PATCH	-	1	CONTRACEPTIVES
TWYNEO CREAM	-	NC	DERMATOLOGICALS
TWYNSTA TAB	-	NC	ANTIHYPERTENSIVES
TYBLUME TAB	-	1	CONTRACEPTIVES
TYBOST TAB	-	3	ANTIVIRALS
TYENNE INJ (QL= 2 inj/28 days)	PA-QL-SP	5	ANALGESICS - ANTI-INFLAMMATORY
TYKERB TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
TYLENOL/CODEINE TAB	-	4	ANALGESICS - OPIOID
TYMLOS INJ	-	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
TYPHIM VI INJ	VAC	EXC	VACCINES
TYR EASY TAB PLUS, HCU EASY TAB PLUS	-	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
TYRVAYA NASAL SPRAY (QL= 2 bottles/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	3	OPHTHALMIC AGENTS
TYSABRI INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
TYVASO DPI POWDER (QL= 4 cartridges/day)	PA-QL-SP	5	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER 48-80MCG (QL= 224 cartridges/28 days)	PA-QL-SP	5	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/2 days)	PA-QL-SP	5	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG (QL= 224 cartridges/2 days)	PA-QL-SP	5	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG (QL= 224 cartridges/2 days)	PA-QL-SP	5	CARDIOVASCULAR AGENTS - MISC.
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days)	PA-QL-SP	5	CARDIOVASCULAR AGENTS - MISC.
TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day)	PA-QL-SP	5	CARDIOVASCULAR AGENTS - MISC.
UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	3	MIGRAINE PRODUCTS
UCERIS RECTAL FOAM	PA	4	ANORECTAL AND RELATED PRODUCTS
UCERIS TAB (QL= 1 tab/day)	PA-QL	4	CORTICOSTEROIDS
UDENYCA INJ	-	NC	HEMATOPOIETIC AGENTS
ULORIC TAB	-	NC	GOUT AGENTS
ULTRACET TAB	-	4	ANALGESICS - OPIOID
ULTRAM TAB	-	4	ANALGESICS - OPIOID
ULTRAVATE CREAM	-	4	DERMATOLOGICALS
ULTRAVATE LOTION	-	NC	DERMATOLOGICALS
ULTRAVATE OINT	-	4	DERMATOLOGICALS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
ULTRAVATE PAC KIT	-	NC	DERMATOLOGICALS
UMECLIDINIUM ELLIPTA INHALER 62.5MCG/INH	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
UMECLIDINIUM/VILANTEROL INHALER 62.5-25MCG/ACT	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
UMECTA EMULSION	-	NC	DERMATOLOGICALS
UMECTA SUSP	-	NC	DERMATOLOGICALS
UPNEEQ SOLN	-	EXC	OPHTHALMIC AGENTS
UPTRAVI INJ	-	NC	CARDIOVASCULAR AGENTS - MISC.
UPTRAVI TAB (QL= 2 tabs/day)	PA-QL-SP	5	CARDIOVASCULAR AGENTS - MISC.
UPTRAVI THERAPY PACK (QL= 1 pack/year)	PA-QL-SP	5	CARDIOVASCULAR AGENTS - MISC.
UPTRAVI THERAPY PACK 200MCG (QL= 1 pack/year)	PA-QL-SP	5	CARDIOVASCULAR AGENTS - MISC.
URAMAXIN CREAM	-	NC	DERMATOLOGICALS
URAMAXIN GEL	-	NC	DERMATOLOGICALS
urea cream	-	NC	DERMATOLOGICALS
urea emulsion	-	NC	DERMATOLOGICALS
urea gel (URAMAXIN equiv)	-	NC	DERMATOLOGICALS
UREA LOT	-	NC	DERMATOLOGICALS
UREA NAIL KIT	-	NC	DERMATOLOGICALS
urea packet	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
UREA SUSP	-	NC	DERMATOLOGICALS
urea susp 40% (UMECTA equiv)	-	NC	DERMATOLOGICALS
UREAPRO POWDER	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
URECHOLINE TAB	-	4	URINARY ANTISPASMODICS
URELIEF PLUS TAB	-	NC	URINARY ANTISPASMODICS
UROCIT-K TAB	-	4	GENITOURINARY AGENTS - MISCELLANEOUS
UROXATRAL TAB	-	4	GENITOURINARY AGENTS - MISCELLANEOUS
URSO FORTE TAB	-	4	GASTROINTESTINAL AGENTS - MISC.
ursodiol cap (ACTIGALL equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
URSODIOL CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
ursodiol tab (URSO (FORTE) equiv)	-	2	GASTROINTESTINAL AGENTS - MISC.
URSOLIGN CAP	-	NC	GASTROINTESTINAL AGENTS - MISC.
USTEKINUMAB INJ	-	NC	DERMATOLOGICALS
USTEKINUMAB-AEKN 45MG/0.5ML (QL= 1 inj/84 days)	PA-QL-SP	5	DERMATOLOGICALS
USTEKINUMAB-AEKN 90MG/ML (QL= 1 inj/84 days)	PA-QL-SP	5	DERMATOLOGICALS
UTA CAP	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VABOMERE INJ	M	6	ANTI-INFECTIVE AGENTS - MISC.
VAFSEO TAB	-	NC	HEMATOPOIETIC AGENTS
VAGIFEM TAB (QL= 8 tabs/28 days (18 tabs on first fill))	QL	4	VAGINAL PRODUCTS
valacyclovir tab (VALTREX equiv)	-	2	ANTIVIRALS
VALCHLOR GEL (QL= 4 tubes/30 days)	PA-QL-SP	5	DERMATOLOGICALS
VALCYTE SOLN	-	4	ANTIVIRALS
VALCYTE TAB	-	4	ANTIVIRALS
valganciclovir soln (VALCYTE equiv)	-	3	ANTIVIRALS
valganciclovir tab (VALCYTE equiv)	-	3	ANTIVIRALS

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
VALIUM TAB	-	4	ANTIANXIETY AGENTS
valproate inj (DEPACON equiv)	-	NC	ANTICONVULSANTS
valproic acid cap (DEPAKENE equiv)	-	2	ANTICONVULSANTS
valproic acid syrup (DEPAKENE equiv)	-	2	ANTICONVULSANTS
valsartan oral soln (VALSARTAN equiv)	-	NC	ANTIHYPERTENSIVES
valsartan tab (DIOVAN equiv)	-	2	ANTIHYPERTENSIVES
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	2	ANTIHYPERTENSIVES
VALTOCO NASAL SPRAY (QL= 5 doses/fill)	QL	4	ANTICONVULSANTS
VALTREX TAB	-	4	ANTIVIRALS
VALTYA 1/50 TAB	-	1	CONTRACEPTIVES
VANCOCIN CAP (QL= 56 caps/fill)	QL	4	ANTI-INFECTIVE AGENTS - MISC.
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	QL	2	ANTI-INFECTIVE AGENTS - MISC.
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN ORAL SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANCOMYCIN SOLN	-	NC	ANTI-INFECTIVE AGENTS - MISC.
VANFLYTA TAB (QL= 1 tab/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VANFLYTA TAB 26.5MG (QL= 2 tabs/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VANOS CREAM	-	NC	DERMATOLOGICALS
VANRAFIA TAB (QL= 1 tab/day)	PA-QL-SP	5	GENITOURINARY AGENTS - MISCELLANEOUS
vardenafil ODT (STAXYN equiv)	-	EXC	CARDIOVASCULAR AGENTS - MISC.
vardenafil tab (LEVITRA equiv)	-	EXC	CARDIOVASCULAR AGENTS - MISC.
VARENICLINE TAB (Limited to 180 days/plan year)	QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab (CHANTIX equiv) (Limited to 180 days/plan year)	QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
varenicline tartrate tab starter pack (CHANTIX equiv) (Limited to 180 days/plan year)	QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VARIVAX INJ	VAC	1	VACCINES
VAROPHEN KIT	-	NC	DERMATOLOGICALS
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	3	ANTIEMETICS
VASCEPA CAP	-	NC	ANTIHYPERLIPIDEMICS
VASERETIC TAB	-	4	ANTIHYPERTENSIVES
vasolex oint (XENADERM equiv)	-	NC	DERMATOLOGICALS
VASOTEC TAB	-	4	ANTIHYPERTENSIVES
VAXCHORA SUSP	VAC	EXC	VACCINES
VAXELIS INJ	VAC	1	TOXOIDS
VAXNEUVANCE INJ	VAC	1	VACCINES
V-C FORTE CAP	-	NC	MULTIVITAMINS
v-c forte cap (V-C FORTE equiv)	-	NC	MULTIVITAMINS
VECAMYL TAB	-	NC	ANTIHYPERTENSIVES
VECTICAL OINT	-	NC	DERMATOLOGICALS
VELIVET PAK	-	1	CONTRACEPTIVES
VELPHORO CHEW TAB	-	4	GASTROINTESTINAL AGENTS - MISC.
VELSIPITY TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VELTASSA POWDER (QL= 1 packet/day)	PA-QL	3	ASSORTED CLASSES

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
VELTASSA POWDER 1GM (QL= 4 packets/day)	PA-QL	3	MISCELLANEOUS THERAPEUTIC CLASSES
VEMLIDY TAB	-	3	ANTIVIRALS
VENCLEXTA STARTER PACK	PA-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VENCLEXTA TAB	PA-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
venlafaxine ER cap (EFFEXOR XR equiv)	-	2	ANTIDEPRESSANTS
venlafaxine ER tab	-	NC	ANTIDEPRESSANTS
venlafaxine tab (EFFEXOR equiv)	-	2	ANTIDEPRESSANTS
VENLAFAXINE TAB	-	NC	ANTIDEPRESSANTS
VENNGEL ONE KIT	-	NC	DERMATOLOGICALS
VENTAVIS INH SOLN (QL= 9 ampules/day)	PA-QL-SP	5	CARDIOVASCULAR AGENTS - MISC.
VENTOLIN HFA INHALER	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
VEOZAH TAB (QL= 1 tab/day)	PA-QL	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
VEPESID CAP	SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VEPPANU TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VERAPAMIL ER CAP	-	NC	CALCIUM CHANNEL BLOCKERS
VERAPAMIL ER CAP, VERELAN CAP	-	NC	CALCIUM CHANNEL BLOCKERS
verapamil SR cap (VERELAN equiv)	-	2	CALCIUM CHANNEL BLOCKERS
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	2	CALCIUM CHANNEL BLOCKERS
verapamil tab (CALAN equiv)	-	2	CALCIUM CHANNEL BLOCKERS
VERDESO FOAM	-	NC	DERMATOLOGICALS
VERDROCET TAB 2.5MG-325MG	-	NC	ANALGESICS - OPIOID
VEREGEN OINT	-	NC	DERMATOLOGICALS
VERELAN CAP	-	4	CALCIUM CHANNEL BLOCKERS
VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist)	QL-RS	3	CARDIOVASCULAR AGENTS - MISC.
VERSACLOZ SUSP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VERZENIO TAB (QL= 2 tabs/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VESICARE LS SUSP	-	NC	URINARY ANTISPASMODICS
VESICARE TAB	-	4	URINARY ANTISPASMODICS
VFEND SUSP	-	4	ANTIFUNGALS
VFEND TAB	-	4	ANTIFUNGALS
V-GO INJ KIT	-	NC	MEDICAL DEVICES AND SUPPLIES
VIBERZI TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
VIBRAMYCIN CAP	-	4	TETRACYCLINES
VIBRAMYCIN SUSP	-	4	TETRACYCLINES
VICOPROFEN TAB	-	4	ANALGESICS - OPIOID
VICTOZA INJ	-	NC	ANTIDIABETICS
vigabatrin powder pack (SABRIL POWDER equiv)	PA-SP	2	ANTICONVULSANTS
vigabatrin tab (SABRIL equiv)	PA-SP	2	ANTICONVULSANTS
vigadrone powder pack	PA-SP	2	ANTICONVULSANTS
VIGAFYDE SOLN	-	NC	ANTICONVULSANTS
VIGAMOX OPHTH SOLN	-	4	OPHTHALMIC AGENTS
VIIBRYD STARTER KIT	-	NC	ANTIDEPRESSANTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
VIJOICE GRANULES PACKET (QL= 1 packet/day)	PA-QL-SP	5	MISCELLANEOUS THERAPEUTIC CLASSES
VIJOICE TAB (QL= 1 tab/day)	PA-QL-SP	5	MISCELLANEOUS THERAPEUTIC CLASSES
VIJOICE TAB 250MG (QL= 2 tabs/day)	PA-QL-SP	5	MISCELLANEOUS THERAPEUTIC CLASSES
vilazodone hcl tab (VIIBRYD equiv)	-	3	ANTIDEPRESSANTS
VIMKUNYA INJ	VAC	EXC	VACCINES
VIMOVO TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIMPAT SOLN	-	NC	ANTICONVULSANTS
VIMPAT TAB	-	NC	ANTICONVULSANTS
viorele tab, kariva tab (MIRCETTE equiv)	-	1	CONTRACEPTIVES
VIRACEPT TAB	-	3	ANTIVIRALS
VIRAMUNE SUSP	-	4	ANTIVIRALS
VIRAMUNE TAB	-	4	ANTIVIRALS
VIRAMUNE XR TAB	-	4	ANTIVIRALS
VIREAD TAB	-	3	ANTIVIRALS
VIREAD TAB	-	4	ANTIVIRALS
VISTARIL CAP	-	4	ANTIANXIETY AGENTS
VISTOGARD PAK	-	NC	ANTIDOTES
VITAFOL STRIPS	-	4	MULTIVITAMINS
vitamin D cap (Rx covered Only)	-	2	VITAMINS
vitamin D cap 1000unit	OTC	NC	VITAMINS
vitamin D cap 400unit	OTC	NC	VITAMINS
VITAMIN D TAB 400UNIT	OTC	NC	VITAMINS
VITRAKVI CAP 100MG (QL= 2 caps/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI CAP 25MG (QL= 6 caps/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VITRAKVI SOLN (QL= 10ml/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VIVELLE-DOT, MINIVELLE PATCH	-	4	ESTROGENS
VIVITROL INJ	SP	5	ANTIDOTES
VIVJOA CAP	-	NC	ANTIFUNGALS
VIVLODEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VIVOTIF CAP	VAC	EXC	VACCINES
VIZZ OPHTH SOLN	-	EXC	OPHTHALMIC AGENTS
VOGELXO GEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	4	ANDROGENS-ANABOLIC
VONJO CAP (QL= 4 caps/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VONVENDI INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
VOPAC 5 CREAM	-	NC	DERMATOLOGICALS
VOPAC CREAM	-	NC	DERMATOLOGICALS
VOPAC GB CREAM	-	NC	DERMATOLOGICALS
VOQUEZNA DUAL PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
VOQUEZNA TAB	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
VOQUEZNA TRIP PAK	-	NC	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINEF CS
VORANIGO TAB (QL= 1 tab/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VORANIGO TAB 10MG (QL= 2 tabs/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
voriconazole susp (VFEND equiv)	-	4	ANTIFUNGALS
voriconazole tab (VFEND equiv)	-	3	ANTIFUNGALS
VOSEVI TAB (QL= 1 tab/day)	PA-QL	3	ANTIVIRALS
VOTRIENT TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
VOWST CAP (QL= 12 caps/fill)	PA-QL-SP	5	GASTROINTESTINAL AGENTS - MISC.
VOXZOGO INJ (QL= 1 vial/day)	PA-QL-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
VOYDEYA TAB (QL= 6 tabs/day)	PA-QL-SP	5	HEMATOLOGICAL AGENTS - MISC.
VOYDEYA TAB THERAPY PACK (QL= 6 tabs/day)	PA-QL-SP	5	HEMATOLOGICAL AGENTS - MISC.
VOYXACT INJ	-	NC	GENITOURINARY AGENTS - MISCELLANEOUS
VP-PNV-DHA CAP	-	2	MULTIVITAMINS
VRAYLAR CAP	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VRAYLAR PACK	-	NC	ANTIPSYCHOTICS/ANTIMANIC AGENTS
VSL #3 CAP	-	NC	ANTIDIARRHEALS
VTAMA CREAM	-	NC	DERMATOLOGICALS
VTOL SOLN	-	NC	ANALGESICS - NONNARCOTIC
VUITY OPHTH SOLN 1.25%	-	EXC	OPHTHALMIC AGENTS
VUMERITY CAP	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
VYALEV INJ	-	NC	ANTIPARKINSON AND RELATED THERAPY AGENTS
VYBRIQUE ORAL FILM	-	EXC	CARDIOVASCULAR AGENTS - MISC.
VYJUVEK GEL	-	EXC	DERMATOLOGICALS
VYKAT XR TAB (QL= 4 tabs/day)	PA-QL-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
VYKAT XR TAB 150MG (QL= 3 tabs/day)	PA-QL-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
VYKAT XR TAB 75MG (QL= 7 tabs/day)	PA-QL-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
VYNDAMAX CAP (QL= 1 cap/day)	PA-QL-SP	5	CARDIOVASCULAR AGENTS - MISC.
VYNDAQEL CAP (QL= 4 caps/day)	PA-QL-SP	5	CARDIOVASCULAR AGENTS - MISC.
VYSCOXA SUSP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
VYTONE CREAM 1.9-1%	-	NC	DERMATOLOGICALS
VYTORIN TAB (QL= 1 tab/day (10/80mg is Not Covered))	QL	4	ANTIHYPERLIPIDEMICS
VYTORIN TAB 10-80MG	-	NC	ANTIHYPERLIPIDEMICS
VYVANSE CAP	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
VYVANSE CHEW TAB	-	4	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
VYVGART HYTRULO INJ (QL= 4 inj/28 days)	PA-QL-SP	5	MISCELLANEOUS THERAPEUTIC CLASSES
VYZULTA SOLN	-	NC	OPHTHALMIC AGENTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
WAINUA INJ (QL= 1 inj/28 days)	PA-QL-SP	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
WAKIX TAB (QL= 2 tabs/day)	PA-QL-SP	5	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
warfarin tab (COUMADIN equiv)	-	2	ANTICOAGULANTS
WAYRILZ TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
WEGOVY HD INJ 7.2MG/0.75ML	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
WEGOVY INJ	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
WEGOVY INJ 1.7MG/0.75ML	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
WEGOVY INJ 2.4MG/0.75ML	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
WEGOVY TAB	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
WELCHOL PACK	-	4	ANTIHYPERLIPIDEMICS
WELCHOL TAB	-	4	ANTIHYPERLIPIDEMICS
WELIREG TAB (QL= 3 tabs/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
WELLBUTRIN SR TAB	-	4	ANTIDEPRESSANTS
WELLBUTRIN XL TAB	-	4	ANTIDEPRESSANTS
WESTCORT OINT	-	NC	DERMATOLOGICALS
WEZLANA INJ	-	NC	DERMATOLOGICALS
WEZLANA SYRINGE	-	NC	DERMATOLOGICALS
WIDAPLIK TAB	-	NC	ANTIHYPERTENSIVES
WILATE INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
WINLEVI CREAM	-	NC	DERMATOLOGICALS
WINREVAIR INJ	PA-SP	5	CARDIOVASCULAR AGENTS - MISC.
WOUND-DRESSING GELS	-	NC	DERMATOLOGICALS
WPR PLUS	-	NC	DERMATOLOGICALS
wymzya FE tab (FEMCON FE equiv)	-	1	CONTRACEPTIVES
WYNZORA CREAM	-	NC	DERMATOLOGICALS
XACIATO GEL (QL= 1 applicator/fill)	QL	3	VAGINAL AND RELATED PRODUCTS
XADAGO TAB (QL= 1 tab/day)	PA-QL	4	ANTIPARKINSON AGENTS
XALATAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	4	OPHTHALMIC AGENTS
XALKORI CAP (QL= 2 caps/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XALKORI SPRINKLE CAP (QL= 4 caps/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XANAX TAB	-	4	ANTIANXIETY AGENTS
XANAX XR TAB	-	4	ANTIANXIETY AGENTS
XARELTO STARTER PACK	-	3	ANTICOAGULANTS
XARELTO SUSP	-	3	ANTICOAGULANTS
XARELTO TAB	-	3	ANTICOAGULANTS
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	QL	3	ANTICONVULSANTS
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	QL	3	ANTICONVULSANTS
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	3	ANTICONVULSANTS
XCOPRI TAB 25MG (QL= 1 tab/day)	QL	3	ANTICONVULSANTS
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	3	ANTICONVULSANTS

Drug Name	Special Code	Tier	Category
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)	QL	3	ANTICONVULSANTS
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	QL	3	ANTICONVULSANTS
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	QL	3	ANTICONVULSANTS
XDEMVY DROP (QL= 1 bottle/42 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS-SP	5	OPHTHALMIC AGENTS
XELJANZ ORAL SOLN	-	NC	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
XELJANZ XR TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
XELPROS OPHTH EMULSION	-	NC	OPHTHALMIC AGENTS
XELSTRYM PAD	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
XEMBIFY INJ	PA-SP	5	PASSIVE IMMUNIZING AND TREATMENT AGENTS
XENADERM OINT	-	NC	DERMATOLOGICALS
XENAZINE TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XENICAL CAP	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	3	ANTI-INFECTIVE AGENTS - MISC.
XEPI CREAM	-	4	DERMATOLOGICALS
XERESE CREAM	-	NC	DERMATOLOGICALS
XERMELO TAB	-	NC	GASTROINTESTINAL AGENTS - MISC.
XHANCE NASAL EXHALER	-	NC	NASAL AGENTS - SYSTEMIC AND TOPICAL
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	4	ANTI-INFECTIVE AGENTS - MISC.
XIFAXAN TAB 550MG (QL= 60 tabs/30 days)	QL	3	ANTI-INFECTIVE AGENTS - MISC.
XIGDUO XR TAB	-	NC	ANTIDIABETICS
XIGDUO XR TAB 2.5-1000 (QL= 2 tabs/day)	QL	3	ANTIDIABETICS
XIIDRA OPHTH SOLN (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	3	OPHTHALMIC AGENTS
XOCOVA TAB	-	NC	ANTIVIRALS
XODOL TAB 10MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 5MG-300MG	-	NC	ANALGESICS - OPIOID
XODOL TAB 7.5MG-300MG	-	NC	ANALGESICS - OPIOID
XOFLUZA TAB (QL= 1 tab/fill)	QL	4	ANTIVIRALS
XOLAIR INJ (QL= 2 inj/28 days)	PA-QL-SP	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 150MG/ML (QL= 2 inj/28 days)	PA-QL-SP	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR INJ 300MG/2ML (QL= 1 inj/28 days)	PA-QL-SP	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE (QL= 2 inj/28 days)	PA-QL-SP	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE 150MG/ML (QL= 2 inj/28 days)	PA-QL-SP	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLAIR SYRINGE 300MG/2ML (QL= 1 inj/28 days)	PA-QL-SP	5	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOLEGEL	-	NC	DERMATOLOGICALS
XOLREMDI CAP (QL= 4 caps/day)	PA-QL-SP	5	HEMATOPOIETIC AGENTS

	NC = Not Covered **NC/3P** = Not Covered, Third Party Reviewer		**generic =** small letters		**BRANDS** = CAPITAL LETTERS
INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
XOPENEX NEB SOLN	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
XOSPATA TAB (QL= 3 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XPHOZAH TAB (QL= 2 tabs/day)	PA-QL-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
XPOVIO PAK (QL= 32 tabs/28 days)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XROMI SOLN (Prior Authorization required for members age 9 years and older)	PA	4	HEMATOPOIETIC AGENTS
XRYLIX PAK	-	NC	DERMATOLOGICALS
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	3	ANALGESICS - OPIOID
XTANDI CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 40MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTANDI TAB 80MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
XTORO OTIC SUSP	-	NC	OTIC AGENTS
XULTOPHY INJ (QL= 15ml/30 days)	QL	3	ANTIDIABETICS
XURIDEN POWDER	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
XYNTHA INJ	PA-SP	5	HEMATOLOGICAL AGENTS - MISC.
XYOSTED INJ	-	NC	ANDROGENS-ANABOLIC
XYREM SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYWAV SOLN	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
XYZAL SOLN	-	NC	ANTIHISTAMINES
XYZAL TAB	-	NC	ANTIHISTAMINES
XYZBAC TAB	OTC	EXC	DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS
YAZ TAB, YASMIN 28 TAB	-	4	CONTRACEPTIVES
YBUPHEN TAB	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YESINTEK INJ (QL= 1 inj/84 days)	PA-QL-SP	5	DERMATOLOGICALS
YESINTEK SYRINGE (QL= 1 inj/84 days)	PA-QL-SP	5	DERMATOLOGICALS
YESINTEK SYRINGE 90MG (QL= 1 inj/84 days)	PA-QL-SP	5	DERMATOLOGICALS
YEZTUGO INJ (QL= 2 inj/180 days)	QL-SP	1	ANTIVIRALS
YEZTUGO TAB (QL= 4 tabs/28 days)	QL-SP	1	ANTIVIRALS
YF-VAX INJ	VAC	EXC	VACCINES
YONSA TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
YORVIPATH INJ (QL= 1 inj/day)	PA-QL-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
YORVIPATH INJ 294MCG (QL= 1 inj/day)	PA-QL-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
YORVIPATH INJ 420MCG (QL= 1 inj/day)	PA-QL-SP	5	ENDOCRINE AND METABOLIC AGENTS - MISC.
YOSPRALA TAB	-	NC	HEMATOLOGICAL AGENTS - MISC.
YUFLYMA INJ KIT (adalimumab-aaty)	-	NC	ANALGESICS - ANTI-INFLAMMATORY

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
YUFLYMA KIT (adalimumab-aaty)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YUPELRI SOLN	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
YUSIMRY INJ (adalimumab-aqvh)	-	NC	ANALGESICS - ANTI-INFLAMMATORY
YUTREPIA CAP (QL= 112 caps/28 days)	PA-QL-SP	5	CARDIOVASCULAR AGENTS - MISC.
YUVEZZI SOLN	-	EXC	OPHTHALMIC AGENTS
YUVIWEL INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
zafemy patch (XULANE equiv)	-	1	CONTRACEPTIVES
zafirlukast tab (ACCOLATE equiv)	-	3	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZANAFLEX CAP	-	4	MUSCULOSKELETAL THERAPY AGENTS
ZANAFLEX CAP	-	NC	MUSCULOSKELETAL THERAPY AGENTS
ZANAFLEX TAB	-	4	MUSCULOSKELETAL THERAPY AGENTS
ZARONTIN CAP	-	4	ANTICONVULSANTS
ZARONTIN SOLN	-	4	ANTICONVULSANTS
ZARXIO INJ	SP	5	HEMATOPOIETIC AGENTS
ZAVESCA CAP	-	NC	HEMATOPOIETIC AGENTS
ZAVZPRET NASAL SPRAY (QL= 6 units/fill; 60 units/365 days)	PA-QL	3	MIGRAINE PRODUCTS
ZECUITY PAD	-	NC	MIGRAINE PRODUCTS
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	3	ANTIDIABETICS
ZEGERID CAP	-	NC	ULCER DRUGS
ZEGERID POWDER PACK	-	NC	ULCER DRUGS
ZEGFROVY TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZEJULA TAB (QL= 1 tab/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELAPAR ODT	-	NC	ANTIPARKINSON AGENTS
ZELBORAF TAB (QL= 8 tabs/day)	PA-QL-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZELSUVMI GEL (QL= 1 carton/fill, 2 fills/365 days)	PA-QL	3	DERMATOLOGICALS
ZEMPLAR CAP	-	4	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZENBEXUS CAP	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZENPEP CAP	-	3	DIGESTIVE AIDS
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ZEPATIER TAB	-	NC	ANTIVIRALS
ZEPBOUND INJ	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ZEPBOUND KWIKPEN INJ	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS
ZEPBOUND VIAL INJ	-	EXC	ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/A NOREXIANTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
ZEPOSIA CAP (QL= 1 cap/day)	PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZEPOSIA STARTER PACK (QL= 1 cap/day)	PA-QL	5	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZERVIATE OPHTH SOLN	-	NC	OPHTHALMIC AGENTS
ZESTORETIC TAB	-	4	ANTIHYPERTENSIVES
ZETIA TAB	-	NC	ANTIHYPERLIPIDEMICS
ZIAC TAB	-	4	ANTIHYPERTENSIVES
ZIAGEN SOLN	-	4	ANTIVIRALS
ZIAGEN TAB	-	4	ANTIVIRALS
ZIANA GEL	-	NC	DERMATOLOGICALS
zidovudine cap (RETROVIR equiv)	-	2	ANTIVIRALS
zidovudine syrup (RETROVIR equiv)	-	2	ANTIVIRALS
zidovudine tab (RETROVIR equiv)	-	2	ANTIVIRALS
ZIEXTENZO INJ	-	NC	HEMATOPOIETIC AGENTS
ZILACAINE PAK	-	NC	DERMATOLOGICALS
ZILBRYSQ INJ (QL= 1 inj/day)	PA-QL-SP	5	HEMATOLOGICAL AGENTS - MISC.
ZILBRYSQ INJ 23MG (QL= 1 inj/day)	PA-QL-SP	5	HEMATOLOGICAL AGENTS - MISC.
ZILBRYSQ INJ 32.4MG (QL= 1 inj/day)	PA-QL-SP	5	HEMATOLOGICAL AGENTS - MISC.
zileuton ER tab (ZYFLO CR equiv)	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZILXI FOAM	-	NC	DERMATOLOGICALS
ZIMHI SOLN	-	3	ANTIDOTES AND SPECIFIC ANTAGONISTS
ZINBRYTA INJ	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
zinc gluconate tab	OTC	2	MINERALS & ELECTROLYTES
ZIOPTAN OPHTH SOLN (QL= 1 vial/day)	PA-QL	4	OPHTHALMIC AGENTS
ziprasidone cap (GEODON equiv)	-	2	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZIPSOR CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZIRGAN OPHTH GEL	-	3	OPHTHALMIC AGENTS
ZITHROMAX POWDER PACK	-	4	MACROLIDES
ZITHROMAX SUSP	-	4	MACROLIDES
ZITHROMAX TAB	-	4	MACROLIDES
ZITUVIMET XR TAB	-	NC	ANTIDIABETICS
ZITUVIO TAB	-	NC	ANTIDIABETICS
ZOCOR TAB (80mg is Not Covered)	-	4	ANTIHYPERLIPIDEMICS
ZOCOR TAB 80MG	-	NC	ANTIHYPERLIPIDEMICS
ZOFRAN ODT	-	4	ANTIEMETICS
ZOFRAN SOLN	-	4	ANTIEMETICS
ZOFRAN TAB	-	4	ANTIEMETICS
ZOKINVY CAP (QL= 4 caps/day)	PA-QL-SP	5	MISCELLANEOUS THERAPEUTIC CLASSES
ZOLINZA CAP	PA-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2	MIGRAINE PRODUCTS

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
ZOLOFT CONC	-	4	ANTIDEPRESSANTS
ZOLOFT TAB	-	4	ANTIDEPRESSANTS
ZOLPAK KIT	-	NC	DERMATOLOGICALS
ZOLPIDEM CAP	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	2	HYPNOTICS
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZOLPIMIST SPRAY	-	NC	HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS
ZOLYMBUS OPHTH GEL	-	NC	OPHTHALMIC AGENTS
ZOMACTON INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOMETA INJ	-	NC	ENDOCRINE AND METABOLIC AGENTS - MISC.
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
ZOMIG TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	4	MIGRAINE PRODUCTS
ZONATUSS CAP 150MG	-	NC	COUGH/COLD/ALLERGY
ZONEGRAN CAP	-	4	ANTICONVULSANTS
ZONISADE SUSP (Prior Authorization required for members age 9 years and older)	PA	4	ANTICONVULSANTS
zonisamide cap (ZONEGRAN equiv)	-	2	ANTICONVULSANTS
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	4	HEMATOLOGICAL AGENTS - MISC.
ZORTRESS TAB	PA	4	MISCELLANEOUS THERAPEUTIC CLASSES
ZORVOLEX CAP	-	NC	ANALGESICS - ANTI-INFLAMMATORY
ZORYVE CREAM (QL= 60 grams/30 days)	PA-QL	3	DERMATOLOGICALS
ZORYVE CREAM 0.05%	-	NC	DERMATOLOGICALS
ZORYVE CREAM 0.15%	-	NC	DERMATOLOGICALS
ZORYVE FOAM (QL= 60 grams/30 days)	PA-QL	3	DERMATOLOGICALS
ZOVIRAX CAP	-	4	ANTIVIRALS
ZOVIRAX CREAM	-	NC	DERMATOLOGICALS
ZOVIRAX OINT	-	4	DERMATOLOGICALS
ZOVIRAX SUSP	-	4	ANTIVIRALS
ZOVIRAX TAB	-	4	ANTIVIRALS
ZTALMY SUSP (QL= 1100ml/30 days)	PA-QL-SP	5	ANTICONVULSANTS
ZUBSOLV SL TAB	-	3	ANALGESICS - OPIOID
ZUNVEYL TAB	-	NC	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZUPLENZ SL FILM	-	NC	ANTIEMETICS
ZURAMPIC TAB	-	NC	GOUT AGENTS
ZURNAI INJ	-	3	ANTIDOTES AND SPECIFIC ANTAGONISTS
ZURZUVAE CAP 20MG, 25MG (QL= 28 caps/365 days)	PA-QL-SP	5	ANTIDEPRESSANTS
ZURZUVAE CAP 30MG (QL= 14 caps/365 days)	PA-QL-SP	5	ANTIDEPRESSANTS
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	1	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
ZYCLARA CREAM	-	NC	DERMATOLOGICALS
ZYCUBO INJ	-	NC	MINERALS & ELECTROLYTES

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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
ZYDELIG TAB	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYFLO CR TAB	-	NC	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYFLO TAB	-	4	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
ZYKADIA TAB (QL= 3 tabs/day)	PA-QL-SF-SP	5	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYLET OPHTH SUSP	-	NC	OPHTHALMIC AGENTS
ZYLOPRIM TAB	-	4	GOUT AGENTS
ZYLOTROL-L KIT	-	NC	DERMATOLOGICALS
ZYMAXID OPHTH SOLN	-	4	OPHTHALMIC AGENTS
ZYMFENTRA INJ	-	NC	GASTROINTESTINAL AGENTS - MISC.
ZYPITAMAG TAB	-	NC	ANTIHYPERLIPIDEMICS
ZYPREXA TAB	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYPREXA ZYDIS TAB	-	4	ANTIPSYCHOTICS/ANTIMANIC AGENTS
ZYRTEC CHILD CHEW ALLERGY	OTC	NC	ANTIHISTAMINES
ZYTIGA TAB 250MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYTIGA TAB 500MG	-	NC	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
ZYVOX SUSP (Restricted to Infectious Disease Specialist)	RS	4	ANTI-INFECTIVE AGENTS - MISC.
ZYVOX TAB (Restricted to Infectious Disease Specialist)	RS	4	ANTI-INFECTIVE AGENTS - MISC.

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine/dextroamphetamine ER cap (ADDERALL XR equiv)	-	2
amphetamine/dextroamphetamine tab (ADDERALL equiv)	-	2
dextroamphetamine ER cap (DEXEDRINE equiv)	-	2
dextroamphetamine tab (DEXEDRINE equiv)	-	2
lisdexamfetamine dimesylate cap (VYVANSE equiv)	-	2
methamphetamine hcl tab (METHAMPHETAMINE equiv)	-	2
lisdexamfetamine dimesylate chew tab (VYVANSE equiv)	-	3
ADDERALL TAB	-	4
DESOXYN TAB	-	4
DEXEDRINE CAP	-	4
dextroamphetamine soln (PROCENTRA equiv)	-	4
VYVANSE CAP	-	4
VYVANSE CHEW TAB	-	4
ADZENYS ER SUSP	-	NC
ADZENYS XR ODT	-	NC
amphetamine er odt (ADZENYS XR equiv)	-	NC
amphetamine tab (EVEKEO equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5mg (MYDAYIS equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 25mg (MYDAYIS equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5mg (MYDAYIS equiv)	-	NC
amphetamine-dextroamphetamine 3-bead cap er 24hr 50mg (MYDAYIS equiv)	-	NC
ARYNTA SOLN	-	NC
dextroamphetamine sulfate tab 15mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 2.5mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 20mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 30mg (ZENZEDI equiv)	-	NC
dextroamphetamine sulfate tab 7.5mg (ZENZEDI equiv)	-	NC
DYANAVEL XR CHEW	-	NC
EVEKEO ODT	-	NC
EVEKEO TAB	-	NC
MYDAYIS CAP 12.5MG	-	NC
MYDAYIS CAP 25MG	-	NC
MYDAYIS CAP 37.5MG	-	NC
MYDAYIS CAP 50MG	-	NC
XELSTRYM PAD	-	NC
zenzedi tab 10mg (DEXEDRINE equiv)	-	NC
zenzedi tab 5mg (DEXEDRINE equiv)	-	NC
ANALEPTICS		
caffeine citrate soln (CAFCIT equiv) (Covered for members age 11 months and younger)	-	3
CAFCIT INJ	-	NC
ANOREXIANTS NON-AMPHETAMINE		
benzphetamine tab	-	EXC
DIETHYLPROPION ER TAB	-	EXC
diethylpropion tab	-	EXC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
PHENDIMETRAZINE ER TAB	-	EXC
phendimetrazine tab (BONTRIL PDM equiv)	-	EXC
phentermine tab 8mg, lomaira tab 8mg	-	EXC
PLENITY CAP	-	EXC
ANTI-OBESITY AGENTS		
FOUNDAYO TAB	-	EXC
liraglutide (weight mngmt) soln pen-inj (SAXENDA equiv)	-	EXC
SAXENDA INJ	-	EXC
WEGOVY HD INJ 7.2MG/0.75ML	-	EXC
WEGOVY INJ	-	EXC
WEGOVY INJ 1.7MG/0.75ML	-	EXC
WEGOVY INJ 2.4MG/0.75ML	-	EXC
WEGOVY TAB	-	EXC
XENICAL CAP	-	EXC
ZEPBOUND INJ	-	EXC
ZEPBOUND KWIKPEN INJ	-	EXC
ZEPBOUND VIAL INJ	-	EXC
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine cap (STRATTERA equiv)	-	2
clonidine ER tab (KAPVAY equiv)	-	2
guanfacine ER tab (INTUNIV equiv)	-	2
INTUNIV TAB	-	4
KAPVAY TAB	-	4
STRATTERA CAP	-	4
ATONCY SOLN, ATOMOXETINE HCL SOLN	-	NC
ONYDA XR SUSP	-	NC
QELBREE ER CAP	-	NC
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB (QL= 1 tab/day)	PA-QL	3
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB (QL= 2 tabs/day)	PA-QL-SP	5
STIMULANTS - MISC.		
armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day)	QL	2
dexmethylphenidate ER cap (FOCALIN XR equiv)	-	2
dexmethylphenidate tab (FOCALIN equiv)	-	2
methylphenidate CD cap (METADATE CD equiv)	-	2
methylphenidate ER cap (RITALIN LA equiv)	-	2
METHYLPHENIDATE ER TAB	-	2
methylphenidate ER tab (CONCERTA equiv)	-	2
METHYLPHENIDATE ER TAB 27MG	-	2
METHYLPHENIDATE ER TAB 36MG	-	2
METHYLPHENIDATE ER TAB 54MG	-	2
methylphenidate soln (METHYLIN equiv)	-	2
methylphenidate tab (RITALIN equiv)	-	2
modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day)	QL	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS Cont.		
METHYLIN SOLN	-	3
methylphenidate chew tab (METHYLIN equiv)	-	3
methylphenidate ER cap (APTENSIO XR equiv)	-	3
CONCERTA TAB, RITALIN SR TAB	-	4
FOCALIN TAB	-	4
FOCALIN XR CAP	-	4
NUVIGIL TAB (QL= 1 tab/day)	QL	4
PROVIGIL TAB (QL= 2 tabs/day)	QL	4
RITALIN LA CAP, APTENSIO XR CAP	-	4
RITALIN TAB	-	4
AZSTARYS CAP	-	NC
COTEMPLA XR TAB, METHYLPHENIDATE ER TAB	-	NC
DAYTRANA PATCH	-	NC
methylphenidate ER tab 72mg	-	NC
METHYLPHENIDATE ER TAB, RELEXXII TAB	-	NC
methylphenidate td patch (DAYTRANA equiv)	-	NC
QUILLIVANT XR SUSP	-	NC
RELEXXI ER TAB	-	NC
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
ODACTRA SL TAB	PA	4
PALFORZIA POWDER PACK	PA-SP	5
PALFORZIA SPRINKLE CAP	PA-SP	5
TRICHOPHYTON MENTAGROPHYTES SOLN	-	NC
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - R'S		
RESERVAPAK SYRUP	-	NC
AMEBICIDES		
AMEBICIDES		
SOLOSEC GRANULES PACKET (QL= 1 packet/fill)	PA-QL	4
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin tab	-	2
tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist)	RS	2
ARIKAYCE SUSP (QL= 1 vial/day)	PA-QL-SP	5
TOBI PODHALER	PA-SP	5
BETHKIS NEB SOLN, TOBI NEB SOLN	-	NC
HUMATIN CAP	-	NC
KITABIS PAK NEB SOLN	-	NC
tobramycin neb soln (BETHKIS equiv)	-	NC
ANALGESICS - ANTI-INFLAMMATORY		
ANTIRHEUMATIC - ENZYME INHIBITORS		
tofacitinib citrate ER tab (XELJANZ equiv) (QL= 1 tab/day)	QL-SP	2
tofacitinib citrate oral soln (XELJANZ equiv) (QL= 10ml/day)	QL-SP	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
tofacitinib citrate tab (XELJANZ equiv) (QL= 2 tabs/day)	QL-SP	2
OLUMIANT TAB (QL= 1 tab/day)	PA-QL-SP	5
RINVOQ ER TAB (QL= 1 tab/day)	PA-QL	5
RINVOQ ORAL SOLN (QL= 12ml/day)	PA-QL	5
XELJANZ ORAL SOLN	-	NC
XELJANZ TAB	-	NC
XELJANZ XR TAB	-	NC
ANTIRHEUMATIC ANTIMETABOLITES		
REDITREX INJ	-	NC
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	PA-QL	5
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	PA-QL	5
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	PA-QL	5
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	PA-QL	5
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	PA-QL	5
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT (YUFLYMA equiv) (QL= 2 inj/28 days)	PA-QL	5
ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT (YUFLYMA equiv) (QL= 1 kit/fill; 1 fill/plan year)	PA-QL	5
ADALIMUMAB-FKJP AUTO-INJECTOR KIT (HULIO equiv) (QL= 2 inj/28 days)	PA-QL	5
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	PA-QL	5
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML (HULIO equiv) (QL= 2 inj/28 days)	PA-QL	5
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML (HULIO equiv) (QL= 2 inj/28 days)	PA-QL	5
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML (QL= 2 inj/28 days)	PA-QL	5
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 40MG/0.4ML (QL= 2 inj/28 days)	PA-QL	5
SIMPONI AUTO-INJECTOR 100MG (QL=1 inj/28 days)	PA-QL-SP	5
SIMPONI INJ 100MG (QL=1 inj/28 days)	PA-QL-SP	5
ABRILADA INJ	-	NC
ADALIMUMAB-ADAZ INJ	-	NC
ADALIMUMAB-ADAZ INJ (HYRIMOZ equiv)	-	NC
ADALIMUMAB-ADAZ INJ 10/0.1ML	-	NC
ADALIMUMAB-ADAZ PFS INJ (HYRIMOZ equiv)	-	NC
ADALIMUMAB-RYVK INJ (SIMLANDI equiv)	-	NC
AMJEVITA AUTO-INJECTOR (adalimumab-atto)	-	NC
AMJEVITA INJ (adalimumab-atto)	-	NC
CYLTEZO AUTO-INJECTOR KIT (adalimumab-adbm)	-	NC
CYLTEZO INJ (adalimumab-adbm)	-	NC
HADLIMA INJ	-	NC
HADLIMA PUSH INJ (adalimumab-bwwd)	-	NC
HULIO INJ (adalimumab-fkjp)	-	NC
HULIO KIT (adalimumab-fkjp)	-	NC
HUMIRA INJ 10MG	-	NC
HUMIRA INJ 20MG	-	NC
HUMIRA INJ 40MG	-	NC
HUMIRA INJ 80MG	-	NC
HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK	-	NC
HUMIRA INJ PEDIATRIC CROHNS STARTER PACK	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
HUMIRA INJ PEDIATRIC UC STARTER PACK	-	NC
HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK	-	NC
HUMIRA PEN INJ 40MG	-	NC
HYRIMOZ INJ (adalimumab-adaz)	-	NC
HYRIMOZ PFS INJ (adalimumab-adaz)	-	NC
IDACIO INJ (adalimumab-aacf)	-	NC
SIMLANDI INJ (adalimumab-ryvk)	-	NC
SIMLANDI INJ, ADALIMUMAB-RYVK INJ (QUALLENT)	-	NC
SIMPONI ARIA INJ	-	NC
SIMPONI AUTO-INJECTOR 50MG	-	NC
SIMPONI INJ 50MG	-	NC
YUFLYMA INJ KIT (adalimumab-aaty)	-	NC
YUFLYMA KIT (adalimumab-aaty)	-	NC
YUSIMRY INJ (adalimumab-aqvh)	-	NC
GOLD COMPOUNDS		
AURANOFIN CAP, RIDAURA CAP	-	NC
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ	-	NC
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (QL= 1 inj/day)	PA-QL-SP	5
INTERLEUKIN-6 RECEPTOR INHIBITORS		
AVTOZMA INJ (QL= 2 inj/28 days)	PA-QL-SP	5
KEVZARA INJ (QL= 2 inj/28 days)	PA-QL-SP	5
TYENNE INJ (QL= 2 inj/28 days)	PA-QL-SP	5
ACTEMRA ACTPEN INJ	-	NC
ACTEMRA IV INJ	-	NC
ACTEMRA SC INJ	-	NC
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap (CELEBREX equiv)	-	2
diclofenac potassium tab (CATAFLAM equiv)	-	2
diclofenac sodium EC tab (VOLTAREN equiv)	-	2
diclofenac sodium XR tab (VOLTAREN XR equiv)	-	2
etodolac cap (LODINE equiv)	-	2
etodolac tab	-	2
ibuprofen susp (Rx ONLY) (ADVIL, MOTRIN equiv)	-	2
ibuprofen tab	-	2
ibuprofen tab (Rx covered Only)	-	2
indomethacin cap (INDOCIN equiv)	-	2
indomethacin CR cap (INDOCIN SR equiv)	-	2
ketorolac inj 15mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	2
ketorolac inj 30mg/ml (TORADOL equiv) (QL= 20ml/5 days)	QL	2
ketorolac inj 60mg/2ml (TORADOL equiv) (QL= 20ml/5 days)	QL	2
ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days)	QL	2
meloxicam tab (MOBIC equiv)	-	2
nabumetone tab (RELAFEN equiv)	-	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
naproxen sodium tab (ANAPROX equiv)	-	2
naproxen tab (NAPROSYN equiv)	-	2
piroxicam cap (FELDENE equiv)	-	2
sulindac tab (CLINORIL equiv)	-	2
mefenamic acid cap (PONSTEL equiv)	-	3
naproxen EC tab (NAPROSYN EC equiv)	-	3
oxaprozin tab (DAYPRO equiv)	-	3
ANAPROX TAB	-	4
ARTHROTEC TAB	-	4
CELEBREX CAP	-	4
DAYPRO TAB	-	4
diclofenac/misoprostol DR tab (ARTHROTEC equiv)	-	4
etodolac ER tab (LODINE XL equiv)	-	4
FELDENE CAP	-	4
FLURBIPROFEN TAB	-	4
flurbiprofen tab (ANSAID equiv)	-	4
ibuprofen-famotidine tab (DUEXIS equiv)	-	4
KETOPROFEN ER CAP	-	4
MOBIC TAB	-	4
MOTRIN SUSP	-	4
NAPROSYN EC TAB	-	4
NAPROSYN TAB	-	4
PONSTEL CAP	-	4
COMBOGESIC TAB	-	NC
COXANTO CAP	-	NC
DICLOFENAC CAP	-	NC
diclofenac potassium cap (ZIPSOR equiv)	-	NC
diclofenac potassium tab 25mg (DICLOFENAC equiv)	-	NC
DUEXIS TAB	-	NC
fenoprofen calcium cap (NALFON equiv)	-	NC
FENOPROFEN CAP, NAFLON CAP	-	NC
FENOPROFEN TAB	-	NC
FENOPRON CAP	-	NC
IBU 600-EZS KIT	-	NC
IBUPROFEN TAB	-	NC
INDOCIN SUPP	-	NC
INDOCIN SUSP	-	NC
INDOMETHACIN CAP, TIVORBEX CAP	-	NC
indomethacin suppository (INDOCIN equiv)	-	NC
indomethacin susp (INDOCIN equiv)	-	NC
INFLATHERM PAK	-	NC
KETOPROFEN CAP	-	NC
KETOROLAC INJ	-	NC
ketorolac inj (TORADOL equiv)	-	NC
LURBIRO TAB 100MG	-	NC
MECLOFENAMATE CAP	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANALGESICS - ANTI-INFLAMMATORY Cont.		
meloxicam cap (VIVLODEX equiv)	-	NC
MELOXICAM COMFORT KIT	-	NC
MELOXICAM SUSP, ZYBIC SUSP	-	NC
NAFLON CAP	-	NC
NAPRELAN CR TAB	-	NC
NAPROSYN EC TAB 500MG	-	NC
NAPROSYN SUSP	-	NC
naproxen EC tab 500mg (NAPROSYN EC equiv)	-	NC
NAPROXEN SOD ER TAB	-	NC
naproxen sodium CR tab (NAPRELAN CR equiv)	-	NC
NAPROXEN SUSP	-	NC
naproxen susp (NAPROSYN equiv)	-	NC
naproxen/esomeprazole magnesium DR tab (VIMOVO equiv)	-	NC
ORUDIS CAP	-	NC
QMIIZ ODT TAB	-	NC
RELAFEN DS TAB	-	NC
SPRIX NASAL SPRAY	-	NC
TOLECTIN DS CAP, TOLMETIN CAP	-	NC
TOLECTIN TAB	-	NC
TOLMETIN TAB, TOLECTIN TAB	-	NC
VIMOVO TAB	-	NC
VIVLODEX CAP	-	NC
VYSCOXA SUSP	-	NC
YBUPHEN TAB	-	NC
ZIPSOR CAP	-	NC
ZORVOLEX CAP	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA STARTER PACK (QL= 1 pack/28 days)	PA-QL	5
OTEZLA TAB (QL= 2 tabs/day)	PA-QL	5
OTEZLA XR TAB (QL= 1 tab/day)	PA-QL	5
OTEZLA/OTEZLA XR STARTER PACK (QL= 1 pack/28 days)	PA-QL	5
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab (ARAVA equiv)	-	2
ARAVA TAB	-	4
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLICK INJ (QL= 4 inj/28 days)	PA-QL-SP	5
ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days)	PA-QL-SP	5
ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days)	PA-QL-SP	5
ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days)	PA-QL-SP	5
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25MG (QL= 8 inj/28 days)	PA-QL	5
ENBREL INJ 50MG (QL= 4 inj/28 days)	PA-QL	5
ENBREL MINI INJ (QL= 4 inj/28 days)	PA-QL	5
ENBREL SURECLICK INJ 50MG (QL= 4 inj/28 days)	PA-QL	5

ANALGESICS - NONNARCOTIC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANALGESICS - NONNARCOTIC Cont.		
ANALGESIC COMBINATIONS		
ALLZITAL TAB	-	NC
butalbital/acetaminophen cap	-	NC
butalbital/acetaminophen/caffeine soln	-	NC
butalbital/acetaminophen/caffeine tab (FIORICET equiv)	-	NC
BUTALBITAL/ASPIRIN/CAFFEINE TAB	-	NC
DOLGIC PLUS TAB	-	NC
ESGIC TAB	-	NC
FIORICET CAP	-	NC
FIORINAL CAP	-	NC
VTOL SOLN	-	NC
ANALGESICS - SODIUM CHANNEL PAIN SIGNAL INHIBITORS		
JOURNAVX TAB	-	NC
SALICYLATES		
aspirin chew tab 81mg (Covered for female members only)	OTC	1
aspirin ec tab 81mg (Covered for female members only)	OTC	1
diflunisal tab (DOLOBID equiv)	-	2
ASPIRIN EC TAB 325MG	OTC	NC
aspirin tab 325mg	OTC	NC
DOLOBID TAB	-	NC
SALSALATE TAB	-	NC
salsalate tab (DISALCID equiv)	-	NC
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate tab	-	2
DISKETS TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2
HYDROCODONE BITARTRATE ER TAB (QL= 1 tab/day)	QL	2
hydrocodone bitartrate er tab (HYSINGLA equiv) (QL= 1 tab/day)	QL	2
hydromorphone tab (DILAUDID equiv)	-	2
METHADONE SOLN (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2
methadone tab (DOLOPHINE equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2
methadose tab (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2
morphine sulfate ER tab (MS CONTIN equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	2
MORPHINE SULFATE ORAL SOLN 10 MG/5ML	-	2
MORPHINE SULFATE ORAL SOLN 100MG/5ML	-	2
morphine sulfate oral soln 10mg/5ml (MORPHINE SULFATE equiv)	-	2
morphine sulfate soln	-	2
MORPHINE SULFATE SOLN 20MG/5ML	-	2
MORPHINE SULFATE TAB	-	2
oxycodone cap (OXYIR equiv)	-	2
oxycodone tab (ROXICODONE equiv)	-	2
tramadol tab (ULTRAM equiv)	-	2
fentanyl citrate lollipop (ACTIQ equiv) (QL= 120 lozenges/30 days)	PA-QL	3
fentanyl patch (DURAGESIC equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	3

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
HYDROCODONE BITARTRATE ER CAP (QL= 2 caps/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	3
HYSINGLA ER TAB	QL	3
MORPHINE SULFATE SUPP	-	3
NUCYNTA ER TAB (QL= 2 tabs/day)	QL	3
oxycodone conc (ROXICODONE equiv)	-	3
oxycodone soln (ROXICODONE equiv)	-	3
OXYIR CAP	-	3
oxymorphone tab (OPANA equiv)	-	3
XTAMPZA ER CAP (QL= 120 caps/30 days)	QL	3
DILAUDID TAB	-	4
hydromorphone ER tab (EXALGO equiv) (QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	4
METHADOSE CONC (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	4
MS CONTIN TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	4
NUCYNTA TAB	-	4
ROXICODONE TAB	-	4
tapentadol hcl tab (NUCYNTA equiv)	-	4
tramadol ER tab (ULTRAM ER equiv) (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	4
TRAMADOL HCL ER TAB (Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	ST	4
ULTRAM TAB	-	4
ABSTRAL SL TAB	-	NC
ACTIQ LOZENGE	-	NC
DEMEROL TAB	-	NC
DSUVIA SL TAB	-	NC
FENTANYL BUCCAL TAB	-	NC
FENTANYL CITRATE LOLLIPOP	-	NC
fentanyl patch 37.5mcg, 62.5mcg, 87.5mcg (FENTANYL equiv)	-	NC
FENTORA TAB	-	NC
HYDROMORPHONE SUPP	-	NC
KADIAN CAP	-	NC
LAZANDA NASAL SPRAY	-	NC
levorphanol tab (LEVORPHANOL equiv)	-	NC
meperidine tab (DEMEROL equiv)	-	NC
MORPHABOND TAB	-	NC
OPANA TAB	-	NC
OXYCODONE TAB	-	NC
OXYCONTIN CR TAB	-	NC
QDOLO SOLN, TRAMADOL SOLN	-	NC
ROXYBOND TAB	-	NC
RYBIX ODT	-	NC
SUBSYS SPRAY	-	NC
TAPENTADOL ER TAB 100MG	-	NC
TAPENTADOL ER TAB 150MG	-	NC
TAPENTADOL ER TAB 200MG	-	NC
TAPENTADOL ER TAB 250MG	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
TAPENTADOL ER TAB 50MG	-	NC
TAPENTADOL SOLN	-	NC
TRAMADOL ER CAP	-	NC
TRAMADOL HCL TAB	-	NC
tramadol hcl tab 100mg	-	NC
tramadol hcl tab 25mg	-	NC
OPIOID COMBINATIONS		
acetaminophen/codeine tab (TYLENOL/CODEINE equiv)	-	2
hydrocodone/acetaminophen soln (HYCET, LORTAB equiv)	-	2
hydrocodone/acetaminophen tab (LORTAB equiv)	-	2
oxycodone/acetaminophen tab (PERCOCET equiv)	-	2
tramadol/acetaminophen tab (ULTRACET equiv)	-	2
APAP/CODEINE SOLN	-	3
OXYCODONE/ACETAMINOPHEN SOLN	-	3
hydrocodone/acetaminophen soln 10-325 mg/15ml (HYCET equiv)	-	4
hydrocodone/acetaminophen tab 2.5-325mg (NORCO equiv)	-	4
HYDROCODONE/IBUPROFEN TAB	-	4
hydrocodone/ibuprofen tab (VICOPROFEN equiv)	-	4
HYDROCODONE/IBUPROFEN TAB 10-200MG	-	4
LORTAB	-	4
LORTAB ELIXIR	-	4
PERCOCET TAB	-	4
TYLENOL/CODEINE TAB	-	4
ULTRACET TAB	-	4
VICOPROFEN TAB	-	4
ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE TAB	-	NC
APADAZ TAB	-	NC
FIORICET/CODEINE CAP	-	NC
FIORINAL/CODEINE CAP	-	NC
hydrocodone/acetaminophen tab 10mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 5mg-300mg (XODOL equiv)	-	NC
hydrocodone/acetaminophen tab 7.5mg-300mg (XODOL equiv)	-	NC
OXYCODONE/ACETAMINOPHEN SOLN 10-300MG/5ML, PROLATE SOLN 10-300MG/5ML	-	NC
OXYCODONE/ACETAMINOPHEN TAB 2.5-300MG	-	NC
PRIMLEV TAB 10-300MG	-	NC
PRIMLEV TAB 5-300MG	-	NC
PROLATE TAB 7.5-300MG	-	NC
SEGLENTIS TAB	-	NC
TREZIX CAP, ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE CAP	-	NC
VERDROCET TAB 2.5MG-325MG	-	NC
XODOL TAB 10MG-300MG	-	NC
XODOL TAB 5MG-300MG	-	NC
XODOL TAB 7.5MG-300MG	-	NC
OPIOID PARTIAL AGONISTS		
buprenorphine SL tab (SUBUTEX equiv)	-	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANALGESICS - OPIOID Cont.		
buprenorphine/naloxone sl film (SUBOXONE equiv)	-	2
buprenorphine/naloxone SL tab (SUBOXONE equiv)	-	2
butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/fill, 2 fills/30 days)	QL	3
ZUBSOLV SL TAB	-	3
buprenorphine patch (BUTRANS equiv) (QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	4
BUTRANS PATCH (QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency))	QL-ST	4
PENTAZOCINE/NALOXONE TAB	-	4
pentazocine/naloxone tab (TALWIN NX equiv)	-	4
SUBOXONE SL FILM	-	4
SUBLOCADE SOLN, BRIXADI SOLN	SP	5
nalbuphine inj	M	6
BELBUCA FILM	-	NC
BUNAVAIL FILM	-	NC
buprenorphine hcl buccal film (BELBUCA equiv)	-	NC
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
ANADROL TAB	-	NC
ANDROGENS		
testosterone cypionate inj (DEPO-TESTOSTERONE equiv)	-	2
danazol cap (DANOCRINE equiv)	-	3
TESTOSTERONE ENANTHATE INJ 200MG/ML (QL= 5ml/fill)	QL	3
TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day)	PA-QL	3
testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	3
testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	3
testosterone gel 1% pump (VOGELXO GEL, ANDROGEL equiv) (QL= 4 bottles/30 days)	PA-QL	3
TESTOSTERONE GEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	3
testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days)	PA-QL	3
testosterone soln (AXIRON equiv) (QL= 2 bottles/30 days)	PA-QL	3
ANDROGEL 1% 25MG (QL= 1 packet/day)	PA-QL	4
ANDROGEL 1% 50MG, TESTIM GEL 1% (QL= 2 packets/day)	PA-QL	4
ANDROGEL 1.62% 1.25GM (QL= 1 packet/day)	PA-QL	4
ANDROGEL 1.62% 2.5GM (QL= 2 packets/day)	PA-QL	4
ANDROGEL PUMP 1.62% (QL= 2 bottles/30 days)	PA-QL	4
methyltestosterone cap	PA	4
testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day)	PA-QL	4
testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day)	PA-QL	4
TESTOSTERONE GEL 20.25MG/1.25GM (QL= 1 packet/day)	PA-QL	4
VOGELXO GEL PUMP 1% (QL= 4 bottles/30 days)	PA-QL	4
FORTESTA GEL 2%	-	NC
KYZATREX CAP	-	NC
KYZATREX CAP, JATENZO CAP, TLANDO CAP	-	NC
METHITEST TAB	-	NC
NATESTO GEL	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANDROGENS-ANABOLIC Cont.		
NATESTO NASAL GEL	-	NC
STRIANT FILM	-	NC
TESTOSTERONE GEL 10MG/ACT	-	NC
testosterone gel 2% (FORTESTA equiv)	-	NC
TESTOSTERONE GEL, VOGELXO GEL	-	NC
XYOSTED INJ	-	NC
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
hydrocortisone enema (CORTENEMA equiv)	-	3
CORTENEMA	-	4
CORTIFOAM	-	4
RECTAL COMBINATIONS		
PROCTOFOAM HC FOAM	-	3
ANALPRAM-E KIT	-	4
ANALPRAM-HC CREAM	-	NC
LIDOCAINE/HYDROCORTISONE RECTAL CREAM KIT	-	NC
PROCORT CREAM	-	NC
RECTAL STEROIDS		
proctosol HC cream (ANUSOL HC equiv)	-	2
ANUSOL-HC CREAM	-	4
hydrocortisone supp (ANUSOL HC equiv)	-	NC
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide rectal foam (UCERIS RECTAL FOAM equiv)	PA	4
UCERIS RECTAL FOAM	PA	4
RECTAL COMBINATIONS		
LIDOCAINE/HC CREAM	-	3
ANALPRAM HC CREAM 2.5-1%	-	NC
ANALPRAM-HC CREAM	-	NC
HYDROCORTISONE/PRAMOXINE SUPP	-	NC
RECTAL LOCAL ANESTHETICS		
LIDOCAINE SUPP	-	NC
RECTAL STEROIDS		
HYDROCORTISONE CREAM	-	2
ANUCORT-HC SUPP	-	NC
VASODILATING AGENTS		
nitroglycerin oint (RECTIV equiv)	-	4
RECTIV OINT	-	4
ANTHELMINTICS		
ANTHELMINTICS		
BENZNIDAZOLE TAB (Restricted to Infectious Disease Specialist)	RS	3
ivermectin tab (STROMECTOL equiv)	-	3
praziquantel tab (BILTRICIDE equiv)	-	3

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTHELMINTICS Cont.		
albendazole tab (ALBENZA equiv)	-	4
ALBENZA TAB	-	4
BILTRICIDE TAB	-	4
STROMECTOL TAB	-	4
EGATEN TAB	-	NC
EMVERM TAB	-	NC
IVERMECTIN TAB	-	NC
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab (RANEXA equiv)	-	2
RANEXA TAB	-	4
ASPRUZYO SPRINKLE GRANULES	-	NC
NITRATES		
isosorbide dinitrate tab (ISORDIL equiv)	-	2
isosorbide mononitrate ER tab (IMDUR equiv)	-	2
isosorbide mononitrate tab (MONOKET equiv)	-	2
NITROGLYCERIN ER CAP	-	2
nitroglycerin patch (NITRO-DUR equiv)	-	2
nitroglycerin SL tab (NITROSTAT equiv)	-	2
nitroglycerin oint	-	3
ISORDIL TITRADOSE TAB	-	4
isosorbide dinitrate tab 40mg (ISORDIL equiv)	-	4
NITRO-DUR PATCH	-	4
NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR	-	4
nitroglycerin lingual spray (NITROLINGUAL equiv)	-	4
NITROLINGUAL PUMP SPRAY	-	4
NITROSTAT SL TAB	-	4
GONITRO POWDER	-	NC
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone tab (BUSPAR equiv)	-	2
hydroxyzine pamoate cap (VISTARIL equiv)	-	2
HYDROXYZINE PAMOATE CAP 100MG	-	2
hydroxyzine syrup (ATARAX equiv)	-	2
hydroxyzine tab (ATARAX equiv)	-	2
meprobamate tab (MILTOWN equiv)	-	4
VISTARIL CAP	-	4
BUCAPSOL CAP	-	NC
BUSPIRONE TAB	-	NC
BENZODIAZEPINES		
alprazolam tab (XANAX equiv)	-	2
chlordiazepoxide cap (LIBRIUM equiv)	-	2
diazepam conc (VALIUM equiv)	-	2
diazepam oral soln 5mg/5ml (DIAZEPAM equiv)	-	2
diazepam tab (VALIUM equiv)	-	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIANXIETY AGENTS Cont.		
lorazepam conc (ATIVAN equiv)	-	2
lorazepam tab (ATIVAN equiv)	-	2
alprazolam ER tab (XANAX XR equiv)	-	3
oxazepam cap (SERAX equiv)	-	3
alprazolam ODT (NIRAVAM equiv)	-	4
ATIVAN TAB	-	4
clorazepate tab (TRANXENE-T equiv)	-	4
NIRAVAM ODT	-	4
TRANXENE-T TAB	-	4
VALIUM TAB	-	4
XANAX TAB	-	4
XANAX XR TAB	-	4
LOREEV XR CAP	-	NC
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide cap (NORPACE equiv)	-	2
quinidine sulfate tab	-	2
NORPACE CR CAP	-	3
quinidine gluconate CR tab	-	3
NORPACE CAP	-	4
procainamide inj	-	NC
QUINIDINE SULFATE TAB	-	NC
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap	-	3
ANTIARRHYTHMICS TYPE I-C		
flecainide tab (TAMBOCOR equiv)	-	2
propafenone tab (RYTHMOL equiv)	-	2
propafenone ER cap (RYTHMOL SR equiv)	-	3
RYTHMOL SR CAP	-	4
ANTIARRHYTHMICS TYPE III		
amiodarone tab (CORDARONE equiv)	-	2
dofetilide cap (TIKOSYN equiv)	-	3
MULTAQ TAB	-	3
CORDARONE TAB	-	4
TIKOSYN CAP	-	4
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA PEN INJ (QL= 1 inj/56 days)	PA-QL-SP	5
NUCALA INJ (QL= 1 inj/28 days)	PA-QL-SP	5
OMLYCLO SYRINGE (QL= 2 inj/28 days)	PA-QL-SP	5
OMLYCLO SYRINGE 150MG/ML (QL= 2 inj/28 days)	PA-QL-SP	5
OMLYCLO SYRINGE 300MG/2ML (QL= 1 inj/28 days)	PA-QL-SP	5
TEZSPIRE INJ (QL= 1 pen/28 days)	PA-QL	5
XOLAIR INJ (QL= 2 inj/28 days)	PA-QL-SP	5

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
XOLAIR INJ 150MG/ML (QL= 2 inj/28 days)	PA-QL-SP	5
XOLAIR INJ 300MG/2ML (QL= 1 inj/28 days)	PA-QL-SP	5
XOLAIR SYRINGE (QL= 2 inj/28 days)	PA-QL-SP	5
XOLAIR SYRINGE 150MG/ML (QL= 2 inj/28 days)	PA-QL-SP	5
XOLAIR SYRINGE 300MG/2ML (QL= 1 inj/28 days)	PA-QL-SP	5
ANTI-INFLAMMATORY AGENTS		
cromolyn neb soln (INTAL equiv)	-	NC
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium neb soln (ATROVENT equiv)	-	2
ATROVENT HFA AERO	-	3
INCRUSE ELLIPTA INHALER	-	3
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL))	QL-ST	3
ipratropium bromide hfa inhaler aerosol (ATROVENT equiv)	-	NC
SPIRIVA HANDIHALER	-	NC
SPIRIVA RESPIMAT INHALER 2.5MCG/ACT	-	NC
tiotropium bromide cap inhaler (SPIRIVA equiv)	-	NC
TUDORZA PRESSAIR INHALER	-	NC
UMECLIDINIUM ELLIPTA INHALER 62.5MCG/INH	-	NC
YUPELRI SOLN	-	NC
LEUKOTRIENE MODULATORS		
montelukast chew tab (SINGULAIR equiv)	-	2
montelukast tab (SINGULAIR equiv)	-	2
montelukast granule pack (SINGULAIR equiv)	-	3
zafirlukast tab (ACCOLATE equiv)	-	3
ACCOLATE TAB	-	4
SINGULAIR CHEW TAB	-	4
SINGULAIR GRANULE PACK	-	4
SINGULAIR TAB	-	4
ZYFLO TAB	-	4
zileuton ER tab (ZYFLO CR equiv)	-	NC
ZYFLO CR TAB	-	NC
PHOSPHODIESTERASE 3 & 4 (PDE3 & PDE4) INHIBITORS		
OHTUVAYRE SUSP (QL= 60 ampules/30 days)	PA-QL-SP	5
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab (DALIRESP equiv)	-	2
DALIRESP TAB	-	4
STEROID INHALANTS		
budesonide inh susp (PULMICORT equiv)	-	2
ALVESCO INHALER	-	3
ARNUITY ELLIPTA INHALER	-	3
ASMANEX HFA INHALER	-	3
ASMANEX INHALER	-	3
QVAR REDIHALER	-	3

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
FLUTICASONE DISKUS INHALER	-	4
FLUTICASONE HFA INHALER	-	4
fluticasone propionate hfa inhal aero (FLUTICASONE equiv)	-	4
PULMICORT INH SUSP	-	4
AEROSPAN INH	-	NC
ARMONAIR DIGITAL INHALER 113MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 232MCG/ACT	-	NC
ARMONAIR DIGITAL INHALER 55MCG/ACT	-	NC
FLOVENT DISKUS INHALER	-	NC
FLOVENT HFA INHALER	-	NC
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100MCG/ACT	-	NC
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200MCG/ACT	-	NC
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50MCG/ACT	-	NC
PULMICORT FLEXHALER	-	NC
QVAR AERO	-	NC
SYMPATHOMIMETICS		
albuterol HFA (6.7gm, 8.5gm) inhaler (PROAIR, PROVENTIL equiv) (QL= 2 inhalers/30 days)	QL	2
albuterol neb soln	-	2
ALBUTEROL NEBULIZER SOLN	-	2
albuterol sulfate syrup	-	2
albuterol/ipratropium neb soln (DUONEB equiv)	-	2
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT	-	2
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT	-	2
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT	-	2
ADVAIR HFA INHALER	-	3
albuterol sulfate tab	-	3
ANORO ELLIPTA INHALER	-	3
arformoterol tartrate neb soln (BROVANA equiv)	-	3
BREO ELLIPTA INHALER	-	3
BREO ELLIPTA INHALER 50-25 MCG/ACT	-	3
BREZTRI AEROSPHERE INHALER	-	3
budesonide/formoterol inhaler (SYMBICORT equiv)	-	3
COMBIVENT RESPIMAT INHALER	-	3
DULERA INHALER	-	3
fluticasone/salmeterol inhaler, wixela inhaler (ADVAIR equiv)	-	3
levalbuterol neb soln (XOPENEX equiv)	-	3
STIOLTO INHALER	-	3
STRIVERDI RESPIMAT INHALER (QL= 1 inhaler/30 days)	QL	3
terbutaline sulfate tab (BRETHINE equiv)	-	3
TRELEGY ELLIPTA INHALER	-	3
BROVANA NEB SOLN	-	4
formoterol fumarate neb soln (PERFOROMIST equiv)	-	4
LEVALBUTEROL INHALER, XOPENEX HFA INHALER (QL= 2 inhalers/fill, 2 fills/30 days)	QL	4
PERFOROMIST NEB SOLN	-	4
XOPENEX NEB SOLN	-	4
ADVAIR DISKUS INHALER	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont.		
AIRDUO POWDER INHALER W/SENSOR	-	NC
AIRDUO RESPICLICK	-	NC
AIRSUPRA INH	-	NC
albuterol HFA (18gm) inhaler (VENTOLIN equiv)	-	NC
BEVESPI AEROSPHERE INHALER	-	NC
DUAKLIR INHALER	-	NC
FLUTICASONE-VILANTEROL INHALER 100-25 MCG/ACT	-	NC
FLUTICASONE-VILANTEROL INHALER 200-25 MCG/ACT	-	NC
PROAIR RESPICLICK INHALER	-	NC
SEREVENT DISKUS INHALER	-	NC
SYMBICORT INHALER	-	NC
UMECLIDINIUM/VILANTEROL INHALER 62.5-25MCG/ACT	-	NC
VENTOLIN HFA INHALER	-	NC
XANTHINES		
theophylline ER tab (UNIPHYL equiv)	-	2
theophylline soln	-	2
ELIXOPHYLLIN ELIXIR	-	3
THEOPHYLLINE TAB ER	-	3
theophylline tab er (THEOPHYLLINE ER equiv)	-	3
THEO-24 CAP	-	4
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin tab (COUMADIN equiv)	-	2
COUMADIN TAB	-	4
DIRECT FACTOR XA INHIBITORS		
rivaroxaban for susp (XARELTO equiv)	-	2
rivaroxaban tab 2.5mg (XARELTO equiv)	-	2
ELIQUIS SPRINKLE CAP	-	3
ELIQUIS TAB FOR ORAL SUSP	-	3
ELIQUIS TAB, ELIQUIS STARTER PACK	-	3
XARELTO STARTER PACK	-	3
XARELTO SUSP	-	3
XARELTO TAB	-	3
SAVAYSA TAB	-	NC
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin inj (LOVENOX equiv)	-	3
fondaparinux inj (ARIXTRA equiv)	-	3
ARIXTRA INJ	-	4
FRAGMIN INJ	-	4
LOVENOX INJ	-	4
heparin porcine inj	-	NC
THROMBIN INHIBITORS		
dabigatran etexilate mesylate cap (PRADAXA equiv)	-	3
PRADAXA CAP	-	4
PRADAXA PELLET PACK	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUSP	-	NC
FYCOMPA TAB	-	NC
perampanel susp (FYCOMPA equiv)	-	NC
perampanel tab (FYCOMPA equiv)	-	NC
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam susp (ONFI equiv) (Prior Authorization required for members age 9 years and older)	PA	2
clobazam tab (ONFI equiv)	-	2
clonazepam tab (KLONOPIN equiv)	-	2
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL (QL= 4 doses/fill)	QL	3
diazepam rectal gel (QL= 4 doses/fill)	QL	3
MIDAZOLAM INJ (QL= 1 inj/fill)	QL	3
clonazepam ODT (KLONOPIN equiv)	-	4
DIASTAT ACDL GEL (QL= 4 doses/fill)	QL	4
KLONOPIN TAB	-	4
NAYZILAM SPRAY (QL= 4 doses/fill)	QL	4
ONFI SUSP (Prior Authorization required for members age 9 years and older)	PA	4
VALTOCO NASAL SPRAY (QL= 5 doses/fill)	QL	4
CLONAZEPAM TAB	-	NC
LIBERVANT FILM	-	NC
ONFI TAB	-	NC
SYMPAZAN ORAL FILM	-	NC
ANTICONVULSANTS - MISC.		
brivaracetam tab (BRIVIACT equiv)	-	2
carbamazepine chew tab (TEGRETOL equiv)	-	2
carbamazepine susp (TEGRETOL equiv)	-	2
carbamazepine tab (TEGRETOL equiv)	-	2
gabapentin cap (NEURONTIN equiv) (QL= 9 caps/day)	QL	2
gabapentin tab 600mg (NEURONTIN equiv) (QL= 6 tabs/day)	QL	2
gabapentin tab 800mg (NEURONTIN equiv) (QL= 4.5 tabs/day)	QL	2
lacosamide oral solution (VIMPAT equiv)	-	2
lacosamide tab (VIMPAT equiv)	-	2
lamotrigine chew tab (LAMICTAL equiv)	-	2
lamotrigine tab (LAMICTAL equiv)	-	2
levetiracetam ER tab (KEPPRA XR equiv)	-	2
levetiracetam soln (KEPPRA equiv)	-	2
levetiracetam tab (KEPPRA equiv)	-	2
oxcarbazepine susp (TRILEPTAL equiv)	-	2
oxcarbazepine tab (TRILEPTAL equiv)	-	2
pregabalin cap (LYRICA equiv) (QL= 3 caps/day)	QL	2
pregabalin cap 225mg (LYRICA equiv) (QL= 2 caps/day)	QL	2
pregabalin cap 300mg (LYRICA equiv) (QL= 2 caps/day)	QL	2
primidone tab (MYSOLINE equiv)	-	2
topiramate sprinkle cap (TOPAMAX equiv)	-	2
topiramate tab (TOPAMAX equiv)	-	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
zonisamide cap (ZONEGRAN equiv)	-	2
brivaracetam oral soln 10mg/ml (BRIVIACT equiv)	-	3
carbamazepine ER cap (CARBATROL equiv)	-	3
carbamazepine ER tab (TEGRETOL XR equiv)	-	3
gabapentin soln (NEURONTIN equiv) (QL= 72 mls/day)	QL	3
pregabalin soln (LYRICA equiv) (QL= 30ml/day)	QL	3
rufinamide susp (BANZEL equiv) (Prior Authorization required for members age 9 years and older)	PA	3
rufinamide tab (BANZEL equiv)	-	3
BRIVIACT SOLN 10MG/ML	-	4
BRIVIACT TAB	-	4
CARBATROL CAP	-	4
KEPPRA SOLN	-	4
KEPPRA TAB	-	4
KEPPRA XR TAB	-	4
LAMICTAL CHEW TAB	-	4
LAMICTAL ODT KIT, LAMICTAL XR KIT	-	4
LAMICTAL STARTER KIT	-	4
LAMICTAL TAB	-	4
LAMICTAL XR TAB	-	4
lamotrigine ER tab (LAMICTAL XR equiv)	-	4
lamotrigine starter kit (LAMICTAL STARTER KIT equiv)	-	4
LYRICA CAP (QL= 3 caps/day)	QL	4
LYRICA CAP 225MG (QL= 2 caps/day)	QL	4
LYRICA CAP 300MG (QL= 2 caps/day)	QL	4
LYRICA SOLN	QL	4
MYSOLINE TAB	-	4
NEURONTIN CAP (QL= 9 caps/day)	QL	4
NEURONTIN SOLN (QL= 72 mls/day)	QL	4
NEURONTIN TAB 600MG (QL= 6 tabs/day)	QL	4
NEURONTIN TAB 800MG (QL= 4.5 tabs/day)	QL	4
SUBVENITE SUSP (Prior Authorization required for members age 9 years and older)	PA	4
TEGRETOL SUSP	-	4
TEGRETOL TAB	-	4
TEGRETOL XR TAB	-	4
TOPAMAX SPRINKLE CAP	-	4
TOPAMAX TAB	-	4
TRILEPTAL SUSP	-	4
TRILEPTAL TAB	-	4
ZONEGRAN CAP	-	4
ZONISADE SUSP (Prior Authorization required for members age 9 years and older)	PA	4
DIACOMIT CAP	PA-SP	5
DIACOMIT POWDER PACK	PA-SP	5
EPIDIOLEX SOLN	PA-SP	5
FINTEPLA SOLN (QL= 12ml/day)	PA-QL-SP	5
ZTALMY SUSP (QL= 1100ml/30 days)	PA-QL-SP	5
APTIOM TAB	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
BANZEL SUSP	-	NC
BANZEL TAB	-	NC
brivaracetam inj (BRIVIACT equiv)	-	NC
BRIVIACT INJ	-	NC
CARBAMAZEPINE CHEW TAB	-	NC
ELEPSIA XR TAB	-	NC
EPRONTIA SOLN	-	NC
eslicarbazepine acetate tab (APTIOM equiv)	-	NC
gabapentin cap 200mg (RELGAABI equiv)	-	NC
GABARONE TAB	-	NC
LAMICTAL ODT	-	NC
LAMICTAL ODT KIT	-	NC
lamotrigine ODT (LAMICTAL equiv)	-	NC
lamotrigine ODT kit (LAMICTAL equiv)	-	NC
LEVETIRACETAM TAB FOR ORAL SUSP, SPRITAM TAB FOR ORAL SUSP	-	NC
MOTPOLY XR CAP	-	NC
oxcarbazepine er tab (OXTELLAR equiv)	-	NC
OXTELLAR XR TAB	-	NC
PRIMIDONE TAB	-	NC
QUDEXY XR CAP	-	NC
topiramate ER cap (QUDEXY equiv)	-	NC
topiramate er cap (TROKENDI XR equiv)	-	NC
topiramate oral soln (EPRONTIA equiv)	-	NC
TROKENDI XR CAP	-	NC
VIMPAT SOLN	-	NC
VIMPAT TAB	-	NC
CARBAMATES		
felbamate susp (FELBATOL equiv)	-	3
felbamate tab (FELBATOL equiv)	-	3
XCOPRI PAK 100-150MG (QL= 2 tabs/day)	QL	3
XCOPRI PAK 150-200MG (QL= 2 tabs/day)	QL	3
XCOPRI TAB 150MG, 200MG (QL= 2 tabs/day)	QL	3
XCOPRI TAB 25MG (QL= 1 tab/day)	QL	3
XCOPRI TAB 50MG, 100MG (QL= 1 tab/day)	QL	3
XCOPRI TITRATION PAK 12.5-25MG (QL= 1 tab/day)	QL	3
XCOPRI TITRATION PAK 150-200MG (QL= 1 tab/day)	QL	3
XCOPRI TITRATION PAK 50-100MG (QL= 1 tab/day)	QL	3
FELBATOL SUSP	-	4
FELBATOL TAB	-	4
GABA MODULATORS		
vigabatrin powder pack (SABRIL POWDER equiv)	PA-SP	2
vigabatrin tab (SABRIL equiv)	PA-SP	2
vigadrone powder pack	PA-SP	2
TIAGABINE TAB	-	3
tiagabine tab (GABITRIL equiv)	-	3

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTICONVULSANTS Cont.		
GABITRIL TAB	-	4
SABRIL POWDER PACK	-	NC
SABRIL TAB	-	NC
VIGAFYDE SOLN	-	NC
HYDANTOINS		
phenytoin cap (DILANTIN equiv)	-	2
phenytoin susp (DILANTIN equiv)	-	2
DILANTIN CAP 30MG	-	3
phenytoin chew tab (DILANTIN equiv)	-	3
DILANTIN CAP 100MG	-	4
DILANTIN INFATABS	-	4
DILANTIN SUSP	-	4
SUCCINIMIDES		
ethosuximide soln (ZARONTIN equiv)	-	2
ethosuximide cap (ZARONTIN equiv)	-	3
methsuximide cap (CELONTIN equiv)	-	3
CELONTIN CAP	-	4
ZARONTIN CAP	-	4
ZARONTIN SOLN	-	4
VALPROIC ACID		
divalproex ER tab (DEPAKOTE ER equiv)	-	2
divalproex sodium DR tab (DEPAKOTE equiv)	-	2
divalproex sprinkle cap (DEPAKOTE equiv)	-	2
valproic acid cap (DEPAKENE equiv)	-	2
valproic acid syrup (DEPAKENE equiv)	-	2
DEPAKENE CAP	-	4
DEPAKENE SYRUP	-	4
DEPAKOTE ER TAB	-	4
DEPAKOTE SPRINKLE CAP	-	4
DEPAKOTE TAB	-	4
DEPACON INJ	-	NC
STAVZOR CAP	-	NC
valproate inj (DEPACON equiv)	-	NC
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine ODT (REMERON equiv)	-	2
mirtazapine tab (REMERON equiv)	-	2
REMERON SOLUTAB	-	4
REMERON TAB	-	4
ANTIDEPRESSANT COMBINATIONS		
AUVELITY TAB	-	NC
AUVELITY TAB TITRATION PACK	-	NC
ANTIDEPRESSANTS - MISC.		
bupropion ER tab (WELLBUTRIN equiv)	-	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
bupropion tab (WELLBUTRIN equiv)	-	2
bupropion XL tab (WELLBUTRIN XL equiv)	-	2
WELLBUTRIN SR TAB	-	4
WELLBUTRIN XL TAB	-	4
APLENZIN TAB	-	NC
BUPROPION XL TAB, FORFIVO XL TAB	-	NC
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAP 20MG, 25MG (QL= 28 caps/365 days)	PA-QL-SP	5
ZURZUVAE CAP 30MG (QL= 14 caps/365 days)	PA-QL-SP	5
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
PHENELZINE SULFATE TAB	-	2
phenelzine tab (NARDIL equiv)	-	2
tranylcypromine tab (PARNATE equiv)	-	3
EMSAM PATCH	-	4
MARPLAN TAB (QL= 4 tabs/day)	QL	4
NARDIL TAB 15MG	-	4
PARNATE TAB	-	4
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO NASAL SOLN	-	6
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram soln (CELEXA equiv)	-	2
citalopram tab (CELEXA equiv)	-	2
escitalopram tab (LEXAPRO equiv)	-	2
fluoxetine cap (PROZAC equiv)	-	2
fluoxetine soln (PROZAC equiv)	-	2
fluoxetine tab (PROZAC equiv)	-	2
fluvoxamine tab (LUVOX equiv)	-	2
paroxetine tab (PAXIL equiv)	-	2
sertraline conc (ZOLOFT equiv)	-	2
sertraline tab (ZOLOFT equiv)	-	2
escitalopram soln (LEXAPRO equiv)	-	3
fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine)	ST	3
paroxetine ER tab (PAXIL CR equiv)	-	3
CELEXA TAB	-	4
FLUOXETINE TAB	-	4
LEXAPRO TAB	-	4
PAROXETINE SUSP	-	4
PAXIL CR TAB	-	4
PAXIL ORAL SUSP	-	4
PAXIL TAB	-	4
PROZAC CAP	-	4
ZOLOFT CONC	-	4
ZOLOFT TAB	-	4
CITALOPRAM CAP	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
citalopram hydrobromide cap	-	NC
ESCITALOPRAM CAP	-	NC
fluoxetine weekly cap (PROZAC equiv)	-	NC
PEXEVA TAB	-	NC
PROZAC WEEKLY CAP	-	NC
SERTRALINE CAP	-	NC
sertraline hcl cap	-	NC
SEROTONIN MODULATORS		
trazodone tab (DESYREL equiv)	-	2
vilazodone hcl tab (VIIBRYD equiv)	-	3
NEFAZODONE TAB	-	4
TRINTELLIX TAB (QL= 1 tab/day; Step Therapy requires trial of generic antidepressant: escitalopram, sertraline, fluoxetine, citalopram, paroxetine, fluvoxamine, bupropion, venlafaxine, desvenlafaxine, or duloxetine)	QL-ST-¢	4
EXXUA TAB/EXXUA TITRATION PACK	-	NC
RALDESY SOLN	-	NC
TRAZODONE TAB	-	NC
trazodone tab 300mg (DESYREL equiv)	-	NC
VIIBRYD STARTER KIT	-	NC
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine ER tab (PRISTIQ equiv)	-	2
duloxetine EC cap (CYMBALTA equiv)	-	2
venlafaxine ER cap (EFFEXOR XR equiv)	-	2
venlafaxine tab (EFFEXOR equiv)	-	2
CYMBALTA CAP	-	4
EFFEXOR XR CAP	-	4
PRISTIQ TAB	-	4
DESVENLAFAXINE ER TAB	-	NC
DRIZALMA DR CAP	-	NC
duloxetine cap 40mg (IRENKA equiv)	-	NC
DULOXETINE DR CAP	-	NC
FETZIMA CAP	-	NC
FETZIMA TITRATION PACK	-	NC
VENLAFAXINE ER TAB	-	NC
VENLAFAXINE TAB	-	NC
TRICYCLIC AGENTS		
amitriptyline tab (ELAVIL equiv)	-	2
amoxapine tab (AMOXAPINE equiv)	-	2
doxepin cap (SINEQUAN equiv)	-	2
doxepin conc (SINEQUAN equiv)	-	2
DOXEPIN HCL CAP	-	2
DOXEPIN HCL CONC	-	2
imipramine tab (TOFRANIL equiv)	-	2
nortriptyline cap (PAMELOR equiv)	-	2
nortriptyline oral soln (NORTRIPTYLINE equiv)	-	2
desipramine tab (NORPRAMIN equiv)	-	3

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIDEPRESSANTS Cont.		
ANAFRANIL CAP	-	4
clomipramine cap (ANAFRANIL equiv)	-	4
imipramine pamoate cap (TOFRANIL PM equiv)	-	4
NORPRAMIN TAB	-	4
PAMELOR CAP	-	4
protriptyline tab (VIVACTIL equiv)	-	4
SURMONTIL CAP	-	4
TOFRANIL TAB	-	4
trimipramine cap (SURMONTIL equiv)	-	4
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab (PRECOSE equiv)	-	2
MIGLITOL TAB	-	4
miglitol tab (MIGLITOL equiv)	-	4
PRECOSE TAB	-	4
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN INJ	-	NC
ANTIDIABETIC COMBINATIONS		
dapagliflozin-metformin er tab (XIGDUO XR equiv) (QL= 1 tab/day)	QL	2
dapagliflozin-metformin er tab 5-1000MG (XIGDUO XR equiv) (QL= 2 tabs/day)	QL	2
glipizide/metformin tab (METAGLIP equiv)	-	2
glyburide/metformin tab (GLUCOVANCE equiv)	-	2
JENTADUETO TAB (QL= 2 tabs/day)	QL	3
JENTADUETO XR TAB (QL= 2 tabs/day)	QL	3
sitagliptin phosphate-metformin hcl er tab (JANUMET equiv) (QL= 2 tabs/day)	QL	3
sitagliptin phosphate-metformin hcl tab (JANUMET equiv) (QL= 2 tabs/day)	QL	3
SOLIQUA INJ (QL= 15ml/25 days)	QL	3
XIGDUO XR TAB 2.5-1000 (QL= 2 tabs/day)	QL	3
XULTOPHY INJ (QL= 15ml/30 days)	QL	3
ACTOPLUS MET TAB	-	NC
ALOGLIPTIN/METFORMIN TAB, KAZANO TAB	-	NC
ALOGLIPTIN/PIOGLITAZONE TAB, OSENI TAB	-	NC
ALOGLIPTIN-METFORMIN TAB	-	NC
ALOGLIPTIN-PIOGILTAZONE TAB	-	NC
DUETACT TAB	-	NC
GLYXAMBI TAB	-	NC
INVOKAMET TAB	-	NC
INVOKAMET XR TAB	-	NC
JANUMET TAB	-	NC
JANUMET XR TAB	-	NC
KOMBIGLYZE XR TAB	-	NC
pioglitazone/glimepiride tab (DUETACT equiv)	-	NC
pioglitazone/metformin tab (ACTOPLUS MET equiv)	-	NC
PRANDIMET TAB	-	NC
QTERN TAB	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
saxagliptin-metformin hcl tab er 24hr (KOMBIGLYZE equiv)	-	NC
SEGLUROMET TAB	-	NC
SITAGLIPTIN/METFORMIN TAB	-	NC
STEGLUJAN TAB	-	NC
SYNJARDY TAB	-	NC
SYNJARDY XR TAB	-	NC
TRIJARDY XR TAB	-	NC
XIGDUO XR TAB	-	NC
ZITUVIMET XR TAB	-	NC
BIGUANIDES		
metformin ER tab (GLUCOPHAGE XR equiv)	-	2
metformin tab (GLUCOPHAGE equiv)	-	2
GLUCOPHAGE TAB	-	4
GLUCOPHAGE XR TAB	-	4
metformin soln (RIOMET equiv)	-	4
RIOMET SOLN	-	4
FORTAMET TAB	-	NC
GLUMETZA TAB 1000MG	-	NC
GLUMETZA TAB 500MG	-	NC
metformin ER osmotic tab (FORTAMET equiv)	-	NC
metformin hcl tab 625MG	-	NC
metformin hcl tab 750MG	-	NC
METFORMIN TAB	-	NC
DIABETIC OTHER		
mifepristone tab (KORLYM equiv) (QL= 4 tabs/day)	PA-QL-SP	2
BAQSIMI NASAL POWDER (QL= 2 inhalations/fill)	QL	3
glucagon (rdna) for inj kit (QL= 2 inj/fill)	QL	3
GLUCAGON EMR INJ (QL= 2 inj/fill)	QL	3
GLUCAGON INJ KIT (QL= 2 inj/fill)	QL	3
GVOKE INJ (QL= 2 inj/fill)	QL	3
GVOKE INJ KIT (QL= 2 inj/fill)	QL	3
GVOKE PFS INJ (QL= 2 inj/fill)	QL	3
ZEGALOGUE INJ (QL= 2 inj/fill)	QL	3
diazoxide susp (PROGLYCEM equiv)	-	4
PROGLYCEM SUSP	-	4
KORLYM TAB	-	NC
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
sitagliptin phosphate tab (JANUVIA equiv) (QL= 1 tab/day)	QL-¢	3
TRADJENTA TAB (QL= 1 tab/day)	QL	3
ALOGLIPTIN TAB	-	NC
ALOGLIPTIN TAB, NESINA TAB	-	NC
BRYNOVIN SOLN	-	NC
JANUVIA TAB	-	NC
ONGLYZA TAB	-	NC
saxagliptin hcl tab (ONGLYZA equiv)	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
ZITUVIO TAB	-	NC
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB	-	4
INCRETIN MIMETIC AGENTS		
liraglutide soln pen-injector (VICTOZA equiv) (QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3
MOUNJARO INJ (QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3
TRULICITY INJ (QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3
VICTOZA INJ	-	NC
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ (QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3
OZEMPIC TAB, RYBELSUS TAB (QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11))	QL-RDX	3
BYDUREON BCISE AUTO INJ	-	NC
BYDUREON INJ	-	NC
BYDUREON PEN INJ	-	NC
EXENATIDE INJ (BYETTA INJ EQUIV)	-	NC
TANZEUM INJ	-	NC
INSULIN		
INSULIN LISPRO INJ (HUMALOG equiv)	-	2
HUMALOG JR KWIKPEN INJ	-	3
HUMALOG KWIKPEN INJ	-	3
HUMALOG MIX INJ	-	3
HUMALOG MIX KWIKPEN, INSULIN LISPRO MIX KWIKPEN	-	3
HUMALOG PEN INJ	-	3
HUMALOG TEMPO PEN	-	3
HUMULIN MIX INJ	OTC	3
HUMULIN MIX PEN INJ	OTC	3
HUMULIN N INJ	OTC	3
HUMULIN N PEN INJ	OTC	3
HUMULIN R INJ	OTC	3
HUMULIN R INJ U-500	-	3
HUMULIN R U-500 KWIKPEN INJ	-	3
INSULIN GLARGINE SOLN PEN-INJ	-	3
INSULIN LISPRO JR KWIKPEN INJ	-	3
INSULIN LISPRO KWIKPEN INJ	-	3
LANTUS INJ	-	3
LANTUS SOLOSTAR INJ	-	3
LEVEMIR FLEXTOUCH INJ	-	3
LEVEMIR INJ	-	3
LYUMJEV INJ	-	3
LYUMJEV KWIKPEN INJ	-	3
LYUMJEV TEMPO PEN	-	3
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ	-	3
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN	-	3
TOUJEO MAX SOLOSTAR INJ	-	3

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
TOUJEO SOLOSTAR INJ	-	3
TRESIBA FLEXTOUCH INJ	-	3
TRESIBA INJ	-	3
ADMELOG INJ, HUMALOG INJ	-	NC
ADMELOG SOLOSTAR, HUMALOG TEMPO PEN	-	NC
APIDRA INJ	-	NC
APIDRA SOLOSTAR INJ	-	NC
AWIQLI FLEX INJ	-	NC
BASAGLAR INJ, INSULIN GLARGINE SOLOSTAR INJ	-	NC
DEGLUDEC FLEXTOUCH INJ	-	NC
DEGLUDEC INJ	-	NC
FIASP FLEXTOUCH INJ	-	NC
FIASP INJ	-	NC
FIASP PENFILL INJ, FIASP PUMP CARTRIDGE	-	NC
INSULIN ASPART FLEXPEN INJ (NOVOLOG equiv)	-	NC
INSULIN ASPART INJ (NOVOLOG equiv)	-	NC
INSULIN ASPART MIX FLEXPEN INJ (NOVOLOG equiv)	-	NC
INSULIN ASPART MIX INJ (NOVOLOG equiv)	-	NC
INSULIN ASPART PENFILL INJ (NOVOLOG equiv)	-	NC
INSULIN GLARGINE INJ	-	NC
INSULIN GLARGINE-YFGN (SINGLE PEN)	-	NC
INSULIN GLARGINE-YFGN PEN (CIVICA) 100UNIT/ML	-	NC
KIRSTY INJ	-	NC
LANGLARA INJ	-	NC
MERILOG INJ	-	NC
MERILOG SOLOSTAR INJ	-	NC
NOVOLIN 70/30 FLEXPEN INJ	OTC	NC
NOVOLIN 70/30 FLEXPEN RELION INJ	OTC	NC
NOVOLIN 70/30 INJ	OTC	NC
NOVOLIN 70/30 RELION INJ	OTC	NC
NOVOLIN N FLEXPEN INJ	OTC	NC
NOVOLIN N INJ	OTC	NC
NOVOLIN N RELION 100UNIT/ML	OTC	NC
NOVOLIN R FLEXPEN INJ	OTC	NC
NOVOLIN R INJ	OTC	NC
NOVOLIN R RELION INJ	OTC	NC
NOVOLOG FLEXPEN INJ	-	NC
NOVOLOG FLEXPEN RELION INJ	-	NC
NOVOLOG INJ	-	NC
NOVOLOG MIX FLEXPEN INJ	-	NC
NOVOLOG MIX INJ	-	NC
NOVOLOG PENFILL INJ	-	NC
REZVOGLAR INJ	-	NC
SEMGLEE INJ (SINGLE PEN)	-	NC
SEMGLEE SOLN	-	NC
INSULIN SENSITIZING AGENTS		

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIDIABETICS Cont.		
pioglitazone tab (ACTOS equiv)	-	2
ACTOS TAB	-	4
MEGLITINIDE ANALOGUES		
repaglinide tab (PRANDIN equiv)	-	2
nateglinide tab (STARLIX equiv)	-	3
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
dapagliflozin tab (FARXIGA equiv) (QL= 1 tab/day)	QL	2
BRENZAVVY TAB	-	NC
FARXIGA TAB	-	NC
INVOKANA TAB	-	NC
JARDIANCE TAB	-	NC
STEGLATRO TAB	-	NC
SULFONYLUREAS		
glimepiride tab (AMARYL equiv)	-	2
glipizide ER tab (GLUCOTROL XL equiv)	-	2
glipizide tab (GLUCOTROL equiv)	-	2
GLYBURID MCR TAB	-	2
glyburide tab (MICRONASE equiv)	-	2
AMARYL TAB	-	4
GLUCOTROL TAB	-	4
GLUCOTROL XL TAB	-	4
GLYNASE TAB	-	4
GLIMEPIRIDE TAB	-	NC
GLIPIZIDE TAB	-	NC
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
DIPHENOXYLATE/ATROPINE LIQUID	-	4
loperamide hcl soln (LOPERAMIDE equiv)	OTC	NC
OPIUM TINCTURE	-	NC
ANTIDIARRHEALS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TAB	-	NC
ANTIDIARRHEAL AGENTS - MISC.		
REZYST CHEW TAB	-	NC
VSL #3 CAP	-	NC
ANTIDIARRHEAL COMBINATIONS		
EVIVO LIQUID	-	NC
ANTIPERISTALTIC AGENTS		
diphenoxylate/atropine tab (LOMOTIL equiv)	-	2
LOMOTIL TAB	-	4
MOTOFEN TAB	-	4
loperamide cap (IMODIUM equiv)	-	NC
PAREGORIC TINCTURE	-	NC
ANTIDOTES		

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIDOTES Cont.		
ANTIDOTES		
VISTOGARD PAK	-	NC
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP	-	3
FERRIPROX SOLN	PA-SP	5
OPIOID ANTAGONISTS		
naloxone inj	-	2
naltrexone tab (REVIA equiv)	-	2
VIVITROL INJ	SP	5
EVZIO INJ	-	NC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox granules packet (JADENU equiv)	SP	2
deferasirox tab (JADENU equiv)	SP	2
deferasirox tab for oral susp (EXJADE equiv)	SP	2
deferiprone tab (FERRIPROX equiv)	PA-SP	2
EXJADE TAB	-	NC
JADENU SPRINKLE	-	NC
JADENU TAB	-	NC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
CETYLEV TAB	-	NC
OPIOID ANTAGONISTS		
naloxone hcl nasal spray (NARCAN equiv)	OTC	2
naloxone prefilled inj	-	2
NARCAN NASAL SPRAY	OTC	2
RIVIVE, REXTOVY SPRAY	OTC	2
KLOXXADO NASAL SPRAY	-	3
NALOXONE PREFILLED INJ (QL= 2 inj/fill)	QL	3
OPVEE NASAL SPRAY	-	3
ZIMHI SOLN	-	3
ZURNAI INJ	-	3
EVZIO INJ	-	NC
REZENOPY SPRAY 10MG/0.11ML	-	NC
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron tab (KYTRIL equiv) (QL= 14 tabs/fill)	QL	2
ondansetron ODT (ZOFRAN equiv)	-	2
ondansetron soln (ZOFRAN equiv)	-	2
ondansetron tab (ZOFRAN equiv)	-	2
ANZEMET TAB (QL= 9 tabs/fill)	QL	4
KYTRIL TAB (QL= 14 tabs/fill)	QL	4
SANCUSO PATCH (QL= 4 patches/fill)	QL	4
ZOFRAN ODT	-	4
ZOFRAN SOLN	-	4

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIEMETICS Cont.		
ZOFRAN TAB	-	4
GRANISOL ORAL SOLN	-	NC
ONDANSETRON TAB	-	NC
ONDANSETRON TAB ODT	-	NC
SUSTOL INJ	-	NC
ZUPLENZ SL FILM	-	NC
ANTIEMETICS - ANTICHOLINERGIC		
trimethobenzamide cap (TIGAN equiv)	-	2
scopolamine patch (TRANSDERM-SCOP equiv)	-	3
TIGAN CAP	-	4
TRANSDERM-SCOP PATCH	-	4
MECLIZINE CHEW TAB	-	NC
meclizine tab (ANTIVERT equiv)	-	NC
TIGAN INJ	-	NC
trimethobenzamide hcl inj (TIGAN equiv)	-	NC
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP (QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist)	QL-RS	3
dronabinol cap (MARINOL equiv)	PA	3
MARINOL CAP	PA	4
DICLEGIS TAB	-	NC
doxylamine/pyridoxine dr tab (DICLEGIS equiv)	-	NC
DRONABINOL SOLN, SYNDROS SOLN	-	NC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant cap (EMEND equiv) (QL= 3 caps/fill)	QL	3
aprepitant pak (EMEND equiv) (QL= 3 caps/fill)	QL	3
VARUBI TAB (QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist)	QL-RS	3
EMEND PAK (QL= 3 caps/fill)	QL	4
EMEND SUSP	-	NC
NEREUS CAP	-	NC
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
BREXAFEMME TAB	-	NC
ANTIFUNGALS		
nystatin tab	-	2
terbinafine tab (LAMISIL equiv)	-	2
flucytosine cap (ANCOBON equiv)	-	3
griseofulvin micro tab (GRIFULVIN V equiv)	-	3
griseofulvin susp (GRIFULVIN equiv)	-	3
griseofulvin tab (GRIS-PEG equiv)	-	3
ANCOBON CAP	-	4
GRIS-PEG TAB	-	4
LAMISIL TAB	-	4
FULVICIN P/G TAB	-	NC
FULVICIN P/G TAB, GRISEOFULVIN ULTRA MICRO TAB	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIFUNGALS Cont.		
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole susp (DIFLUCAN equiv)	-	2
fluconazole tab (DIFLUCAN equiv)	-	2
ketoconazole tab (NIZORAL equiv)	-	2
itraconazole cap (SPORANOX equiv)	-	3
voriconazole tab (VFEND equiv)	-	3
DIFLUCAN SUSP	-	4
DIFLUCAN TAB	-	4
itraconazole soln (SPORANOX equiv)	PA	4
NOXAFIL PAK	-	4
NOXAFIL SUSP	-	4
posaconazole DR tab (NOXAFIL equiv)	-	4
posaconazole susp (NOXAFIL equiv)	-	4
SPORANOX CAP	-	4
SPORANOX SOLN	PA	4
VFEND SUSP	-	4
VFEND TAB	-	4
voriconazole susp (VFEND equiv)	-	4
CRESEMBA CAP	-	NC
NOXAFIL TAB	-	NC
TOLSURA CAP	-	NC
VIVJOA CAP	-	NC
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
CORPHENA ORAL SOLN, RYCLORA ORAL SOLN	-	NC
MICLARA LIQUID	OTC	NC
ANTIHISTAMINES - ETHANOLAMINES		
diphenhydramine inj (BENADRYL equiv)	-	2
CARBINOXAMINE SOLN	-	4
carbinoxamine tab (PALGIC equiv)	-	4
CLEMASTINE TAB, CLEMASZ TAB	-	4
carbinoxamine maleate tab 6mg	-	NC
CARBZAH SOLN 4MG/5ML	-	NC
CLEMASTINE SYRUP	-	NC
CLEMASTINE TAB (GENUS LIFESCIENCES)	-	NC
CLEMSZA TAB 2.68MG	-	NC
DIPHENHYDRAMINE ELIXIR	-	NC
KARBINAL ER SUSP	-	NC
ANTIHISTAMINES - NON-SEDATING		
ALLEGRA ODT	OTC	EXC
CLARINEX SYRUP	-	EXC
CLARINEX TAB	-	EXC
CLARITIN CHEW TAB	OTC	EXC
DESLORATADINE ODT	-	EXC
DESLORATADINE SOLN	-	EXC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

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

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
COLESTID POWDER PACK	-	4
COLESTID TAB	-	4
colestipol granule (COLESTID equiv)	-	4
colestipol powder packet (COLESTID equiv)	-	4
QUESTRAN LITE POWDER	-	4
QUESTRAN POWDER	-	4
QUESTRAN POWDER PACK	-	4
WELCHOL PACK	-	4
WELCHOL TAB	-	4
FIBRIC ACID DERIVATIVES		
fenofibrate cap 67mg, 134mg, 200mg (LOFIBRA equiv)	-	2
fenofibrate tab 48mg, 54mg, 145mg, 160mg (TRICOR equiv)	-	2
fenofibric acid DR cap (TRILIPIX equiv)	-	2
gemfibrozil tab (LOPID equiv)	-	2
FENOFIBRIC TAB	-	4
FENOFIBRIC TAB, FIBRICOR TAB	-	4
LOPID TAB	-	4
TRICOR TAB	-	4
ANTARA CAP, FENOFIBRATE MICRONIZED CAP	-	NC
ANTARA CAP, LOFIBRA CAP	-	NC
fenofibrate cap 43mg, 130mg (ANTARA equiv)	-	NC
FENOFIBRATE CAP, LIPOFEN CAP	-	NC
FENOFIBRATE CAP, LIPOFEN CAP 50MG, 150MG	-	NC
fenofibrate tab 40mg, 120mg (FENOGLIDE equiv)	-	NC
FENOGLIDE TAB	-	NC
TRIGLIDE TAB	-	NC
TRILIPIX CAP	-	NC
HMG COA REDUCTASE INHIBITORS		
atorvastatin tab (LIPITOR equiv)	-	1
lovastatin tab (MEVACOR equiv)	-	1
pravastatin tab (PRAVACHOL equiv)	-	1
rosuvastatin tab (CRESTOR equiv)	-	1
simvastatin tab (ZOCOR equiv) (80mg is Not Covered)	-	1
fluvastatin cap (LESCOL equiv)	-	3
pitavastatin calcium tab (LIVALO equiv)	-	3
ATORVALIQ SUSP (Prior Authorization required for members age 9 years and older)	PA	4
CRESTOR TAB	-	4
EZALLOR SPRINKLE CAP (Prior Authorization required for members age 9 years and older)	PA	4
FLOLIPID SUSP (Prior Authorization required for members age 9 years and older)	PA	4
fluvastatin ER tab (LESCOL XL equiv)	-	4
LESCOL XL TAB	-	4
LIPITOR TAB	-	4
LIVALO TAB	-	4
ZOCOR TAB (80mg is Not Covered)	-	4
ADVICOR TAB	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIHYPERLIPIDEMICS Cont.		
ALTOPREV TAB	-	NC
SIMCOR TAB	-	NC
simvastatin tab 80mg (ZOCOR equiv) (80 mg simvastatin is not covered)	-	NC
ZOCOR TAB 80MG	-	NC
ZYPITAMAG TAB	-	NC
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab (ZETIA equiv)	-	2
ZETIA TAB	-	NC
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP	-	NC
NICOTINIC ACID DERIVATIVES		
niacin ER tab (NIASPAN equiv)	-	2
NIASPAN ER TAB	-	4
NIACOR TAB	-	NC
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ (QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin)	QL-ST	3
LEROCHOL SOLN	-	NC
LIPFENDRA TAB	-	NC
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril tab (LOTENSIN equiv)	-	2
captopril tab (CAPOTEN equiv)	-	2
enalapril tab (VASOTEC equiv)	-	2
fosinopril tab (MONOPRIL equiv)	-	2
lisinopril tab (PRINIVIL/ZESTRIL equiv)	-	2
moexipril tab (UNIVASC equiv)	-	2
PERINDOPRIL TAB	-	2
perindopril tab (ACEON equiv)	-	2
quinapril tab (ACCUPRIL equiv)	-	2
ramipril cap (ALTACE equiv)	-	2
trandolapril tab (MAVIK equiv)	-	2
enalapril maleate oral soln (EPANED equiv) (Prior Authorization required for members age 9 years and older)	PA	3
ACCUPRIL TAB	-	4
ALTACE CAP	-	4
EPANED SOLN (Prior Authorization required for members age 9 years and older)	PA	4
LOTENSIN TAB	-	4
MAVIK TAB	-	4
PRINIVIL TAB, ZESTRIL TAB	-	4
QBRELIS SOLN (Prior Authorization required for members age 9 years and older)	PA	4
VASOTEC TAB	-	4
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine cap (DIBENZYLINE equiv)	-	3
DIBENZYLINE CAP	-	4

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
DEMSER CAP	-	NC
metyrosine cap (DEMSER equiv)	-	NC
ALDOSTERONE SYNTHASE INHIBITORS		
BAXFENDY TAB	-	NC
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan tab (ATACAND equiv)	-	2
irbesartan tab (AVAPRO equiv)	-	2
losartan tab (COZAAR equiv)	-	2
olmesartan tab (BENICAR equiv)	-	2
telmisartan tab (MICARDIS equiv)	-	2
valsartan tab (DIOVAN equiv)	-	2
ARBLI SUSP (QL= 330mL/30 days; Prior Authorization required for members age 9 years and older)	PA-QL	4
ATACAND TAB	-	4
AVAPRO TAB	-	4
BENICAR TAB	-	4
COZAAR TAB	-	4
DIOVAN TAB	-	4
MICARDIS TAB	-	4
azilsartan medoxomil tab (EDARBI equiv)	-	NC
EDARBI TAB	-	NC
valsartan oral soln (VALSARTAN equiv)	-	NC
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine tab (CATAPRES equiv)	-	2
doxazosin tab (CARDURA equiv)	-	2
guanfacine IR tab (TENEX equiv)	-	2
methyldopa tab (ALDOMET equiv)	-	2
prazosin cap (MINIPRESS equiv)	-	2
terazosin cap (HYTRIN equiv)	-	2
clonidine patch (CATAPRES-TTS equiv)	-	3
CARDURA TAB	-	4
CATAPRES-TTS PATCH	-	4
METHYLDOPA TAB	-	4
MINIPRESS CAP	-	4
clonidine hcl tab 0.05mg	-	NC
JAVADIN SOLN	-	NC
NEXICLON XR TAB	-	NC
TEZRULY SOLN	-	NC
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine/benazepril cap (LOTREL equiv)	-	2
amlodipine/olmesartan tab (AZOR equiv)	-	2
amlodipine/valsartan tab (EXFORGE equiv)	-	2
atenolol/chlorthalidone tab (TENORETIC equiv)	-	2
benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv)	-	2
bisoprolol/hydrochlorothiazide tab (ZIAC equiv)	-	2
candesartan/hydrochlorothiazide tab (ATACAND HCT equiv)	-	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
enalapril/hydrochlorothiazide tab (VASERETIC equiv)	-	2
fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv)	-	2
irbesartan/hydrochlorothiazide tab (AVALIDE equiv)	-	2
lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv)	-	2
losartan/hydrochlorothiazide tab (HYZAAR equiv)	-	2
olmesartan/amlodipine/hydrochlorothiazide tab (TRIBENZOR equiv)	-	2
olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv)	-	2
telmisartan/hydrochlorothiazide tab (MICARDIS HCT equiv)	-	2
valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv)	-	2
CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB	-	3
metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv)	-	3
AVALIDE TAB	-	4
BENICAR HCT TAB	-	4
DIOVAN HCT TAB	-	4
EXFORGE TAB	-	4
HYZAAR TAB	-	4
LOTENSIN HCT TAB	-	4
LOTREL CAP	-	4
TENORETIC TAB	-	4
VASERETIC TAB	-	4
ZESTORETIC TAB	-	4
ZIAC TAB	-	4
ACCURETIC TAB	-	NC
amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv)	-	NC
ATACAND HCT TAB	-	NC
BYVALSON TAB	-	NC
DUTOPROL TAB	-	NC
EDARBYCLOR TAB	-	NC
MICARDIS HCT TAB	-	NC
PRESTALIA TAB	-	NC
QUINAPRIL/HCTZ TAB	-	NC
quinapril/hydrochlorothiazide tab (ACCURETIC equiv)	-	NC
TARKA TAB	-	NC
TELMISARTAN/AMLODIPINE TAB	-	NC
telmisartan/amlodipine tab (TWYNSTA equiv)	-	NC
TRANDOLAPRIL/VERAPAMIL ER TAB	-	NC
TRIBENZOR TAB	-	NC
TWYNSTA TAB	-	NC
WIDAPLIK TAB	-	NC
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB	-	NC
DIRECT RENIN INHIBITORS		
aliskiren tab (TEKTURNA equiv)	-	3
TEKTURNA TAB	-	4
ENDOTHELIN RECEPTOR ANTAGONISTS		

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIHYPERTENSIVES Cont.		
TRYVIO TAB	-	NC
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab (INSPRA equiv)	-	2
INSPRA TAB	-	4
VASODILATORS		
hydralazine tab (APRESOLINE equiv)	-	2
minoxidil tab (LONITEN equiv)	-	2
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab (FLAGYL equiv)	-	2
tinidazole tab (TINDAMAX equiv)	-	2
TRIMETHOPRIM TAB	-	2
trimethoprim tab (PROLOPRIM equiv)	-	2
pentamidine neb soln (NEBUPENT equiv)	-	3
XIFAXAN TAB 550MG (QL= 60 tabs/30 days)	QL	3
FIRST METRONIDAZOLE SUSP	-	4
FLAGYL TAB	-	4
LIKMEZ SUSP (Prior Authorization required for members age 9 years and older)	PA	4
NEBUPENT NEB SOLN	-	4
TINDAMAX TAB	-	4
XIFAXAN TAB 200MG (QL= 9 tabs/3 days)	QL	4
AEMCOLO TAB	-	NC
FLAGYL CAP	-	NC
IMPAVIDO CAP	-	NC
metronidazole cap (FLAGYL equiv)	-	NC
METRONIDAZOLE TAB	-	NC
NUZOLVENCE GRANULE PACK	-	NC
ANTI-INFECTIVE MISC. - COMBINATIONS		
smz/tmp (DS) tab (BACTRIM DS equiv)	-	2
smz/tmp susp (BACTRIM, SEPTRA equiv)	-	2
BACTRIM DS TAB	-	4
HYOPHEN TAB	-	NC
UTA cap	-	NC
ANTIPROTOZOAL AGENTS		
atovaquone susp (MEPRON equiv)	-	3
LAMPIT TAB (Restricted to Infectious Disease Specialist)	RS	3
nitazoxanide tab (ALINIA equiv) (QL= 6 tabs/3 days)	PA-QL	3
ALINIA TAB (QL= 6 tabs/3 days)	PA-QL	4
MEPRON SUSP	-	4
CARBAPENEMS		
VABOMERE INJ	M	6
meropenem inj (MERREM equiv)	-	NC
GLYCOPEPTIDES		
FIRVANQ SOLN 25MG/ML	-	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTI-INFECTIVE AGENTS - MISC. Cont.		
FIRVANQ SOLN 50MG/ML	-	2
vancomycin cap (VANCOCIN equiv) (QL= 56 caps/fill)	QL	2
VANCOCIN CAP (QL= 56 caps/fill)	QL	4
vancomycin hcl soln (VANCOMYCIN equiv)	-	NC
VANCOMYCIN ORAL SOLN	-	NC
VANCOMYCIN SOLN	-	NC
LEPROSTATICS		
dapsone tab	-	2
LINCOSAMIDES		
clindamycin cap (CLEOCIN equiv)	-	2
clindamycin soln (CLEOCIN equiv)	-	3
CLEOCIN CAP	-	4
CLEOCIN SOLN	-	4
MONOBACTAMS		
CAYSTON INH SOLN (Restricted to Infectious Disease or Pulmonology Specialist)	RS-SP	5
OXAZOLIDINONES		
linezolid susp (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	3
linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist)	RS	3
SIVEXTRO TAB (QL= 6 tabs/fill; Restricted to Infectious Disease Specialist)	QL-RS	3
ZYVOX SUSP (Restricted to Infectious Disease Specialist)	RS	4
ZYVOX TAB (Restricted to Infectious Disease Specialist)	RS	4
PENEMS		
ORLYNVAH TAB	-	NC
PLEUROMUTILINS		
XENLETA TAB (QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist)	QL-RS	3
URINARY ANTI-INFECTIVES		
nitrofurantoin macrocrystals cap (MACRODANTIN equiv)	-	2
nitrofurantoin monohydrate cap (MACROBID equiv)	-	2
methenamine hippurate tab (HIPREX equiv)	-	3
fosfomycin tromethamine powder pack (MONUROL equiv)	-	4
HIPREX TAB	-	4
MACROBID CAP	-	4
MACRODANTIN CAP	-	4
MONUROL GRANULE PACK	-	4
nitrofurantoin susp (FURADANTIN equiv) (Prior Authorization required for members age 9 years and older)	PA	4
BLUJEPA TAB	-	NC
MACRODANTIN CAP 25MG	-	NC
METHENAM MAN TAB	-	NC
METHENAMINE ORAL SOLN	-	NC
nitrofurantoin macrocrystals cap 25mg (MACRODANTIN equiv)	-	NC
NITROFURANTOIN SUSP	-	NC
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone/proguanil tab (MALARONE equiv)	-	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIMALARIALS Cont.		
MALARONE TAB	-	4
COARTEM TAB	-	NC
PYRIMETHAMINE/LEUCOVORIN CAP	-	NC
ANTIMALARIALS		
CHLOROQUINE TAB	-	2
chloroquine tab (ARALEN equiv)	-	2
HYDROXYCHLOROQUINE TAB	-	2
hydroxychloroquine tab (PLAQUENIL equiv)	-	2
primaquine tab (PRIMAQUINE equiv)	-	2
pyrimethamine tab (DARAPRIM equiv) (QL= 3 tabs/day)	PA-QL-SP	2
KRINTAFEL TAB	-	3
mefloquine tab (LARIAM equiv)	-	3
ARAKODA TAB	-	4
PLAQUENIL TAB	-	4
PRIMAQUINE TAB	-	4
DARAPRIM TAB	-	NC
QUALAQUIN CAP	-	NC
quinine sulfate cap (QUALAQUIN equiv)	-	NC
SOVUNA TAB 200MG	-	NC
SOVUNA TAB 300MG	-	NC
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
pyridostigmine tab (MESTINON equiv)	-	2
pyridostigmine CR tab (MESTINON equiv)	-	3
GUANIDINE TAB	-	4
MESTINON TAB	-	4
MESTINON TIMESPAN TAB	-	4
pyridstigmine soln (MESTINON equiv)	-	4
FIRDAPSE TAB	PA-SP	5
PYRIDOSTIGMINE TAB 30MG	-	NC
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
isoniazid tab	-	2
pyrazinamide tab	-	2
ethambutol tab (MYAMBUTOL equiv)	-	3
PRETOMANID TAB (QL= 1 tab/day; Restricted to Infectious Disease Specialist)	QL-RS	3
rifabutin cap (MYCOBUTIN equiv)	-	3
rifampin cap (RIFADIN equiv)	-	3
rifapentine tab (PRIFTIN equiv)	-	3
isoniazid syrup (ISONIAZID equiv)	-	4
MYAMBUTOL TAB	-	4
MYCOBUTIN CAP	-	4
PASER GRANULE	-	4
RIFADIN CAP	-	4
TRECATOR TAB (Restricted to Infectious Disease Specialist)	RS	4

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIMYCOBACTERIAL AGENTS Cont.		
CAPASTAT INJ	M	6
CYCLOSERINE CAP	-	NC
PRIFTIN TAB	-	NC
SIRTURO TAB	-	NC
ANTINEOPLASTICS		
ANTINEOPLASTICS MISC.		
tretinoin cap (VESANOID equiv)	SP	2
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP	PA-SP	5
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
temozolomide cap (TEMODAR equiv)	SP	2
cyclophosphamide cap	-	3
CYCLOPHOSPHAMIDE TAB	-	3
lomustine cap (GLEOSTINE equiv)	-	3
CYCLOPHOSPHAMIDE CAP	-	4
GLEOSTINE CAP	-	4
MYLERAN TAB	SP	5
ALKERAN INJ	-	NC
LEUKERAN TAB	-	NC
melphalan inj (ALKERAN equiv)	-	NC
TEMODAR CAP	-	NC
TREANDA INJ	-	NC
ANTIMETABOLITES		
capecitabine tab (XELODA equiv)	SP	2
methotrexate inj	-	2
methotrexate tab (TREXALL equiv)	-	2
mercaptopurine tab (PURINETHOL equiv)	-	3
TABLOID TAB	-	3
JYLAMVO SOLN, XATMEP SOLN (Prior Authorization required for members age 9 years and older)	PA	4
mercaptopurine susp (PURIXAN equiv) (Prior Authorization required for members age 9 years and older)	PA	4
fludarabine inj	-	NC
ONUREG TAB	-	NC
TREXALL TAB	-	NC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA CAP 1MG (QL= 84 caps/28 days)	PA-QL-SP	5
FRUZAQLA CAP 5MG (QL= 21 caps/28 days)	PA-QL-SP	5
INLYTA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	5
INLYTA TAB 1MG (QL= 8 tabs/day)	PA-QL-SF-SP	5
LENVIMA CAP (QL= 3 caps/day)	PA-QL-SF-SP	5
ANTINEOPLASTIC - ANTIBODIES		
RITUXAN INJ	-	NC
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERNEXEOS TAB (QL= 3 tabs/day)	PA-QL-SF-SP	5

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
TUKYSA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	5
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA STARTER PACK	PA-SP	5
VENCLEXTA TAB	PA-SP	5
BEQALZI TAB	-	NC
BEQALZI TAB STARTER PACK	-	NC
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib tab (TARCEVA equiv) (QL= 1 tab/day)	PA-QL-SP	2
erlotinib tab 25mg (TARCEVA equiv) (QL= 3 tabs/day)	PA-QL-SP	2
gefitinib tab (IRESSA equiv) (QL= 1 tab/day)	PA-QL-SP	2
GILOTRIF TAB (QL= 1 tab/day)	PA-QL-SP	5
TAGRISSO TAB (QL= 1 tab/day)	PA-QL-SF-SP	5
LAZCLUZE TAB	-	NC
TARCEVA TAB	-	NC
ZEGFROVY TAB	-	NC
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP (QL= 1 cap/day)	PA-QL-SF-SP	5
ODOMZO CAP (QL= 1 cap/day)	PA-QL-SF-SP	5
DAURISMO TAB	-	NC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
anastrozole tab (ARIMIDEX equiv) ($0 copay for female members only age 35 years and older; All other members covered at generic copay)	-	1
exemestane tab (AROMASIN equiv) ($0 copay for female members only age 35 years and older; All other members covered at generic copay)	-	1
tamoxifen tab (NOLVADEX equiv) ($0 copay for female members only age 35 years and older; All other members covered at generic copay)	-	1
abiraterone tab 250mg (ZYTIGA equiv) (QL= 4 tabs/day)	QL-SP	2
bicalutamide tab (CASODEX equiv)	-	2
letrozole tab (FEMARA equiv)	-	2
megestrol susp (MEGACE equiv)	-	2
megestrol tab (MEGACE equiv)	-	2
NILUTAMIDE TAB	SP	2
nilutamide tab (NILANDRON equiv)	SP	2
EMCYT CAP	-	3
EULEXIN CAP	-	3
FLUTAMIDE CAP	-	3
flutamide cap (EULEXIN equiv)	-	3
toremifene tab (FARESTON equiv)	-	3
ARIMIDEX TAB	-	4
AROMASIN TAB	-	4
CASODEX TAB	-	4
FARESTON TAB	-	4
FEMARA TAB	-	4
ERLEADA TAB (QL= 4 tabs/day)	PA-QL-SP	5
ERLEADA TAB 240MG (QL= 1 tab/day)	PA-QL-SP	5

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
INLURIYO TAB (QL= 2 tabs/day)	PA-QL-SF-SP	5
LYSODREN TAB	SP	5
NUBEQA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	5
ORGOVYX TAB (QL= 30 tabs/28 days)	PA-QL-SP	5
ORSERDU TAB (QL= 3 tabs/day)	PA-QL-SF-SP	5
ORSERDU TAB 345MG (QL= 1 tab/day)	PA-QL-SF-SP	5
abiraterone acetate tab 500mg (ZYTIGA equiv)	-	NC
AKEEGA TAB	-	NC
ETCAMAH TAB	-	NC
HYDROXYPROGESTERONE CAPROATE INJ	-	NC
leuprolide inj (LUPRON equiv)	-	NC
LIFYORLI CAP DOSE PACK	-	NC
MIMRYLO INJ	-	NC
VEPPANU TAB	-	NC
XTANDI CAP	-	NC
XTANDI TAB 40MG	-	NC
XTANDI TAB 80MG	-	NC
YONSA TAB	-	NC
ZYTIGA TAB 250MG	-	NC
ZYTIGA TAB 500MG	-	NC
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG TAB (QL= 3 tabs/day)	PA-QL-SP	5
ANTINEOPLASTIC - IMMUNOMODULATORS		
pomalidomide cap (POMALYST equiv) (QL= 21 caps/28 days)	PA-QL-SP	2
POMALYST CAP	-	NC
ZENBEXUS CAP	-	NC
ANTINEOPLASTIC - MENIN INHIBITORS		
REVUFORJ TAB (QL= 2 tabs/day)	PA-QL-SF-SP	5
REVUFORJ TAB 110MG (QL= 4 tabs/day)	PA-QL-SF-SP	5
REVUFORJ TAB 25MG (QL= 8 tabs/day)	PA-QL-SF-SP	5
KOMZIFTI CAP	-	NC
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB (QL= 1 tab/day)	PA-QL-SF-SP	5
ANTINEOPLASTIC - PROTEASE ACTIVATORS		
MODEYSO CAP (QL= 20 caps/28 days)	PA-QL-SF-SP	5
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK (QL= 32 tabs/28 days)	PA-QL-SF-SP	5
ANTINEOPLASTIC COMBINATIONS		
AVMAPKI FAKZYNJA CO-PACK (QL= 1 pack/28 days)	PA-QL-SP	5
INQOVI TAB (QL= 5 tabs/28 days)	PA-QL-SP	5
KISQALI PAK (QL= 91 tabs/28 days)	PA-QL-SP	5
LONSURF TAB	PA-SP	5
ANTINEOPLASTIC ENZYME INHIBITORS		
bosutinib tab (BOSULIF equiv)	PA-SP	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
dasatinib tab (SPRYCEL equiv)	PA-SP	2
everolimus tab (AFINITOR equiv) (QL= 1 tab/day)	PA-QL-SP	2
everolimus tab for oral susp (AFINITOR DISPERZ equiv) (QL= 1 tab/day)	PA-QL-SP	2
imatinib tab (GLEEVEC equiv)	SP	2
lapatinib ditosylate tab (TYKERB equiv)	PA-SP	2
nilotinib hcl cap (TASIGNA equiv)	PA-SP	2
pazopanib tab (VOTRIENT equiv) (QL= 4 tabs/day)	PA-QL-SP	2
sorafenib tosylate tab (NEXAVAR equiv)	PA-SP	2
sunitinib malate cap (SUTENT equiv) (QL= 1 cap/day)	PA-QL-SP	2
ALECENSA CAP (QL= 8 caps/day)	PA-QL-SP	5
ALUNBRIG TAB 30MG (QL= 4 tabs/day)	PA-QL-SF-SP	5
ALUNBRIG TAB 90MG, 180MG (QL= 1 tab/day)	PA-QL-SF-SP	5
AUGTYRO CAP (QL= 8 caps/day)	PA-QL-SF-SP	5
AUGTYRO CAP 160MG (QL= 2 caps/day)	PA-QL-SF-SP	5
BALVERSA TAB 3MG (QL= 3 tabs/day)	PA-QL-SF-SP	5
BALVERSA TAB 4MG (QL= 2 tabs/day)	PA-QL-SF-SP	5
BALVERSA TAB 5MG (QL= 1 tab/day)	PA-QL-SF-SP	5
BRAFTOVI CAP 75MG (QL= 6 caps/day)	PA-QL-SP	5
BRUKINSA CAP (QL= 4 caps/day)	PA-QL-SF-SP	5
BRUKINSA TAB (QL= 2 tabs/day)	PA-QL-SF-SP	5
CABOMETYX TAB (QL= 1 tab/day)	PA-QL-SF-SP	5
CALQUENCE TAB (QL= 2 tabs/day)	PA-QL-SF-SP	5
CAPRELSA TAB (QL= 2 tabs/day)	PA-QL-SF-SP	5
CAPRELSA TAB 300MG (QL= 1 tab/day)	PA-QL-SF-SP	5
COMETRIQ KIT	PA-SP	5
COPIKTRA CAP (QL= 2 caps/day)	PA-QL-SP	5
COTELLIC TAB (QL= 3 tabs/day)	PA-QL-SP	5
ENSACOVE CAP (QL= 1 cap/day)	PA-QL-SP	5
ENSACOVE CAP 100MG (QL= 2 caps/day)	PA-QL-SP	5
FOTIVDA CAP (QL= 21 caps/28 days)	PA-QL-SP	5
GAVRETO CAP (QL= 4 caps/day)	PA-QL-SF-SP	5
GOMEKLI CAP (QL= 84 caps/28 days)	PA-QL-SP	5
GOMEKLI CAP 1MG (QL= 168 caps/28 days)	PA-QL-SP	5
GOMEKLI TAB FOR ORAL SUSP (QL= 168 tabs/28 days)	PA-QL-SP	5
HYRNUO TAB (QL= 4 tabs/day)	PA-QL-SF-SP	5
IBTROZI CAP (QL= 3 caps/day)	PA-QL-SF-SP	5
ICLUSIG TAB (QL= 1 tab/day)	PA-QL-SF-SP	5
IDHIFA TAB (QL= 1 tab/day)	PA-QL-SP	5
IMBRUVICA CAP 140MG (QL= 3 caps/day)	PA-QL-SP	5
IMBRUVICA CAP 70MG (QL= 1 cap/day)	PA-QL-SP	5
IMBRUVICA SUSP (QL= 6ml/day)	PA-QL-SP	5
IMBRUVICA TAB 420MG (QL= 1 tab/day)	PA-QL-SP	5
JAKAFI TAB (QL= 2 tabs/day)	PA-QL-SF-SP	5
JAKAFI XR TAB (QL= 1 tab/day)	PA-QL-SF-SP	5
JAYPIRCA TAB (QL= 2 tabs/day)	PA-QL-SP	5
KISQALI TAB (QL= 63 tabs/28 days)	PA-QL-SP	5

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
KOSELUGO CAP (QL= 4 caps/day)	PA-QL-SP	5
KOSELUGO CAP 10MG (QL= 8 caps/day)	PA-QL-SP	5
KOSELUGO SPRINKLE CAP (QL= 12 caps/day)	PA-QL-SP	5
KOSELUGO SPRINKLE CAP 5MG (QL= 20 caps/day)	PA-QL-SP	5
KRAZATI TAB (QL= 6 tabs/day)	PA-QL-SF-SP	5
LORBRENA TAB 100MG (QL= 1 tab/day)	PA-QL-SF-SP	5
LORBRENA TAB 25MG (QL= 3 tabs/day)	PA-QL-SF-SP	5
LUMAKRAS TAB (QL= 8 tabs/day)	PA-QL-SF-SP	5
LUMAKRAS TAB 240MG (QL= 4 tabs/day)	PA-QL-SF-SP	5
LUMAKRAS TAB 320MG (QL= 3 tabs/day)	PA-QL-SF-SP	5
LYNPARZA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	5
LYTGOBI THERAPY PACK (QL= 5 tabs/day)	PA-QL-SF-SP	5
MEKINIST SOLN	PA-SP	5
MEKINIST TAB 0.5MG (QL= 3 tabs/day)	PA-QL-SP	5
MEKINIST TAB 2MG (QL= 1 tab/day)	PA-QL-SP	5
MEKTOVI TAB (QL= 6 tabs/day)	PA-QL-SP	5
NERLYNX TAB (QL= 6 tabs/day)	PA-QL-SF-SP	5
NINLARO CAP	PA-SP	5
OGSIVEO TAB (QL= 2 tabs/day)	PA-QL-SF-SP	5
OGSIVEO TAB 50MG (QL= 6 tabs/day)	PA-QL-SF-SP	5
OJEMDA SUSP (QL= 96ml/28 days)	PA-QL-SF-SP	5
OJEMDA TAB (QL= 24 tabs/28 days)	PA-QL-SP	5
OJJAARA TAB (QL= 1 tab/day)	PA-QL-SP	5
PEMAZYRE TAB (QL= 1 tab/day)	PA-QL-SP	5
PIQRAY TAB	PA-SF-SP	5
QINLOCK TAB (QL= 3 tabs/day)	PA-QL-SP	5
RETEVMO CAP (QL= 2 caps/day)	PA-QL-SF-SP	5
RETEVMO CAP 40MG (QL= 3 caps/day)	PA-QL-SF-SP	5
RETEVMO TAB (QL= 2 tabs/day)	PA-QL-SF-SP	5
RETEVMO TAB 40MG (QL= 3 tabs/day)	PA-QL-SF-SP	5
REZLIDHIA CAP (QL= 2 caps/day)	PA-QL-SF-SP	5
ROMVIMZA CAP (QL= 8 caps/28 days)	PA-QL-SP	5
ROZLYTREK CAP (QL= 3 caps/day)	PA-QL-SP	5
ROZLYTREK PAK (QL= 6 packs/day)	PA-QL-SP	5
RUBRACA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	5
RYDAPT CAP (QL= 56 caps/28 days)	PA-QL-SP	5
SCEMBLIX TAB (QL= 2 tabs/day)	PA-QL-SP	5
SCEMBLIX TAB 100 MG (QL= 4 tabs/day)	PA-QL-SP	5
STIVARGA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	5
TABRECTA TAB (QL= 4 tabs/day)	PA-QL-SF-SP	5
TAFINLAR CAP (QL= 4 caps/day)	PA-QL-SP	5
TAFINLAR TAB	PA-SP	5
TALZENNA CAP 0.25MG (QL= 3 caps/day)	PA-QL-SF-SP	5
TALZENNA CAP 0.5MG, 0.75MG, 1MG (QL= 1 cap/day)	PA-QL-SF-SP	5
TEPMETKO TAB (QL= 2 tabs/day)	PA-QL-SF-SP	5
TIBSOVO TAB (QL= 2 tabs/day)	PA-QL-SP	5

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
TRUQAP TAB (QL= 64 tabs/28 days)	PA-QL-SP	5
TRUQAP THERAPY PACK (QL= 64 tabs/28 days)	PA-QL-SP	5
TURALIO CAP (QL= 4 caps/day)	PA-QL-SF-SP	5
VANFLYTA TAB (QL= 1 tab/day)	PA-QL-SP	5
VANFLYTA TAB 26.5MG (QL= 2 tabs/day)	PA-QL-SP	5
VERZENIO TAB (QL= 2 tabs/day)	PA-QL-SP	5
VITRAKVI CAP 100MG (QL= 2 caps/day)	PA-QL-SF-SP	5
VITRAKVI CAP 25MG (QL= 6 caps/day)	PA-QL-SF-SP	5
VITRAKVI SOLN (QL= 10ml/day)	PA-QL-SF-SP	5
VONJO CAP (QL= 4 caps/day)	PA-QL-SP	5
VORANIGO TAB (QL= 1 tab/day)	PA-QL-SP	5
VORANIGO TAB 10MG (QL= 2 tabs/day)	PA-QL-SP	5
XALKORI CAP (QL= 2 caps/day)	PA-QL-SF-SP	5
XALKORI SPRINKLE CAP (QL= 4 caps/day)	PA-QL-SF-SP	5
XOSPATA TAB (QL= 3 tabs/day)	PA-QL-SF-SP	5
ZEJULA TAB (QL= 1 tab/day)	PA-QL-SP	5
ZELBORAF TAB (QL= 8 tabs/day)	PA-QL-SP	5
ZOLINZA CAP	PA-SF-SP	5
ZYKADIA TAB (QL= 3 tabs/day)	PA-QL-SF-SP	5
AFINITOR DISPERZ TAB	-	NC
AFINITOR TAB	-	NC
ALUNBRIG PAK	-	NC
BOSULIF CAP	-	NC
BOSULIF TAB	-	NC
CAVHANZA TAB	-	NC
DANZITEN TAB	-	NC
GLEEVEC TAB	-	NC
IBRANCE CAP	-	NC
IBRANCE TAB	-	NC
IMBRUVICA TAB 140MG	-	NC
IMBRUVICA TAB 280MG	-	NC
IMKELDI SOLUTION	-	NC
INREBIC CAP	-	NC
ITOVEBI TAB	-	NC
JIDEYTRO TAB	-	NC
NEXAVAR TAB	-	NC
NILOTINB TAR CAP	-	NC
NILOTINIB D-TAR CAP	-	NC
PAZOPANIB TAB 400MG	-	NC
PHYRAGO TAB	-	NC
RASONQUE TAB	-	NC
SPRYCEL TAB	-	NC
SUTENT CAP	-	NC
TALZENNA CAP 0.1MG	-	NC
TALZENNA CAP 0.35MG	-	NC
TASIGNA CAP	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont.		
TYKERB TAB	-	NC
VOTRIENT TAB	-	NC
ZYDELIG TAB	-	NC
ANTINEOPLASTICS MISC.		
bexarotene cap (TARGRETIN equiv) (QL= 10 caps/day)	QL-SP	2
hydroxyurea cap (HYDREA equiv)	-	2
HYDREA CAP	-	4
ACTIMMUNE INJ	PA-SP	5
BESREMI INJ (QL= 2 inj/28 days)	PA-QL-SP	5
BESREMI PEN INJ (QL= 2 inj/28 days)	PA-QL-SP	5
MATULANE CAP	SP	5
SYLATRON INJ	-	NC
TARGRETIN CAP	-	NC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
leucovorin tab	-	2
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
mesna tab (MESNEX equiv)	SP	2
IWILFIN TAB (QL= 8 tabs/day)	PA-QL-SF-SP	5
LEUCOVOR CA TAB	-	NC
MESNEX TAB	-	NC
MITOTIC INHIBITORS		
etoposide cap (VEPESID equiv)	SP	5
VEPESID CAP	SP	5
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab (LODOSYN equiv)	-	3
LODOSYN TAB	-	4
ANTIPARKINSON ANTICHOLINERGICS		
benztropine tab	-	2
trihexyphenidyl tab (ARTANE equiv)	-	2
ANTIPARKINSON COMT INHIBITORS		
entacapone tab (COMTAN equiv)	-	3
COMTAN TAB	-	4
TASMAR TAB	-	4
tolcapone tab (TASMAR equiv)	-	4
ANTIPARKINSON DOPAMINERGICS		
amantadine cap (SYMMETREL equiv)	-	2
carbidopa/levodopa ER tab (SINEMET CR equiv)	-	2
carbidopa/levodopa ODT (PARCOPA equiv)	-	2
carbidopa/levodopa tab (SINEMET equiv)	-	2
pramipexole tab (MIRAPEX equiv)	-	2
ropinirole tab (REQUIP equiv)	-	2
amantadine tab	-	3
bromocriptine cap (PARLODEL equiv)	-	3

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIPARKINSON AGENTS Cont.		
bromocriptine tab (PARLODEL equiv)	-	3
CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv)	-	3
ropinirole ER tab (REQUIP XL equiv)	-	3
MIRAPEX ER TAB	-	4
MIRAPEX TAB	-	4
NEUPRO PATCH	-	4
PARLODEL CAP	-	4
PARLODEL TAB	-	4
pramipexole ER tab (MIRAPEX ER equiv)	-	4
REQUIP TAB	-	4
REQUIP XL TAB	-	4
SINEMET CR TAB	-	4
SINEMET TAB	-	4
CREXONT CAP	-	NC
DUOPA ENTERAL SUSP	-	NC
GOCOVRI CAP	-	NC
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
selegiline cap (ELDEPRYL equiv)	-	2
selegiline tab (ELDEPRYL equiv)	-	2
rasagiline tab (AZILECT equiv)	-	3
AZILECT TAB	-	4
ELDEPYRL CAP	-	4
XADAGO TAB (QL= 1 tab/day)	PA-QL	4
ZELAPAR ODT	-	NC
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUVANTS		
NOURIANZ TAB	-	NC
ANTIPARKINSON ANTICHOLINERGICS		
trihexyphenidyl elixir (ARTANE equiv)	-	2
ANTIPARKINSON DOPAMINERGICS		
amantadine soln (AMANTADINE equiv)	-	2
carbidopa-levodopa-entacapone tab (STALEVO equiv)	-	3
STALEVO TAB	-	4
INBRIJA INH POWDER (QL= 10 caps/day)	PA-QL-SP	5
KYNMOBI FILM (QL= 5 films/day)	PA-QL-SP	5
KYNMOBI TITRATION KIT (QL= 1 kit/fill)	PA-QL-SP	5
APOKYN INJ	-	NC
apomorphine inj (APOKYN equiv)	-	NC
CARBIDOPA/LEVODOPA CAP, RYTARY CAP	-	NC
DHIVY TAB	-	NC
JUVMO TAB	-	NC
JUVMO TAB TITRATION PACK	-	NC
ONAPGO INJ	-	NC
OSMOLEX ER TAB	-	NC
VYALEV INJ	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
LITHIUM CARBONATE CAP	-	2
lithium carbonate cap (ESKALITH ER equiv)	-	2
lithium carbonate ER tab (LITHOBID equiv)	-	2
lithium carbonate tab	-	2
lithium oral solution (LITHIUM equiv) (Prior Authorization required for members age 9 years and older)	PA	2
LITHOBID TAB	-	4
ANTIPSYCHOTICS - MISC.		
lurasidone hcl tab (LATUDA equiv)	-	2
ziprasidone cap (GEODON equiv)	-	2
EQUETRO CAP	-	3
GEODON CAP	-	4
LATUDA TAB	-	4
CAPLYTA CAP	-	NC
NUPLAZID CAP	-	NC
NUPLAZID TAB	-	NC
VRAYLAR CAP	-	NC
VRAYLAR PACK	-	NC
BENZISOXAZOLES		
risperidone soln (RISPERDAL equiv)	-	2
risperidone tab (RISPERDAL equiv)	-	2
paliperidone ER tab (INVEGA equiv)	-	3
RISPERIDONE ODT	-	3
risperidone ODT (RISPERDAL M equiv)	-	3
FANAPT TAB (QL= 2 tabs/day)	PA-QL	4
FANAPT TITRATION PACK (QL= 1 pack/plan year)	PA-QL	4
FANAPT TITRATION PACK 1MG/2MG/6MG/8MG (QL= 1 pack/plan year)	PA-QL	4
INVEGA TAB	-	4
RISPERDAL M ODT	-	4
RISPERDAL SOLN	-	4
RISPERDAL TAB	-	4
BYSANTI TAB	-	NC
BYSANTI TITRATION PACK	-	NC
BUTYROPHENONES		
haloperidol lactate conc (HALDOL equiv)	-	2
haloperidol tab (HALDOL equiv)	-	2
DIBENZAPINES		
loxapine cap (LOXITANE equiv)	-	2
olanzapine tab (ZYPREXA equiv)	-	2
quetiapine tab (SEROQUEL equiv)	-	2
quetiapine XR tab (SEROQUEL XR equiv)	-	2
asenapine maleate SL tab (SAPHRIS equiv) (QL= 2 tabs/day)	QL	3
clozapine tab (CLOZARIL equiv)	-	3
olanzapine ODT (ZYPREXA equiv)	-	3
CLOZARIL TAB	-	4

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont.		
SAPHRIS SL TAB (QL= 2 tabs/day)	QL	4
SEROQUEL TAB	-	4
SEROQUEL XR TAB	-	4
ZYPREXA TAB	-	4
ZYPREXA ZYDIS TAB	-	4
ADASUVE INHALER	-	NC
clozapine odt tab (CLOZAPINE, FAZACLO equiv)	-	NC
CLOZAPINE ODT, FAZACLO ODT	-	NC
FAZACLO ODT 12.5MG, 25MG, 100MG	-	NC
QUETIAPINE TAB	-	NC
SECUADO PATCH	-	NC
VERSACLOZ SUSP	-	NC
DIHYDROINDOLONES		
MOLINDONE TAB	-	NC
MUSCARINIC AGENTS		
COBENFY CAP	-	NC
COBENFY CAP STARTER PACK	-	NC
PHENOTHIAZINES		
chlorpromazine tab (THORAZINE equiv)	-	2
fluphenazine tab (PROLIXIN equiv)	-	2
perphenazine tab (TRILAFON equiv)	-	2
prochlorperazine supp (COMPAZINE equiv)	-	2
prochlorperazine tab (COMPAZINE equiv)	-	2
thioridazine hcl tab (THIORIDAZINE equiv)	-	2
trifluoperazine tab (STELAZINE equiv)	-	2
CHLORPROMAZINE CONC	-	NC
chlorpromazine hcl conc	-	NC
QUINOLINONE DERIVATIVES		
aripiprazole tab (ABILIFY equiv)	-	2
ABILIFY TAB	-	4
aripiprazole soln (ABILIFY equiv)	-	4
ARISTADA INJ	M	6
ABILIFY MYCITE PACK	-	NC
ABILIFY MYCITE TAB	-	NC
aripiprazole ODT (ABILIFY equiv)	-	NC
OPIPZA FILM	-	NC
REXULTI TAB	-	NC
THIOXANTHENES		
thiothixene cap (NAVANE equiv)	-	2
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
HYLAMEND GEL FIRST AID	-	NC
IODINE ANTISEPTICS		
IODOFLEX PAD	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIVIRALS		
ANTIRETROVIRALS		
APRETUDE SUSP (QL= 7 inj/year)	QL	1
DESCOVY TAB	-	1
emtricitabine/tenofovir disoproxil fumarate tab (TRUVADA equiv)	-	1
YEZTUGO INJ (QL= 2 inj/180 days)	QL-SP	1
YEZTUGO TAB (QL= 4 tabs/28 days)	QL-SP	1
lamivudine soln (EPIVIR equiv)	-	2
lamivudine tab (EPIVIR equiv)	-	2
nevirapine tab (VIRAMUNE equiv)	-	2
zidovudine cap (RETROVIR equiv)	-	2
zidovudine syrup (RETROVIR equiv)	-	2
zidovudine tab (RETROVIR equiv)	-	2
abacavir soln (ZIAGEN equiv)	-	3
abacavir tab (ZIAGEN equiv)	-	3
abacavir/lamivudine tab (EPZICOM equiv)	-	3
APTIVUS CAP	-	3
atazanavir cap (REYATAZ equiv)	-	3
BIKTARVY TAB	-	3
BIXLENVO TAB	-	3
CIMDUO TAB	-	3
darunavir tab (PREZISTA equiv)	-	3
DELSTRIGO TAB	-	3
DOVATO TAB	-	3
EDURANT PED TAB	-	3
efavirenz tab (SUSTIVA equiv)	-	3
efavirenz/emtricitabine/tenofovir df tab (ATRIPLA equiv)	-	3
efavirenz/lamivudine/tenofovir df (lo) tab (SYMFI (LO) equiv)	-	3
EFAVIRENZ/LAMIVUDINE/TENOFOVIR TAB	-	3
emtricitabine cap (EMTRIVA equiv)	-	3
emtricitabine-rilpivirine-tenofovir df tab (COMPLERA equiv)	-	3
EMTRIVA SOLN	-	3
etravirine tab (INTELENCE equiv)	-	3
EVOTAZ TAB	-	3
fosamprenavir tab (LEXIVA equiv)	-	3
GENVOYA TAB	-	3
INTELENCE TAB	-	3
ISENTRESS (HD) TAB	-	3
ISENTRESS CHEW TAB	-	3
ISENTRESS POWDER PACK	-	3
JULUCA TAB	-	3
lamivudine/zidovudine tab (COMBIVIR equiv)	-	3
lopinavir/ritonavir soln (KALETRA equiv)	-	3
lopinavir/ritonavir tab (KALETRA equiv)	-	3
maraviroc tab (SELZENTRY equiv)	-	3
NEVIRAPINE ER TAB	-	3
nevirapine ER tab (VIRAMUNE XR equiv)	-	3

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
NEVIRAPINE SUSP	-	3
NORVIR POWDER PACK	-	3
ODEFSEY TAB	-	3
PIFELTRO TAB	-	3
PREZCOBIX TAB	-	3
PREZISTA SUSP	-	3
PREZISTA TAB	-	3
REYATAZ POWDER PACK	-	3
rilpivirine hcl tab (EDURANT equiv)	-	3
ritonavir tab (NORVIR equiv)	-	3
RUKOBIA ER TAB (Restricted to Infectious Disease Specialist)	RS	3
SELZENTRY SOLN	-	3
STRIBILD TAB	-	3
SYMTUZA TAB	-	3
tenofovir disoproxil fumarate tab (VIREAD equiv)	-	3
TIVICAY PD TAB	-	3
TIVICAY TAB	-	3
TRIUMEQ PD TAB	-	3
TRIUMEQ TAB	-	3
TYBOST TAB	-	3
VIRACEPT TAB	-	3
VIREAD TAB	-	3
COMBIVIR TAB	-	4
COMPLERA TAB	-	4
EDURANT TAB	-	4
EMTRIVA CAP	-	4
EPIVIR SOLN	-	4
EPIVIR TAB	-	4
EPZICOM TAB	-	4
INTELENCE TAB	-	4
KALETRA SOLN	-	4
KALETRA TAB	-	4
LEXIVA TAB	-	4
NORVIR TAB	-	4
PREZISTA TAB	-	4
RETROVIR CAP	-	4
RETROVIR SYRUP	-	4
RETROVIR TAB	-	4
REYATAZ CAP	-	4
SELZENTRY TAB	-	4
SUSTIVA TAB	-	4
SYMFI (LO) TAB	-	4
VIRAMUNE SUSP	-	4
VIRAMUNE TAB	-	4
VIRAMUNE XR TAB	-	4
VIREAD TAB	-	4

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
ZIAGEN SOLN	-	4
ZIAGEN TAB	-	4
CABENUVA IM SUSP (QL= 1 kit/30 days)	QL-SP	5
CABENUVA SUSP 600MG-900MG/3ML (QL= 1 kit/30 days)	QL-SP	5
SUNLENCA INJ (QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist)	QL-RS-SP	5
SUNLENCA TAB (QL= 4 tabs/28 days; Restricted to Infectious Disease Specialist)	QL-RS-SP	5
SUNLENCA TAB 300MG (QL= 5 tabs/28 days; Restricted to Infectious Disease Specialist)	QL-RS-SP	5
ATRIPLA TAB	-	NC
BIXLENVO/SUNLENCA STARTER PACK	-	NC
FUZEON INJ	-	NC
IDVYNSO TAB	-	NC
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK (QL= 11 tabs/90 days)	QL	3
PAXLOVID TAB 150-100MG (QL= 20 tabs/90 days)	QL	3
PAXLOVID TAB 300-100MG (QL= 30 tabs/90 days)	QL	3
CMV AGENTS		
valganciclovir soln (VALCYTE equiv)	-	3
valganciclovir tab (VALCYTE equiv)	-	3
VALCYTE SOLN	-	4
VALCYTE TAB	-	4
LIVTENCITY TAB (QL= 4 tabs/day)	PA-QL-SP	5
PREVYMIS PAK (QL= 4 packets/day; Limit 800 packets/365 days)	PA-QL-SP	5
PREVYMIS TAB (QL= 1 tab/day; Limit 200 tabs/365 days)	PA-QL-SP	5
HEPATITIS AGENTS		
lamivudine tab 100mg (EPIVIR HBV equiv)	-	2
RIBAVIRIN CAP	-	2
ribavirin cap (REBETOL equiv)	-	2
RIBAVIRIN TAB	-	2
adefovir dipivoxil tab (HEPSERA equiv)	-	3
entecavir tab (BARACLUDE equiv) (QL= 1 tab/day)	QL	3
LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/day)	PA-QL	3
MAVYRET PAK (QL= 5 packs/day)	PA-QL	3
MAVYRET TAB (QL= 3 tabs/day)	PA-QL	3
SOFOSBUVIR/VELPATASVIR TAB (QL= 1 tab/day)	PA-QL	3
VEMLIDY TAB	-	3
VOSEVI TAB (QL= 1 tab/day)	PA-QL	3
BARACLUDE SOLN (Prior Authorization required for members age 9 years and older)	PA	4
BARACLUDE TAB (QL= 1 tab/day)	QL	4
PEGASYS INJ	SP	5
EPCLUSA PAK	-	NC
EPCLUSA TAB	-	NC
HARVONI PELLET PAK	-	NC
HARVONI TAB	-	NC
HEPCLUDEX INJ	-	NC
SOVALDI PELLET PAK	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ANTIVIRALS Cont.		
SOVALDI TAB	-	NC
ZEPATIER TAB	-	NC
HERPES AGENTS		
acyclovir cap (ZOVIRAX equiv)	-	2
acyclovir susp (ZOVIRAX equiv)	-	2
acyclovir tab (ZOVIRAX equiv)	-	2
valacyclovir tab (VALTREX equiv)	-	2
famciclovir tab (FAMVIR equiv)	-	3
VALTREX TAB	-	4
ZOVIRAX CAP	-	4
ZOVIRAX SUSP	-	4
ZOVIRAX TAB	-	4
SITAVIG TAB	-	NC
INFLUENZA AGENTS		
oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill)	QL	2
oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill)	QL	2
oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill)	QL	3
RELENZA DISKHALER (QL= 1 inhaler/fill)	QL	3
FLUMADINE TAB	-	4
RIMANTADINE TAB	-	4
TAMIFLU CAP (QL= 10 caps/fill)	QL	4
TAMIFLU CAP 30MG (QL= 20 caps/fill)	QL	4
XOFLUZA TAB (QL= 1 tab/fill)	QL	4
MISC. ANTIVIRALS		
LAGEVRIO CAP (EUA) (QL= 40 caps/fill)	QL	1
LAGEVRIO CAP 200MG (QL= 40 caps/fill)	QL	3
XOCOVA TAB	-	NC
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
RIBAVIRIN INH	-	NC
ribavirin inh soln (VIRAZOLE equiv)	-	NC
ASSORTED CLASSES		
IMMUNOMODULATORS		
THALOMID CAP	SP	5
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab (IMURAN equiv)	-	2
mycophenolate mofetil cap (CELLCEPT equiv)	-	2
mycophenolate mofetil tab (CELLCEPT equiv)	-	2
tacrolimus cap (PROGRAF equiv)	-	2
cyclosporine cap (SANDIMMUNE equiv)	-	3
cyclosporine modified cap (NEORAL equiv)	-	3
cyclosporine modified soln (NEORAL equiv)	-	3
mycophenolate DR tab (MYFORTIC equiv)	-	3
mycophenolate mofetil susp (CELLCEPT SUSP equiv)	-	3
SANDIMMUNE SOLN 100MG/ML	-	3

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ASSORTED CLASSES Cont.		
sirolimus tab (RAPAMUNE equiv)	-	3
CELLCEPT CAP	-	4
CELLCEPT SUSP	-	4
CELLCEPT TAB	-	4
IMURAN TAB	-	4
MYFORTIC TAB	-	4
NEORAL CAP	-	4
NEORAL SOLN	-	4
PROGRAF CAP	-	4
RAPAMUNE TAB	-	4
SANDIMMUNE CAP	-	4
ENVARSUS XR TAB	-	NC
POTASSIUM REMOVING RESINS		
sodium polystyrene susp (SPS equiv)	-	2
sodium polystyrene powder (KAYEXALATE equiv)	-	3
VELTASSA POWDER (QL= 1 packet/day)	PA-QL	3
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab (COREG equiv)	-	2
labetalol tab (NORMODYNE equiv)	-	2
COREG TAB	-	4
carvedilol phosphate ER cap (COREG CR equiv)	-	NC
COREG CR CAP	-	NC
labetalol hcl tab 400mg	-	NC
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol cap (SECTRAL equiv)	-	2
atenolol tab (TENORMIN equiv)	-	2
betaxolol tab (KERLONE equiv)	-	2
bisoprolol tab (ZEBETA equiv)	-	2
metoprolol ER tab (TOPROL XL equiv)	-	2
metoprolol tab (LOPRESSOR equiv)	-	2
nebivolol hcl tab (BYSTOLIC equiv)	-	2
KERLONE TAB	-	4
LOPRESSOR SOLN (QL= 45ml/day; Prior Authorization required for members age 9 years and older)	PA-QL	4
LOPRESSOR TAB	-	4
TENORMIN TAB	-	4
TOPROL XL TAB	-	4
BISOPROLOL FUMARATE TAB	-	NC
KAPSPARGO CAP	-	NC
METOPROLOL TARTRATE TAB	-	NC
BETA BLOCKERS NON-SELECTIVE		
pindolol tab (VISKEN equiv)	-	2
propranolol ER cap (INDERAL LA equiv)	-	2
propranolol hcl oral soln 20mg/5ml	-	2
PROPRANOLOL SOLN	-	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
BETA BLOCKERS Cont.		
propranolol tab (INDERAL equiv)	-	2
sotalol AF tab (BETAPACE AF equiv)	-	2
sotalol tab (BETAPACE equiv)	-	2
TIMOLOL MALEATE TAB	-	2
timolol maleate tab (BLOCADREN equiv)	-	2
nadolol tab (CORGARD equiv)	-	3
BETAPACE AF TAB	-	4
BETAPACE TAB	-	4
CORGARD TAB	-	4
INDERAL LA CAP	-	4
SOTYLIZE SOLN 5MG/ML (Prior Authorization required for members age 9 years and older)	PA	4
HEMANGEOL ORAL SOLN (QL= 9.6mL/day; 1750mL/365 days)	PA-QL-SP	5
HEMANGEOL SOLN (QL= 9.6mL/day; 1750mL/365 days)	PA-QL-SP	5
INDERAL XL CAP, INNOPRAN XL CAP	-	NC
SOTYLIZE SOLN	-	NC
BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SL TAB	-	NC
ORALAIR SL TAB	-	NC
RAGWITEK SL TAB	-	NC
BIOLOGICALS MISC		
ADAGEN INJ	-	NC
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKER COMBINATIONS		
CONSENSI TAB	-	NC
CALCIUM CHANNEL BLOCKERS		
amlodipine tab (NORVASC equiv)	-	2
diltiazem ER cap (CARDIZEM CD equiv)	-	2
diltiazem ER cap (DILACOR XR equiv)	-	2
diltiazem ER cap (TIAZAC equiv)	-	2
diltiazem tab (CARDIZEM equiv)	-	2
felodipine ER tab (PLENDIL equiv)	-	2
isradipine cap (DYNACIRC equiv)	-	2
nifedipine cap (PROCARDIA equiv)	-	2
nifedipine ER tab (ADALAT CC equiv)	-	2
verapamil SR cap (VERELAN equiv)	-	2
verapamil SR tab (CALAN SR, ISOPTIN SR equiv)	-	2
verapamil tab (CALAN equiv)	-	2
diltiazem ER cap (CARDIZEM SR equiv)	-	3
diltiazem ER tab (CARDIZEM LA equiv)	-	3
ADALAT CC TAB	-	4
CALAN SR TAB	-	4
CARDIZEM CD CAP	-	4
CARDIZEM LA TAB	-	4
CARDIZEM TAB	-	4

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
CALCIUM CHANNEL BLOCKERS Cont.		
DILACOR XR CAP	-	4
KATERZIA SUSP (Prior Authorization required for members age 9 years and older)	PA	4
nicardipine cap (CARDENE equiv)	-	4
nimodipine cap (NIMOTOP equiv)	-	4
nisoldipine ER tab (SULAR equiv)	-	4
NISOLDIPINE ER TAB 20MG, 30MG, 40MG	-	4
NISOLDIPINE ER TAB 25.5MG	-	4
NISOLDIPINE ER, SULAR ER TAB	-	4
NORLIQVA ORAL SOLN (Prior Authorization required for members age 9 years and older)	PA	4
NORVASC TAB	-	4
TIAZAC CAP	-	4
VERELAN CAP	-	4
CARDAMYST NASAL SPRAY	-	NC
CONJUPRI TAB, LEVAMLODIPINE TAB	-	NC
NYMALIZE SOLN	-	NC
SDAMLO SOLN	-	NC
VERAPAMIL ER CAP	-	NC
VERAPAMIL ER CAP, VERELAN CAP	-	NC
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin soln (LANOXIN equiv)	-	2
DIGOXIN SOLN 0.05MG/ML	-	2
digoxin tab (LANOXIN equiv)	-	2
LANOXIN TAB	-	4
digoxin tab 62.5mcg (LANOXIN equiv)	-	NC
LANOXIN TAB 62.5MCG	-	NC
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS CAP (QL= 1 cap/day)	PA-QL-SP	5
MYQORZO TAB	-	NC
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
sacubitril-valsartan tab (ENTRESTO equiv) (QL= 2 tabs/day)	QL	2
amlodipine/atorvastatin tab (CADUET equiv)	-	NC
BIDIL TAB	-	NC
CADUET TAB	-	NC
ENTRESTO CAP	-	NC
ENTRESTO TAB	-	NC
isosorbide dinitrate/hydralazine hcl tab (BIDIL equiv)	-	NC
OPSYNVI TAB	-	NC
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS		
LODOCO TAB	-	NC
CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS		
INPEFA TAB	-	NC
IMPOTENCE AGENTS		

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
tadalafil tab 2.5mg, 5mg (CIALIS equiv) (QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap)	QL-ST	2
avanafil tab (STENDRA equiv)	-	EXC
CIALIS TAB	-	EXC
LEVITRA TAB	-	EXC
sildenafil tab (VIAGRA equiv)	-	EXC
STENDRA TAB	-	EXC
tadalafil tab (CIALIS equiv)	-	EXC
vardenafil ODT (STAXYN equiv)	-	EXC
vardenafil tab (LEVITRA equiv)	-	EXC
VYBRIQUE ORAL FILM	-	EXC
CIALIS TAB 2.5MG, 5MG	-	NC
PROSTAGLANDIN VASODILATORS		
TYVASO DPI POWDER (QL= 4 cartridges/day)	PA-QL-SP	5
TYVASO DPI POWDER 48-80MCG (QL= 224 cartridges/28 days)	PA-QL-SP	5
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG (QL= 224 cartridges/28 days)	PA-QL-SP	5
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG (QL= 224 cartridges/28 days)	PA-QL-SP	5
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG (QL= 224 cartridges/28 days)	PA-QL-SP	5
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG (QL= 252 cartridges/28 days)	PA-QL-SP	5
TYVASO INH SOLN 0.6 MG/ML (QL= 1 ampule/day)	PA-QL-SP	5
VENTAVIS INH SOLN (QL= 9 ampules/day)	PA-QL-SP	5
YUTREPIA CAP (QL= 112 caps/28 days)	PA-QL-SP	5
ORENITRAM TAB	-	NC
ORENITRAM TAB MONTH PAK	-	NC
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR INJ	PA-SP	5
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab (LETAIRIS equiv) (QL= 1 tab/day)	PA-QL-SP	2
bosentan tab (TRACLEER equiv) (QL= 2 tabs/day)	PA-QL-SP	2
bosentan tab for oral susp (TRACLEER equiv) (QL= 4 tabs/day)	PA-QL-SP	2
macitentan tab (OPSUMIT equiv) (QL= 1 tab/day)	PA-QL-SP	2
LETAIRIS TAB	-	NC
OPSUMIT TAB	-	NC
TRACLEER TAB	-	NC
TRACLEER TAB 62.5MG, 125MG	-	NC
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil tab 20mg (REVATIO equiv)	PA	2
tadalafil tab (PAH) (ADCIRCA equiv)	PA	2
sildenafil susp (REVATIO equiv) (Prior Authorization required for members age 9 years and older)	PA	3
REVATIO SUSP (Prior Authorization required for members age 9 years and older)	PA	4
REVATIO TAB	PA	4
TADLIQ SUSP (Prior Authorization required for members age 9 years and older)	PA	4
ADCIRCA TAB	-	NC
LIQREV SUSP	-	NC
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
CARDIOVASCULAR AGENTS - MISC. Cont.		
UPTRAVI TAB (QL= 2 tabs/day)	PA-QL-SP	5
UPTRAVI THERAPY PACK (QL= 1 pack/year)	PA-QL-SP	5
UPTRAVI THERAPY PACK 200MCG (QL= 1 pack/year)	PA-QL-SP	5
UPTRAVI INJ	-	NC
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
riociguat tab (ADEMPAS equiv) (QL= 3 tabs/day)	PA-QL-SP	2
ADEMPAS TAB	-	NC
SINUS NODE INHIBITORS		
ivabradine hcl tab (CORLANOR equiv)	-	2
CORLANOR SOLN (Prior Authorization required for members age 9 years and older)	PA	4
CORLANOR TAB	-	4
TRANSTHYRETIN STABILIZERS		
ATTRUBY PACK (QL= 4 tabs/day)	PA-QL-SP	5
VYNDAMAX CAP (QL= 1 cap/day)	PA-QL-SP	5
VYNDAQEL CAP (QL= 4 caps/day)	PA-QL-SP	5
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB (QL= 1 tab/day; Restricted to Cardiology Specialist)	QL-RS	3
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap (DURICEF equiv)	-	2
cefadroxil susp (DURICEF equiv)	-	2
cefadroxil tab (DURICEF equiv)	-	2
cephalexin cap (KEFLEX equiv)	-	2
cephalexin susp (KEFLEX equiv)	-	2
CEFADROXIL TAB	-	3
KEFLEX CAP	-	4
cephalexin cap 750mg (KEFLEX equiv)	-	NC
cephalexin tab	-	NC
KEFLEX CAP 750MG	-	NC
CEPHALOSPORINS - 2ND GENERATION		
cefprozil susp (CEFZIL equiv)	-	2
cefprozil tab (CEFZIL equiv)	-	2
cefuroxime tab (CEFTIN equiv)	-	2
CEFACLOR CAP	-	4
cefaclor cap (CECLOR equiv)	-	4
CEFACLOR ER TAB	-	4
CEFACLOR SUSP	-	4
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap (OMNICEF equiv)	-	2
cefdinir susp (OMNICEF equiv)	-	2
cefixime cap (SUPRAX equiv)	-	4
cefixime susp (SUPREX equiv)	-	4
CEFPODOXIME PROXETIL SUSP	-	4
cefpodoxime proxetil tab (VANTIN equiv)	-	4

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
CEPHALOSPORINS Cont.		
OMNICEF SUSP	-	4
SUPRAX CAP	-	4
SUPRAX SUSP	-	4
SUPRAX SUSP 500MG/5ML	-	4
CEFIXIME TAB	-	NC
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
amethyst tab (LYBREL equiv)	-	1
ARANELLE TAB	-	1
aranelle tab (TRI-NORINYL equiv)	-	1
AVERI TAB	-	1
aviane tab (ALESSE equiv)	-	1
BALCOLTRA TAB	-	1
cesia tab (CYCLESSA equiv)	-	1
cryselle tab	-	1
drospirenone/ethinyl estradiol/levomefolate tab (BEYAZ equiv)	-	1
enpresse tab (TRI-LEVELEN equiv)	-	1
FEMLYV TAB	-	1
gianvi tab, ocella tab (YASMIN, YAZ equiv)	-	1
isibloom tab, enskyce tab, apri tab (DESOGEN equiv)	-	1
jolessa tab, amethia tab (SEASONALE, SEASONIQUE equiv)	-	1
kelnor tab (DEMULEN equiv)	-	1
levonorgestrel-ethinyl estradiol-fe tab (BALCOLTRA equiv)	-	1
LO LOESTRIN TAB	-	1
NATAZIA TAB	-	1
NEXTSTELLIS TAB	-	1
norethindrone ace-ethinyl estradiol-fe cap (TAYTULLA equiv)	-	1
norethindrone acetate/ethinyl estradial FE chew tab (MINASTRIN equiv)	-	1
norethindrone acetate/ethinyl estradiol tab (LOESTRIN equiv)	-	1
norethindrone/ethinyl estradiol FE tab (LOESTRIN FE equiv)	-	1
nortrel tab (OVCON 35 equiv)	-	1
SAFYRAL TAB	-	1
sprintec 28 tab (ORTHO-CYCLEN equiv)	-	1
tri-legest tab (ESTROSTEP FE equiv)	-	1
tri-sprintec tab (ORTHO TRI-CYCLEN (LO) equiv)	-	1
TYBLUME TAB	-	1
VALTYA 1/50 TAB	-	1
VELIVET PAK	-	1
viorele tab, kariva tab (MIRCETTE equiv)	-	1
wymzya FE tab (FEMCON FE equiv)	-	1
BEYAZ TAB	-	4
DESOGEN TAB	-	4
ESTROSTEP FE TAB	-	4
FEMCON FE CHEW TAB	-	4
MINASTRIN CHEW TAB	-	4

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
CONTRACEPTIVES Cont.		
MIRCETTE TAB	-	4
ORTHO TRI-CYCLEN (LO) TAB	-	4
ORTHO-CYCLEN TAB	-	4
OVCON 35 TAB	-	4
SEASONIQUE TAB	-	4
TAYTULLA CAP	-	4
TRI-NORINYL TAB	-	4
YAZ TAB, YASMIN 28 TAB	-	4
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
GWYN LO PATCH	-	1
TWIRLA PATCH	-	1
zafemy patch (XULANE equiv)	-	1
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA RING (QL= 1 ring/year)	QL	1
eluryng vaginal ring (NUVARING equiv)	-	1
COPPER CONTRACEPTIVES - IUD		
MIDUELLA, PARAGARD IUD	-	1
EMERGENCY CONTRACEPTIVES		
ELLA TAB	-	1
levonorgestrel tab (PLAN B equiv)	OTC	1
PLAN B TAB	OTC	1
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMPLANT	-	1
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA SC INJ 104MG (QL= 1 inj/90 days)	QL	1
medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days)	QL	1
DEPO-PROVERA INJ (QL= 1 inj/90 days)	QL	4
PROGESTIN CONTRACEPTIVES - IUD		
MIRENA IUD	-	1
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab (NORA-QD equiv)	-	1
OPILL TAB	OTC	1
SLYND TAB	-	1
NOR-QD TAB	-	4
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
DEXAMETHASONE CONC	-	2
dexamethasone elixir	-	2
DEXAMETHASONE PHOSPHATE INJ	-	2
DEXAMETHASONE SODIUM PHOSPHATE INJ	-	2
DEXAMETHASONE SOLN	-	2
dexamethasone tab (DECADRON equiv)	-	2
hydrocortisone tab (CORTEF equiv)	-	2
methylprednisolone acetate inj (DEPO-MEDROL equiv)	-	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
methylprednisolone dose pack (MEDROL equiv)	-	2
methylprednisolone tab (MEDROL equiv)	-	2
methylprenisolone sod succinate inj (SOLU-MEDROL equiv)	-	2
prednisolone soln	-	2
prednisolone soln (PEDIAPRED equiv)	-	2
prednisone tab (DELTASONE equiv)	-	2
triamcinolone acetate inj (KENALOG equiv)	-	2
budesonide SR cap (ENTOCORT EC equiv)	-	3
CORTISONE ACETATE TAB	-	3
hydrocortisone succinate inj 1000mg (SOLU-CORTEF equiv) (QL= 2 vials/fill)	QL	3
MEDROL TAB	-	3
prednisolone ODT (ORAPRED equiv)	-	3
PREDNISONE SOLN	-	3
SOLU-CORTEF INJ (QL= 1 vial/fill)	QL	3
SOLU-CORTEF INJ 100MG (QL= 2 vials/fill)	QL	3
SOLU-MEDROL INJ 2GM	-	3
budesonide ER tab (QL=1 tab/day)	PA-QL	4
CORTEF TAB	-	4
DEPO-MEDROL INJ	-	4
DEPO-MEDROL INJ, METHYLPREDNISOLONE ACE INJ	-	4
KENALOG INJ	-	4
KENALOG INJ, TRIAMCINOLONE ACE INJ	-	4
MEDROL DOSE PACK	-	4
MEDROL TAB	-	4
ORAPRED ODT TAB, PREDNISOLONE ODT TAB	-	4
ORAPRED SOLN	-	4
PREDNISOLONE SOLN	-	4
SOLU-MEDROL INJ	-	4
SOLU-MEDROL PF INJ	-	4
UCERIS TAB (QL= 1 tab/day)	PA-QL	4
ALKINDI SPRINKLE CAP 0.5MG (QL= 3 caps/day; Prior Authorization required for members age 9 years and older)	PA-QL-SP	5
ALKINDI SPRINKLE CAP 1MG (QL= 3 caps/day; Prior Authorization required for members age 9 years and older)	PA-QL-SP	5
KHINDIVI SOLN (QL= 90ml/30 days; Prior Authorization required for members age 9 years and older)	PA-QL-SP	5
AGAMREE SUSP	-	NC
ALKINDI SPRINKLE CAP	-	NC
deflazacort susp (EMFLAZA equiv)	-	NC
deflazacort tab (EMFLAZA equiv)	-	NC
dexamethasone pak (DEXPAK equiv)	-	NC
DEXAMETHASONE TAB	-	NC
DEXPAK TAB	-	NC
DXEVO 11-DAY PAK	-	NC
EMFLAZA SUSP	-	NC
EMFLAZA TAB	-	NC
EOHILIA SUSP	-	NC
FLO-PRED SUSP	-	NC
HEMADY TAB	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
CORTICOSTEROIDS Cont.		
LIDOLOG KIT	-	NC
MILLIPRED DP PAK	-	NC
MILLIPRED TAB	-	NC
ORTIKOS ER CAP	-	NC
prednisolone tab (MILLIPRED equiv)	-	NC
PREDNISONE DR TAB	-	NC
PREDNISONE DR TAB, RAYOS DR TAB	-	NC
prednisone pack	-	NC
PREDNISONE/DIPHENHYDRAMINE KIT	-	NC
TARPEYO CAP	-	NC
MINERALOCORTICOIDS		
fludrocortisone tab (FLORINEF equiv)	-	2
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap (TESSALON equiv)	-	2
hydrocodone/homatropine syrup (HYCODAN equiv)	-	2
tussigon tab (HYCODAN equiv)	-	2
HYCODAN SYRUP	-	4
TESSALON CAP	-	4
BENZONATATE CAP 150MG	-	NC
benzonatate cap 150mg (ZONATUSS equiv)	-	NC
ZONATUSS CAP 150MG	-	NC
COUGH/COLD/ALLERGY COMBINATIONS		
guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill)	OTC-QL	2
promethazine DM syrup	-	2
PROMETHAZINE VC SYRUP	-	2
promethazine VC syrup (PHENERGAN VC equiv)	-	2
PROMETHAZINE VC/CODEINE SYRUP	-	2
promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv)	-	2
promethazine/codeine syrup (PHENERGAN/CODEINE equiv)	-	2
HYD POL/CPM SUSP (QL= 120ml/fill; 2 fills/30 days)	QL	4
hydrocodone/chlorpheniramine CR susp (TUSSIONEX equiv) (QL= 120ml/fill; 2 fills/30 days)	QL	4
BROVEX PEB LIQUID	OTC	EXC
CLARINEX-D TAB	-	EXC
lohist liquid (DECON-A equiv)	OTC	EXC
SEMPREX-D CAP	-	EXC
guaifenesin-DM oral liquid (ROBITUSSIN equiv)	-	NC
HYCOFENIX SOLN	-	NC
INTENSE COUGH LIQUID	-	NC
MUCINEX LIQUID	-	NC
POLY-TUSSIN DM SYRUP	-	NC
TUSSICAPS	-	NC
TUXARIN ER TAB	-	NC
TUZISTRA XR SUSP	-	NC
EXPECTORANTS		

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
COUGH/COLD/ALLERGY Cont.		
GUAIFENESEN SYRUP	-	NC
guaifenesin tab (ALLFEN JR equiv)	-	NC
POTASSIUM IODIDE ORAL SOLN	-	NC
MISC. RESPIRATORY INHALANTS		
NEBUSAL NEB SOLN	-	3
HYPER-SAL NEB SOLN 7%	-	4
MUCOLYTICS		
acetylcysteine soln (MUCOMYST equiv)	-	2
DERMATOLOGICALS		
ACNE PRODUCTS		
clindamycin gel (CLEOCIN GEL equiv)	-	2
clindamycin lotion (CLEOCIN- T equiv)	-	2
clindamycin pad (CLEOCIN-T equiv)	-	2
clindamycin topical soln (CLEOCIN-T equiv)	-	2
ERYTHROMYCIN GEL	-	2
erythromycin pad	-	2
erythromycin soln	-	2
RETIN-A CREAM (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2
RETIN-A GEL (Acne Only - Prior Authorization required for members age 35 years and older)	PA	2
adapalene cream (DIFFERIN equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3
adapalene gel 0.3% (DIFFERIN equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3
adapalene/benzoyl peroxide gel 0.1-2.5% (EPIDUO equiv)	-	3
adapalene/benzoyl peroxide gel 0.3-2.5% (EPIDUO FORTE equiv)	-	3
amnesteem cap, claravis cap, isotretinoin cap, myorisan cap, zenatane cap (ACCUTANE equiv)	-	3
AVAR CLEANSE LIQ 10-5%	-	3
AVAR-E EMOLL CREAM	-	3
clindamycin/benzoyl peroxide gel (BENZACLIN equiv)	-	3
clindamycin/benzoyl peroxide gel (DUAC GEL equiv)	-	3
ERY PAD	-	3
erythromycin/benzoyl peroxide gel (BENZAMYCIN equiv)	-	3
SOD SUL/SULF LIQ 9-4.5%	-	3
SOD SUL/SULF SUSP 10-5%	-	3
SOD SUL/SULF SUSP 8-4%	-	3
sodium sulfacetamide lotion (KLARON equiv)	-	3
sodium sulfacetamide/sulfur cleanser 10-5% (SUMAXIN equiv)	-	3
sodium sulfacetamide/sulfur cleanser 9-4.5% (SUMADAN WASH equiv)	-	3
sodium sulfacetamide/sulfur emulsion (ROSULA equiv)	-	3
sulfacetamide sodium/sulfur cream 10-5% (PLEXION SCT equiv)	-	3
tretinoin cream (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3
tretinoin gel (RETIN-A GEL equiv) (Acne Only - Prior Authorization required for members age 35 years and older)	PA	3
BENZACLIN GEL	-	4
BENZAMYCIN GEL	-	4
CLARIFOAM EF FOAM	-	4
CLEOCIN-T LOTION	-	4
CLEOCIN-T PAD	-	4

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
CLEOCIN-T SOLN	-	4
DIFFERIN CREAM	PA	4
DIFFERIN GEL	PA	4
DUAC GEL	-	4
EPIDUO GEL 0.1-2.5%	-	4
KLARON LOTION	-	4
ROSULA EMULSION	-	4
sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv)	-	4
SUMADAN WASH 9-4.5%	-	4
ABSORICA CAP	-	NC
ABSORICA LD CAP	-	NC
ACZONE GEL	-	NC
ADAPALENE SOLN	-	NC
adapalene gel (DIFFERIN equiv)	-	NC
ADAPALENE PAD	-	NC
ADAPALENE/BENZOYL PEROXIDE PAD	-	NC
AKLIEF CREAM	-	NC
ALTRENO LOTION	-	NC
AMZEEQ FOAM	-	NC
ARAZLO LOTION	-	NC
ATRALIN GEL 0.05%	-	NC
AVAR AEROSOL FOAM	-	NC
AVAR PAD	-	NC
AVAR-E LS CREAM 10-2%	-	NC
AZELEX CREAM	-	NC
BENZAMYCIN GEL PACK	-	NC
BENZOYL PEROXIDE/HYDROCORTISONE LOTION	-	NC
BP 10-1 EMU	-	NC
CABTREO GEL	-	NC
CLENIA PLUS SUSP	-	NC
CLEOCIN-T GEL	-	NC
CLINDACIN KIT	-	NC
clindamycin foam (EVOCLIN equiv)	-	NC
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (ONEXTON equiv)	-	NC
clindamycin/tretinoin gel (ZIANA equiv)	-	NC
CLINDAVIX KIT	-	NC
dapsone gel (ACZONE equiv)	-	NC
DIFFERIN LOTION	-	NC
EPIDUO FORTE GEL 0.3-2.5%	-	NC
EPSOLAY CREAM	-	NC
EVOCLIN FOAM	-	NC
FABIOR AEROSOL FOAM	-	NC
isotretinoin cap 25mg (ABSORICA equiv)	-	NC
isotretinoin cap 35mg (ABSORICA equiv)	-	NC
NUCARACLINPA KIT	-	NC
NUCARARXPAK KIT	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ONEXTON GEL1.2-3.75%	-	NC
PLEXION CREAM 9.8-4.8%	-	NC
RETIN-A MICRO GEL/GEL PUMP	-	NC
RETIN-A MICRO GEL/GEL PUMP, TRETINOIN MICROSPHERE GEL/GEL PUMP	-	NC
SODIUM SULFACETAMIDE/SULFUR CREAM 10-2%	-	NC
SODIUM SULFACETAMIDE/SULFUR EMULSION	-	NC
SODIUM SULFACETAMIDE/SULFUR LOTION	-	NC
sodium sulfacetamide/sulfur lotion (SULFACET R equiv)	-	NC
sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv)	-	NC
SODIUM SULFACETAMIDE/SULFUR SUSP	-	NC
SODIUM SULFACETAMIDE/SULFUR WASH	-	NC
sodium sulfacetamide/sulfur wash (SUMAXIN equiv)	-	NC
sodium sulfacetamide/sunscreen kit (SUMADEN XLT equiv)	-	NC
sulfacetamide sodium/sulfur cream 10-2% (AVAR-E LS equiv)	-	NC
SULFACETAMIDE SODIUM/SULFUR CREAM 9.8-4.8%	-	NC
SUMADEN XLT KIT	-	NC
SUMAXIN WASH	-	NC
tretinoin gel 0.05% (ATRALIN equiv)	-	NC
tretinoin microsphere gel	-	NC
TWYNEO CREAM	-	NC
WINLEVI CREAM	-	NC
ZIANA GEL	-	NC
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OINT	-	NC
AGENTS FOR WRINKLES/LIPOATROPHY/OTHER AESTHETIC USES		
RENOVA CREAM	-	EXC
KYBELLA INJ	-	NC
ANALGESICS - TOPICAL		
BACLOFEN CREAM COMPOUND KIT	-	NC
TRAMADOL COMPOUND KIT	-	NC
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream	-	2
gentamicin sulfate oint	-	2
mupirocin oint (BACTROBAN OINT equiv)	-	2
CENTANY OINT	-	4
XEPI CREAM	-	4
ALTABAX OINT	-	NC
BACTROBAN CREAM	-	NC
mupirocin cream (BACTROBAN equiv)	-	NC
NEO-SYNALAR CREAM	-	NC
ANTIFUNGALS - TOPICAL		
ciclopirox cream (LOPROX CREAM equiv)	-	2
ciclopirox gel (LOPROX GEL equiv)	-	2
ciclopirox nail soln (PENLAC equiv)	-	2
ciclopirox topical susp (LOPROX SUSP equiv)	-	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
clotrimazole/betamethasone cream (LORTRISONE CREAM equiv)	-	2
econazole cream (SPECTAZOLE equiv)	-	2
ketoconazole cream (NIZORAL CREAM equiv)	-	2
ketoconazole shampoo (NIZORAL SHAMPOO equiv)	-	2
nystatin cream (MYCOSTATIN CREAM equiv)	-	2
nystatin oint	-	2
nystatin topical powder	-	2
nystatin/triamcinolone cream	-	2
nystatin/triamcinolone oint	-	2
ciclopirox shampoo (LOPROX SHAMPOO equiv)	-	3
tavaborole soln (KERYDIN equiv) (QL= 10mL/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab)	QL-ST	3
LOPROX CREAM	-	4
LOPROX SHAMPOO	-	4
LOTRISONE CREAM	-	4
MENTAX CREAM	-	4
NAFTIFINE CREAM	-	4
naftifine cream (NAFTIN equiv)	-	4
NIZORAL SHAMPOO	-	4
oxiconazole nitrate cream (OXISTAT equiv)	-	4
ALCORTIN A GEL	-	NC
ALOQUIN GEL	-	NC
clotrimazole cream (LOTRIMIN AF equiv)	-	NC
clotrimazole soln	-	NC
CLOTRIMAZOLE/BETAMETHASONE LOTION	-	NC
clotrimazole/betamethasone lotion (LOTRISONE LOTION equiv)	-	NC
ECONASIL KIT	-	NC
ECONAZOLE NITRATE FOAM, ECOZA FOAM	-	NC
ECOZA FOAM	-	NC
ERTACZO CREAM	-	NC
EXELDERM CREAM, SULCONAZOLE CREAM	-	NC
EXELDERM SOLN, SULCONAZOLE SOLN	-	NC
HC/IODOQUIN CREAM	-	NC
HIXDEFRIMA SOLN	-	NC
IODOQUINOL/HC ALOE GEL	-	NC
iodoquinol/hydrocortisone cream 1% (VYTONE equiv)	-	NC
IODOQUINOL-HYDROCORTISONE CREAM	-	NC
JUBLIA SOLN	-	NC
KERYDIN SOLN	-	NC
LOTRIMIN AF CREAM	-	NC
LULICONAZOLE CREAM, LUZU CREAM	-	NC
naftifine hcl gel 2% (NAFTIN equiv)	-	NC
NAFTIN GEL 2%	-	NC
NYATA KIT	-	NC
ONYCHO-MED KIT	-	NC
OXISTAT CREAM	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
OXISTAT LOTION	-	NC
PEDIZOLPAK THERAPY PACK	-	NC
PENLAC SOLN	-	NC
VYTONE CREAM 1.9-1%	-	NC
XOLEGEL	-	NC
ZOLPAK KIT	-	NC
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac soln 1.5% (PENNSAID equiv) (QL= 3 bottles/fill)	QL	3
diclofenac gel 1% (VOLTAREN equiv)	-	NC
DICLOFENAC PATCH, FLECTOR PATCH	-	NC
diclofenac sodium gel kit (VENNGEL equiv)	-	NC
diclofenac sodium soln 2% (PENNSAID equiv)	-	NC
DICLONA GEL	-	NC
DICLOTREX PAK	-	NC
GABAPENTIN/NAPROXEN CREAM COMPOUND KIT	-	NC
INFLAMMA-K KIT	-	NC
LEXTOL PAK	-	NC
LICART PATCH	-	NC
NAPROXEN CREAM COMPOUND KIT	-	NC
PENNSAID SOLN	-	NC
PROFINAC PAK	-	NC
REXAPHENAC CREAM	-	NC
VAROPHEN KIT	-	NC
VENNGEL ONE KIT	-	NC
VOPAC 5 CREAM	-	NC
VOPAC CREAM	-	NC
VOPAC GB CREAM	-	NC
XRYLIX PAK	-	NC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene gel (TARGRETIN equiv) (QL= 60 grams/30 days)	PA-QL-SP	2
fluorouracil cream (EFUDEX CREAM equiv)	-	2
diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days)	PA-QL	3
FLUOROURACIL SOLN	-	3
fluorouracil soln (FLUOROURACIL equiv)	-	3
EFUDEX CREAM	-	4
FLUOROURACIL CREAM 0.5%	-	4
VALCHLOR GEL (QL= 4 tubes/30 days)	PA-QL-SP	5
CARAC CREAM	-	NC
FLUORAC CREAM	-	NC
KLISYRI OINT	-	NC
PANRETIN GEL	-	NC
ROAOXIA GEL	-	NC
SOLARAVIX PAK	-	NC
TARGRETIN GEL	-	NC
ANTIPRURITICS - TOPICAL		

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
DOXEPIN HCL CREAM	-	NC
ANTIPSORIATICS		
acitretin cap (SORIATANE equiv)	-	3
calcipotriene cream (DOVONEX CREAM equiv)	-	3
calcipotriene oint	-	3
calcipotriene soln (DOVONEX SOLN equiv)	-	3
CALCIPOTRIENE SOLN 0.005%	-	3
METHOXSALEN CAP	-	3
methoxsalen cap (OXSORALEN ULTRA equiv)	-	3
tazarotene cream 0.1% (TAZORAC equiv)	-	3
CALCITRIOL OINT	-	4
DOVONEX CREAM	-	4
OXSORALEN ULTRA CAP	-	4
SORIATANE CAP	-	4
tazarotene cream 0.05% (TAZORAC equiv)	-	4
TAZORAC CREAM	-	4
BIMZELX INJ (QL= 1 mL/28 days)	PA-QL-SP	5
BIMZELX INJ 320MG/2ML (QL= 2 mL/56 days)	PA-QL-SP	5
BIMZELX SYRINGE (QL= 1 mL/28 days)	PA-QL-SP	5
BIMZELX SYRINGE 320MG/2ML (QL= 2 mL/56 days)	PA-QL-SP	5
SKYRIZI INJ 150MG/ML (QL= 1 inj/84 days)	PA-QL-SP	5
SKYRIZI INJ 55MG/0.37ML (QL= 1 inj/84 days)	PA-QL-SP	5
SPEVIGO INJ (QL= 2ml/28 days)	PA-QL-SP	5
STEQEYMA INJ (QL= 1 inj/84 days)	PA-QL-SP	5
STEQEYMA INJ 90MG (QL= 1 inj/84 days)	PA-QL-SP	5
TALTZ INJ (QL= 1 inj/28 days)	PA-QL-SP	5
TALTZ INJ 20MG/0.25ML (QL= 1 inj/28 days)	PA-QL-SP	5
TALTZ INJ 40 MG/0.5ML (QL= 1 inj/28 days)	PA-QL-SP	5
TREMFYA INJ (QL= 1 inj/56 days)	PA-QL-SP	5
USTEKINUMAB-AEKN 45MG/0.5ML (QL= 1 inj/84 days)	PA-QL-SP	5
USTEKINUMAB-AEKN 90MG/ML (QL= 1 inj/84 days)	PA-QL-SP	5
YESINTEK INJ (QL= 1 inj/84 days)	PA-QL-SP	5
YESINTEK SYRINGE (QL= 1 inj/84 days)	PA-QL-SP	5
YESINTEK SYRINGE 90MG (QL= 1 inj/84 days)	PA-QL-SP	5
calcipotriene cream (TRIONEX equiv)	-	NC
CALCIPOTRIENE FOAM	-	NC
CALCIPOTRIENE FOAM, SORILUX FOAM	-	NC
CALSODORE PAK	-	NC
COSENTYX INJ (1-PACK)	-	NC
COSENTYX INJ (2-PACK)	-	NC
COSENTYX INJ 300MG/2ML	-	NC
COSENTYX UNO INJ	-	NC
ICOTYDE TAB	-	NC
IMULDOSA SYRINGE	-	NC
NUDERMRXPAK PAK	-	NC
OTULFI INJ	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
OTULFI, USTEKINUMAB-AAUZ SYRINGE	-	NC
PELLIX SOLN	-	NC
PYZCHIVA INJ	-	NC
SELARSDI INJ	-	NC
SILIQ INJ	-	NC
SOTYKTU TAB	-	NC
STARJEMZA INJ	-	NC
STARJEMZA PFS INJ	-	NC
STELARA INJ	-	NC
STEQEYMA VIAL	-	NC
tazarotene gel (TAZORAC equiv)	-	NC
TAZORAC GEL	-	NC
TRIONEX PAK	-	NC
USTEKINUMAB INJ	-	NC
VECTICAL OINT	-	NC
VTAMA CREAM	-	NC
WEZLANA INJ	-	NC
WEZLANA SYRINGE	-	NC
ANTISEBORRHEIC PRODUCTS		
SELENIUM SULFIDE LOTION	-	2
selenium sulfide lotion 2.5% (SELSUN equiv)	-	2
SELENIUM SUL SHA	-	3
selenium sulfide shampoo (SELSEB equiv)	-	3
SODIUM SULFA LIQ WASH	-	3
sodium sulfacetamide wash (OVACE WASH equiv)	-	3
OVACE PLUS CREAM	-	4
OVACE PLUS LIQ WASH 10%	-	4
ESKATA SOLN	-	NC
OVACE PLUS GEL WASH	-	NC
OVACE PLUS LOTION	-	NC
OVACE PLUS SHAMPOO	-	NC
OVACE PLUS FOAM	-	NC
PROMISEB CREAM	-	NC
SELENIUM SUL SHA 2%	-	NC
selenium sulfide shampoo 2.3% (SELRX equiv)	-	NC
SELRX SHAMPOO 2.3%	-	NC
sodium sulfacetamide shampoo (OVACE equiv)	-	NC
ANTIVIRALS - TOPICAL		
acyclovir oint (ZOVIRAX equiv)	-	2
ZELSUVMI GEL (QL= 1 carton/fill, 2 fills/365 days)	PA-QL	3
DENAVIR CREAM	-	4
penciclovir cream (DENAVIR equiv)	-	4
ZOVIRAX OINT	-	4
acyclovir cream (ZOVIRAX equiv)	-	NC
XERESE CREAM	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
ZOVIRAX CREAM	-	NC
BURN PRODUCTS		
silver sulfadiazine cream (SILVADENE CREAM equiv)	-	2
SULFAMYLON CREAM	-	3
SILVADENE CREAM	-	4
MAFENIDE ACETATE SOLN PACK	-	NC
SULFAMYLON PACK	-	NC
CORTICOSTEROIDS - TOPICAL		
BETAMETH VALERATE LOTION	-	2
betamethasone augmented cream (DIPROLENE AF CREAM equiv)	-	2
betamethasone augmented oint (DIPROLENE OINT equiv)	-	2
betamethasone diproprionate cream (DIPROSONE CREAM equiv)	-	2
betamethasone diproprionate lotion	-	2
betamethasone valerate cream	-	2
betamethasone valerate lotion	-	2
betamethasone valerate oint	-	2
clobetasol propionate cream (TEMOVATE equiv)	-	2
clobetasol propionate oint (TEMOVATE equiv)	-	2
clobetasol propionate soln (TEMOVATE equiv)	-	2
fluocinolone acetonide cream	-	2
fluocinolone acetonide oint	-	2
fluocinolone acetonide soln	-	2
fluocinonide cream 0.05% (LIDEX equiv)	-	2
fluocinonide cream 0.1% (VANOS CREAM equiv)	-	2
fluocinonide emollient cream	-	2
fluocinonide gel	-	2
fluocinonide oint	-	2
fluocinonide soln	-	2
fluticasone propionate cream (CUTIVATE equiv)	-	2
fluticasone propionate oint (CUTIVATE equiv)	-	2
hydrocortisone cream (PROCTOCORT equiv)	-	2
hydrocortisone lotion (HYTONE equiv)	-	2
HYDROCORTISONE LOTION 2.5%	-	2
hydrocortisone oint	-	2
mometasone cream (ELOCON equiv)	-	2
mometasone oint (ELOCON equiv)	-	2
mometasone soln (ELOCON equiv)	-	2
triamcinolone cream	-	2
TRIAMCINOLONE LOTION	-	2
triamcinolone oint	-	2
ALCLOMETASONE CREAM	-	3
alclometasone cream (ACLOVATE equiv)	-	3
ALCLOMETASONE OINT	-	3
alclometasone oint (ACLOVATE OINT equiv)	-	3
BETAMETHASONE AUGMENTED GEL	-	3

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
betamethasone augmented lotion (DIPROLENE LOTION equiv)	-	3
betamethasone diproprionate oint (DIPROSONE OINT equiv)	-	3
clobetasol foam (OLUX equiv)	-	3
clobetasol lotion (CLOBEX equiv)	-	3
clobetasol propionate emollient cream (TEMOVATE E equiv)	-	3
clobetasol propionate gel (TEMOVATE GEL equiv)	-	3
clobetasol shampoo (CLOBEX equiv)	-	3
clobetasol spray (CLOBEX equiv)	-	3
DERMA-SMOOTH/FS OIL	-	3
desonide cream (DESOWEN equiv)	-	3
desonide oint	-	3
desoximetasone cream (TOPICORT CREAM equiv)	-	3
desoximetasone oint (TOPICORT equiv)	-	3
EPIFOAM AEROSOL	-	3
fluocinolone acetonide oil (DERMA-SMOOTH/FS equiv)	-	3
halobetasol propionate cream (ULTRAVATE equiv)	-	3
halobetasol propionate oint (ULTRAVATE equiv)	-	3
AMCINONIDE LOTION	-	4
CLOBEX LOTION	-	4
CLOBEX SHAMPOO	-	4
CLOBEX SPRAY	-	4
DIPROLENE AF CREAM	-	4
DIPROLENE OINT	-	4
ELOCON CREAM	-	4
ELOCON OINT	-	4
NUCORT LOTION	-	4
OLUX FOAM	-	4
PROCTOCORT CREAM	-	4
TEMOVATE CREAM	-	4
TEMOVATE OINT	-	4
TOPICORT CREAM	-	4
TOPICORT OINT	-	4
ULTRAVATE CREAM	-	4
ULTRAVATE OINT	-	4
ALA-SCALP LOTION	-	NC
AMCINONIDE CREAM 0.1%	-	NC
AMCINONIDE OINTMENT	-	NC
APEXICON E CREAM (PSORCON E equiv)	-	NC
BESER KIT 0.05%	-	NC
betamethasone augmented gel	-	NC
betamethasone valerate foam (LUXIQ FOAM equiv)	-	NC
BRYHALI LOTION	-	NC
calcipotriene/betamethasone dipropionate susp	-	NC
calcipotriene/betamethasone oint (TACLONEX equiv)	-	NC
CAPEX SHAMPOO	-	NC
clobetasol E foam (OLUX E equiv)	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
CLOBETASOL PROPIONATE CREAM, IMPOYZ CREAM	-	NC
CLOBETAVIX KIT	-	NC
CLOCORTOLONE CREAM	-	NC
CLODERM CREAM	-	NC
CORDRAN CREAM	-	NC
CORDRAN CREAM 0.025%	-	NC
CORDRAN LOTION	-	NC
CORDRAN OINTMENT	-	NC
CORDRAN TAPE	-	NC
CUTIVATE LOTION	-	NC
DERMACINRX KIT	-	NC
DESONATE GEL	-	NC
desonide gel	-	NC
desonide lotion	-	NC
DESOWEN CREAM	-	NC
DESOWEN CREAM KIT	-	NC
DESOWEN LOTION	-	NC
DESOWEN LOTION KIT	-	NC
DESOWEN OINT	-	NC
DESOWEN OINT KIT	-	NC
desoximetasone cream 0.05% (TOPICORT equiv)	-	NC
DESOXIMETASONE GEL	-	NC
desoximetasone oint 0.05% (TOPICORT equiv)	-	NC
DIFLORASONE CREAM	-	NC
DIFLORASONE CREAM, PSORCON CREAM	-	NC
diflorasone oint	-	NC
DUOBRII LOTION	-	NC
ENSTILAR FOAM	-	NC
FLUOPAR KIT	-	NC
FLUOVIX PAK	-	NC
FLURANDRENOL LOTION	-	NC
flurandrenolide cream (CORDRAN equiv)	-	NC
flurandrenolide oint (CORDRAN equiv)	-	NC
FLUTICASONE LOTION	-	NC
fluticasone propionate lotion (CUTIVATE equiv)	-	NC
halcinonide cream (HALOG equiv)	-	NC
HALCINONIDE SOLN	-	NC
halcinonide soln (HALOG equiv)	-	NC
HALOBETASOL AER	-	NC
HALOBETASOL AERO	-	NC
HALOG CREAM	-	NC
HALOG OINT	-	NC
HALOG SOLN	-	NC
halonate pac kit (ULTRAVATE KIT equiv)	-	NC
HC BUTYRATE CREAM	-	NC
HC BUTYRATE SOLN	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
HC PRAMOXINE CREAM 1-2.5%	-	NC
HC/PRAMOXINE CREAM 1-2.35%	-	NC
HC-LIDOCAINE CREAM	-	NC
HYDROCORTISONE ACETATE CREAM, MICORT-HC CREAM	-	NC
hydrocortisone butyrate cream (LOCOID equiv)	-	NC
HYDROCORTISONE BUTYRATE LIPO CREAM	-	NC
hydrocortisone butyrate lipocream (LOCOID equiv)	-	NC
HYDROCORTISONE BUTYRATE OINT	-	NC
hydrocortisone butyrate oint (LOCOID equiv)	-	NC
hydrocortisone butyrate soln (LOCOID equiv)	-	NC
hydrocortisone lotion (LOCOID equiv)	-	NC
hydrocortisone lotion 2% (ALA SCALP equiv)	-	NC
HYDROCORTISONE PAK	-	NC
hydrocortisone valerate cream	-	NC
hydrocortisone valerate oint (WESTCORT equiv)	-	NC
hydrocortisone/pramoxine cream 2.5-1% (PRAMOSONE equiv)	-	NC
HYDROXYM GEL	-	NC
IMPEKLO LOTION	-	NC
IMPOYZ CREAM	-	NC
KENALOG SPRAY	-	NC
LOCOID CREAM	-	NC
LOCOID LIPOCREAM	-	NC
LOCOID LOTION	-	NC
LOCOID OINT	-	NC
LOCOID SOLN	-	NC
LUXIQ FOAM	-	NC
MEXPAROX HC CREAM	-	NC
NOVACORT GEL	-	NC
OLUX E FOAM	-	NC
PANDEL CREAM	-	NC
paramox hc gel (NOVACORT GEL equiv)	-	NC
PRAMOSONE CREAM 1%	-	NC
PRAMOSONE CREAM 2.5-1%	-	NC
PRAMOSONE LOTION	-	NC
PRAMOSONE OINT	-	NC
QUINIXIL PAK	-	NC
QUINOSONE KIT	-	NC
SERNIVO SPRAY	-	NC
SILALITE PAK MIS	-	NC
TACLONEX OINT	-	NC
TASOPROL CREAM KIT	-	NC
TEXACORT SOLN	-	NC
TOPICORT CREAM 0.05%	-	NC
TOPICORT GEL	-	NC
TOPICORT OINT 0.05%	-	NC
TOVET KIT	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
triamcinolone acetonide oint (TRIANEX equiv)	-	NC
TRIAMCINOLONE SPRAY	-	NC
triamcinolone spray (KENALOG equiv)	-	NC
TRIAMVEX KIT	-	NC
TRIANEX OINT	-	NC
TRILOCICLO KIT	-	NC
ULTRAVATE LOTION	-	NC
ULTRAVATE PAC KIT	-	NC
VANOS CREAM	-	NC
VERDESO FOAM	-	NC
WESTCORT OINT	-	NC
WYNZORA CREAM	-	NC
DERMATOMYOSITIS AGENTS		
LISRAYA TAB	-	NC
ECZEMA AGENTS		
OPZELURA CREAM (QL= 12 tubes/year)	PA-QL	4
ADBRY INJ (QL= 2 inj/28 days)	PA-QL-SP	5
ADBRY INJ (QL= 4 inj/28 days)	PA-QL-SP	5
CIBINQO TAB (QL= 1 tab/day)	PA-QL	5
DUPIXENT INJ (QL= 2 inj/28 days)	PA-QL	5
DUPIXENT PEN INJ (QL= 2 inj/28 days)	PA-QL	5
EBGLYSS INJ (QL= 1 inj/28 days)	PA-QL-SP	5
EBGLYSS PEN INJ (QL= 1 inj/28 days)	PA-QL-SP	5
ANZUPGO CREAM	-	NC
EMOLLIENT/KERATOLYTIC AGENTS		
CARMOL LOTION	-	NC
GORDON'S UREA OINT 40%	-	NC
KERAFOAM	-	NC
KERALAC CREAM	-	NC
UMECTA EMULSION	-	NC
UMECTA SUSP	-	NC
URAMAXIN CREAM	-	NC
URAMAXIN GEL	-	NC
urea cream	-	NC
urea emulsion	-	NC
urea gel (URAMAXIN equiv)	-	NC
UREA LOT	-	NC
UREA NAIL KIT	-	NC
UREA SUSP	-	NC
urea susp 40% (UMECTA equiv)	-	NC
EMOLLIENTS		
ammonium lactate cream (LAC-HYDRIN equiv) (Rx Only)	-	2
ammonium lactate lotion (LAC-HYDRIN equiv) (Rx Only)	-	2
HYLINATE LOTION	-	NC
ENZYMES - TOPICAL		

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
SANTYL OINT (QL= 90gm/30 days)	QL	3
vasolex oint (XENADERM equiv)	-	NC
XENADERM OINT	-	NC
HAIR GROWTH AGENTS		
LEQSELVI TAB (QL= 2 tabs/day)	PA-QL-SP	5
LITFULO CAP (QL= 1 cap/day)	PA-QL-SP	5
bimatoprost ophth soln (LATISSE equiv)	-	EXC
finasteride tab (PROPECIA equiv)	-	EXC
LATISSE SOLN	-	EXC
IMMUNOMODULATING AGENTS - SYSTEMIC		
NEMLUVIO INJ (QL= 1 inj/56 days)	PA-QL-SP	5
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream (ALDARA equiv)	-	2
ALDARA CREAM	-	4
IMIQUIMOD CREAM 3.75%	-	NC
imiquimod cream 3.75% (IMIQUIMOD equiv)	-	NC
ZYCLARA CREAM	-	NC
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus oint (PROTOPIC OINT equiv)	-	2
pimecrolimus cream (ELIDEL equiv) (Covered for members age 2 years and older)	-	3
ELIDEL CREAM (Covered for members age 2 years and older)	-	4
PROTOPIC OINT	-	4
HYFTOR GEL (QL= 10 grams/30 days)	PA-QL-SP	5
OXIANUJO CREAM	-	NC
KERATOLYTIC/ANTIMITOTIC AGENTS		
PODOCON SOLN	-	3
PODOFILOX SOLN	-	3
podofilox soln (CONDYLOX equiv)	-	3
CONDYLOX GEL	-	4
podofilox gel (CONDYLOX equiv)	-	4
GEAMETDRAY GEL	-	NC
METDRAY GEL	-	NC
SALEX LOTION KIT	-	NC
SALEX SHAMPOO	-	NC
SALICATE LIQUID	-	NC
SALICYLIC AC SOLN ER, XALIX SOLN	-	NC
SALIMEZ FORTE CREAM	-	NC
LOCAL ANESTHETICS - TOPICAL		
lidocaine gel (GLYDO equiv)	-	2
LIDOCAINE OINT (QL= 107gm/30 days)	QL	2
lidocaine soln (XYLOCAINE equiv)	-	2
lidocaine/prilocaine cream (EMLA equiv)	-	2
LIDOCAINE JELLY 2%	-	3
lidocaine patch 5% (LIDODERM equiv) (QL= 3 patches/day)	QL	3
lidocaine patch (LIDODERM equiv) (QL= 3 patches/day)	QL	4

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
LIDODERM PATCH (QL= 3 patches/day)	QL	4
ADAZIN CREAM	-	NC
ANASTIA LOTION	-	NC
APRIZIO PAK KIT	-	NC
BENZOCAINE/LIDOCAINE/TETRACAINE OINT	-	NC
capsaicin/menthol topical patch (SINELEE equiv)	-	NC
DERMALID PAK	-	NC
GEN7T LOTION	-	NC
GEN7T PAD 3.5%	-	NC
GEN7T PLUS LOTION	-	NC
GEN7T PLUS PAD	-	NC
L.E.T. GEL	-	NC
LIDAMANTLE LOTION	-	NC
LIDO/MENTHOL SPRAY	-	NC
LIDO/RAC/TET GEL	-	NC
LIDOCAINE CREAM	-	NC
LIDOCAINE GEL	-	NC
lidocaine ointtransparent dressing kit (LIDOPAC equiv)	-	NC
lidocaine patch 3.5% (GEN7T equiv)	OTC	NC
LIDOCAINE/TETRACAINE CREAM	-	NC
LIDOCIN GEL	-	NC
LIDO-EP-TETR SOLN	-	NC
LIDOSTREAM KIT	-	NC
LIDOTREX GEL	-	NC
LIDOVEX CREAM	-	NC
LMR PLUS KIT	-	NC
MEDI-PATCH W/LIDOCAINE PATCH	-	NC
MENTHOREAL10 THERAPY PACK	-	NC
MICROVIX LP PAK	-	NC
NENDRUX GEL	-	NC
nulido pad (NULIDO equiv)	-	NC
NUVAKAAN II KIT	-	NC
PLIAGLIS CREAM	-	NC
PLIAGLIS KIT	-	NC
SILVERA PAD	-	NC
SOLAICE PATCH	-	NC
SYNERA PATCH	-	NC
WPR PLUS	-	NC
ZILACAINE PAK	-	NC
ZYLOTROL-L KIT	-	NC
MISC. DERMATOLOGICAL PRODUCTS		
EPICERAM EMULSION	-	NC
NEOSALUS FOAM	-	NC
NEOSALUS LOTION	-	NC
MISC. TOPICAL		

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
DRYSOL SOLN	-	2
DERMACINRX CREAM	-	NC
HYCLODEX SOLN	-	NC
QBREXZA PAD	-	NC
SOFDRA GEL	-	NC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
ZORYVE CREAM (QL= 60 grams/30 days)	PA-QL	3
ZORYVE FOAM (QL= 60 grams/30 days)	PA-QL	3
ADQUEY OINT	-	NC
EUCRISA OINT	-	NC
ZORYVE CREAM 0.05%	-	NC
ZORYVE CREAM 0.15%	-	NC
PIGMENTING-DEPIGMENTING AGENTS		
BLANCHE CREAM	-	EXC
TRI-LUMA CREAM	-	EXC
ROSACEA AGENTS		
azelaic acid gel (FINACEA equiv)	-	2
metronidazole cream (METROCREAM equiv)	-	2
metronidazole gel 0.75% (METROGEL equiv)	-	2
FINACEA FOAM	-	3
ivermectin cream (SOOLANTRA equiv) (QL= 45 grams/30 days)	QL	3
metronidazole gel (METROGEL equiv)	-	3
metronidazole lotion (METROLOTION equiv)	-	3
FINACEA GEL	-	4
METROCREAM	-	4
METROGEL 1%	-	4
METROLOTION	-	4
DAZOMON GEL	-	EXC
MIRVASO GEL	-	EXC
oxymetazoline hcl cream (RHOFADE equiv)	-	EXC
RHOFADE CREAM	-	EXC
doxycycline (rosacea) cap delayed release (ORACEA equiv)	-	NC
EMROSI CAP	-	NC
IVERMECTIN CREAM	-	NC
NORITATE CREAM	-	NC
ORACEA CAP	-	NC
ROSADAN KIT	-	NC
SOOLANTRA CREAM	-	NC
ZILXI FOAM	-	NC
SCABICIDES & PEDICULICIDES		
permethrin cream (ELIMITE CREAM equiv)	-	2
SPINOSAD SUSP (QL= 1 bottle/fill)	QL	3
ELIMITE CREAM	-	4
LINDANE SHAMPOO	-	4
malathion lotion (OVIDE equiv) (QL= 2 bottles/fill)	QL	4

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
DERMATOLOGICALS Cont.		
NATROBA SUSP (QL= 1 bottle/fill)	QL	4
NATROBA SUSP 0.90% (QL= 1 bottle/fill)	QL	4
OVIDE LOTION (QL= 2 bottles/fill)	QL	4
CROTAN LOTION	-	NC
EURAX CREAM	-	NC
IVERMECTIN LOTION	-	NC
SKLICE LOTION	-	NC
SCAR TREATMENT PRODUCTS		
SCARCIN GEL	-	NC
SCARCIN LIQUID ROLL-ON	-	NC
SILIPAC KIT	-	NC
WOUND CARE PRODUCTS		
VYJUVEK GEL	-	EXC
ALEVICYN SOLN DERMAL	-	NC
BIAFINE EMULSION	-	NC
COLLANEX EXTERNAL POWDER	-	NC
FILSUVEZ GEL	-	NC
KERAMATRIX	-	NC
KERASTAT CREAM	-	NC
KERASTAT GEL	-	NC
REXASIL KIT	-	NC
WOUND-DRESSING GELS	-	NC
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC BIOLOGICALS		
TRICHOPHYTON MENTAGROPHYTES (DIAGNOSTIC) SOLN	-	NC
DIAGNOSTIC DRUGS		
GLUCAGON DIAGNOSTIC INJ	-	NC
MACRILEN PACK	-	NC
DIAGNOSTIC PRODUCTS, MISC.		
FREESTYLE LITE TEST STRIP	OTC	3
DIAGNOSTIC TESTS		
CLINISTIX TEST STRIP	OTC	2
KETO-DIASTIX TEST STRIP	OTC	2
KETOSTIX	OTC	2
ACCU-CHEK GUIDE TEST STRIP	OTC	3
BLOOD KETONE TEST STRIPS	OTC	3
FREESTYLE INSULINX TEST STRIP	OTC	3
FREESTYLE PRECISION NEO TEST STRIP	OTC	3
FREESTYLE TEST STRIP	OTC	3
PRECISION XTRA TEST STRIP	OTC	3
COVID-19 TEST	OTC	EXC
CUE COVID-19 TEST CARTRIDGE	OTC	EXC
CUE HEALTH MONITOR	OTC	EXC
PRECISION XTRA KETONE TEST STRIP	OTC	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
DIAGNOSTIC PRODUCTS Cont.		
TEST STRIP (all other test strips)	OTC	NC
RADIOGRAPHIC CONTRAST MEDIA		
iohexol inj (OMNIPAQUE equiv)	-	NC
OMNIPAQUE INJ	-	NC
OMNIPAQUE SOLN	-	NC
SITZMARKS CAP	-	NC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
ASTAMED MYO CAP	-	EXC
DEPLIN CAP	OTC	EXC
DIETARY MANAGEMENT PRODUCT - CAPS	OTC	EXC
dietary management product - tabs	OTC	EXC
ELIGEN B12 TAB	-	EXC
FALESSA TAB	-	EXC
FOLTANX TAB	-	EXC
GLYGEST PAK	-	EXC
L-METHYLFOLATE TAB	OTC	EXC
L-METHYLFOLATE W/ VIT B12-VIT B6-VIT B2 TAB	OTC	EXC
L-METHYLFOLATE-ALGAE-B12-ACETYLCYST TAB	OTC	EXC
L-METHYLFOL-B12-B6-ALPHA LIPOIC AC CAP	OTC	EXC
LUVIRA CAP	-	EXC
METANX CAP	OTC	EXC
OLLIZAC POWDER	-	EXC
PODIAPN CAP	OTC	EXC
urea packet	OTC	EXC
UREAPRO POWDER	OTC	EXC
XYZBAC TAB	OTC	EXC
INFANT FOODS		
INFANT FOODS LIQUID	OTC	EXC
INFANT FOODS POWDER	OTC	EXC
NUTRITIONAL SUPPLEMENTS		
NUTRITIONAL SUPPLEMENT LIQUID	OTC	EXC
NUTRITIONAL SUPPLEMENT PACK	OTC	EXC
NUTRITIONAL SUPPLEMENT POWDER	OTC	EXC
TYR EASY TAB PLUS, HCU EASY TAB PLUS	-	EXC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP	-	3
ZENPEP CAP	-	3
PANCREAZE CAP, PERTZYE CAP	-	NC
SUCRAID SOLN	-	NC
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide tab	-	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
DIURETICS Cont.		
acetazolamide ER cap (DIAMOX SEQUEL equiv)	-	3
methazolamide tab (NEPTAZANE equiv)	-	3
NEPTAZANE TAB	-	4
dichlorphenamide tab (KEVEYIS equiv)	-	NC
KEVEYIS TAB	-	NC
DIURETIC COMBINATIONS		
AMILORIDE/HCTZ TAB	-	2
amiloride/hydrochlorothiazide tab (MODURETIC equiv)	-	2
spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv)	-	2
triamterene/hydrochlorothiazide cap (DYAZIDE equiv)	-	2
triamterene/hydrochlorothiazide tab (MAXZIDE equiv)	-	2
ALDACTAZIDE TAB	-	4
ALDACTAZIDE TAB 50-50MG	-	4
MAXZIDE TAB	-	4
LOOP DIURETICS		
bumetanide tab (BUMEX equiv)	-	2
FUROSEMIDE SOLN	-	2
furosemide soln (LASIX equiv)	-	2
furosemide tab (LASIX equiv)	-	2
torsemide tab (DEMADEX equiv)	-	2
ethacrynic tab (EDECRIN equiv)	-	3
LASIX ONYU INJ 80MG/2.67ML (QL= 6 cartridges/fill)	QL	3
EDECRIN TAB	-	4
LASIX TAB	-	4
ENBUMYST SOLN 0.5MG/0.1ML (QL= 12 devices/fill)	QL-SP	5
FUROSCIX KIT	-	NC
FUROSCIX READYFLOW INJ	-	NC
SOAANZ TAB	-	NC
OSMOTIC DIURETICS		
MANNITOL INJ	-	NC
POTASSIUM SPARING DIURETICS		
amiloride tab (MIDAMOR equiv)	-	2
spironolactone tab (ALDACTONE equiv)	-	2
triamterene cap (DYRENIUM equiv)	-	3
ALDACTONE TAB	-	4
CAROSPIR SUSP	PA	4
DYRENIUM CAP	-	4
spironolactone susp (CAROSPIR equiv)	PA	4
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tab	-	2
hydrochlorothiazide cap (MICROZIDE equiv)	-	2
hydrochlorothiazide tab (HYDRODIURIL equiv)	-	2
indapamide tab (LOZOL equiv)	-	2
metolazone tab (ZAROXOLYN equiv)	-	2
DIURIL SUSP	-	3

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
DIURETICS Cont.		
INZIRQO SUSP (Prior Authorization required for members age 9 years and older)	PA	4
THALITONE TAB	-	NC
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA TAB (QL= 12 tabs/day)	PA-QL-SP	5
RECORLEV TAB	-	NC
BONE DENSITY REGULATORS		
alendronate tab (FOSAMAX equiv)	-	2
ibandronate tab 150mg (BONIVA equiv) (QL= 1 tab/30 days)	QL	2
teriparatide (recombinant) soln pen-inj (FORTEO equiv)	-	2
ALENDRONATE TAB 40MG	-	3
calcitonin nasal spray (MIACALCIN equiv)	-	3
risedronate tab (ACTONEL equiv)	-	3
ACTONEL TAB	-	4
alendronate sodium oral soln (FOSAMAX equiv)	-	4
BONIVA TAB 150MG (QL= 1 tab/30 days)	QL	4
FOSAMAX TAB	-	4
TYMLOS INJ	-	5
ATELVIA TAB	-	NC
BINOSTO TAB	-	NC
BONSITY INJ	-	NC
calcitonin inj (MIACALCIN equiv)	-	NC
FORTEO INJ	-	NC
FOSAMAX+D TAB	-	NC
MIACALCIN INJ	-	NC
PROLIA INJ	-	NC
risedronate DR tab (ATELVIA equiv)	-	NC
ZOMETA INJ	-	NC
CORTICOTROPIN		
ACTHAR GEL INJ (QL= 4 vials/fill)	PA-QL-SP	5
ACTHAR GEL AUTO-INJECTOR	-	NC
CORTROPHIN INJ	-	NC
CORTROPHIN INJ GEL	-	NC
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR ANTAGONISTS		
CRENESSITY CAP (QL= 2 caps/day)	PA-QL-SP	5
CRENESSITY SOLN (QL= 2ml/day)	PA-QL-SP	5
FERTILITY REGULATORS		
clomiphene citrate tab (CLOMID equiv)	INF	EXC
CLOMIPHENE TAB	INF	EXC
OVIDREL INJ	INF	EXC
GNRH/LHRH ANTAGONISTS		
ORILISSA TAB 150MG (QL= 1 tab/day)	PA-QL	3
ORILISSA TAB 200MG (QL= 2 tabs/day)	PA-QL	3
cetrorelix acetate for inj kit (CETROTIDE equiv)	INF	EXC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
CETROTIDE KIT	INF	EXC
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ	-	NC
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA INJ	-	EXC
EGRIFTA WR KIT	-	EXC
GROWTH HORMONES		
GENOTROPIN INJ	PA-SP	5
GENOTROPIN INJ 5MG	PA-SP	5
OMNITROPE INJ	PA-SP	5
SKYTROFA INJ	PA-SP	5
SOGROYA INJ	PA-SP	5
GENOTROPIN MINIQUICK INJ	PA-SP	6
HUMATROPE INJ, ZOMACTON INJ	-	NC
NGENLA INJ	-	NC
NORDITROPIN INJ, NUTROPIN AQ INJ	-	NC
SAIZEN INJ, SEROSTIM INJ, ZORBTIVE INJ	-	NC
ZOMACTON INJ	-	NC
HORMONE RECEPTOR MODULATORS		
raloxifene tab (EVISTA equiv) ($0 copay for female members only age 35 years and older; All other members covered at generic copay)	-	1
EVISTA TAB	-	4
OSPHENA TAB	-	4
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ	SP	5
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL NASAL SOLN	-	3
LUPANETA PACK	-	NC
LUPRON DEPOT PED INJ	-	NC
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
VEOZAH TAB (QL= 1 tab/day)	PA-QL	4
LYNKUET CAP	-	NC
METABOLIC MODIFIERS		
calcitriol cap (ROCALTROL equiv)	-	2
calcitriol soln (ROCALTROL equiv)	-	2
carglumic acid tab (CARBAGLU equiv)	PA-SP	2
levocarnitine soln (CARNITOR equiv)	-	2
levocarnitine tab (CARNITOR equiv)	-	2
nitisinone cap (ORFADIN equiv)	PA-SP	2
sapropterin dihydrochloride powder packet (KUVAN equiv)	PA-SP	2
sapropterin dihydrochloride soluble tab (KUVAN equiv)	PA-SP	2
cinacalcet tab (SENSIPAR equiv)	-	3
DOXERCALCIFEROL CAP	-	3
doxercalciferol cap (HECTOROL equiv)	-	3

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
paricalcitol cap (ZEMPLAR equiv)	-	3
sodium phenylbutyrate powder (BUPHENYL equiv)	-	3
sodium phenylbutyrate tab (BUPHENYL equiv)	-	3
BUPHENYL POWDER	-	4
BUPHENYL TAB	-	4
CARNITOR SOLN	-	4
CARNITOR TAB	-	4
HECTOROL CAP	-	4
ROCALTROL CAP	-	4
ROCALTROL SOLN	-	4
SENSIPAR TAB	-	4
ZEMPLAR CAP	-	4
CYSTADANE POWDER	SP	5
GALAFOLD CAP (QL= 14 caps/28 days)	PA-QL-SP	5
IMCIVREE INJ (QL= 1 inj/day)	PA-QL-SP	5
PALYNZIQ INJ (QL= 1 inj/day)	PA-QL-SF-SP	5
PHEBURANE ORAL PELLETS	SP	5
REDEMPLO PFS INJ (QL= 1 inj/84 days)	PA-QL-SP	5
SEPHIENCE POWDER	PA-SP	5
STRENSIQ INJ	PA-SP	5
TRYNGOLZA INJ (QL= 1 inj/28 days)	PA-QL-SP	5
VYKAT XR TAB (QL= 4 tabs/day)	PA-QL-SP	5
VYKAT XR TAB 150MG (QL= 3 tabs/day)	PA-QL-SP	5
VYKAT XR TAB 75MG (QL= 7 tabs/day)	PA-QL-SP	5
XPHOZAH TAB (QL= 2 tabs/day)	PA-QL-SP	5
YORVIPATH INJ (QL= 1 inj/day)	PA-QL-SP	5
YORVIPATH INJ 294MCG (QL= 1 inj/day)	PA-QL-SP	5
YORVIPATH INJ 420MCG (QL= 1 inj/day)	PA-QL-SP	5
ALDURAZYME INJ	-	NC
betaine powder for oral solution (CYSTADANE equiv)	-	NC
CALCITRIOL INJ	-	NC
CARBAGLU TAB	-	NC
CITRULLINE EASY TAB	-	NC
FABRAZYME INJ	-	NC
FORZINITY INJ	-	NC
glycerol phenylbutyrate liquid (RAVICTI equiv)	-	NC
HARLIKU TAB	-	NC
KUVAN POWDER PACK	-	NC
KUVAN TAB	-	NC
KYGEVVI POWDER	-	NC
LOARGYS INJ	-	NC
MYALEPT INJ	-	NC
NITYR TAB	-	NC
OLPRUVA PACK	-	NC
ORFADIN CAP	-	NC
ORFADIN SUSP	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ENDOCRINE AND METABOLIC AGENTS - MISC. Cont.		
RAVICTI LIQUID	-	NC
RAYALDEE CAP	-	NC
XURIDEN POWDER	-	NC
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB (QL= 1 tab/day)	PA-QL	3
NATRIURETIC PEPTIDES		
VOXZOGO INJ (QL= 1 vial/day)	PA-QL-SP	5
YUVIWEL INJ	-	NC
POSTERIOR PITUITARY HORMONES		
desmopressin acetate nasal spray (DDAVP equiv)	-	3
desmopressin acetate tab (DDAVP equiv)	-	3
DESMOPRESSIN NASAL SOLN 1.5MG/ML	-	3
DESMOPRESSIN NASAL SPRAY	-	3
DDAVP NASAL SPRAY	-	4
DDAVP TAB	-	4
DDAVP INJ	-	NC
DESMODA SOLN	-	NC
NOCDURNA SL TAB	-	NC
NOCTIVA EMULSION SPRAY	-	NC
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab 200mg (MIFIPREX equiv)	-	2
MIFEPREX TAB	-	4
PROLACTIN INHIBITORS		
cabergoline tab (DOSTINEX equiv)	-	2
SOMATOSTATIC AGENTS		
octreotide inj (SANDOSTATIN equiv)	SP	2
OCTREOTIDE INJ 100MCG	SP	5
PALSONIFY TAB (QL= 2 tabs/day)	PA-QL-SP	5
SIGNIFOR INJ (QL= 2 vials/day)	PA-QL-SP	5
BYNFEZIA PEN INJ	-	NC
MYCAPSSA CAP	-	NC
SANDOSTATIN INJ	-	NC
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan tab (JYNARQUE equiv) (QL= 2 tabs/day)	PA-QL-SP	2
tolvaptan tab therapy pack (JYNARQUE equiv) (QL= 2 tabs/day)	PA-QL-SP	2
JYNARQUE PAK	-	NC
SAMSCA TAB	-	NC
tolvaptan tab (SAMSCA equiv)	-	NC
ESTROGENS		
ESTROGEN COMBINATIONS		
estradiol/norethindrone tab (ACTIVELLA equiv)	-	2
jinteli tab (FEMHRT equiv)	-	2
COMBIPATCH	-	3
MYFEMBREE TAB (QL= 1 tab/day)	PA-QL	3

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ESTROGENS Cont.		
ORIAHNN CAP (QL= 2 caps/day)	PA-QL	3
PREMPHASE TAB, PREMPRO TAB	-	3
ACTIVELLA TAB	-	4
FEMHRT TAB	-	4
ANGELIQ TAB	-	NC
BIJUVA CAP	-	NC
CLIMARA PRO PATCH	-	NC
COVARYX HS TAB	-	NC
esterified estrogens/methyltestosterone tab (ESTRATEST equiv)	-	NC
ESTRATEST TAB	-	NC
ESTROGENS		
estradiol patch (CLIMARA equiv)	-	2
estradiol patch (VIVELLE-DOT, MINIVELLE equiv)	-	2
estradiol tab (ESTRACE equiv)	-	2
estradiol td gel (DIVIGEL, ESTROGEL equiv) (QL= 1 packet/day)	QL	2
estradiol td gel 1.25mg (DIVIGEL equiv) (QL= 1 packet/day)	QL	2
estradiol valerate inj (DELESTROGEN equiv) (QL= 5ml/fill)	QL	3
estrogens, conjugated tab (PREMARIN equiv)	-	3
EVAMIST SPRAY	-	3
ALORA PATCH	-	4
CLIMARA PATCH	-	4
DELESTROGEN INJ (QL= 5ml/fill)	QL	4
ESTRACE TAB	-	4
MENEST TAB	-	4
PREMARIN TAB	-	4
VIVELLE-DOT, MINIVELLE PATCH	-	4
DEPO-ESTRADIOL IM	-	NC
DIVIGEL GEL, ESTROGEL GEL	-	NC
ELESTRIN GEL	-	NC
estradiol gel 0.06% (ESTROGEL equiv)	-	NC
MENOSTAR PATCH	-	NC
FLUOROQUINOLONES		
FLUOROQUINOLONES		
ciprofloxacin tab (CIPRO equiv)	-	2
levofloxacin soln (LEVAQUIN equiv)	-	2
levofloxacin tab (LEVAQUIN equiv)	-	2
OFLOXACIN TAB	-	2
BAXDELA TAB (QL= 2 tabs/day; Restricted to Infectious Disease Specialist)	QL-RS	3
ciprofloxacin susp (CIPRO equiv)	-	3
moxifloxacin tab (AVELOX equiv)	-	3
AVELOX TAB	-	4
CIPRO SUSP	-	4
CIPRO TAB	-	4
CIPROFLOXACIN 100MG TAB	-	4
LEVAQUIN TAB	-	4

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
FLUOROQUINOLONES Cont.		
FACTIVE TAB	-	NC
PROQUIN XR TAB	-	NC
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
prucalopride succinate tab (MOTEGRITY equiv) (QL= 1 tab/day)	QL	2
MOTEGRITY TAB (QL= 1 tab/day)	QL	4
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB (QL= 1 tab/day)	PA-QL	3
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP	PA-SP	5
CHENODAL TAB, CTEXLI TAB	-	NC
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB	-	NC
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap (ACTIGALL equiv)	-	2
ursodiol tab (URSO (FORTE) equiv)	-	2
ACTIGALL CAP	-	4
URSO FORTE TAB	-	4
CHENODAL TAB, CTEXLI TAB	-	NC
RELTONE CAP	-	NC
URSODIOL CAP	-	NC
URSOLIGN CAP	-	NC
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn conc (GASTROCROM equiv)	-	3
GASTROCROM CONC	-	4
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap (AMITIZA equiv) (QL= 2 caps/day)	QL	2
AMITIZA CAP (QL= 2 caps/day)	QL	4
GASTROINTESTINAL STIMULANTS		
metoclopramide soln (REGLAN equiv)	-	2
metoclopramide tab (REGLAN equiv)	-	2
REGLAN TAB	-	4
GIMOTI NASAL SPRAY	-	NC
METOZOLV ODT	-	NC
HEPATOTROPICS		
REZDIFFRA TAB (QL= 1 tab/day)	PA-QL-SP	5
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP 1200MCG (QL= 5 caps/day)	PA-QL-SP	5
BYLVAY CAP 400MCG (QL= 15 caps/day)	PA-QL-SP	5
BYLVAY SPRINKLE CAP 200MCG (QL= 8 caps/day)	PA-QL-SP	5
BYLVAY SPRINKLE CAP 600MCG (QL= 4 caps/day)	PA-QL-SP	5
LIVMARLI SOLN (QL= 90ml/30 days)	PA-QL-SP	5
LIVMARLI SOLN 19MG/ML (QL= 60mL/30 days)	PA-QL-SP	5
LIVMARLI TAB (QL= 2 tabs/day)	PA-QL-SP	5

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
LIVMARLI TAB 30MG (QL= 1 tab/day)	PA-QL-SP	5
LYNAVOY TAB	-	NC
INFLAMMATORY BOWEL AGENTS		
balsalazide cap (COLAZAL equiv)	-	2
sulfasalazine EC tab (AZULFIDINE equiv)	-	2
sulfasalazine tab (AZULFIDINE equiv)	-	2
MESALAMINE DR CAP	-	3
mesalamine DR cap (DELZICOL equiv)	-	3
mesalamine DR tab (LIALDA equiv)	-	3
mesalamine enema (ROWASA equiv)	-	3
mesalamine ER cap (APRISO equiv)	-	3
mesalamine supp (CANASA equiv)	-	3
AZULFIDINE EN TAB	-	4
AZULFIDINE TAB	-	4
COLAZAL CAP	-	4
DIPENTUM CAP	-	4
mesalamine tab (ASACOL equiv)	-	4
SFROWASA ENEMA	-	4
CIMZIA INJ (QL= 2 inj/28 days)	PA-QL-SP	5
CIMZIA INJ 200MG/ML (QL= 2 inj/28 days)	PA-QL-SP	5
ENTYVIO SC INJ (QL= 2 inj/28 days)	PA-QL-SP	5
SKYRIZI INJ 180 MG/1.2ML (QL= 1 inj/56 days)	PA-QL-SP	5
SKYRIZI INJ 360MG/2.4ML (QL= 1 inj/56 days)	PA-QL-SP	5
TREMFYA INDUCTION INJ 200MG/ML (QL= 2 inj/28 days; 6 inj/year)	PA-QL-SP	5
TREMFYA INJ 200MG/2ML (QL= 1 inj/28 days)	PA-QL-SP	5
APRISO CAP	-	NC
ASACOL HD TAB	-	NC
ASACOL HD TAB, MESALAMINE TAB	-	NC
DELZICOL CAP	-	NC
LIALDA TAB	-	NC
mesalamine ER cap (PENTASA CR equiv)	-	NC
OMVOH INJ	-	NC
OTULFI INJ	-	NC
PENTASA CR CAP	-	NC
ROWASA KIT	-	NC
VELSIPITY TAB	-	NC
ZYMFENTRA INJ	-	NC
INTESTINAL ACIDIFIERS		
lactulose soln	-	2
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron tab (LOTRONEX equiv)	-	4
LINZESS CAP (QL= 1 cap/day)	PA-QL	4
LOTRONEX TAB	-	4
IBSRELA TAB	-	NC
VIBERZI TAB	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
GASTROINTESTINAL AGENTS - MISC. Cont.		
LIVE FECAL MICROBIOTA		
VOWST CAP (QL= 12 caps/fill)	PA-QL-SP	5
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB (QL= 1 tab/day)	PA-QL	3
SYMPROIC TAB (QL= 1 tab/day)	PA-QL	3
alvimopan cap (ENTEREG equiv)	-	NC
ENTEREG CAP	-	NC
RELISTOR INJ	-	NC
RELISTOR INJ KIT	-	NC
RELISTOR TAB	-	NC
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TAB (QL= 1 tab/day)	PA-QL-SP	5
LIVDELZI CAP (QL= 1 cap/day)	PA-QL-SP	5
PHOSPHATE BINDER AGENTS		
calcium acetate cap (PHOSLO equiv)	-	2
calcium acetate tab (ELIPHOS equiv)	-	2
FOSRENOL POWDER PACK	-	3
lanthanum carbonate chew tab (FOSRENOL equiv)	-	3
SEVELAMER CARBONATE TAB	-	3
sevelamer powder pak (RENVELA equiv)	-	3
sevelamer tab (RENVELA TAB equiv)	-	3
AURYXIA TAB	-	4
ELIPHOS TAB	-	4
ferric citrate tab	-	4
FOSRENOL CHEW TAB	-	4
PHOSLO CAP	-	4
RENVELA TAB	-	4
VELPHORO CHEW TAB	-	4
RENAGEL TAB 800MG	-	NC
sevelamer hydrochloride tab (RENAGEL equiv)	-	NC
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT	-	NC
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB	-	NC
GENERAL ANESTHETICS		
ANESTHETICS - MISC.		
KETAMINE HCL TROCHES	-	NC
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
CYTRA K CRYSTALS	-	2
CYTRA-3 SYRUP	-	2
K CITRATE SOLN CITR ACD	-	2
K/NA CITRATE SOL CITR ACD	-	2
ORACIT SOLN	-	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
potassium citrate CR tab (UROCIT-K equiv)	-	2
potassium citrate/citric acid powder pack (POLYCITRA equiv)	-	2
sodium citrate/citric acid soln (BICITRA equiv)	-	2
UROCIT-K TAB	-	4
CYSTINOSIS AGENTS		
CYSTAGON CAP	SP	5
PROCYSBI GRANULES PACKET	-	NC
GENITOURINARY IRRIGANTS		
RENACIDIN SOLN	-	NC
SODIUM CHLORIDE 0.9% IRR SOLN	-	NC
HYPEROXALURIA AGENTS		
RIVFLOZA INJ (QL= 1 inj/30 days)	PA-QL-SP	5
RIVFLOZA INJ 160MG (QL= 1 inj/30 days)	PA-QL-SP	5
RIVFLOZA VIAL (QL= 2 vials/30 days)	PA-QL-SP	5
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI TAB (QL= 1 tab/day)	PA-QL-SP	5
VANRAFIA TAB (QL= 1 tab/day)	PA-QL-SP	5
TRUTAKNA INJ	-	NC
VOYXACT INJ	-	NC
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP	-	4
PENTOSAN CAP	-	NC
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin SR tab (UROXATRAL equiv)	-	2
dutasteride cap (AVODART equiv)	-	2
finasteride tab (PROSCAR equiv)	-	2
silodosin cap (RAPAFLO equiv)	-	2
tamsulosin cap (FLOMAX equiv)	-	2
AVODART CAP	-	4
FLOMAX CAP	-	4
PROSCAR TAB	-	4
RAPAFLO CAP	-	4
UROXATRAL TAB	-	4
CARDURA XL TAB	-	NC
dutasteride/tamsulosin cap (JALYN equiv)	-	NC
ENTADFI CAP	-	NC
JALYN CAP	-	NC
URINARY ANALGESICS		
PHENAZOPYRIDINE TAB	-	2
phenazopyridine tab (PYRIDIUM equiv)	-	2
PYRIDIUM TAB 100MG	-	4
PYRIDIUM TAB 200MG	-	4
URINARY STONE AGENTS		
tiopronin tab (THIOLA equiv)	PA	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
GENITOURINARY AGENTS - MISCELLANEOUS Cont.		
tiopronin tab delayed release (THIOLA EC equiv)	PA	2
LITHOSTAT TAB	-	4
THIOLA EC TAB	-	NC
THIOLA TAB	-	NC
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine/probenecid tab (COL-BENEMID equiv)	-	2
DUZALLO TAB	-	NC
GOUT AGENTS		
allopurinol tab (ZYLOPRIM equiv)	-	2
colchicine tab (COLCRYS equiv)	-	2
febuxostat tab (ULORIC equiv) (Step Therapy requires trial of allopurinol)	ST	2
GLOPERBA SOLN (Prior Authorization required for members age 9 years and older)	PA	4
ZYLOPRIM TAB	-	4
allopurinol tab 200mg	-	NC
COLCHICINE CAP	-	NC
colchicine cap (COLCHICINE equiv)	-	NC
COLCRYS TAB	-	NC
ULORIC TAB	-	NC
ZURAMPIC TAB	-	NC
URICOSURICS		
probenecid tab (BENEMID equiv)	-	2
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE, KOVALTRY INJ	PA-SP	5
AFSTYLA KIT	PA-SP	5
ALHEMO INJ	PA-SP	5
ALPHANATE, HUMATE-P INJ	PA-SP	5
ALPHANINE SD INJ	PA-SP	5
ALPROLIX INJ	PA-SP	5
ALTUVIIIO INJ	PA-SP	5
BENEFIX INJ	PA-SP	5
COAGADEX INJ	PA-SP	5
CORIFACT KIT	PA-SP	5
ELOCTATE INJ	PA-SP	5
ESPEROCT INJ	PA-SP	5
FESILTY INJ	PA-SP	5
FIBRYGA INJ	PA-SP	5
HEMLIBRA INJ	PA-SP	5
HEMOFIL M, KOATE INJ	PA-SP	5
JIVI INJ	PA-SP	5
NOVOEIGHT INJ	PA-SP	5
NOVOSEVEN RT INJ	PA-SP	5
NUWIQ INJ	PA-SP	5
NUWIQ KIT	PA-SP	5

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
PROFILNINE INJ	PA-SP	5
RECOMBINATE INJ	PA-SP	5
RIXUBIS INJ	PA-SP	5
SEVENFACT INJ	PA-SP	5
VONVENDI INJ	PA-SP	5
WILATE INJ	PA-SP	5
XYNTHA INJ	PA-SP	5
ADYNOVATE INJ	-	NC
FEIBA INJ	-	NC
HYMPAVZI INJ	-	NC
IDELVION INJ	-	NC
IXINITY INJ	-	NC
KOGENATE FS INJ	-	NC
OBIZUR INJ	-	NC
QFITLIA INJ	-	NC
REBINYN INJ	-	NC
RIASTAP INJ	-	NC
TRETTEN INJ	-	NC
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant inj (FIRAZYR equiv)	PA-SP	2
FIRAZYR INJ	-	NC
COMPLEMENT INHIBITORS		
BERINERT INJ	PA-SP	5
CINRYZE INJ (QL= 16 vials/28 days)	PA-QL-SP	5
EMPAVELI INJ (QL= 160ml/28 days)	PA-QL-SP	5
HAEGARDA INJ	PA-SP	5
RUCONEST INJ	PA-SP	5
TAVNEOS CAP (QL= 6 caps/day)	PA-QL-SP	5
VOYDEYA TAB (QL= 6 tabs/day)	PA-QL-SP	5
VOYDEYA TAB THERAPY PACK (QL= 6 tabs/day)	PA-QL-SP	5
ZILBRYSQ INJ (QL= 1 inj/day)	PA-QL-SP	5
ZILBRYSQ INJ 23MG (QL= 1 inj/day)	PA-QL-SP	5
ZILBRYSQ INJ 32.4MG (QL= 1 inj/day)	PA-QL-SP	5
FABHALTA CAP	-	NC
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB	-	NC
WAYRILZ TAB	-	NC
HEMATORHEOLOGIC AGENTS		
pentoxifylline ER tab (TRENTAL equiv)	-	2
PLASMA FACTOR XIIA INHIBITORS		
ANDEMBRY INJ	-	NC
PLASMA KALLIKREIN INHIBITORS		
EKTERLY TAB (QL= 8 tabs/fill)	PA-QL-SP	5
ORLADEYO CAP (QL= 1 cap/day)	PA-QL-SP	5
ORLADEYO PACK (QL= 1 packet/day)	PA-QL-SP	5

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
HEMATOLOGICAL AGENTS - MISC. Cont.		
TAKHZYRO INJ (QL= 2 inj/28 days)	PA-QL-SP	5
TAKHZYRO INJ 150MG/ML (QL= 2 inj/28 days)	PA-QL-SP	5
PLATELET AGGREGATION INHIBITORS		
anagrelide cap (AGRYLIN equiv)	-	2
cilostazol tab (PLETAL equiv)	-	2
clopidogrel tab 75mg (PLAVIX equiv)	-	2
dipyridamole tab (PERSANTINE equiv)	-	2
prasugrel tab (EFFIENT equiv)	-	2
aspirin/dipyridamole cap (AGGRENOX equiv)	-	3
ticagrelor tab (BRILINTA equiv)	-	3
AGRYLIN CAP	-	4
EFFIENT TAB	-	4
PLAVIX TAB 75MG	-	4
ZONTIVITY TAB (Restricted to Cardiology Specialist)	RS	4
CABLIVI INJ KIT (QL= 1 vial/day)	PA-QL-SP	5
ASPIRIN/OMEPRAZOLE ER TAB	-	NC
BRILINTA TAB	-	NC
CLOPIDOGREL THERAPY PACK	-	NC
PLAVIX TAB 300MG	-	NC
YOSPRALA TAB	-	NC
PREKALLIKREIN-DIRECTED ANTISENSE OLIGONUCLEOTIDES (ASO)		
DAWNZERA INJ (QL= 1 inj/28 days)	PA-QL-SP	5
PYRUVATE KINASE ACTIVATORS		
AQVESME TAB 100MG (QL= 2 tabs/day)	PA-QL-SP	5
PYRUKYND TAB (QL= 2 tabs/day)	PA-QL-SP	5
PYRUKYND TAPER PACK (QL= 1 tab/day)	PA-QL-SP	5
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
miglustat cap (ZAVESCA equiv) (QL= 3 caps/day)	PA-QL-SP	2
CERDELGA CAP (QL= 2 caps/day)	PA-QL-SP	5
ZAVESCA CAP	-	NC
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP	-	3
OXBRYTA TAB	-	NC
SIKLOS TAB	-	NC
AGENTS FOR SICKLE CELL DISEASE		
l-glutamine powder packet (ENDARI equiv) (QL= 6 packets/day)	PA-QL-SP	2
XROMI SOLN (Prior Authorization required for members age 9 years and older)	PA	4
ENDARI POWDER PACKET	-	NC
OXBRYTA TAB FOR ORAL SUSP	-	NC
COBALAMINS		
cyanocobalamin inj	-	2
cyanocobalamin nasal spray 500 mcg/0.1ml (NASCOBAL equiv)	-	4
NASCOBAL SPRAY	-	4

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
FOLIC ACID/FOLATES		
folic acid tab 1mg ($0 copay for female members only; All other members covered at generic copay)	-	1
folic acid tab 400mcg (Covered for female members only)	OTC	1
folic acid tab 800mcg (Covered for female members only)	OTC	1
QUIOFIC SOLN	-	NC
HEMATOPOIETIC GROWTH FACTORS		
eltrombopag olamine powder pack for susp (PROMACTA equiv) (QL= 1 packet/day)	PA-QL	2
eltrombopag olamine tab (PROMACTA equiv) (QL= 1 tab/day)	PA-QL	2
eltrombopag olamine tab 50mg (PROMACTA equiv) (QL= 2 tabs/day)	PA-QL	2
eltrombopag olamine tab 75mg (PROMACTA equiv) (QL= 2 tabs/day)	PA-QL	2
RETACRIT INJ	-	3
DOPTELET SPRINKLE CAP (QL= 2 caps/day)	PA-QL-SP	5
DOPTELET TAB (QL= 2 tabs/day)	PA-QL-SP	5
FULPHILA INJ	SP	5
NIVESTYM INJ	SP	5
NYVEPRIA INJ	SP	5
ZARXIO INJ	SP	5
ALVAIZ TAB	-	NC
ARANESP INJ	-	NC
ARMLUPEG INJ	-	NC
FILKRI INJ	-	NC
FYLNETRA INJ	-	NC
GRANIX INJ	-	NC
LEUKINE INJ	-	NC
MIRCERA INJ	-	NC
MULPLETA TAB	-	NC
NEULASTA INJ	-	NC
NEUPOGEN INJ	-	NC
NYPOZI INJ	-	NC
PROCRIT INJ	-	NC
PROMACTA POWDER	-	NC
PROMACTA TAB	-	NC
REBLOZYL INJ	-	NC
RELEUKO INJ	-	NC
RELEUKO PREFILLED SYRINGE INJ	-	NC
STIMUFEND INJ	-	NC
UDENYCA INJ	-	NC
VAFSEO TAB	-	NC
ZIEXTENZO INJ	-	NC
HEMATOPOIETIC MIXTURES		
FEROTRINSIC CAP	-	2
ferrex 150 forte cap	-	2
IRON POLYSACCH/THREONIC ACID/B12/FA CAP	-	2
MULTIGEN FOLIC TAB	-	2
MULTIGEN PLUS TAB	-	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
HEMATOPOIETIC AGENTS Cont.		
MULTIGEN TAB	-	2
POLY-IRON CAP 150 FORTE	-	2
NEPHRON FA TAB	-	3
FERREX 28 TAB	-	4
ICAR-C PLUS TAB 100-250-0.025-1 MG	-	4
BENTIVITE TAB	-	NC
BIFERARX TAB	-	NC
B-SERENE PAD	-	NC
CORVITA 150 TAB	-	NC
CYFOLEX CAP	-	NC
FEONYX TAB	-	NC
FERIVA 21/7 TAB	-	NC
FERRO-PLEX TAB	-	NC
folbee tab (FOLGARD RX equiv)	-	NC
FOLGARD RX TAB	-	NC
FOLITE TAB	-	NC
FOLVITE-FE TAB	-	NC
OVEEZA CAP	-	NC
PUREFOLIX TAB	-	NC
IRON		
ACCRUFER CAP	-	NC
ferrous sulfate elixir	OTC	NC
FERROUS SULFATE LIQUID	OTC	NC
ferrous sulfate soln	OTC	NC
STEM CELL MOBILIZERS		
XOLREMDI CAP (QL= 4 caps/day)	PA-QL-SP	5
MOZOBIL INJ	-	NC
plerixafor subcutaneous inj (MOZOBIL equiv)	-	NC
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
tranexamic acid tab (LYSTEDA equiv)	-	2
aminocaproic acid soln (AMICAR equiv)	-	3
aminocaproic acid tab (AMICAR equiv)	-	3
AMICAR SOLN	-	4
AMICAR TAB	-	4
LYSTEDA TAB	-	4
CYKLOKAPRON INJ	-	NC
tranexamic acid inj (CYKLOKAPRON equiv)	-	NC
HYPNOTICS		
NON-BARBITURATE HYPNOTICS		
zolpidem tab (AMBIEN equiv) (QL= 1 tab/day)	QL	2
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB	-	NC
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
BARBITURATE HYPNOTICS		
phenobarbital elixir	-	2
PHENOBARBITAL ELXIR	-	2
PHENOBARBITAL TAB	-	2
PHENOBARBITAL TAB 100MG	-	NC
PHENOBARBITAL TAB 15MG	-	NC
PHENOBARBITAL TAB 16.2MG	-	NC
PHENOBARBITAL TAB 30MG	-	NC
PHENOBARBITAL TAB 32.4MG	-	NC
PHENOBARBITAL TAB 60MG	-	NC
PHENOBARBITAL TAB 64.8MG	-	NC
PHENOBARBITAL TAB 97.2MG	-	NC
HYPNOTICS - TRICYCLIC AGENTS		
doxepin tab (SILENOR equiv)	-	NC
NON-BARBITURATE HYPNOTICS		
estazolam tab (PROSOM equiv)	-	2
eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day)	QL	2
midazolam inj (MIDAZOLAM equiv) (Restricted to Neurology Specialist)	RS	2
temazepam cap 15mg (RESTORIL equiv)	-	2
temazepam cap 30mg (RESTORIL equiv)	-	2
triazolam tab (HALCION equiv)	-	2
zaleplon cap (SONATA equiv) (QL= 1 cap/day)	QL	2
zolpidem ER tab (AMBIEN CR equiv) (QL= 1 tab/day)	QL	2
AMBIEN CR TAB (QL= 1 tab/day)	QL	4
AMBIEN TAB (QL= 1 tab/day)	QL	4
FLURAZEPAM CAP	-	4
HALCION TAB	-	4
LUNESTA TAB (QL= 1 tab/day)	QL	4
RESTORIL CAP 15MG	-	4
RESTORIL CAP 22.5MG	-	4
RESTORIL CAP 30MG	-	4
RESTORIL CAP 7.5MG	-	4
temazepam cap 22.5mg (RESTORIL equiv)	-	4
temazepam cap 7.5mg (RESTORIL equiv)	-	4
EDLUAR SL TAB	-	NC
INTERMEZZO SL TAB	-	NC
QUAZEPAM TAB	-	NC
ZOLPIDEM CAP	-	NC
zolpidem tartrate SL tab (INTERMEZZO equiv)	-	NC
ZOLPIMIST SPRAY	-	NC
OREXIN RECEPTOR ANTAGONISTS		
DAYVIGO TAB (QL= 1 tab/day)	PA-QL	4
QUVIVIQ TAB	-	NC
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon tab (ROZEREM equiv) (QL= 1 tab/day)	QL	3

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS Cont.		
ROZEREM TAB (QL= 1 tab/day)	QL	4
HETLIOZ CAP	-	NC
HETLIOZ SUSP	-	NC
tasimelteon cap (HETLIOZ equiv)	-	NC
LAXATIVES		
LAXATIVE COMBINATIONS		
GAVILYTE-C SOLN (QL= 2 fills/365 days; $0 copay for members age 45-75 years; All other members covered at preferred brand copay)	QL	1
GOLYTELY SOLN (QL= 2 fills/365 days; $0 copay for members age 45-75 years; All other members covered at preferred brand copay)	QL	1
peg 3350 soln (100 gram Moviprep equiv) (MOVIPREP equiv) (QL= 2 fills/365 days; $0 copay for members age 45-75 years; All other members covered at generic copay)	QL	1
peg 3350/electrolytes soln (COLYTE equiv) (QL= 2 fills/365 days; $0 copay for members age 45-75 years; All other members covered at generic copay)	QL	1
peg 3350/electrolytes soln (NULYTELY equiv) (QL= 2 fills/365 days; $0 copay for members age 45-75 years; All other members covered at generic copay)	QL	1
sodium/magnesium/potassium soln (SUPREP equiv) ($0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year)	QL	1
SUFLAVE SOLN (QL= 2 fills/365 days)	QL	3
CLENPIQ SOLN	-	NC
MOVIPREP SOLN	-	NC
PEG-PREP KIT	-	NC
PLENVU SOLN	-	NC
SUPREP BOWEL PREP PACK	-	NC
SUTAB TAB	-	NC
LAXATIVES - MISCELLANEOUS		
lactulose soln	-	2
GIALAX KIT	-	NC
lactulose oral crystal packet	-	NC
SALINE LAXATIVES		
OSMOPREP TAB	-	NC
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
ROPIVICAINE/CLONIDINE/KETOROLAC INJ	-	NC
MACROLIDES		
AZITHROMYCIN		
azithromycin susp (ZITHROMAX equiv)	-	2
azithromycin tab (ZITHROMAX equiv)	-	2
ZITHROMAX POWDER PACK	-	4
ZITHROMAX SUSP	-	4
ZITHROMAX TAB	-	4
CLARITHROMYCIN		
clarithromycin tab (BIAXIN equiv)	-	2
CLARITHROMYCIN SUSP	-	3
BIAXIN TAB	-	4

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
MACROLIDES Cont.		
clarithromycin ER tab (BIAXIN XL equiv)	-	4
ERYTHROMYCINS		
ERYTHROMYCIN CAP DR	-	3
erythromycin DR cap (ERYC equiv)	-	3
ERYTHROMYCIN EC CAP	-	3
erythromycin ethylsuccinate susp (ERYPED equiv)	-	3
erythromycin tab (ERYTHROMYCIN equiv) (all forms except PCE)	-	3
E.E.S. TAB	-	4
ERYPED SUSP	-	4
erythromycin ethylsuccinate tab (E.E.S. equiv)	-	4
erythromycin tab (ERY-TAB equiv)	-	4
FIDAXOMICIN		
DIFICID SUSP (QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	3
fidaxomicin tab (DIFICID equiv) (QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution)	QL-ST	3
DIFICID TAB	-	NC
MEDICAL DEVICES		
PARENTERAL THERAPY SUPPLIES		
INPEN INSULIN INJECTION DEVICE	-	NC
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CERVICAL CAP	-	1
DIAPHRAGM	-	1
FEMALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	1
MALE CONDOMS (QL= 12 condoms/fill)	OTC-QL	1
DIABETIC SUPPLIES		
ACCU-CHEK GUIDE CARE METER	OTC	1
ACCU-CHEK GUIDE ME KIT	OTC	1
FREESTYLE FREEDOM LITE METER	OTC	1
FREESTYLE LITE METER	OTC	1
FREESTYLE PRECISION NEO METER	OTC	1
PRECISION XTRA METER	OTC	1
CALIBRATION LIQUID	OTC	2
LANCET DEVICE	OTC	2
LANCET KIT	OTC	2
LANCETS	OTC	2
BLOOD KETONE KITS	OTC	3
DEXCOM G6 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
DEXCOM G6 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
DEXCOM G6 TRANSMITTER (QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
DEXCOM G7 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
DEXCOM G7 SENSOR (QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
DEXCOM G7 SENSOR (15-DAY) (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
FREESTYLE LIBRE 2 RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
FREESTYLE LIBRE 2 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
FREESTYLE LIBRE 2-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
FREESTYLE LIBRE 3 READER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
FREESTYLE LIBRE 3 SENSOR (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
FREESTYLE LIBRE 3-PLUS SENSOR (QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
FREESTYLE LIBRE RECEIVER (QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
FREESTYLE LIBRE SENSOR (14-DAY) (QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin)	QL-ST	3
OMNIPOD 5 DEX G7G6 INTRO KIT (QL= 1 kit/year)	QL	3
OMNIPOD 5 DEX G7G6 PODS (QL= 10 pods/month)	QL	3
OMNIPOD 5 G7 KIT INTRO (QL= 1 kit/year)	QL	3
OMNIPOD 5 G7 MIS PODS (QL= 10 pods/30 days)	QL	3
OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT (QL= 1 kit/year)	QL	3
OMNIPOD 5 LIBRE2 PLUS G6 PODS (QL= 10 pods/30 days)	QL	3
OMNIPOD 5 PACK PODS (QL= 10 pods/month)	QL	3
OMNIPOD DASH INTRO KIT (QL= 1 kit/year)	QL	3
OMNIPOD DASH PODS (QL= 10 pods/month)	QL	3
OMNIPOD GO KIT (QL= 10 pods/month)	QL	3
OMNIPOD STARTER KIT (QL= 1 kit/year)	QL	3
TEMPO SMART BUTTON (QL= 1 button/8 months)	QL	3
TWIIST REFILL KIT (QL= 1 kit/month)	QL	3
TWIIST STARTER KIT (QL= 1 kit/month)	QL	3
DIABETIC METER (all other diabetic meters)	OTC	NC
MINT REFILL KIT	-	NC
MINT STARTER KIT	-	NC
OMNIPOD DASH PDM KIT	-	NC
PIVOT INSULIN PUMP STARTER KIT	-	NC
PIVOT SUPPLY KIT	-	NC
V-GO INJ KIT	-	NC
MISC. DEVICES		
ALCOHOL SWABS	OTC	2
ORAL HYGIENE PRODUCTS		
HURRISEAL MIS SNAP	-	NC
PARENTERAL THERAPY SUPPLIES		
B-D INSULIN SYRINGE	--OTC	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
MEDICAL DEVICES AND SUPPLIES Cont.		
B-D PEN NEEDLE	OTC	2
EMBECTA INSULIN SYRINGE	--OTC	2
EMBECTA PEN NEEDLE	OTC	2
NOVOFINE PEN NEEDLE	OTC	2
LASIX ONYU REUSABLE UNIT (QL= 1 device/year)	QL	3
CEQUR SIMPLICITY	-	NC
INSULIN SYRINGE	OTC	NC
PEN NEEDLE	OTC	NC
RESPIRATORY THERAPY SUPPLIES		
PEAK FLOW METER	OTC	2
AEROCHAMBER	OTC	3
AEROCHAMBER SUPPLIES	-	3
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
UBRELVY TAB (QL= 10 tabs/30 days, 6 fills/year)	PA-QL	3
ZAVZPRET NASAL SPRAY (QL= 6 units/fill; 60 units/365 days)	PA-QL	3
QULIPTA TAB	-	NC
MIGRAINE COMBINATIONS		
CAFERGOT TAB, ERGOTAMINE/CAFFEINE TAB	-	4
ACETAMINOPHEN/ISOMETHEPTENE/DICHLORAL CAP	-	NC
acetaminophen/isometheptene/dichloral cap (MIDRIN equiv)	-	NC
CAFERGOT TAB, ERGOTAMINE/CAFFEINE TAB 1-100MG	-	NC
MIGERGOT SUPP	-	NC
PRODRIN TAB	-	NC
SUMANSETRON PAK	-	NC
sumatriptan/naproxen tab (TREXIMET equiv)	-	NC
SYMBRAVO TAB	-	NC
TREXIMET TAB	-	NC
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj (D.H.E. equiv) (QL= 10 inj/14 days)	QL	4
ERGOMAR SL TAB (QL= 20 tabs/28 days)	PA-QL	4
BREKIYA INJ	-	NC
D.H.E. INJ	-	NC
dihydroergotamine mesylate nasal spray (MIGRANAL equiv)	-	NC
MIGRANAL SPRAY	-	NC
TRUDHESA NASAL SPRAY	-	NC
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ (QL= 1 pack/28 days)	PA-QL	3
AJOVY INJ (QL= 1 pack/28 days)	PA-QL	3
EMGALITY INJ (QL= 1 inj/28 days)	PA-QL	3
EMGALITY INJ 100MG/ML (QL= 3 inj/fill, 6 fills/year)	PA-QL	3
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POWDER	-	NC
diclofenac potassium (migraine) packet (CAMBIA equiv)	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
MIGRAINE PRODUCTS Cont.		
ELYXYB SOLN	-	NC
SEROTONIN AGONISTS		
eletriptan tab (RELPAX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
naratriptan tab (AMERGE equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	2
rizatriptan tab (MAXALT equiv) (QL= 12 tabs/fill, 3 fills/60 days)	QL	2
sumatriptan tab (IMITREX equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
sumatriptan vial inj (IMITREX equiv) (QL= 10 vials/fill, 2 fills/30 days)	QL	2
zolmitriptan ODT (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
zolmitriptan tab (ZOMIG equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	2
frovatriptan tab (FROVA equiv) (QL= 9 tabs/fill, 2 fills/30 days)	QL	3
REYVOW TAB (QL= 8 tabs/30 days, 6 fills/year)	PA-QL	3
sumatriptan inj (IMITREX equiv) (QL= 6 inj/fill, 3 fills/30 days)	QL	3
sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 3 fills/30 days)	QL	3
FROVA TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	4
IMITREX INJ (QL= 6 inj/fill, 3 fills/30 days)	QL	4
IMITREX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	4
MAXALT MLT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	4
MAXALT TAB (QL= 12 tabs/fill, 3 fills/60 days)	QL	4
RELPAX TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	4
zolmitriptan nasal spray (ZOLMITRIPTAN, ZOMIG equiv) (QL= 6 sprays/fill, 2 fills/30 days)	QL	4
ZOLMITRIPTAN SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	4
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	4
ZOMIG SPRAY (QL= 6 sprays/fill, 2 fills/30 days)	QL	4
ZOMIG TAB (QL= 9 tabs/fill, 2 fills/30 days)	QL	4
almotriptan tab (AXERT equiv)	-	NC
AXERT TAB	-	NC
IMITREX 4MG INJ, ZEMBRACE INJ	-	NC
IMITREX INJ	-	NC
ONZETRA XSAIL	-	NC
RIZAFILM MIS	-	NC
SUMAVEL DOSEPRO INJ	-	NC
TOSYMRA SOLN	-	NC
ZECUITY PAD	-	NC
MINERALS & ELECTROLYTES		
FLUORIDE		
FLUORABON SOLN ($0 copay for members age 5 years and younger; All other members covered at preferred brand copay)	-	1
FLUORIDE CHW 0.25MG ($0 copay for members age 5 years and younger; All other members covered at generic copay)	-	1
sodium fluoride soln (LURIDE equiv) ($0 copay for members age 5 years and younger; All other members covered at generic copay)	-	1
SODIUM FLUORIDE TAB ($0 copay for members age 5 years and younger; All other members covered at generic copay)	-	1
sodium fluoride tab (LURIDE equiv) ($0 copay for members age 5 years and younger; All other members covered at generic copay)	-	1
MAGNESIUM		

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
MINERALS & ELECTROLYTES Cont.		
MAGNESIUM SULF INJ	-	NC
magnesium sulfate inj	-	NC
PHOSPHATE		
PHOSPHA 250 NEUTRAL TAB	-	2
K-PHOS TAB	-	3
PHOSPHO-TRIN K500 TAB	-	3
K-PHOS NEUTRAL TAB 155-852-130MG	-	4
POTASSIUM		
EFFER-K TAB	-	2
K-TAB	-	2
potassium bicarbonate effer tab (K-LYTE equiv)	-	2
potassium chloride ER cap (MICRO-K equiv)	-	2
potassium chloride ER tab (K-TAB equiv)	-	2
potassium chloride micro tab (K-DUR equiv)	-	2
POTASSIUM CHLORIDE TAB ER	-	2
potassium chloride powder packet (KLOR-CON equiv)	-	3
potassium chloride soln	-	3
POKONZA ORAL SOLN	-	NC
POKONZA POWDER	-	NC
SODIUM		
SOD CHLORIDE INJ	M	6
sodium chloride inj	-	NC
TRACE MINERALS		
ZYCUBO INJ	-	NC
ZINC		
zinc gluconate tab	OTC	2
GALZIN CAP	-	NC
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
trientine cap (SYPRINE equiv)	PA	2
penicillamine tab (DEPEN TITRATAB equiv)	-	3
DEPEN TITRATAB	-	4
CUPRIMINE CAP	-	NC
CUVRIOR TAB	-	NC
penicilliamine cap (CUPRIMINE equiv)	-	NC
SYPRINE CAP	-	NC
TRIENTINE CAP	-	NC
IMMUNOMODULATORS		
lenalidomide cap (REVLIMID equiv) (QL= 1 cap/day; Restricted to Oncology or Hematology Specialist)	QL-RS-SP	2
JOENJA TAB (QL= 2 tabs/day)	PA-QL-SP	5
REZUROCK TAB (QL= 1 tab/day)	PA-QL-SP	5
VYVGART HYTRULO INJ (QL= 4 inj/28 days)	PA-QL-SP	5
REVLIMID CAP	-	NC
RHAPSIDO TAB	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
MISCELLANEOUS THERAPEUTIC CLASSES Cont.		
IMMUNOSUPPRESSIVE AGENTS		
everolimus tab (ZORTRESS equiv)	PA	3
sirolimus soln (RAPAMUNE equiv)	-	3
RAPAMUNE SOLN	-	4
ZORTRESS TAB	PA	4
ENSPRYNG INJ (QL= 1 inj/28 days)	PA-QL-SP	5
LUPKYNIS CAP (QL= 6 caps/day)	PA-QL-SP	5
ASTAGRAF XL CAP	-	NC
azathioprine tab 100mg (AZASAN equiv)	-	NC
azathioprine tab 75mg (AZASAN equiv)	-	NC
MYHIBBIN SUSP	-	NC
PROGRAF PACKET	-	NC
tacrolimus cap er (ASTAGRAF XL equiv)	-	NC
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE GRANULES PACKET (QL= 1 packet/day)	PA-QL-SP	5
VIJOICE TAB (QL= 1 tab/day)	PA-QL-SP	5
VIJOICE TAB 250MG (QL= 2 tabs/day)	PA-QL-SP	5
POTASSIUM REMOVING AGENTS		
LOKELMA PAK (QL= 1 packet/day)	PA-QL	3
VELTASSA POWDER 1GM (QL= 4 packets/day)	PA-QL	3
LOKELMA PAK 10GM	-	NC
LOKELMA PAK 5GM	-	NC
SPS	-	NC
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP (QL= 4 caps/day)	PA-QL-SP	5
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA AUTO-INJECTOR (QL= 4 inj/28 day)	PA-QL-SP	5
BENLYSTA INJ (QL= 4 inj/28 day)	PA-QL-SP	5
SAPHNELO INJ (QL= 4 inj/28 days)	PA-QL-SP	5
SAPHNELO PEN INJ (QL= 4 inj/28 days)	PA-QL-SP	5
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine viscous soln (LIDOCAINE HCL (MOUTH-THROAT) equiv)	-	2
FIRST MOUTHWASH BLM	-	4
LIDOCAINE ORAL SOLN	-	NC
ANTI-INFECTIVES - THROAT		
clotrimazole troches (MYCELEX TROCHES equiv)	-	2
nystatin susp	-	2
NYSTATIN SUSP	-	NC
ORAVIG TAB	-	NC
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln (PERIDEX equiv)	-	2
PERIDEX SOLN	-	4
DEBACTEROL SOLN	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
MOUTH/THROAT/DENTAL AGENTS Cont.		
DENTAL PRODUCTS		
DENTA 5000 CREAM PLUS ($0 copay for members age 5 years and younger; All other members covered at preferred brand copay)	-	1
sodium fluoride cream (PREVIDENT equiv) ($0 copay for members age 5 years and younger; All other members covered at generic copay)	-	1
FLUORIDEX SENSITIVITY PASTE	-	2
SODIUM FLUORIDE GEL	-	2
SODIUM FLUORIDE PASTE	-	2
SODIUM FLUORIDE SOLN	-	2
PREVIDENT 5000 PASTE 1.1%	-	3
PREVIDENT GEL	-	3
PREVIDENT SOLN 0.2%	-	3
FRAICHE 5000 SENSITIVE GEL	-	NC
STEROIDS - MOUTH/THROAT		
triamcinolone in orabase paste (KENALOG/ORABASE equiv)	-	2
THROAT PRODUCTS - MISC.		
pilocarpine tab (SALAGEN equiv)	-	2
cevimeline cap (EVOXAC equiv)	-	3
EVOXAC CAP	-	4
SALAGEN TAB	-	4
GELCLAIR GEL	-	NC
PROTHELIAL PASTE	-	NC
SILATRIX GEL	-	NC
MULTIVITAMINS		
B-COMPLEX VITAMINS		
EB-N3 DR CAP	-	NC
B-COMPLEX W/ FOLIC ACID		
DIALYVITE TAB	-	2
DIALYVITE/ZINC TAB	-	2
FOLBEE PLUS CZ TAB	-	2
ACTIVITE TAB	-	NC
dialyvite tab (NEPHRO-VITE equiv)	-	NC
FIBRIK CAP	-	NC
MYNEPHRON CAP	-	NC
renaphro cap (NEPHROCAP equiv)	-	NC
TERAVAX CAP	-	NC
MULTIPLE VITAMINS W/ MINERALS		
multivitamin/minerals tab (STROVITE equiv)	-	NC
V-C FORTE CAP	-	NC
v-c forte cap (V-C FORTE equiv)	-	NC
MULTIVITAMINS		
FOLIKA-V TAB	-	NC
PED MULTI VITAMINS W/FL & FE		
ESCAVITE CHEW TAB	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
MULTIVITAMINS Cont.		
MULTIPLE-VITAMIN/FL-FE DROPS	-	NC
pediatric multiple vitamins/fluoride/iron soln	-	NC
PED MV W/ FLUORIDE		
FLORIVA PLUS DROPS	-	NC
MULTIVITAMIN CHEW TAB	-	NC
pediatric multiple vitamins/fluoride soln	-	NC
POLY-VI-FLOR SUSP	-	NC
TRI-VITAMIN FLUORIDE DROPS	-	NC
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHEW TAB	-	NC
PRENATAL VITAMINS		
CONCEPT DHA CAP	-	2
PRENATABS RX TAB	-	2
PRENATAL 19 CHEW TAB	-	2
PRENATAL 19 TAB	-	2
PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS)	-	2
VP-PNV-DHA CAP	-	2
MYNATAL-Z TAB	-	4
NEONATAL 19 TAB	-	4
NEONATAL FE TAB	-	4
PRENATAL VITAMINS (NON-PREFERRED)	-	4
VITAFOL STRIPS	-	4
AZESCHEW TAB 13-1MG	-	NC
AZESCO TAB	-	NC
CITRANATAL CAP MEDLEY	-	NC
JENLIVA CAP	-	NC
LUNATAL DHA CAP 18-0.6-0.4-350 MG	-	NC
MATERVIA CAP	-	NC
MATRONEX TAB	-	NC
MULTI-MAC TAB	-	NC
NOVYRA TAB	-	NC
NUTRICHEW CHEW 29-1 MG	-	NC
PNV PRENATOL TAB 27-1 MG	-	NC
PREGEN DHA CAP	-	NC
PREGENNA TAB	-	NC
PRENACHEW CHEW	-	NC
PRENARA CAP	-	NC
PRENATE MAX TAB	-	NC
PRENATOL-M TAB 27-1.2MG	-	NC
PRENATRIX TAB	-	NC
PRENATRYL TAB	-	NC
RELEVIA TAB 27-1MG	-	NC
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab (BACLOFEN equiv)	-	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS Cont.		
carisoprodol tab (SOMA equiv)	-	2
cyclobenzaprine tab 10mg (FLEXERIL equiv)	-	2
cyclobenzaprine tab 5mg (FLEXERIL equiv)	-	2
methocarbamol tab (ROBAXIN equiv)	-	2
orphenadrine citrate ER tab (NORFLEX equiv)	-	2
tizanidine tab (ZANAFLEX equiv)	-	2
chlorzoxazone tab 500mg	-	3
tizanidine cap (ZANAFLEX equiv)	-	3
baclofen oral soln 10MG/5ML (BACLOFEN equiv) (Prior Authorization required for members age 9 years and older)	PA	4
baclofen oral soln 5mg/5ml (Prior Authorization required for members age 9 years and older)	PA	4
BACLOFEN SOLN (Prior Authorization required for members age 9 years and older)	PA	4
baclofen susp (BACLOFEN equiv) (Prior Authorization required for members age 9 years and older)	PA	4
cyclobenzaprine tab 7.5mg (FEXMID equiv)	-	4
FLEQSUVY SUSP (Prior Authorization required for members age 9 years and older)	PA	4
LYVISPAH GRANULE PACKET (Prior Authorization required for members age 9 years and older)	PA	4
metaxalone tab (SKELAXIN equiv)	-	4
ROBAXIN TAB	-	4
SKELAXIN TAB	-	4
SOMA TAB	-	4
ZANAFLEX CAP	-	4
ZANAFLEX TAB	-	4
AMRIX CAP	-	NC
ATMEKSI SUSP	-	NC
BACLOFEN ORAL SOLN 5 MG/5ML	-	NC
baclofen tab 15mg	-	NC
carisoprodol tab 250mg (SOMA equiv)	-	NC
chlorzoxazone tab	-	NC
CHLORZOXAZONE TAB 250MG, LORZONE TAB	-	NC
CYCLOBENZAPRINE COMPOUND KIT	-	NC
cyclobenzaprine ER cap (AMRIX equiv)	-	NC
METAXALONE TAB	-	NC
methocarbamol tab 1000mg (ROBAXIN equiv)	-	NC
ONTRALFY ORAL SOLN	-	NC
SOMA TAB 250MG	-	NC
ZANAFLEX CAP	-	NC
DIRECT MUSCLE RELAXANTS		
dantrolene cap (DANTRIUM equiv)	-	3
DANTRIUM CAP	-	4
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS CAP 1.5MG (QL= 56 caps/28 days)	PA-QL-SP	5
SOHONOS CAP 10MG (QL= 56 caps/28 days)	PA-QL-SP	5
SOHONOS CAP 1MG (QL= 28 caps/28 days)	PA-QL-SP	5
SOHONOS CAP 2.5MG (QL= 28 caps/28 days)	PA-QL-SP	5
SOHONOS CAP 5MG (QL= 28 caps/28 days)	PA-QL-SP	5
ATEBRIOZ TAB	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
MUSCULOSKELETAL THERAPY AGENTS Cont.		
MUSCLE RELAXANT COMBINATIONS		
carisoprodol/aspirin/codeine tab (SOMA COMPOUND/CODEINE equiv)	-	4
NORGESIC TAB, ORPHENADRINE/ASPIRIN/CAFFEINE TAB 25-385-30MG	-	4
CARISOPRODOL/ASPIRIN TAB	-	NC
carisoprodol/aspirin tab (SOMA COMPOUND equiv)	-	NC
CARISOPRODOL/ASPIRIN/CODEINE TAB	-	NC
LORVATUS PHARMAPAK KIT	-	NC
NORGESIC TAB FORTE	-	NC
TIZANIDINE COMFORT KIT	-	NC
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine/fluticasone nasal spray (DYMISTA equiv)	-	NC
AZENASE PAK	-	NC
DYMISTA SPRAY	-	NC
RYALTRIS SPRAY	-	NC
NASAL AGENTS - MISC.		
ALZAIR NASAL SPRAY	-	NC
TICANASE PAK	-	NC
NASAL ANESTHETICS		
COCAINE HCL SOLN	-	NC
NASAL ANTIALLERGY		
azelastine nasal spray 0.1% (ASTELIN equiv)	-	2
azelastine nasal spray 0.15% (ASTEPRO equiv)	-	3
olopatadine nasal spray (PATANASE equiv)	-	3
ASTELIN NASAL SPRAY, ASTEPRO NASAL SPRAY	-	4
PATANASE NASAL SPRAY	-	4
NASAL ANTICHOLINERGICS		
ipratropium nasal spray (ATROVENT equiv)	-	2
NASAL STEROIDS		
flunisolide nasal soln (QL= 2 bottles/fill)	QL	2
fluticasone nasal spray (FLONASE equiv) (QL= 2 bottles/fill)	QL	2
mometasone nasal spray (NASONEX equiv) (QL= 2 bottles/fill)	QL	2
budesonide nasal spray (RHINOCORT AQUA equiv)	OTC	EXC
FLONASE SENSIMIST NASAL SPRAY	OTC	EXC
NASACORT OTC NASAL SPRAY	OTC	EXC
triamcinolone OTC nasal spray (NASACORT equiv)	OTC	EXC
BECONASE AQ NASAL SPRAY	-	NC
OMNARIS NASAL SPRAY	-	NC
QNASL NASAL SPRAY	-	NC
XHANCE NASAL EXHALER	-	NC
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOLN	-	NC
epinephrine hcl nasal soln (ADRENALIN equiv)	-	NC
NEUROMUSCULAR AGENTS		

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
NEUROMUSCULAR AGENTS Cont.		
ALS AGENTS		
riluzole tab (RILUTEK equiv)	-	3
RADICAVA ORS STARTER KIT (QL= 70ml/365 days)	PA-QL-SP	5
RADICAVA ORS SUSP (QL= 50mL/28 days)	PA-QL-SP	5
RILUTEK TAB	-	NC
TIGLUTIK SUSP	-	NC
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP (QL= 3 caps/day)	PA-QL-SP	5
MUSCULAR DYSTROPHY AGENTS		
DUVYZAT ORAL SUSP	-	NC
RETT SYNDROME AGENTS		
DAYBUE SOLN (QL= 8 bottles/30 days)	PA-QL-SP	5
DAYBUE STIX POWDER (QL= 4 packets/day)	PA-QL-SP	5
DAYBUE STIX POWDER 8000MG (QL= 2 packets/day)	PA-QL-SP	5
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOLN (QL= 6.67ml/day)	PA-QL-SP	5
EVRYSDI TAB (QL= 1 tab/day)	PA-QL-SP	5
NUTRIENTS		
CARBOHYDRATES		
DEXTROSE GRANULES	OTC	EXC
DEXTROSE INJ	OTC	EXC
DEXTROSE POWDER	OTC	EXC
LIPIDS		
FAT EMULSION FISH OIL TRIGLYCERIDE BASED IV EMUL	OTC	EXC
FAT EMULSION PLANT BASED (SOY) IV EMULSION	OTC	EXC
FAT EMULSION PLANT BASED (SOY/OLIVE) IV EMULSION	OTC	EXC
SMOFLIPID EMULSION	OTC	EXC
DOJOLVI ORAL LIQUID	-	NC
MISC. NUTRITIONAL SUBSTANCES		
evening primrose oil cap	OTC	EXC
glucose-cholecalciferol oral liquid	OTC	EXC
omega-3 DR cap	OTC	EXC
OMEGA-3 FATTY ACIDS CAP	OTC	EXC
OMEGA-3 FATTY ACIDS CAP DELAYED RELEASE	OTC	EXC
PROTEINS		
acetylcysteine cap	OTC	EXC
AMINO ACID INFUSION	OTC	EXC
AMINO ACIDS ORAL LIQUID	OTC	EXC
amino acids oral powder	OTC	EXC
ARGININE TAB	OTC	EXC
GLUTATHIONE BULK POWDER	OTC	EXC
ISOLEUCINE POWDER	OTC	EXC
L-arginine tab	OTC	EXC
L-carnitex cap	OTC	EXC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
NUTRIENTS Cont.		
LEVOCARNITINE L-TARTRATE CAP	OTC	EXC
L-lysine tab	OTC	EXC
LYSINE TAB	OTC	EXC
premasol inj	OTC	EXC
pro-stat liquid	OTC	EXC
PROTEIN LIQUID	OTC	EXC
protein oral liquid	OTC	EXC
protein oral powder	OTC	EXC
theanine cap	OTC	EXC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT OPHTH INSERT	-	NC
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL OPHTH SOLN	-	2
betaxolol ophth soln (BETOPTIC-S equiv)	-	2
CARTEOLOL OPHTH SOLN	-	2
carteolol ophth soln (OCUPRESS equiv)	-	2
dorzolamide/timolol (pf) ophth soln (COSOPT equiv)	-	2
LEVOBUNOLOL OPHTH SOLN	-	2
levobunolol ophth soln (BETAGAN equiv)	-	2
timolol maleate ophth soln (TIMOPTIC equiv)	-	2
BETIMOL OPHTH SOLN 0.25%	-	3
BETOPTIC-S OPHTH SOLN	-	3
brimonidine/timolol ophth soln (COMBIGAN equiv)	-	3
DORZOLAMIDE/TIMOLOL OPHTH SOLN	-	3
ISTALOL OPHTH SOLN	-	3
timolol maleate ophth gel (TIMOPTIC-XE equiv)	-	3
timolol maleate ophth soln 0.5% (ISTALOL equiv)	-	3
timolol ophth soln (BETIMOL equiv)	-	3
BETAGAN OPHTH SOLN	-	4
COMBIGAN OPHTH SOLN	-	4
COSOPT (PF) OPHTH SOLN	-	4
timolol maleate (pf) ophth soln 0.5% (TIMOPTIC equiv)	-	4
timolol maleate preservative free ophth soln 0.25% (TIMOPTIC equiv)	-	4
TIMOPTIC OCUDOSE OPHTH SOLN 0.25%	-	4
TIMOPTIC OCUDOSE OPHTH SOLN 0.5%	-	4
TIMOPTIC OPHTH SOLN	-	4
TIMOPTIC-XE OPHTH GEL	-	4
CHOLINERGIC AGONISTS		
TYRVAYA NASAL SPRAY (QL= 2 bottles/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	3
CYCLOPLEGIC MYDRIATICS		
ALTAFRIN OPHTH SOLN	-	2
atropine ophth oint	-	2
atropine ophth soln (ISOPTO ATROPINE equiv)	-	2
ATROPINE SUL SOLN 1% OPHTH	-	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
ATROPINE SULFATE OPHTH OINT	-	2
cyclopentolate ophth soln (CYCLOGYL equiv)	-	2
phenylephrine ophth soln (MYDFRIN equiv)	-	2
tropicamide ophth soln (MYDRIACYL equiv)	-	2
CYCLOMYDRIL OPHTH SOLN	-	3
HOMATROPINE OPHTH SOLN	-	3
CYCLOGYL OPHTH SOLN	-	4
MYDRIACYL OPHTH SOLN	-	4
MYDCOMBI OPHTH SOLN	-	NC
TROPICAMIDE/CYCLOPENT/KETOROLAC/PE OPHTH SOLN	-	NC
MIOTICS		
pilocarpine ophth soln (ISOPTO CARPINE equiv)	-	2
ISOPTO CARPINE OPHTH SOLN	-	4
QLOSI OPHTH SOLN, VUITY OPHTH SOLN	-	EXC
VIZZ OPHTH SOLN	-	EXC
VUITY OPHTH SOLN 1.25%	-	EXC
YUVEZZI SOLN	-	EXC
PHOSPHOLINE OPHTH SOLN	-	NC
OPHTHALMIC ADRENERGIC AGENTS		
brimonidine ophth soln 0.2%	-	2
APRACLONIDINE OPHTH SOLN	-	3
apraclonidine ophth soln (IOPIDINE equiv)	-	3
brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv)	-	3
brimonidine tartrate ophth soln 0.1% (ALPHAGAN equiv)	-	3
IOPIDINE OPHTH SOLN	-	3
SIMBRINZA OPHTH SUSP	-	3
ALPHAGAN P OPHTH SOLN 0.15%	-	4
IOPIDINE OPHTH SOLN	-	4
OPHTHALMIC ANTI-INFECTIVES		
BACIT/POLYMY OPHTH OINT	-	2
bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv)	-	2
bacitracin/polymyxin b ophth oint (POLYSPORIN equiv)	-	2
ciprofloxacin ophth soln (CILOXAN equiv)	-	2
erythromycin ophth oint	-	2
GENTAK OPHTH OINT	-	2
gentamicin ophth soln (GARAMYCIN equiv)	-	2
levofloxacin ophth soln (QUIXIN equiv)	-	2
LEVOFLOXACIN OPHTH SOLN 0.5%	-	2
moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv)	-	2
NEO/BAC/POLY OPHTH OINT	-	2
NEOMYCIN/POLYMIXIN/GRAMICIDIN OPHTH SOLN	-	2
ofloxacin ophth soln (OCUFLOX equiv)	-	2
polymyxin b/trimethoprim ophth soln (POLYTRIM equiv)	-	2
SULFACETAMIDE SOD OPHTH SOLN	-	2
sulfacetamide sodium ophth soln (BLEPH-10 equiv)	-	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
tobramycin ophth soln (TOBREX equiv)	-	2
AZASITE SOLN	-	3
BACITRACIN OPHTH OINT	-	3
NATACYN OPHTH SUSP (QL= 15ml/fill)	QL	3
TRIFLURIDINE OPHTH SOLN	-	3
ZIRGAN OPHTH GEL	-	3
BLEPH-10 OPHTH SOLN	-	4
CILOXAN OPHTH OINT	-	4
CILOXAN OPHTH SOLN	-	4
gatifloxacin ophth soln (ZYMAXID equiv)	-	4
NEOSPORIN OPHTH SOLN	-	4
OCUFLOX OPHTH SOLN	-	4
POLYTRIM OPHTH SOLN	-	4
TOBREX OPHTH OINT	-	4
TOBREX OPHTH SOLN	-	4
VIGAMOX OPHTH SOLN	-	4
ZYMAXID OPHTH SOLN	-	4
XDEMVY DROP (QL= 1 bottle/42 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS-SP	5
BESIFLOXACIN OPHTH SUSP, BESIVANCE OPHTH SUSP	-	NC
ERYTHROMYCIN OPHTH OINT	-	NC
LEVOFLOXACIN OPHTH SOLN	-	NC
MOXEZA OPHTH SOLN 0.5%	-	NC
MOXEZA OPHTH SOLN, MOXIFLOXACIN OPHTH SOLN, VIGAMOX OPHTH SOLN	-	NC
MOXIFLOXACIN SOLN	-	NC
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine ophth emulsion (RESTASIS equiv) (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	2
CEQUA (PF) OPHTH SOLN, VEVYE OPHTH SOLN	-	NC
CYCLOSPORINE OPHTH EMULSION 0.1%	-	NC
RESTASIS OPHTH EMULSION	-	NC
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA OPHTH SOLN (QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	3
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA OPHTH SOLN	-	NC
ROCKLATAN OPHTH SOLN	-	NC
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine ophth soln (ALCAINE equiv)	-	2
tetracaine hcl ophth soln	-	2
TETRACAINE OPHTH SOLN	-	2
ALCAINE OPHTH SOLN	-	4
IHEEZO GEL	-	NC
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE OPHTH SOLN (QL= 8 kits/affected eye/lifetime)	PA-QL-SP	5
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA OP KIT	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
PHOTREXA VISCOUS OPHTH SOLN	-	NC
OPHTHALMIC STEROIDS		
bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv)	-	2
fluorometholone ophth soln (FML LIQUIFILM equiv)	-	2
NEO/POLY/BAC/HC OPHTH OINT	-	2
neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv)	-	2
neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv)	-	2
prednisolone acetate ophth susp (PRED FORTE equiv)	-	2
PREDNISOLONE OPHTH SUSP	-	2
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN	-	2
sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv)	-	2
SULFACETAMIDE/PREDNISOLONE OPHTH SOLN	-	2
tobramycin/dexamethasone ophth soln (TOBRADEX equiv)	-	2
ALREX OPHTH SUSP	-	3
DEXAMETHASONE OPHTH SOLN	-	3
difluprednate ophth emulsion (DUREZOL equiv)	-	3
LOTEMAX OPHTH OINT	-	3
loteprednol etabonate ophth gel (LOTEMAX equiv)	-	3
loteprednol ophth susp (LOTEMAX, ALREX equiv)	-	3
MAXIDEX OPHTH SOLN	-	3
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPHTH SOLN	-	3
PRED MILD OPHTH SOLN	-	3
TOBRADEX OPHTH OINT	-	3
ALREX OPHTH SUSP 0.2%	-	4
DUREZOL OPHTH EMULSION	-	4
FLAREX OPHTH SUSP	-	4
FML FORTE OPHTH SUSP	-	4
FML LIQUIFLIM OPHTH SUSP	-	4
LOTEMAX GEL	-	4
MAXITROL OPHTH OINT	-	4
MAXITROL OPHTH SUSP	-	4
PRED FORTE OPHTH SUSP	-	4
TOBRADEX OPHTH SOLN	-	4
TOBRADEX ST OPHTH SUSP	-	4
BYQLOVI OPHTH SUSP	-	NC
BYQLOVI SUSP	-	NC
DEXTENZA OPHTH INSERT	-	NC
EYSUVIS OPHTH SUSP	-	NC
INVELTYS OPHTH SUSP	-	NC
KLARITY-B DROPS	-	NC
KLARITY-L DROPS	-	NC
LOTEMAX OPHTH SUSP	-	NC
LOTEMAX SM GEL 0.38%	-	NC
loteprednol etabonate-tobramycin ophth susp (ZYLET equiv)	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN OPHTH SUSP	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/BROMFENAC OPHTH SUSP	-	NC
PREDNISOLONE/MOXIFLOXACIN/KETOROLAC OPHTH SOLN	-	NC
PREDNISOLONE/MOXIFLOXACIN/NEPAFENAC OPHTH SUSP	-	NC
PREDNISOLONE/NEPAFENAC OPHTH SUSP	-	NC
ZYLET OPHTH SUSP	-	NC
OPHTHALMIC SURGICAL AIDS		
DUOVISC KIT	-	NC
OPHTHALMICS - MISC.		
azelastine ophth soln (OPTIVAR equiv)	-	2
cromolyn ophth soln (CROLOM equiv)	-	2
CROMOLYN SODIUM OPHTH SOLN	-	2
diclofenac sodium ophth soln (VOLTAREN equiv)	-	2
dorzolamide ophth soln (TRUSOPT equiv)	-	2
ketorolac ophth soln (ACULAR (LS) equiv)	-	2
KETOROLAC TROMETHAMINE OPHTH SOLN	-	2
brinzolamide ophth susp (AZOPT equiv)	-	3
bromfenac ophth soln (BROMDAY equiv)	-	3
FLURBIPROFEN OPHTH SOLN	-	3
ILEVRO OPHTH SUSP	-	3
MIEBO OPHTH SOLN (QL= 1 bottle/30 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS	3
NEVANAC OPHTH SUSP	-	3
ACULAR (LS) OPHTH SOLN	-	4
ACULAR (LS) OPHTH SOLN 0.4%	-	4
ACUVAIL OPHTH SOLN	-	4
ALOCRIL OPHTH SOLN	-	4
ALOMIDE OPHTH SOLN	-	4
AZOPT OPHTH SUSP	-	4
bepotastine ophth soln (BEPREVE equiv)	-	4
ELESTAT OPHTH SOLN	-	4
epinastine opthth soln (ELESTAT equiv)	-	4
TRUSOPT OPHTH SOLN	-	4
CYSTADROPS SOLN (QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist)	QL-RS-SP	5
CYSTARAN OPHTH SOLN (QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist)	QL-RS-SP	5
UPNEEQ SOLN	-	EXC
olopatadine ophth soln (PATANOL equiv)	-	NC
OMLONTI OPHTH SOLN	-	NC
PROLENSA OPHTH SOLN	-	NC
TRYPTYR SOLN	-	NC
ZERVIATE OPHTH SOLN	-	NC
PROSTAGLANDINS - OPHTHALMIC		
latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days)	QL	2
bimatoprost ophth soln (QL= 2.5ml/30 days)	QL	3
tafluprost preservative free (pf) ophth soln (ZIOPTAN OPHTH SOLN equiv) (QL= 1 vial/day)	PA-QL	3
travoprost ophth soln (TRAVATAN Z equiv) (QL= 2.5ml/30 days)	QL	3

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
OPHTHALMIC AGENTS Cont.		
TRAVATAN Z DROPS (QL= 2.5ml/30 days)	QL	4
XALATAN OPHTH SOLN (QL= 2.5ml/30 days)	QL	4
ZIOPTAN OPHTH SOLN (QL= 1 vial/day)	PA-QL	4
BIMATOPROST OPHTH SOLN	-	NC
IYUZEH OPHTH DROPS	-	NC
LUMIGAN OPHTH SOLN	-	NC
VYZULTA SOLN	-	NC
XELPROS OPHTH EMULSION	-	NC
ZOLYMBUS OPHTH GEL	-	NC
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln (VOSOL equiv)	-	2
OTIC ANTIFUNGALS		
CLOTIC SOLN	-	NC
OTIC ANTI-INFECTIVES		
ofloxacin otic soln (FLOXIN equiv)	-	2
ciprofloxacin hcl otic soln (CETRAXAL equiv)	-	3
XTORO OTIC SUSP	-	NC
OTIC COMBINATIONS		
neomycin/polymixin/hydrocoritisone otic soln (CORTISPORIN equiv)	-	2
neomycin/polymixin/hydrocoritisone otic susp (CORTISPORIN equiv)	-	2
ciprofloxacin/dexamethasone otic susp (CIPRODEX equiv)	-	3
COLY-MYCIN S OTIC SUSP	-	3
CIPRO HC OTIC SUSP	-	4
CIPRODEX OTIC SUSP	-	4
ciprofloxacin-hydrocortisone otic susp (CIPRO HC equiv)	-	4
antipyrine/benzocaine otic soln (AURALGAN equiv)	-	NC
CORTANE-B OTIC SOLN	-	NC
CORTIC-ND DROPS	-	NC
otomax-HC otic soln (CORTANE-B equiv)	-	NC
OTOVEL OTIC SOLN, CIPROFLOXACIN/FLUOCINOLONE OTIC SOLN	-	NC
OTIC STEROIDS		
acetic acid/hydrocortisone otic soln (VOSOL HC equiv)	-	2
fluocinolone otic oil (DERMOTIC equiv)	-	3
DERMOTIC OIL	-	4
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
MPM PAK	-	NC
OXYTOCICS		
methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill, 1 fill/365 days)	QL	3
PASSIVE IMMUNIZING AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ	PA-SP	5
CUVITRU INJ	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
PASSIVE IMMUNIZING AGENTS Cont.		
MONOCLONAL ANTIBODIES		
SYNAGIS INJ	-	NC
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
HIZENTRA INJ	PA-SP	5
XEMBIFY INJ	PA-SP	5
CUTAQUIG INJ	-	NC
MONOCLONAL ANTIBODIES		
BEYFORTUS INJ	VAC	1
ENFLONSIA INJ	VAC	1
PENICILLINS		
AMIDINOPENICILLINS		
PIVYA TAB	-	NC
AMINOPENICILLINS		
amoxicillin cap (TRIMOX equiv)	-	2
AMOXICILLIN CHEW	-	2
amoxicillin susp (TRIMOX equiv)	-	2
amoxicillin tab (AMOXIL equiv)	-	2
ampicillin cap (AMPICILLIN equiv)	-	2
MOXATAG TAB	-	NC
MOXATAG TAB 775MG	-	NC
NATURAL PENICILLINS		
penicillin vk tab (VEETIDS equiv)	-	2
PENICILLN VK SOLN	-	2
PENICILLN VK SOLN 125MG/5ML	-	NC
PENICILLN VK SOLN 250MG/5ML	-	NC
PENICILLIN COMBINATIONS		
amoxicillin/clavulanate susp (AUGMENTIN ES equiv)	-	2
amoxicillin/clavulanate tab (AUGMENTIN equiv)	-	2
AMOXICILLIN/CLAVULANATE CHEW TAB	-	3
amoxicillin/k clavulanate er tab (AMOXICILLIN/CLAVULANATE equiv)	-	4
AUGMENTIN ES-600 SUSP	-	4
AUGMENTIN SUSP	-	4
AUGMENTIN TAB	-	4
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin cap (DYNAPEN equiv)	-	2
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
TRICHOSOL SOLN	-	NC
SEMI SOLID VEHICLES		
POLYETHYLENE GLYCOL 8000 GRANULES	-	3
PROGESTINS		
PROGESTINS		

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
PROGESTINS Cont.		
medroxyprogesterone tab (PROVERA equiv)	-	2
norethindrone tab (AYGESTIN equiv)	-	2
progesterone cap (PROMETRIUM equiv)	-	2
progesterone oil inj	-	2
AYGESTIN TAB	-	4
megestrol ES susp (MEGACE ES equiv)	-	4
MEGESTROL SUSP	-	4
PROMETRIUM CAP	-	4
PROVERA TAB	-	4
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium DR tab (CAMPRAL equiv)	-	2
disulfiram tab (ANTABUSE equiv)	-	2
ANTABUSE TAB	-	4
lofexidine hcl tab (LUCEMYRA equiv) (QL= 96 tabs/7 days)	PA-QL	4
LUCEMYRA TAB (QL= 96 tabs/7 days)	PA-QL	4
disulfiram tab 500mg	-	NC
ANTI-CATAPLECTIC AGENTS		
sodium oxybate oral soln (XYREM equiv) (QL= 540ml/30 days)	PA-QL-SP	2
LUMRYZ PACK (QL= 1 pack/day)	PA-QL-SP	5
LUMRYZ STARTER PACK (QL= 1 packet/day)	PA-QL-SP	5
SODIUM OXYBATE SOLN (QL= 540ml/30 days)	PA-QL-SP	5
XYREM SOLN	-	NC
XYWAV SOLN	-	NC
ANTIDEMENTIA AGENTS		
donepezil ODT (ARICEPT equiv) (QL= 1 tab/day)	QL	2
donepezil tab (ARICEPT equiv) (QL= 2 tabs/day)	QL	2
galantamine ER cap (RAZADYNE ER equiv)	-	2
galantamine tab (RAZADYNE equiv)	-	2
memantine tab (NAMENDA equiv)	-	2
MEMANTINE TITRATION PAK	-	2
rivastigmine cap (EXELON equiv)	-	2
donepezil tab 23mg (ARICEPT equiv) (QL= 1 tab/day)	QL	3
GALANTAMINE SOLN	-	3
memantine ER cap (NAMENDA XR equiv)	-	3
memantine sol (NAMENDA equiv)	-	3
NAMENDA XR TITRATION PACK	-	3
rivastigmine patch (EXELON equiv)	-	3
ARICEPT TAB (QL= 2 tabs/day)	QL	4
ARICEPT TAB 23MG (QL= 1 tab/day)	QL	4
EXELON PATCH	-	4
NAMENDA TAB	-	4
NAMENDA XR CAP	-	4
RAZADYNE SOLN	-	4
RAZADYNE TAB	-	4

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
LEQEMBI IQLIK INJ 250MG/1.25ML (QL= 8 inj/28 days)	PA-QL-SP	5
LEQEMBI IQLK INJ (QL= 4 inj/28 days)	PA-QL-SP	5
ADLARITY PATCH	-	NC
memantine hcl-donepezil hcl 24hr er cap (NAMZARIC equiv)	-	NC
NAMZARIC CAP	-	NC
NAMZARIC STARTER PACK	-	NC
ZUNVEYL TAB	-	NC
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE/AMITRIPTYLINE TAB	-	2
PERPHENAZINE/ AMITRIPTYLINE TAB	-	2
olanzapine/fluoxetine cap (SYMBYAX equiv)	-	3
SYMBYAX CAP	-	4
DULOXICAINE PACK	-	NC
LYBALVI TAB	-	NC
FIBROMYALGIA AGENTS		
milnacipran hcl tab (SAVELLA equiv) (QL= 2 tabs/day)	QL	3
milnacipran hcl tab pak (SAVELLA equiv)	-	3
SAVELLA PAK	-	4
SAVELLA TAB (QL= 2 tabs/day)	QL	4
TONMYA SL TAB	-	NC
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab (XENAZINE equiv)	-	2
AUSTEDO TAB (QL= 4 tabs/day)	PA-QL-SP	5
AUSTEDO XR TAB (QL= 1 tab/day)	PA-QL-SP	5
AUSTEDO XR TAB TITRATION KIT (QL= 1 pack/28 days)	PA-QL-SP	5
AUSTEDO XR TITRATION PACK (QL= 1 pack/28 days)	PA-QL-SP	5
INGREZZA CAP (QL= 1 cap/day)	PA-QL	5
INGREZZA PACK 40-80MG (QL= 1 pack/28 days)	PA-QL	5
INGREZZA SPRINKLE CAP (QL= 1 cap/day)	PA-QL	5
AUSTEDO TITRATION PACK	-	NC
XENAZINE TAB	-	NC
MULTIPLE SCLEROSIS AGENTS		
cladribine tab therapy pack (MAVENCLAD equiv)	SP	2
dalfampridine ER tab (AMPYRA equiv) (QL= 2 tabs/day; Restricted to Neurology Specialist)	QL-RS	2
dimethyl fumarate DR cap (TECFIDERA equiv)	-	2
dimethyl fumarate DR starter pack (TECFIDERA STARTER PACK equiv)	-	2
fingolimod hcl cap 0.5mg (GILENYA equiv) (QL= 1 cap/day)	QL-SP	2
glatiramer inj (COPAXONE equiv)	-	2
teriflunomide tab (AUBAGIO TAB equiv)	SP	2
AVONEX INJ	SP	5
BETASERON INJ	SP	5
GILENYA CAP 0.25MG (QL= 1 cap/day)	QL-SP	5
KESIMPTA INJ	SP	5
MAYZENT TAB	SP	5
MAYZENT TAB STARTER PACK	SP	5

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
PLEGRIDY INJ	SP	5
PLEGRIDY PEN INJ	SP	5
REBIF INJ	-	5
ZEPOSIA CAP (QL= 1 cap/day)	PA-QL	5
ZEPOSIA STARTER PACK (QL= 1 cap/day)	PA-QL	5
AMPYRA TAB	-	NC
AUBAGIO TAB	-	NC
BAFIERTAM CAP	-	NC
COPAXONE INJ	-	NC
EXTAVIA INJ	-	NC
GILENYA CAP 0.5MG	-	NC
MAVENCLAD THERAPY PAK	-	NC
PONVORY TAB	-	NC
PONVORY TAB STARTER PACK	-	NC
TASCENSO ODT TAB	-	NC
TECFIDERA CAP	-	NC
TECFIDERA STARTER PACK	-	NC
TYSABRI INJ	-	NC
VUMERITY CAP	-	NC
ZINBRYTA INJ	-	NC
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
gabapentin (once-daily) tab (GRALISE equiv)	-	NC
GRALISE TAB	-	NC
LIDOTIN PAK	-	NC
LYRICA CR TAB	-	NC
pregabalin ER tab (LYRICA CR equiv)	-	NC
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
fluoxetine cap (SARAFEM equiv)	-	NC
FLUOXETINE CAP (PMDD)	-	NC
SARAFEM TAB	-	NC
PSEUDOBULBAR AFFECT (PBA) AGENTS		
dextromethorphan hbr-quinidine sulfate cap (NUEDEXTA equiv) (QL= 2 caps/day)	PA-QL	3
NUEDEXTA CAP	-	NC
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
pimozide tab (ORAP equiv)	-	3
ORAP TAB	-	4
AQNEURSA PACKET FOR SUSPENSION (QL= 4 packets/day)	PA-QL-SP	5
MIPLYFFA CAP	-	NC
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB	-	NC
SMOKING DETERRENTS		
bupropion SR tab (ZYBAN equiv) (Limited to 180 days/plan year)	QL-SMKG	1
NICODERM PATCH (Limited to 180 days/plan year)	OTC-QL-SMKG	1
NICORETTE GUM (Limited to 180 days/plan year)	OTC-QL-SMKG	1
NICORETTE LOZENGE (Limited to 180 days/plan year)	OTC-QL-SMKG	1

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont.		
nicotine gum (NICORETTE equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	1
NICOTINE KIT (Limited to 180 days/plan year)	OTC-QL-SMKG	1
nicotine lozenge (COMMIT equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	1
nicotine patch (NICODERM equiv) (Limited to 180 days/plan year)	OTC-QL-SMKG	1
NICOTROL INHALER (Limited to 180 days/plan year)	QL-SMKG	1
NICOTROL NASAL SPRAY (Limited to 180 days/plan year)	QL-SMKG	1
VARENICLINE TAB (Limited to 180 days/plan year)	QL-SMKG	1
varenicline tartrate tab (CHANTIX equiv) (Limited to 180 days/plan year)	QL-SMKG	1
varenicline tartrate tab starter pack (CHANTIX equiv) (Limited to 180 days/plan year)	QL-SMKG	1
ZYBAN TAB (Limited to 180 days/plan year)	QL-SMKG	1
CHANTIX STARTER PACK	SMKG	NC
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
WAINUA INJ (QL= 1 inj/28 days)	PA-QL-SP	5
VASOMOTOR SYMPTOM AGENTS		
BRISDELLE CAP	-	NC
paroxetine cap (BRISDELLE equiv)	-	NC
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST/PROLASTIN/ZEMAIRA INJ	-	NC
CYSTIC FIBROSIS AGENTS		
ALYFTREK TAB (QL= 2 tabs/day)	PA-QL-SP	5
ALYFTREK TAB 4-20-50MG (QL= 3 tabs/day)	PA-QL-SP	5
KALYDECO PAK (QL= 2 packets/day)	PA-QL-SP	5
KALYDECO TAB (QL= 2 tabs/day)	PA-QL-SP	5
ORKAMBI GRANULES PACKET (QL= 2 packets/day)	PA-QL-SP	5
ORKAMBI TAB (QL= 4 tabs/day)	PA-QL-SP	5
PULMOZYME INH SOLN	SP	5
SYMDEKO TAB (QL= 2 tabs/day)	PA-QL-SP	5
TRIKAFTA TAB (QL= 84 tabs/28 days)	PA-QL-SP	5
TRIKAFTA THERAPY PACK (QL= 2 packets/day)	PA-QL-SP	5
BRONCHITOL CAP	-	NC
PULMONARY FIBROSIS AGENTS		
nintedanib esylate cap (OFEV equiv) (QL= 2 caps/day)	PA-QL	2
pirfenidone cap (ESBRIET equiv) (QL= 9 caps/day)	PA-QL	2
pirfenidone tab 267mg (ESBRIET equiv) (QL= 9 tabs/day)	PA-QL	2
pirfenidone tab 801mg (ESBRIET equiv) (QL= 3 tabs/day)	PA-QL	2
ESBRIET CAP	-	NC
ESBRIET TAB	-	NC
JASCAYD TAB	-	NC
OFEV CAP	-	NC
PIRFENIDONE TAB	-	NC
RESPIRATORY AGENTS - MISC.		
BRINSUPRI TAB (QL= 1 tab/day)	PA-QL-SP	5
SULFONAMIDES		

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

SULFONAMIDES Cont.

DrugName	Special Code	Tier
SULFONAMIDES		
sulfadiazine tab	-	4

TETRACYCLINES

DrugName	Special Code	Tier
AMINOMETHYLCYCLINES		
NUZYRA TAB	-	NC
TETRACYCLINES		
doxycycline hyclate cap (VIBRAMYCIN equiv)	-	2
doxycycline hyclate tab (VIBRATAB equiv)	-	2
doxycycline monohydrate cap (MONODOX equiv)	-	2
doxycycline monohydrate tab (ADOXA equiv)	-	2
minocycline cap (MINOCIN equiv)	-	2
doxycycline susp (VIBRAMYCIN equiv)	-	3
minocycline tab (DYNACIN equiv)	-	3
demeclocycline tab (DECLOMYCIN equiv)	-	4
DYNACIN TAB	-	4
MINOCIN CAP	-	4
MONODOX CAP	-	4
tetracycline cap	-	4
VIBRAMYCIN CAP	-	4
VIBRAMYCIN SUSP	-	4
ACTICLATE TAB 75MG, 150MG	-	NC
DORYX MPC TAB	-	NC
DORYX TAB	-	NC
DOXYCYCLINE HYCLATE CAP	-	NC
doxycycline hyclate DR tab (DORYX equiv)	-	NC
doxycycline hyclate tab (TARGADOX equiv)	-	NC
doxycycline hyclate tab 75mg, 150mg (ACTICLATE equiv)	-	NC
doxycycline monohydrate cap 150mg (MONODOX equiv)	-	NC
doxycycline monohydrate cap 75mg (MONODOX equiv)	-	NC
doxycycline monohydrate tab 150mg (ADOXA equiv)	-	NC
MINOCYCLINE ER CAP	-	NC
minocycline ER tab (SOLODYN equiv)	-	NC
MINOLIRA TAB	-	NC
SEYSARA TAB	-	NC
SOLODYN TAB	-	NC
TETRACYCLINE TAB	-	NC

THYROID AGENTS

DrugName	Special Code	Tier
ANTITHYROID AGENTS		
methimazole tab (TAPAZOLE equiv)	-	2
propylthiouracil tab	-	2
TAPAZOLE TAB	-	4
SODIUM IODIDE I-131 SOLN	-	NC
THYROID HORMONE RECEPTOR AGONIST		
EMCITATE TAB	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
THYROID AGENTS Cont.		
THYROID HORMONES		
levothyroxine tab (SYNTHROID equiv)	-	2
liothyronine tab (CYTOMEL equiv)	-	2
CYTOMEL TAB	-	4
SYNTHROID TAB	-	4
TIROSINT-SOL (QL= 1ml/day; Prior Authorization required for members age 9 years and older)	PA-QL	4
ARMOUR THYROID TAB, NATURE THYROID TAB	-	NC
ERMEZA SOLN 150 MCG/5ML	-	NC
LEVOTHYROXINE INJ	-	NC
LEVOTHYROXINE INJ 100MCG/ML	-	NC
THYQUIDITY SOLN	-	NC
TIROSINT CAP	-	NC
TOXOIDS		
TOXOID COMBINATIONS		
ADACEL/BOOSTRIX INJ	VAC	1
DAPTACEL INJ, INFANRIX INJ	VAC	1
DIPTHERIA/TETANUS TOXOID (PEDIATRIC) INJ	VAC	1
KINRIX INJ, QUADRACEL DTAP-IPV INJ	VAC	1
KINRIX PREF SYRINGE, QUADRACEL PREF SYRINGE	VAC	1
PEDIARIX INJ	VAC	1
PENTACEL INJ	VAC	1
TETANUS/DIPHTHERIA TOXOID INJ	VAC	1
VAXELIS INJ	VAC	1
ULCER DRUGS		
ANTISPASMODICS		
dicyclomine cap (BENTYL equiv)	-	2
dicyclomine tab (BENTYL equiv)	-	2
hyoscyamine sulfate CR tab (LEVBID equiv)	-	2
hyoscyamine sulfate ODT (ANASPAZ equiv)	-	2
hyoscyamine sulfate SL tab (LEVSIN equiv)	-	2
hyoscyamine tab (LEVSIN equiv)	-	2
BELLADONNA ALKALOID/OPIUM SUPP	-	3
dicyclomine soln (BENTYL equiv)	-	3
glycopyrrolate tab (ROBINUL equiv)	-	3
ANASPAZ ODT	-	4
BENTYL CAP	-	4
BENTYL SYRUP	-	4
methscopolamine tab (PAMINE equiv)	-	4
ROBINUL TAB	-	4
b-donna tab (DONNATAL equiv)	-	NC
chlordiazepoxide/clidinium cap (LIBRAX equiv)	-	NC
DONNATAL TAB	-	NC
GLYCATE TAB, GLYCOPYRROLATE TAB	-	NC
LEVSIN INJ	-	NC
LIBRAX CAP	-	NC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ULCER DRUGS Cont.		
H-2 ANTAGONISTS		
cimetidine soln (CIMETIDINE equiv)	-	2
cimetidine tab (TAGAMET equiv) (Rx Only)	-	2
famotidine tab (PEPCID equiv) (Rx Only)	-	2
nizatidine cap (AXID equiv)	-	2
famotidine susp (PEPCID equiv)	-	3
AXID CAP	-	4
PEPCID SUSP	-	4
PEPCID TAB (Rx Only)	-	4
MISC. ANTI-ULCER		
sucralfate tab (CARAFATE equiv)	-	2
CARAFATE TAB	-	4
PROTON PUMP INHIBITORS		
esomeprazole cap (NEXIUM equiv) (Rx Only)	-	2
lansoprazole cap (PREVACID equiv) (Rx Only)	-	2
omeprazole DR cap (PRILOSEC equiv)	-	2
pantoprazole EC tab (PROTONIX equiv)	-	2
rabeprazole EC tab (ACIPHEX equiv)	-	2
ACIPHEX TAB	-	4
NEXIUM CAP (Rx Only)	-	4
PREVACID CAP	OTC	4
ACIPHEX SPRINKLE CAP	-	NC
FIRST OMEPRAZOLE SUSP	-	NC
LANSOPRAZOLE SUSP	-	NC
PRILOSEC CAP	-	NC
PROTONIX EC TAB	-	NC
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab (CYTOTEC equiv)	-	2
CYTOTEC TAB	-	4
ULCER THERAPY COMBINATIONS		
HELIDAC PACK	-	NC
omeprazole/sodium bicarbonate cap (ZEGERID equiv)	-	NC
omeprazole/sodium bicarbonate powder pack (ZEGERID equiv)	-	NC
ZEGERID CAP	-	NC
ZEGERID POWDER PACK	-	NC
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
HYOSCYAMINE ELXIR	-	2
HYOSCYAMINE SULFATE ER TAB	-	2
HYOSCYAMINE SULFATE SL TAB	-	2
HYOSCYAMINE TAB	-	2
CUVPOSA SOLN	-	4
glycopyrrolate oral soln (CUVPOSA equiv)	-	4
LEVBID ER TAB 0.375MG	-	4

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS Cont.		
LEVSIN SL TAB 0.125MG	-	4
LEVSIN TAB 0.125MG	-	4
CHLORDIAZEPOXIDE/CLIDINIUM CAP	-	NC
DARTISLA ODT TAB	-	NC
DERMACINRX TAB	-	NC
DICYCLOMINE TAB	-	NC
DONNATAL ELXIR	-	NC
GLYCATE TAB	-	NC
HYOSCYAMINE INJ	-	NC
H-2 ANTAGONISTS		
NIZATIDINE CAP	-	2
RANITIDINE TAB	-	NC
MISC. ANTI-ULCER		
sucralfate susp (CARAFATE equiv)	-	3
CARAFATE SUSP	-	4
PROTON PUMP INHIBITORS		
dexlansoprazole DR cap (DEXILANT equiv)	-	4
esomeprazole DR granule pack (NEXIUM equiv) (Prior Authorization required for members age 9 years and older)	PA	4
lansoprazole odt (PREVACID SOLUTAB equiv) (Prior Authorization required for members age 9 years and older)	PA	4
omeprazole tab	OTC	EXC
DEXILANT DR CAP	-	NC
FIRST PANTOPRAZOLE SUSP	-	NC
NEXIUM GRANULE PACK	-	NC
pantoprazole sodium packet (PROTONIX PAK equiv)	-	NC
PREVACID SOLUTAB	-	NC
VOQUEZNA TAB	-	NC
ULCER THERAPY COMBINATIONS		
bismuth/metro/tetra cap (PYLERA equiv)	-	NC
KONVOMEP SUSP	-	NC
lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv)	-	NC
LANSOPRAZOLE/AMOXICILLIN/CLARITHTHROMYCIN KIT	-	NC
PYLERA CAP	-	NC
TALICIA CAP	-	NC
VOQUEZNA DUAL PAK	-	NC
VOQUEZNA TRIP PAK	-	NC
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVE COMBINATIONS		
PROSED DS TAB	-	NC
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW)		
trospium chloride SR cap (SANCTURA XR equiv)	-	3
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
fesoterodine fumarate ER tab (TOVIAZ equiv)	-	2
oxybutynin ER tab (DITROPAN XL equiv)	-	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
URINARY ANTISPASMODICS Cont.		
oxybutynin syrup	-	2
oxybutynin tab (DITROPAN equiv)	-	2
solifenacin tab (VESICARE equiv)	-	2
tolterodine SR cap (DETROL LA equiv)	-	2
tolterodine tab (DETROL equiv)	-	2
trospium tab (SANCTURA equiv)	-	2
darifenacin SR tab (ENABLEX equiv)	-	3
DETROL LA CAP	-	4
DETROL TAB	-	4
DITROPAN XL TAB	-	4
ENABLEX TAB	-	4
TOVIAZ TAB	-	4
VESICARE TAB	-	4
oxybutynin tab 2.5mg	-	NC
VESICARE LS SUSP	-	NC
URINARY ANTISPASMODIC COMBINATIONS		
URELIEF PLUS TAB	-	NC
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB	-	3
GEMTESA TAB	-	NC
mirabegron granules for oral extended release susp (MYRBETRIQ equiv)	-	NC
mirabegron tab er (MYRBETRIQ equiv)	-	NC
MYRBETRIQ SUSP	-	NC
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol tab (URECHOLINE equiv)	-	2
URECHOLINE TAB	-	4
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS (NEW)		
flavoxate tab (URISPAS equiv)	-	4
VACCINES		
BACTERIAL VACCINES		
ACTHIB INJ, HIBERIX INJ	VAC	1
BEXSERO INJ	VAC	1
CAPVAXIVE INJ	VAC	1
MENACTRA INJ	VAC	1
MENQUADFI INJ	VAC	1
MENVEO INJ	VAC	1
PEDVAXHIB INJ	VAC	1
PENBRAYA INJ	VAC	1
PENMENVY INJ	VAC	1
PNEUMOVAX INJ	VAC	1
PREVNAR 20 INJ	VAC	1
TRUMENBA INJ	VAC	1
VAXNEUVANCE INJ	VAC	1
BCG INJ	VAC	EXC
TYPHIM VI INJ	VAC	EXC

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
VACCINES Cont.		
VAXCHORA SUSP	VAC	EXC
VIVOTIF CAP	VAC	EXC
VIRAL VACCINES		
ABRYSVO INJ (QL= 1 dose/lifetime)	QL-VAC	1
AFLURIA INJ, FLUZONE INJ (QL= 1 inj/28 days)	QL-VAC	1
AREXVY INJ (QL= 1 dose/lifetime)	QL-VAC	1
COMIRNATY INJ (QL= 1 dose/17 days)	QL-VAC	1
COMIRNATY INJ 30MCG/0.3ML (QL= 1 dose/17 days)	QL-VAC	1
COVID-19 VACCINE INJ 5-11Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	1
COVID-19 VACCINE INJ 6M-11Y (MODERNA) (QL= 1 dose/24 days)	QL-VAC	1
COVID-19 VACCINE INJ 6M-4Y (PFIZER) (QL= 1 dose/17 days)	QL-VAC	1
DENGVAXIA SUSP	VAC	1
ENGERIX-B INJ, RECOMBIVAX-HB INJ	VAC	1
FLUAD INJ (QL= 1 inj/28 days)	QL-VAC	1
FLUBLOK INJ (QL= 1 inj/28 days)	QL-VAC	1
FLUCELVAX INJ (QL= 1 inj/28 days)	QL-VAC	1
FLULAVAL INJ, FLUARIX INJ (QL= 1 inj/28 days)	QL-VAC	1
FLUMIST NASAL (QL= 1 dose/28 days)	QL-VAC	1
FLUZONE HIGH DOSE PF INJ (QL= 1 inj/28 days)	QL-VAC	1
GARDASIL 9 INJ	VAC	1
HAVRIX INJ, VAQTA INJ	VAC	1
HEPLISAV-B INJ	VAC	1
IPOL INJ	VAC	1
JYNNEOS INJ	VAC	1
MFLUSIVA INJ (QL= 1 inj/28; Covered for members age 50 years and older)	QL-VAC	1
M-M-R II INJ	VAC	1
MNEXSPIKE INJ 10MCG/0.2ML (QL= 1 dose/24 days)	QL-VAC	1
MRESVIA INJ (QL= 1 dose/lifetime)	QL-VAC	1
NOVAVAX INJ (QL= 1 dose/24 days)	QL-VAC	1
PREHEVBRIO SUSP	VAC	1
PRIORIX INJ	VAC	1
PROQUAD INJ	VAC	1
ROTARIX SUSP	VAC	1
ROTATEQ INJ	VAC	1
SHINGRIX INJ (Covered for members age 19 years and older)	VAC	1
SPIKEVAX INJ (QL= 1 dose/24 days)	QL-VAC	1
SPIKEVAX INJ 50MCG/0.5ML (QL= 1 dose/24 days)	QL-VAC	1
TWINRIX INJ	VAC	1
VARIVAX INJ	VAC	1
IMOVAX INJ	VAC	EXC
IXCHIQ INJ	VAC	EXC
IXIARO INJ	VAC	EXC
TICOVAC INJ	VAC	EXC
VIMKUNYA INJ	VAC	EXC
YF-VAX INJ	VAC	EXC

VAGINAL AND RELATED PRODUCTS

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
VAGINAL ANTI-INFECTIVES		
CLINDESSE VAGINAL CREAM (QL= 1 applicator/fill)	QL	3
XACIATO GEL (QL= 1 applicator/fill)	QL	3
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL (QL= 1 box/fill)	QL	1
VAGINAL PROGESTINS		
ENDOMETRIN SUPP	-	NC
progesterone vaginal insert (ENDOMETRIN equiv)	-	NC

VAGINAL PRODUCTS

MISCELLANEOUS VAGINAL PRODUCTS		
FEM PH GEL	-	4
INTRAROSA SUPP	-	NC
SPERMICIDES		
CONTRACEPTIVE FILM	OTC	1
CONTRACEPTIVE GEL	OTC	1
CONTRACEPTIVE SUPP	OTC	1
TODAY SPONGE	OTC	1
VAGINAL ANTI-INFECTIVES		
clindamycin vaginal cream (CLEOCIN equiv) (QL=1 tube/fill)	QL	2
metronidazole vaginal gel (METROGEL equiv)	-	2
terconazole cream (TERAZOL equiv)	-	2
TERCONAZOLE CREAM 0.8%	-	2
terconazole supp (TERAZOL equiv)	-	2
CLEOCIN VAGINAL CREAM	-	4
CLEOCIN VAGINAL SUPP (QL= 3 suppositories/fill)	QL	4
GYNAZOLE CREAM	-	4
METROGEL VAGINAL GEL	-	4
MICONAZOLE 3 SUPP 200MG	-	4
TERAZOL CREAM	-	4
VAGINAL ESTROGENS		
estradiol cream (ESTRACE equiv)	-	2
estradiol vaginal tab, yuvafem vaginal tab (VAGIFEM equiv) (QL= 8 tabs/28 days (18 tabs on first fill))	QL	3
ESTRING (3 copays per Rx)	-	3
PREMARIN VAGINAL CREAM	-	3
ESTRACE VAGINAL CREAM	-	4
FEMRING (3 copays per Rx)	-	4
VAGIFEM TAB (QL= 8 tabs/28 days (18 tabs on first fill))	QL	4
IMVEXXY SUPP	-	NC
VAGINAL PROGESTINS		
CRINONE GEL	PA	3
PROGESTERONE SUPP	PA	4
ENDOMETRIN INSERT	-	NC

VASOPRESSORS

ANAPHYLAXIS THERAPY AGENTS		
epinephrine pen inj 0.15mg, 0.3mg (EPIPEN (JR) equiv) (QL= 2 inj/fill)	QL	2

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

DrugName	Special Code	Tier
VASOPRESSORS Cont.		
NEFFY SPRAY (QL= 2 doses/fill)	QL	3
ADRENACLICK INJ, EPINEPHRINE INJ	-	NC
AUVI-Q INJ	-	NC
EPIPEN (JR) INJ	-	NC
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap (NORTHERA equiv)	-	NC
NORTHERA CAP	-	NC
VASOPRESSORS		
midodrine tab (PROAMATINE equiv)	-	2
VITAMINS		
MISC. NUTRITIONAL FACTORS		
PRENATAL VITAMINS (NON-PREFERRED)	-	4
OIL SOLUBLE VITAMINS		
vitamin D cap (Rx covered Only)	-	2
phytonadione tab (MEPHYTON equiv)	-	3
DRISDOL CAP	-	4
MEPHYTON TAB	-	4
cholecalciferol cap 50000 unit	-	NC
ERGOCAL CAP	-	NC
vitamin D cap 1000unit	OTC	NC
vitamin D cap 400unit	OTC	NC
VITAMIN D TAB 400UNIT	OTC	NC
WATER SOLUBLE VITAMINS		
POTABA CAP	-	4

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

NC = Not Covered
NC/3P = Not Covered, Third Party Reviewer
generic = small letters
BRANDS = CAPITAL LETTERS

INF	Infertility	M	Medical Benefit	OTC	Over-the-Counter
PA	Prior Authorization	QL	Quantity Limit	RDX	Restricted to Diagnosis
RS	Restricted to Specialist	SF	Limited to two 15 day fills per month for first 3 months	SMKG	Smoking Cessation
SP	Available through Specialty Pharmacy Program	ST	Step Therapy	VAC	Vaccine Program
¢	RxCENTS				

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.

Peak Health Plan Formulary
Prior Authorization Drug List
Last Updated* 11/1/2026

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)
ACTHAR GEL INJ	5
ACTIMMUNE INJ	5
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML	5
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT	5
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (1 PEN) KIT	5
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT	5
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT	5
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (1 PEN) KIT	5
ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT	5
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	5
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML	5
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	5
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	5
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML	5
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 40MG/0.4ML	5
adapalene cream	3
adapalene gel 0.3%	3
ADBRY INJ	5
ADVATE, KOVALTRY INJ	5
AFSTYLA KIT	5
AIMOVIG INJ	3
AJOVY INJ	3
ALECENSA CAP	5
ALHEMO INJ	5
ALINIA TAB	4
ALKINDI SPRINKLE CAP 0.5MG	5
ALKINDI SPRINKLE CAP 1MG	5
ALPHANATE, HUMATE-P INJ	5
ALPHANINE SD INJ	5
ALPROLIX INJ	5
ALTUVIIIO INJ	5
ALUNBRIG TAB 30MG	5
ALUNBRIG TAB 90MG, 180MG	5
ALYFTREK TAB	5
ALYFTREK TAB 4-20-50MG	5
ambrisentan tab	2
ANDROGEL 1% 25MG	4
ANDROGEL 1% 50MG, TESTIM GEL 1%	4
ANDROGEL 1.62% 1.25GM	4
ANDROGEL 1.62% 2.5GM	4
ANDROGEL PUMP 1.62%	4

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

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)
AQNEURSA PACKET FOR SUSPENSION	5
AQVESME TAB 100MG	5
ARBLI SUSP	4
ARIKAYCE SUSP	5
ATORVALIQ SUSP	4
ATTRUBY PACK	5
AUGTYRO CAP	5
AUGTYRO CAP 160MG	5
AUSTEDO TAB	5
AUSTEDO XR TAB	5
AUSTEDO XR TAB TITRATION KIT	5
AUSTEDO XR TITRATION PACK	5
AVMAPKI FAKZYNJA CO-PACK	5
AVTOZMA INJ	5
AYVAKIT TAB	5
baclofen oral soln 10MG/5ML	4
baclofen oral soln 5mg/5ml	4
BACLOFEN SOLN	4
baclofen susp	4
BALVERSA TAB 3MG	5
BALVERSA TAB 4MG	5
BALVERSA TAB 5MG	5
BARACLUDE SOLN	4
BENEFIX INJ	5
BENLYSTA AUTO-INJECTOR	5
BENLYSTA INJ	5
BERINERT INJ	5
BESREMI INJ	5
BESREMI PEN INJ	5
bexarotene gel	2
BIMZELX INJ	5
BIMZELX INJ 320MG/2ML	5
BIMZELX SYRINGE	5
BIMZELX SYRINGE 320MG/2ML	5
bosentan tab	2
bosentan tab for oral susp	2
bosutinib tab	2
BRAFTOVI CAP 75MG	5
BRINSUPRI TAB	5
BRUKINSA CAP	5
BRUKINSA TAB	5

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.

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)
budesonide ER tab	4
budesonide rectal foam	4
BYLVAY CAP 1200MCG	5
BYLVAY CAP 400MCG	5
BYLVAY SPRINKLE CAP 200MCG	5
BYLVAY SPRINKLE CAP 600MCG	5
CABLIVI INJ KIT	5
CABOMETYX TAB	5
CALQUENCE TAB	5
CAMZYOS CAP	5
CAPRELSA TAB	5
CAPRELSA TAB 300MG	5
carglumic acid tab	2
CAROSPIR SUSP	4
CERDELGA CAP	5
CHOLBAM CAP	5
CIBINQO TAB	5
CIMZIA INJ	5
CIMZIA INJ 200MG/ML	5
CINRYZE INJ	5
clobazam susp	2
COAGADEX INJ	5
COMETRIQ KIT	5
COPIKTRA CAP	5
CORIFACT KIT	5
CORLANOR SOLN	4
COTELLIC TAB	5
CRENESSITY CAP	5
CRENESSITY SOLN	5
CRINONE GEL	3
dasatinib tab	2
DAWNZERA INJ	5
DAYBUE SOLN	5
DAYBUE STIX POWDER	5
DAYBUE STIX POWDER 8000MG	5
DAYVIGO TAB	4
deferiprone tab	2
dextromethorphan hbr-quinidine sulfate cap	3
DIACOMIT CAP	5
DIACOMIT POWDER PACK	5
diclofenac gel	3

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.

Peak Health Plan Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2026

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)
DIFFERIN CREAM	4
DIFFERIN GEL	4
DOPTELET SPRINKLE CAP	5
DOPTELET TAB	5
dronabinol cap	3
DUPIXENT INJ	5
DUPIXENT PEN INJ	5
EBGLYSS INJ	5
EBGLYSS PEN INJ	5
EKTERLY TAB	5
ELOCTATE INJ	5
eltrombopag olamine powder pack for susp	2
eltrombopag olamine tab	2
eltrombopag olamine tab 50mg	2
eltrombopag olamine tab 75mg	2
EMGALITY INJ	3
EMGALITY INJ 100MG/ML	3
EMPAVELI INJ	5
enalapril maleate oral soln	3
ENBREL INJ 25MG	5
ENBREL INJ 50MG	5
ENBREL MINI INJ	5
ENBREL SURECLICK INJ 50MG	5
ENSACOVE CAP	5
ENSACOVE CAP 100MG	5
ENSPRYNG INJ	5
ENTYVIO SC INJ	5
EPANED SOLN	4
EPIDIOLEX SOLN	5
ERGOMAR SL TAB	4
ERIVEDGE CAP	5
ERLEADA TAB	5
ERLEADA TAB 240MG	5
erlotinib tab	2
erlotinib tab 25mg	2
esomeprazole DR granule pack	4
ESPEROCT INJ	5
everolimus tab	2
everolimus tab (ZORTRESS equiv)	3
everolimus tab for oral susp	2
EVRYSDI SOLN	5

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.

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)
EVRYSDI TAB	5
EZALLOR SPRINKLE CAP	4
FANAPT TAB	4
FANAPT TITRATION PACK	4
FANAPT TITRATION PACK 1MG/2MG/6MG/8MG	4
FASENRA PEN INJ	5
fentanyl citrate lollipop	3
FERRIPROX SOLN	5
FESILTY INJ	5
FIBRYGA INJ	5
FILSPARI TAB	5
FINTEPLA SOLN	5
FIRDAPSE TAB	5
FLEQSUVY SUSP	4
FLOLIPID SUSP	4
FOTIVDA CAP	5
FRUZAQLA CAP 1MG	5
FRUZAQLA CAP 5MG	5
GALAFOLD CAP	5
GAVRETO CAP	5
gefitinib tab	2
GENOTROPIN INJ	5
GENOTROPIN INJ 5MG	5
GENOTROPIN MINIQUICK INJ	6
GILOTRIF TAB	5
GLOPERBA SOLN	4
GOMEKLI CAP	5
GOMEKLI CAP 1MG	5
GOMEKLI TAB FOR ORAL SUSP	5
HAEGARDA INJ	5
HEMANGEOL ORAL SOLN	5
HEMANGEOL SOLN	5
HEMLIBRA INJ	5
HEMOFIL M, KOATE INJ	5
HERNEXEOS TAB	5
HIZENTRA INJ	5
HYCAMTIN CAP	5
HYFTOR GEL	5
HYRNUO TAB	5
IBTROZI CAP	5
icatibant inj	2

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

Peak Health Plan Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2026

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)
ICLUSIG TAB	5
IDHIFA TAB	5
IMBRUVICA CAP 140MG	5
IMBRUVICA CAP 70MG	5
IMBRUVICA SUSP	5
IMBRUVICA TAB 420MG	5
IMCIVREE INJ	5
INBRIJA INH POWDER	5
INGREZZA CAP	5
INGREZZA PACK 40-80MG	5
INGREZZA SPRINKLE CAP	5
INLURIYO TAB	5
INLYTA TAB	5
INLYTA TAB 1MG	5
INQOVI TAB	5
INZIRQO SUSP	4
IQIRVO TAB	5
ISTURISA TAB	5
itraconazole soln	4
IWILFIN TAB	5
JAKAFI TAB	5
JAKAFI XR TAB	5
JAYPIRCA TAB	5
JIVI INJ	5
JOENJA TAB	5
JYLAMVO SOLN, XATMEP SOLN	4
KALYDECO PAK	5
KALYDECO TAB	5
KATERZIA SUSP	4
KERENDIA TAB	3
KEVZARA INJ	5
KHINDIVI SOLN	5
KINERET INJ	5
KISQALI PAK	5
KISQALI TAB	5
KOSELUGO CAP	5
KOSELUGO CAP 10MG	5
KOSELUGO SPRINKLE CAP	5
KOSELUGO SPRINKLE CAP 5MG	5
KRAZATI TAB	5
KYNMOBI FILM	5

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.

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)
KYNMOBI TITRATION KIT	5
lansoprazole odt	4
lapatinib ditosylate tab	2
LEDIPASVIR/SOFOSBUVIR TAB	3
LENVIMA CAP	5
LEQEMBI IQLIK INJ 250MG/1.25ML	5
LEQEMBI IQLK INJ	5
LEQSELVI TAB	5
l-glutamine powder packet	2
LIKMEZ SUSP	4
LINZESS CAP	4
LITFULO CAP	5
lithium oral solution	2
LIVDELZI CAP	5
LIVMARLI SOLN	5
LIVMARLI SOLN 19MG/ML	5
LIVMARLI TAB	5
LIVMARLI TAB 30MG	5
LIVTENCITY TAB	5
lofexidine hcl tab	4
LOKELMA PAK	3
LONSURF TAB	5
LOPRESSOR SOLN	4
LORBRENA TAB 100MG	5
LORBRENA TAB 25MG	5
LUCEMYRA TAB	4
LUMAKRAS TAB	5
LUMAKRAS TAB 240MG	5
LUMAKRAS TAB 320MG	5
LUMRYZ PACK	5
LUMRYZ STARTER PACK	5
LUPKYNIS CAP	5
LYNPARZA TAB	5
LYTGOBI THERAPY PACK	5
LYVISPAH GRANULE PACKET	4
macitentan tab	2
MARINOL CAP	4
MAVYRET PAK	3
MAVYRET TAB	3
MEKINIST SOLN	5
MEKINIST TAB 0.5MG	5

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.

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)
MEKINIST TAB 2MG	5
MEKTOVI TAB	5
mercaptopurine susp	4
methyltestosterone cap	4
mifepristone tab	2
miglustat cap	2
MODEYSO CAP	5
MOVANTIK TAB	3
MYFEMBREE TAB	3
NEMLUVIO INJ	5
NERLYNX TAB	5
nilotinib hcl cap	2
NINLARO CAP	5
nintedanib esylate cap	2
nitazoxanide tab	3
nitisinone cap	2
nitrofurantoin susp	4
NORLIQVA ORAL SOLN	4
NOVOEIGHT INJ	5
NOVOSEVEN RT INJ	5
NUBEQA TAB	5
NUCALA INJ	5
NUWIQ INJ	5
NUWIQ KIT	5
ODACTRA SL TAB	4
ODOMZO CAP	5
OGSIVEO TAB	5
OGSIVEO TAB 50MG	5
OHTUVAYRE SUSP	5
OJEMDA SUSP	5
OJEMDA TAB	5
OJJAARA TAB	5
OLUMIANT TAB	5
OMLYCLO SYRINGE	5
OMLYCLO SYRINGE 150MG/ML	5
OMLYCLO SYRINGE 300MG/2ML	5
OMNITROPE INJ	5
ONFI SUSP	4
OPZELURA CREAM	4
ORENCIA CLICK INJ	5
ORENCIA SC INJ 125MG/ML	5

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.

Peak Health Plan Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2026

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)
ORENCIA SC INJ 50MG/0.4ML	5
ORENCIA SC INJ 87.5MG/0.7ML	5
ORGOVYX TAB	5
ORIAHNN CAP	3
ORILISSA TAB 150MG	3
ORILISSA TAB 200MG	3
ORKAMBI GRANULES PACKET	5
ORKAMBI TAB	5
ORLADEYO CAP	5
ORLADEYO PACK	5
ORSERDU TAB	5
ORSERDU TAB 345MG	5
OTEZLA STARTER PACK	5
OTEZLA TAB	5
OTEZLA XR TAB	5
OTEZLA/OTEZLA XR STARTER PACK	5
OXERVATE OPHTH SOLN	5
PALFORZIA POWDER PACK	5
PALFORZIA SPRINKLE CAP	5
PALSONIFY TAB	5
PALYNZIQ INJ	5
pazopanib tab	2
PEMAZYRE TAB	5
PIQRAY TAB	5
pirfenidone cap	2
pirfenidone tab 267mg	2
pirfenidone tab 801mg	2
pomalidomide cap	2
PREVYMIS PAK	5
PREVYMIS TAB	5
PROFILNINE INJ	5
PROGESTERONE SUPP	4
pyrimethamine tab	2
PYRUKYND TAB	5
PYRUKYND TAPER PACK	5
QBRELIS SOLN	4
QINLOCK TAB	5
RADICAVA ORS STARTER KIT	5
RADICAVA ORS SUSP	5
RECOMBINATE INJ	5
REDEMPLO PFS INJ	5

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.

Peak Health Plan Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2026

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)
RETEVMO CAP	5
RETEVMO CAP 40MG	5
RETEVMO TAB	5
RETEVMO TAB 40MG	5
RETIN-A CREAM	2
RETIN-A GEL	2
REVATIO SUSP	4
REVATIO TAB	4
REVUFORJ TAB	5
REVUFORJ TAB 110MG	5
REVUFORJ TAB 25MG	5
REYVOW TAB	3
REZDIFFRA TAB	5
REZLIDHIA CAP	5
REZUROCK TAB	5
RINVOQ ER TAB	5
RINVOQ ORAL SOLN	5
riociguat tab	2
RIVFLOZA INJ	5
RIVFLOZA INJ 160MG	5
RIVFLOZA VIAL	5
RIXUBIS INJ	5
ROMVIMZA CAP	5
ROZLYTREK CAP	5
ROZLYTREK PAK	5
RUBRACA TAB	5
RUCONEST INJ	5
rufinamide susp	3
RYDAPT CAP	5
SAPHNELO INJ	5
SAPHNELO PEN INJ	5
sapropterin dihydrochloride powder packet	2
sapropterin dihydrochloride soluble tab	2
SCEMBLIX TAB	5
SCEMBLIX TAB 100 MG	5
SEPHIENCE POWDER	5
SEVENFACT INJ	5
SIGNIFOR INJ	5
sildenafil susp	3
sildenafil tab 20mg	2
SIMPONI AUTO-INJECTOR 100MG	5

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.

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)
SIMPONI INJ 100MG	5
SKYCLARYS CAP	5
SKYRIZI INJ 150MG/ML	5
SKYRIZI INJ 180 MG/1.2ML	5
SKYRIZI INJ 360MG/2.4ML	5
SKYRIZI INJ 55MG/0.37ML	5
SKYTROFA INJ	5
sodium oxybate oral soln	2
SODIUM OXYBATE SOLN	5
SOFOSBUVIR/VELPATASVIR TAB	3
SOGROYA INJ	5
SOHONOS CAP 1.5MG	5
SOHONOS CAP 10MG	5
SOHONOS CAP 1MG	5
SOHONOS CAP 2.5MG	5
SOHONOS CAP 5MG	5
SOLOSEC GRANULES PACKET	4
sorafenib tosylate tab	2
SOTYLIZE SOLN 5MG/ML	4
SPEVIGO INJ	5
spironolactone susp	4
SPORANOX SOLN	4
STEQEYMA INJ	5
STEQEYMA INJ 90MG	5
STIVARGA TAB	5
STRENSIQ INJ	5
SUBVENITE SUSP	4
sunitinib malate cap	2
SUNOSI TAB	3
SYMDEKO TAB	5
SYMPROIC TAB	3
TABRECTA TAB	5
tadalafil tab (PAH)	2
TADLIQ SUSP	4
TAFINLAR CAP	5
TAFINLAR TAB	5
tafluprost preservative free (pf) ophth soln	3
TAGRISSO TAB	5
TAKHZYRO INJ	5
TAKHZYRO INJ 150MG/ML	5
TALTZ INJ	5

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.

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)
TALTZ INJ 20MG/0.25ML	5
TALTZ INJ 40 MG/0.5ML	5
TALZENNA CAP 0.25MG	5
TALZENNA CAP 0.5MG, 0.75MG, 1MG	5
TAVNEOS CAP	5
TEPMETKO TAB	5
testosterone gel 1% 25mg	3
testosterone gel 1% 50mg	3
testosterone gel 1% pump	3
testosterone gel 1.62% 1.25gm	4
testosterone gel 1.62% 2.5gm	4
TESTOSTERONE GEL 20.25MG/1.25GM	4
TESTOSTERONE GEL PUMP 1%	3
testosterone gel pump 1.62%	3
testosterone soln	3
TEZSPIRE INJ	5
TIBSOVO TAB	5
tiopronin tab	2
tiopronin tab delayed release	2
TIROSINT-SOL	4
TOBI PODHALER	5
tolvaptan tab	2
tolvaptan tab therapy pack	2
TREMFYA INDUCTION INJ 200MG/ML	5
TREMFYA INJ	5
TREMFYA INJ 200MG/2ML	5
tretinoin cream	3
tretinoin gel	3
trientine cap	2
TRIKAFTA TAB	5
TRIKAFTA THERAPY PACK	5
TRULANCE TAB	3
TRUQAP TAB	5
TRUQAP THERAPY PACK	5
TRYNGOLZA INJ	5
TUKYSA TAB	5
TURALIO CAP	5
TYENNE INJ	5
TYVASO DPI POWDER	5
TYVASO DPI POWDER 48-80MCG	5
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	5

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.

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)
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG	5
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG	5
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	5
TYVASO INH SOLN 0.6 MG/ML	5
UBRELVY TAB	3
UCERIS RECTAL FOAM	4
UCERIS TAB	4
UPTRAVI TAB	5
UPTRAVI THERAPY PACK	5
UPTRAVI THERAPY PACK 200MCG	5
USTEKINUMAB-AEKN 45MG/0.5ML	5
USTEKINUMAB-AEKN 90MG/ML	5
VALCHLOR GEL	5
VANFLYTA TAB	5
VANFLYTA TAB 26.5MG	5
VANRAFIA TAB	5
VELTASSA POWDER	3
VELTASSA POWDER 1GM	3
VENCLEXTA STARTER PACK	5
VENCLEXTA TAB	5
VENTAVIS INH SOLN	5
VEOZAH TAB	4
VERZENIO TAB	5
vigabatrin powder pack	2
vigabatrin tab	2
vigadrone powder pack	2
VIJOICE GRANULES PACKET	5
VIJOICE TAB	5
VIJOICE TAB 250MG	5
VITRAKVI CAP 100MG	5
VITRAKVI CAP 25MG	5
VITRAKVI SOLN	5
VOGELXO GEL PUMP 1%	4
VONJO CAP	5
VONVENDI INJ	5
VORANIGO TAB	5
VORANIGO TAB 10MG	5
VOSEVI TAB	3
VOWST CAP	5
VOXZOGO INJ	5
VOYDEYA TAB	5

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.

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)
VOYDEYA TAB THERAPY PACK	5
VYKAT XR TAB	5
VYKAT XR TAB 150MG	5
VYKAT XR TAB 75MG	5
VYNDAMAX CAP	5
VYNDAQEL CAP	5
VYVGART HYTRULO INJ	5
WAINUA INJ	5
WAKIX TAB	5
WELIREG TAB	5
WILATE INJ	5
WINREVAIR INJ	5
XADAGO TAB	4
XALKORI CAP	5
XALKORI SPRINKLE CAP	5
XEMBIFY INJ	5
XOLAIR INJ	5
XOLAIR INJ 150MG/ML	5
XOLAIR INJ 300MG/2ML	5
XOLAIR SYRINGE	5
XOLAIR SYRINGE 150MG/ML	5
XOLAIR SYRINGE 300MG/2ML	5
XOLREMDI CAP	5
XOSPATA TAB	5
XPHOZAH TAB	5
XPOVIO PAK	5
XROMI SOLN	4
XYNTHA INJ	5
YESINTEK INJ	5
YESINTEK SYRINGE	5
YESINTEK SYRINGE 90MG	5
YORVIPATH INJ	5
YORVIPATH INJ 294MCG	5
YORVIPATH INJ 420MCG	5
YUTREPIA CAP	5
ZAVZPRET NASAL SPRAY	3
ZEJULA TAB	5
ZELBORAF TAB	5
ZELSUVMI GEL	3
ZEPOSIA CAP	5
ZEPOSIA STARTER PACK	5

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.

Peak Health Plan Formulary cont.
Prior Authorization Drug List
Last Updated* 11/1/2026

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)
ZILBRYSQ INJ	5
ZILBRYSQ INJ 23MG	5
ZILBRYSQ INJ 32.4MG	5
ZIOPTAN OPHTH SOLN	4
ZOKINVY CAP	5
ZOLINZA CAP	5
ZONISADE SUSP	4
ZORTRESS TAB	4
ZORYVE CREAM	3
ZORYVE FOAM	3
ZTALMY SUSP	5
ZURZUVAE CAP 20MG, 25MG	5
ZURZUVAE CAP 30MG	5
ZYKADIA TAB	5

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.

Peak Health Plan Formulary
Last Updated* 11/1/2026
RxCents (Cost Savings Enabled by Tablet Splitting)

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

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

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

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

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

RxCents Program Medications

sitagliptin phosphate tab	TRINTELLIX TAB

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

Over-the-Counter (OTC) Medications

ACCU-CHEK GUIDE CARE METER	ACCU-CHEK GUIDE ME KIT	ACCU-CHEK GUIDE TEST STRIP	AEROCHAMBER
ALCOHOL SWABS	aspirin chew tab 81mg	aspirin ec tab 81mg	B-D INSULIN SYRINGE
B-D PEN NEEDLE	BLOOD KETONE KITS	BLOOD KETONE TEST STRIPS	CALIBRATION LIQUID
CLINISTIX TEST STRIP	CONTRACEPTIVE FILM	CONTRACEPTIVE GEL	CONTRACEPTIVE SUPP
EMBECTA INSULIN SYRINGE	EMBECTA PEN NEEDLE	FEMALE CONDOMS	folic acid tab 400mcg
folic acid tab 800mcg	FREESTYLE FREEDOM LITE METER	FREESTYLE INSULINX TEST STRIP	FREESTYLE LITE METER
FREESTYLE LITE TEST STRIP	FREESTYLE PRECISION NEO METER	FREESTYLE PRECISION NEO TEST STRIP	FREESTYLE TEST STRIP
guaifenesin/codeine syrup	HUMULIN MIX INJ	HUMULIN MIX PEN INJ	HUMULIN N INJ
HUMULIN N PEN INJ	HUMULIN R INJ	KETO-DIASTIX TEST STRIP	KETOSTIX
LANCET DEVICE	LANCET KIT	LANCETS	levonorgestrel tab
MALE CONDOMS	naloxone hcl nasal spray	NARCAN NASAL SPRAY	NICODERM PATCH
NICORETTE GUM	NICORETTE LOZENGE	nicotine gum	NICOTINE KIT
nicotine lozenge	nicotine patch	NOVOFINE PEN NEEDLE	OPILL TAB
PEAK FLOW METER	PLAN B TAB	PRECISION XTRA METER	PRECISION XTRA TEST STRIP
PREVACID CAP	RIVIVE, REXTOVY SPRAY	TODAY SPONGE	ZINC GLUCONATE TAB

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 Step Therapy.

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
buprenorphine patch	QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
BUTRANS PATCH	QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not curren utilizing insulin
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not curren utilizing insulin
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G7 SENSOR (15-DAY)	QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DIFICID SUSP	QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
DISKETS TAB	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency
febuxostat tab	Step Therapy requires trial of allopurinol
fentanyl patch	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency
fidaxomicin tab	QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
fluvoxamine ER cap	Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not curren utilizing insulin
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 2-PLUS SENSOR	QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 3 READER	QL= 1 receiver/year; Prior authorization (exception) required if member is not curren utilizing insulin
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 3-PLUS SENSOR	QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not curren utilizing insulin
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
HYDROCODONE BITARTRATE ER CAP	QL= 2 caps/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)

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

Step Therapy (ST)

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

Step Therapy (ST) Medications

Drug Name	Step Therapy Requirements
hydromorphone ER tab	QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid I Dependency)
METHADONE SOLN	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency
methadone tab	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency
METHADOSE CONC	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency
methadose tab	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency
morphine sulfate ER tab	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency
MS CONTIN TAB	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency
NEXLETOL TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
NEXLIZET TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
REPATHA INJ	QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL
tadalafil tab 2.5mg, 5mg	QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap
tavaborole soln	QL= 10mL/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab
tramadol ER tab	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency
TRAMADOL HCL ER TAB	Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency
TRINTELLIX TAB	QL= 1 tab/day; Step Therapy requires trial of generic antidepressant: escitalopram, sertraline, fluoxetine, citalopram, paroxetine, fluvoxamine, bupropion, venlafaxine, desvenlafaxine, or duloxetine

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.

Peak Health Plan Formulary
Smoking Cessation Agents
Last Updated* 11/1/2026

Drug Name	Tier # for Drug Copay
bupropion SR tab(Limited to 180 days/plan year)	1
CHANTIX STARTER PACK	NC
NICODERM PATCH(Limited to 180 days/plan year)	1
NICORETTE GUM(Limited to 180 days/plan year)	1
NICORETTE LOZENGE(Limited to 180 days/plan year)	1
nicotine gum(Limited to 180 days/plan year)	1
NICOTINE KIT(Limited to 180 days/plan year)	1
nicotine lozenge(Limited to 180 days/plan year)	1
nicotine patch(Limited to 180 days/plan year)	1
NICOTROL INHALER(Limited to 180 days/plan year)	1
NICOTROL NASAL SPRAY(Limited to 180 days/plan year)	1
VARENICLINE TAB(Limited to 180 days/plan year)	1
varenicline tartrate tab(Limited to 180 days/plan year)	1
varenicline tartrate tab starter pack(Limited to 180 days/plan year)	1
ZYBAN TAB(Limited to 180 days/plan year)	1

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.

Peak Health Plan Formulary
Infertility Drug List
Last Updated* 11/1/2026

Drug Name	Tier # for Drug Copay
cetrorelix acetate for inj kit	EXC
CETROTIDE KIT	EXC
clomiphene citrate tab	EXC
CLOMIPHENE TAB	EXC
OVIDREL INJ	EXC

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

Peak Health Plan Formulary
Last Updated* 11/1/2026
Quantity Limit (QL)

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

Quantity Limit (QL) Medications

Drug Name	Quantity Limit
abiraterone tab 250mg	QL= 4 tabs/day
ABRYSVO INJ	QL= 1 dose/lifetime
ACTHAR GEL INJ	QL= 4 vials/fill
ADALIMUMAB FKJP KIT INJ 20MG/0.4ML	QL= 2 inj/28 days
ADALIMUMAB-AATY 20 MG/0.2 ML PFS (2 SYRINGE) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (PEN) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PEN (2 PEN) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 40 MG/0.4 ML PFS (2 SYRINGE) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 80 MG/0.8 ML PEN (PEN) KIT	QL= 2 inj/28 days
ADALIMUMAB-AATY 80MG/0.8ML PEN (3 PEN) KIT	QL= 1 kit/fill; 1 fill/plan year
ADALIMUMAB-FKJP AUTO-INJECTOR KIT	QL= 2 inj/28 days
ADALIMUMAB-FKJP AUTO-INJECTOR KIT 40MG/0.8ML	QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 20 MG/0.4ML	QL= 2 inj/28 days
ADALIMUMAB-FKJP PFS KIT 40 MG/0.8ML	QL= 2 inj/28 days
ADALIMUMAB-RYVK AUTO-INJECTOR KIT (TEVA) 80MG/0.8ML	QL= 2 inj/28 days
ADALIMUMAB-RYVK AUTO-INJECTOR KI (TEVA) 40MG/0.4ML	QL= 2 inj/28 days
ADBRY INJ	QL= 2 inj/28 days
AFLURIA INJ, FLUZONE INJ	QL= 1 inj/28 days
AIMOVIG INJ	QL= 1 pack/28 days
AJOVY INJ	QL= 1 pack/28 days
AKYNZEO CAP	QL= 1 cap/fill; Restricted to Oncology or Hematology Specialist
albuterol HFA (6.7gm, 8.5gm) inhaler	QL= 2 inhalers/30 days
ALECENSA CAP	QL= 8 caps/day
ALINIA TAB	QL= 6 tabs/3 days
ALKINDI SPRINKLE CAP 0.5MG	QL= 3 caps/day; Prior Authorization required for members age 9 years and older
ALKINDI SPRINKLE CAP 1MG	QL= 3 caps/day; Prior Authorization required for members age 9 years and older
ALUNBRIG TAB 30MG	QL= 4 tabs/day
ALUNBRIG TAB 90MG, 180MG	QL= 1 tab/day
ALYFTREK TAB	QL= 2 tabs/day
ALYFTREK TAB 4-20-50MG	QL= 3 tabs/day
AMBIEN CR TAB	QL= 1 tab/day

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
AMBIEN TAB	QL= 1 tab/day
ambrisentan tab	QL= 1 tab/day
AMITIZA CAP	QL= 2 caps/day
ANDROGEL 1% 25MG	QL= 1 packet/day
ANDROGEL 1% 50MG, TESTIM GEL 1%	QL= 2 packets/day
ANDROGEL 1.62% 1.25GM	QL= 1 packet/day
ANDROGEL 1.62% 2.5GM	QL= 2 packets/day
ANDROGEL PUMP 1.62%	QL= 2 bottles/30 days
ANNOVERA RING	QL= 1 ring/year
ANZEMET TAB	QL= 9 tabs/fill
aprepitant cap	QL= 3 caps/fill
aprepitant pak	QL= 3 caps/fill
APRETUDE SUSP	QL= 7 inj/year
AQNEURSA PACKET FOR SUSPENSION	QL= 4 packets/day
AQVESME TAB 100MG	QL= 2 tabs/day
ARBLI SUSP	QL= 330mL/30 days; Prior Authorization required for members age 9 years and older
AREXVY INJ	QL= 1 dose/lifetime
ARICEPT TAB	QL= 2 tabs/day
ARICEPT TAB 23MG	QL= 1 tab/day
ARIKAYCE SUSP	QL= 1 vial/day
armodafinil tab	QL= 1 tab/day
asenapine maleate SL tab	QL= 2 tabs/day
ATTRUBY PACK	QL= 4 tabs/day
AUGTYRO CAP	QL= 8 caps/day
AUGTYRO CAP 160MG	QL= 2 caps/day
AUSTEDO TAB	QL= 4 tabs/day
AUSTEDO XR TAB	QL= 1 tab/day
AUSTEDO XR TAB TITRATION KIT	QL= 1 pack/28 days
AUSTEDO XR TITRATION PACK	QL= 1 pack/28 days
AVMAPKI FAKZYNJA CO-PACK	QL= 1 pack/28 days
AVTOZMA INJ	QL= 2 inj/28 days
AYVAKIT TAB	QL= 1 tab/day
BALVERSA TAB 3MG	QL= 3 tabs/day
BALVERSA TAB 4MG	QL= 2 tabs/day
BALVERSA TAB 5MG	QL= 1 tab/day
BAQSIMI NASAL POWDER	QL= 2 inhalations/fill
BARACLUDE TAB	QL= 1 tab/day
BAXDELA TAB	QL= 2 tabs/day; Restricted to Infectious Disease Specialist
BENLYSTA AUTO-INJECTOR	QL= 4 inj/28 day
BENLYSTA INJ	QL= 4 inj/28 day
BESREMI INJ	QL= 2 inj/28 days
BESREMI PEN INJ	QL= 2 inj/28 days

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
bexarotene cap	QL= 10 caps/day
bexarotene gel	QL= 60 grams/30 days
bimatoprost ophth soln	QL= 2.5ml/30 days
BIMZELX INJ	QL= 1 mL/28 days
BIMZELX INJ 320MG/2ML	QL= 2 mL/56 days
BIMZELX SYRINGE	QL= 1 mL/28 days
BIMZELX SYRINGE 320MG/2ML	QL= 2 mL/56 days
BONIVA TAB 150MG	QL= 1 tab/30 days
bosentan tab	QL= 2 tabs/day
bosentan tab for oral susp	QL= 4 tabs/day
BRAFTOVI CAP 75MG	QL= 6 caps/day
BRINSUPRI TAB	QL= 1 tab/day
BRUKINSA CAP	QL= 4 caps/day
BRUKINSA TAB	QL= 2 tabs/day
budesonide ER tab	QL=1 tab/day
buprenorphine patch	QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
bupropion SR tab	Limited to 180 days/plan year
butorphanol nasal spray	QL= 1 bottle/fill, 2 fills/30 days
BUTRANS PATCH	QL= 4 patches/28 days; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
BYLVAY CAP 1200MCG	QL= 5 caps/day
BYLVAY CAP 400MCG	QL= 15 caps/day
BYLVAY SPRINKLE CAP 200MCG	QL= 8 caps/day
BYLVAY SPRINKLE CAP 600MCG	QL= 4 caps/day
CABENUVA IM SUSP	QL= 1 kit/30 days
CABENUVA SUSP 600MG-900MG/3ML	QL= 1 kit/30 days
CABLIVI INJ KIT	QL= 1 vial/day
CABOMETYX TAB	QL= 1 tab/day
CALQUENCE TAB	QL= 2 tabs/day
CAMZYOS CAP	QL= 1 cap/day
CAPRELSA TAB	QL= 2 tabs/day
CAPRELSA TAB 300MG	QL= 1 tab/day
CERDELGA CAP	QL= 2 caps/day
CIBINQO TAB	QL= 1 tab/day
CIMZIA INJ	QL= 2 inj/28 days
CIMZIA INJ 200MG/ML	QL= 2 inj/28 days
CINRYZE INJ	QL= 16 vials/28 days
CLEOCIN VAGINAL SUPP	QL= 3 suppositories/fill
clindamycin vaginal cream	QL=1 tube/fill
CLINDESSE VAGINAL CREAM	QL= 1 applicator/fill
COMIRNATY INJ	QL= 1 dose/17 days

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
COMIRNATY INJ 30MCG/0.3ML	QL= 1 dose/17 days
COPIKTRA CAP	QL= 2 caps/day
COTELLIC TAB	QL= 3 tabs/day
COVID-19 VACCINE INJ 5-11Y (PFIZER)	QL= 1 dose/17 days
COVID-19 VACCINE INJ 6M-11Y (MODERNA)	QL= 1 dose/24 days
COVID-19 VACCINE INJ 6M-4Y (PFIZER)	QL= 1 dose/17 days
CRENESSITY CAP	QL= 2 caps/day
CRENESSITY SOLN	QL= 2ml/day
cyclosporine ophth emulsion	QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist
CYSTADROPS SOLN	QL = 4 bottles/28 days; Restricted to Ophthalmology Specialist
CYSTARAN OPHTH SOLN	QL= 4 bottles/28 days; Restricted to Ophthalmology or Optometry Specialist
dalfampridine ER tab	QL= 2 tabs/day; Restricted to Neurology Specialist
dapagliflozin tab	QL= 1 tab/day
dapagliflozin-metformin er tab	QL= 1 tab/day
dapagliflozin-metformin er tab 5-1000MG	QL= 2 tabs/day
DAWNZERA INJ	QL= 1 inj/28 days
DAYBUE SOLN	QL= 8 bottles/30 days
DAYBUE STIX POWDER	QL= 4 packets/day
DAYBUE STIX POWDER 8000MG	QL= 2 packets/day
DAYVIGO TAB	QL= 1 tab/day
DELESTROGEN INJ	QL= 5ml/fill
DEPO-PROVERA INJ	QL= 1 inj/90 days
DEPO-PROVERA SC INJ 104MG	QL= 1 inj/90 days
DEXCOM G6 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G6 SENSOR	QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G6 TRANSMITTER	QL= 1 transmitter/90 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G7 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G7 SENSOR	QL= 3 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
DEXCOM G7 SENSOR (15-DAY)	QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
dextromethorphan hbr-quinidine sulfate cap	QL= 2 caps/day
DIASTAT ACDL GEL	QL= 4 doses/fill
DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL	QL= 4 doses/fill
diazepam rectal gel	QL= 4 doses/fill
diclofenac gel	QL= 300gm/30 days

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
diclofenac soln 1.5%	QL= 3 bottles/fill
DIFICID SUSP	QL= 136 mL/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
dihydroergotamine mesylate inj	QL= 10 inj/14 days
donepezil ODT	QL= 1 tab/day
donepezil tab	QL= 2 tabs/day
donepezil tab 23mg	QL= 1 tab/day
DOPTELET SPRINKLE CAP	QL= 2 caps/day
DOPTELET TAB	QL= 2 tabs/day
DUPIXENT INJ	QL= 2 inj/28 days
DUPIXENT PEN INJ	QL= 2 inj/28 days
EBGLYSS INJ	QL= 1 inj/28 days
EBGLYSS PEN INJ	QL= 1 inj/28 days
EKTERLY TAB	QL= 8 tabs/fill
eletriptan tab	QL= 9 tabs/fill, 2 fills/30 days
eltrombopag olamine powder pack for susp	QL= 1 packet/day
eltrombopag olamine tab	QL= 1 tab/day
eltrombopag olamine tab 50mg	QL= 2 tabs/day
eltrombopag olamine tab 75mg	QL= 2 tabs/day
EMEND PAK	QL= 3 caps/fill
EMGALITY INJ	QL= 1 inj/28 days
EMGALITY INJ 100MG/ML	QL= 3 inj/fill, 6 fills/year
EMPAVELI INJ	QL= 160ml/28 days
ENBREL INJ 25MG	QL= 8 inj/28 days
ENBREL INJ 50MG	QL= 4 inj/28 days
ENBREL MINI INJ	QL= 4 inj/28 days
ENBREL SURECLICK INJ 50MG	QL= 4 inj/28 days
ENBUMYST SOLN 0.5MG/0.1ML	QL= 12 devices/fill
ENSACOVE CAP	QL= 1 cap/day
ENSACOVE CAP 100MG	QL= 2 caps/day
ENSPRYNG INJ	QL= 1 inj/28 days
entecavir tab	QL= 1 tab/day
ENTYVIO SC INJ	QL= 2 inj/28 days
epinephrine pen inj 0.15mg, 0.3mg	QL= 2 inj/fill
ERGOMAR SL TAB	QL= 20 tabs/28 days
ERIVEDGE CAP	QL= 1 cap/day
ERLEADA TAB	QL= 4 tabs/day
ERLEADA TAB 240MG	QL= 1 tab/day
erlotinib tab	QL= 1 tab/day
erlotinib tab 25mg	QL= 3 tabs/day
estradiol td gel	QL= 1 packet/day
estradiol td gel 1.25mg	QL= 1 packet/day
estradiol vaginal tab, yuvafem vaginal tab	QL= 8 tabs/28 days (18 tabs on first 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
estradiol valerate inj	QL= 5ml/fill
eszopiclone tab	QL= 1 tab/day
everolimus tab	QL= 1 tab/day
everolimus tab for oral susp	QL= 1 tab/day
EVRYSDI SOLN	QL= 6.67ml/day
EVRYSDI TAB	QL= 1 tab/day
ezetimibe/simvastatin tab	QL= 1 tab/day (10-80mg is Not Covered)
FANAPT TAB	QL= 2 tabs/day
FANAPT TITRATION PACK	QL= 1 pack/plan year
FANAPT TITRATION PACK 1MG/2MG/6MG/8MG	QL= 1 pack/plan year
FASENRA PEN INJ	QL= 1 inj/56 days
FEMALE CONDOMS	QL= 12 condoms/fill
fentanyl citrate lollipop	QL= 120 lozenges/30 days
fidaxomicin tab	QL= 20 tabs/fill; Step therapy requires trial of vancomycin cap or Firvanq solution
FILSPARI TAB	QL= 1 tab/day
fingolimod hcl cap 0.5mg	QL= 1 cap/day
FINTEPLA SOLN	QL= 12ml/day
FLUAD INJ	QL= 1 inj/28 days
FLUBLOK INJ	QL= 1 inj/28 days
FLUCELVAX INJ	QL= 1 inj/28 days
FLULAVAL INJ, FLUARIX INJ	QL= 1 inj/28 days
FLUMIST NASAL	QL= 1 dose/28 days
flunisolide nasal soln	QL= 2 bottles/fill
fluticasone nasal spray	QL= 2 bottles/fill
FLUZONE HIGH DOSE PF INJ	QL= 1 inj/28 days
FOTIVDA CAP	QL= 21 caps/28 days
FREESTYLE LIBRE 2 RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 2 SENSOR	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 2-PLUS SENSOR	QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 3 READER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 3 SENSOR	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE 3-PLUS SENSOR	QL= 2 sensors/30 days; Prior authorization (exception) required if member is not currently utilizing insulin
FREESTYLE LIBRE RECEIVER	QL= 1 receiver/year; Prior authorization (exception) required if member is not currently utilizing insulin

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
FREESTYLE LIBRE SENSOR (14-DAY)	QL= 2 sensors/28 days; Prior authorization (exception) required if member is not currently utilizing insulin
FROVA TAB	QL= 9 tabs/fill, 2 fills/30 days
frovatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
FRUZAQLA CAP 1MG	QL= 84 caps/28 days
FRUZAQLA CAP 5MG	QL= 21 caps/28 days
gabapentin cap	QL= 9 caps/day
gabapentin soln	QL= 72 mls/day
gabapentin tab 600mg	QL= 6 tabs/day
gabapentin tab 800mg	QL= 4.5 tabs/day
GALAFOLD CAP	QL= 14 caps/28 days
GAVILYTE-C SOLN	QL= 2 fills/365 days; $0 copay for members age 45-75 years; All other members covered at preferred brand copay
GAVRETO CAP	QL= 4 caps/day
gefitinib tab	QL= 1 tab/day
GILENYA CAP 0.25MG	QL= 1 cap/day
GILOTRIF TAB	QL= 1 tab/day
glucagon (rdna) for inj kit	QL= 2 inj/fill
GLUCAGON EMR INJ	QL= 2 inj/fill
GLUCAGON INJ KIT	QL= 2 inj/fill
GOLYTELY SOLN	QL= 2 fills/365 days; $0 copay for members age 45-75 years; All other members covered at preferred brand copay
GOMEKLI CAP	QL= 84 caps/28 days
GOMEKLI CAP 1MG	QL= 168 caps/28 days
GOMEKLI TAB FOR ORAL SUSP	QL= 168 tabs/28 days
granisetron tab	QL= 14 tabs/fill
guaifenesin/codeine syrup	QL= 240ml/fill
GVOKE INJ	QL= 2 inj/fill
GVOKE INJ KIT	QL= 2 inj/fill
GVOKE PFS INJ	QL= 2 inj/fill
HEMANGEOL ORAL SOLN	QL= 9.6mL/day; 1750mL/365 days
HEMANGEOL SOLN	QL= 9.6mL/day; 1750mL/365 days
HERNEXEOS TAB	QL= 3 tabs/day
HYD POL/CPM SUSP	QL= 120ml/fill; 2 fills/30 days
HYDROCODONE BITARTRATE ER CAP	QL= 2 caps/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid ER Dependency)
hydrocodone bitartrate er tab	QL= 1 tab/day
hydrocodone/chlorpheniramine CR susp	QL= 120ml/fill; 2 fills/30 days
hydrocortisone succinate inj 1000mg	QL= 2 vials/fill
hydromorphone ER tab	QL= 1 tab/day; Step Therapy requires step through IR opioid if opioid naïve (Opioid E Dependency)
HYFTOR GEL	QL= 10 grams/30 days

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
HYRNUO TAB	QL= 4 tabs/day
HYSINGLA ER TAB	
ibandronate tab 150mg	QL= 1 tab/30 days
IBTROZI CAP	QL= 3 caps/day
ICLUSIG TAB	QL= 1 tab/day
icosapent ethyl cap	QL= 4 caps/day
IDHIFA TAB	QL= 1 tab/day
IMBRUVICA CAP 140MG	QL= 3 caps/day
IMBRUVICA CAP 70MG	QL= 1 cap/day
IMBRUVICA SUSP	QL= 6ml/day
IMBRUVICA TAB 420MG	QL= 1 tab/day
IMCIVREE INJ	QL= 1 inj/day
IMITREX INJ	QL= 6 inj/fill, 3 fills/30 days
IMITREX TAB	QL= 9 tabs/fill, 2 fills/30 days
INBRIJA INH POWDER	QL= 10 caps/day
INGREZZA CAP	QL= 1 cap/day
INGREZZA PACK 40-80MG	QL= 1 pack/28 days
INGREZZA SPRINKLE CAP	QL= 1 cap/day
INLURIYO TAB	QL= 2 tabs/day
INLYTA TAB	QL= 4 tabs/day
INLYTA TAB 1MG	QL= 8 tabs/day
INQOVI TAB	QL= 5 tabs/28 days
IQIRVO TAB	QL= 1 tab/day
ISTURISA TAB	QL= 12 tabs/day
ivermectin cream	QL= 45 grams/30 days
IWILFIN TAB	QL= 8 tabs/day
JAKAFI TAB	QL= 2 tabs/day
JAKAFI XR TAB	QL= 1 tab/day
JAYPIRCA TAB	QL= 2 tabs/day
JENTADUETO TAB	QL= 2 tabs/day
JENTADUETO XR TAB	QL= 2 tabs/day
JOENJA TAB	QL= 2 tabs/day
KALYDECO PAK	QL= 2 packets/day
KALYDECO TAB	QL= 2 tabs/day
KERENDIA TAB	QL= 1 tab/day
ketorolac inj 15mg/ml	QL= 20ml/5 days
ketorolac inj 30mg/ml	QL= 20ml/5 days
ketorolac inj 60mg/2ml	QL= 20ml/5 days
ketorolac tab	QL= 20 tabs/5 days
KEVZARA INJ	QL= 2 inj/28 days
KHINDIVI SOLN	QL= 90ml/30 days; Prior Authorization required for members age 9 years and older
KINERET INJ	QL= 1 inj/day

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
KISQALI PAK	QL= 91 tabs/28 days
KISQALI TAB	QL= 63 tabs/28 days
KOSELUGO CAP	QL= 4 caps/day
KOSELUGO CAP 10MG	QL= 8 caps/day
KOSELUGO SPRINKLE CAP	QL= 12 caps/day
KOSELUGO SPRINKLE CAP 5MG	QL= 20 caps/day
KRAZATI TAB	QL= 6 tabs/day
KYNMOBI FILM	QL= 5 films/day
KYNMOBI TITRATION KIT	QL= 1 kit/fill
KYTRIL TAB	QL= 14 tabs/fill
LAGEVRIO CAP (EUA)	QL= 40 caps/fill
LAGEVRIO CAP 200MG	QL= 40 caps/fill
LASIX ONYU INJ 80MG/2.67ML	QL= 6 cartridges/fill
LASIX ONYU REUSABLE UNIT	QL= 1 device/year
latanoprost ophth soln	QL= 2.5ml/30 days
LEDIPASVIR/SOFOSBUVIR TAB	QL= 1 tab/day
lenalidomide cap	QL= 1 cap/day; Restricted to Oncology or Hematology Specialist
LENVIMA CAP	QL= 3 caps/day
LEQEMBI IQLIK INJ 250MG/1.25ML	QL= 8 inj/28 days
LEQEMBI IQLK INJ	QL= 4 inj/28 days
LEQSELVI TAB	QL= 2 tabs/day
LEVALBUTEROL INHALER, XOPENEX HF INHALER	QL= 2 inhalers/fill, 2 fills/30 days
l-glutamine powder packet	QL= 6 packets/day
lidocaine oint	QL= 107gm/30 days
lidocaine patch	QL= 3 patches/day
lidocaine patch 5%	QL= 3 patches/day
LIDODERM PATCH	QL= 3 patches/day
LINZESS CAP	QL= 1 cap/day
liraglutide soln pen-injector	QL= 9ml/30 days; Diagnosis Restricted – Type 2 Diabetes (E11)
LITFULO CAP	QL= 1 cap/day
LIVDELZI CAP	QL= 1 cap/day
LIVMARLI SOLN	QL= 90ml/30 days
LIVMARLI SOLN 19MG/ML	QL= 60mL/30 days
LIVMARLI TAB	QL= 2 tabs/day
LIVMARLI TAB 30MG	QL= 1 tab/day
LIVTENCITY TAB	QL= 4 tabs/day
lofexidine hcl tab	QL= 96 tabs/7 days
LOKELMA PAK	QL= 1 packet/day
LOPRESSOR SOLN	QL= 45ml/day; Prior Authorization required for members age 9 years and older
LORBRENA TAB 100MG	QL= 1 tab/day
LORBRENA TAB 25MG	QL= 3 tabs/day

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
lubiprostone cap	QL= 2 caps/day
LUCEMYRA TAB	QL= 96 tabs/7 days
LUMAKRAS TAB	QL= 8 tabs/day
LUMAKRAS TAB 240MG	QL= 4 tabs/day
LUMAKRAS TAB 320MG	QL= 3 tabs/day
LUMRYZ PACK	QL= 1 pack/day
LUMRYZ STARTER PACK	QL= 1 packet/day
LUNESTA TAB	QL= 1 tab/day
LUPKYNIS CAP	QL= 6 caps/day
LYNPARZA TAB	QL= 4 tabs/day
LYRICA CAP	QL= 3 caps/day
LYRICA CAP 225MG	QL= 2 caps/day
LYRICA CAP 300MG	QL= 2 caps/day
LYRICA SOLN	
LYTGOBI THERAPY PACK	QL= 5 tabs/day
macitentan tab	QL= 1 tab/day
malathion lotion	QL= 2 bottles/fill
MALE CONDOMS	QL= 12 condoms/fill
MARPLAN TAB	QL= 4 tabs/day
MAVYRET PAK	QL= 5 packs/day
MAVYRET TAB	QL= 3 tabs/day
MAXALT MLT TAB	QL= 12 tabs/fill, 3 fills/60 days
MAXALT TAB	QL= 12 tabs/fill, 3 fills/60 days
medroxyprogesterone inj	QL= 1 inj/90 days
MEKINIST TAB 0.5MG	QL= 3 tabs/day
MEKINIST TAB 2MG	QL= 1 tab/day
MEKTOVI TAB	QL= 6 tabs/day
methylergonovine tab	QL= 28 tabs/fill, 1 fill/365 days
MFLUSIVA INJ	QL= 1 inj/28; Covered for members age 50 years and older
MIDAZOLAM INJ	QL= 1 inj/fill
MIEBO OPHTH SOLN	QL= 1 bottle/30 days; Restricted to Ophthalmology or Optometry Specialist
mifepristone tab	QL= 4 tabs/day
miglustat cap	QL= 3 caps/day
milnacipran hcl tab	QL= 2 tabs/day
MNEXSPIKE INJ 10MCG/0.2ML	QL= 1 dose/24 days
modafinil tab	QL= 2 tabs/day
MODEYSO CAP	QL= 20 caps/28 days
mometasone nasal spray	QL= 2 bottles/fill
MOTEGRITY TAB	QL= 1 tab/day
MOUNJARO INJ	QL= 4 inj/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
MOVANTIK TAB	QL= 1 tab/day
MRESVIA INJ	QL= 1 dose/lifetime

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
MYFEMBREE TAB	QL= 1 tab/day
NALOXONE PREFILLED INJ	QL= 2 inj/fill
naratriptan tab	QL= 9 tabs/fill, 2 fills/30 days
NATACYN OPHTH SUSP	QL= 15ml/fill
NATROBA SUSP	QL= 1 bottle/fill
NATROBA SUSP 0.90%	QL= 1 bottle/fill
NAYZILAM SPRAY	QL= 4 doses/fill
NEFFY SPRAY	QL= 2 doses/fill
NEMLUVIO INJ	QL= 1 inj/56 days
NERLYNX TAB	QL= 6 tabs/day
NEURONTIN CAP	QL= 9 caps/day
NEURONTIN SOLN	QL= 72 mls/day
NEURONTIN TAB 600MG	QL= 6 tabs/day
NEURONTIN TAB 800MG	QL= 4.5 tabs/day
NEXLETOL TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
NEXLIZET TAB	QL= 1 tab/day; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
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
nintedanib esylate cap	QL= 2 caps/day
nitazoxanide tab	QL= 6 tabs/3 days
NOVAVAX INJ	QL= 1 dose/24 days
NUBEQA TAB	QL= 4 tabs/day
NUCALA INJ	QL= 1 inj/28 days
NUCYNTA ER TAB	QL= 2 tabs/day
NUVIGIL TAB	QL= 1 tab/day
ODOMZO CAP	QL= 1 cap/day
OGSIVEO TAB	QL= 2 tabs/day
OGSIVEO TAB 50MG	QL= 6 tabs/day
OHTUVAYRE SUSP	QL= 60 ampules/30 days
OJEMDA SUSP	QL= 96ml/28 days
OJEMDA TAB	QL= 24 tabs/28 days
OJJAARA TAB	QL= 1 tab/day
OLUMIANT TAB	QL= 1 tab/day

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
OMLYCLO SYRINGE	QL= 2 inj/28 days
OMLYCLO SYRINGE 150MG/ML	QL= 2 inj/28 days
OMLYCLO SYRINGE 300MG/2ML	QL= 1 inj/28 days
OMNIPOD 5 DEX G7G6 INTRO KIT	QL= 1 kit/year
OMNIPOD 5 DEX G7G6 PODS	QL= 10 pods/month
OMNIPOD 5 G7 KIT INTRO	QL= 1 kit/year
OMNIPOD 5 G7 MIS PODS	QL= 10 pods/30 days
OMNIPOD 5 LIBRE2 PLUS G6 INTRO KIT	QL= 1 kit/year
OMNIPOD 5 LIBRE2 PLUS G6 PODS	QL= 10 pods/30 days
OMNIPOD 5 PACK PODS	QL= 10 pods/month
OMNIPOD DASH INTRO KIT	QL= 1 kit/year
OMNIPOD DASH PODS	QL= 10 pods/month
OMNIPOD GO KIT	QL= 10 pods/month
OMNIPOD STARTER KIT	QL= 1 kit/year
OPZELURA CREAM	QL= 12 tubes/year
ORENCIA CLICK INJ	QL= 4 inj/28 days
ORENCIA SC INJ 125MG/ML	QL= 4 inj/28 days
ORENCIA SC INJ 50MG/0.4ML	QL= 4 inj/28 days
ORENCIA SC INJ 87.5MG/0.7ML	QL= 4 inj/28 days
ORGOVYX TAB	QL= 30 tabs/28 days
ORIAHNN CAP	QL= 2 caps/day
ORILISSA TAB 150MG	QL= 1 tab/day
ORILISSA TAB 200MG	QL= 2 tabs/day
ORKAMBI GRANULES PACKET	QL= 2 packets/day
ORKAMBI TAB	QL= 4 tabs/day
ORLADEYO CAP	QL= 1 cap/day
ORLADEYO PACK	QL= 1 packet/day
ORSERDU TAB	QL= 3 tabs/day
ORSERDU TAB 345MG	QL= 1 tab/day
oseltamivir cap	QL= 10 caps/fill
oseltamivir cap 30mg	QL= 20 caps/fill
oseltamivir susp	QL= 250ml/fill
OTEZLA STARTER PACK	QL= 1 pack/28 days
OTEZLA TAB	QL= 2 tabs/day
OTEZLA XR TAB	QL= 1 tab/day
OTEZLA/OTEZLA XR STARTER PACK	QL= 1 pack/28 days
OVIDE LOTION	QL= 2 bottles/fill
OXERVATE OPHTH SOLN	QL= 8 kits/affected eye/lifetime
OZEMPIC INJ	QL= 1 pack/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
OZEMPIC TAB, RYBELSUS TAB	QL=1 tab/day; Diagnosis Restricted – Type 2 Diabetes (E11)
PALSONIFY TAB	QL= 2 tabs/day
PALYNZIQ INJ	QL= 1 inj/day

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
PAXLOVID PAK	QL= 11 tabs/90 days
PAXLOVID TAB 150-100MG	QL= 20 tabs/90 days
PAXLOVID TAB 300-100MG	QL= 30 tabs/90 days
pazopanib tab	QL= 4 tabs/day
peg 3350 soln (100 gram Moviprep equiv)	QL= 2 fills/365 days; $0 copay for members age 45-75 years; All other members covered at generic copay
peg 3350/electrolytes soln	QL= 2 fills/365 days; $0 copay for members age 45-75 years; All other members covered at generic copay
PEMAZYRE TAB	QL= 1 tab/day
PHEXXI GEL	QL= 1 box/fill
pirfenidone cap	QL= 9 caps/day
pirfenidone tab 267mg	QL= 9 tabs/day
pirfenidone tab 801mg	QL= 3 tabs/day
pomalidomide cap	QL= 21 caps/28 days
pregabalin cap	QL= 3 caps/day
pregabalin cap 225mg	QL= 2 caps/day
pregabalin cap 300mg	QL= 2 caps/day
pregabalin soln	QL= 30ml/day
PRETOMANID TAB	QL= 1 tab/day; Restricted to Infectious Disease Specialist
PREVYMIS PAK	QL= 4 packets/day; Limit 800 packets/365 days
PREVYMIS TAB	QL= 1 tab/day; Limit 200 tabs/365 days
PROVIGIL TAB	QL= 2 tabs/day
prucalopride succinate tab	QL= 1 tab/day
pyrimethamine tab	QL= 3 tabs/day
PYRUKYND TAB	QL= 2 tabs/day
PYRUKYND TAPER PACK	QL= 1 tab/day
QINLOCK TAB	QL= 3 tabs/day
RADICAVA ORS STARTER KIT	QL= 70ml/365 days
RADICAVA ORS SUSP	QL= 50mL/28 days
ramelteon tab	QL= 1 tab/day
REDEMPLO PFS INJ	QL= 1 inj/84 days
RELENZA DISKHALER	QL= 1 inhaler/fill
RELPAX TAB	QL= 9 tabs/fill, 2 fills/30 days
REPATHA INJ	QL= 2 inj/28 days; Step Therapy requires trial of atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, or simvastatin
RETEVMO CAP	QL= 2 caps/day
RETEVMO CAP 40MG	QL= 3 caps/day
RETEVMO TAB	QL= 2 tabs/day
RETEVMO TAB 40MG	QL= 3 tabs/day
REVUFORJ TAB	QL= 2 tabs/day
REVUFORJ TAB 110MG	QL= 4 tabs/day
REVUFORJ TAB 25MG	QL= 8 tabs/day

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
REYVOW TAB	QL= 8 tabs/30 days, 6 fills/year
REZDIFFRA TAB	QL= 1 tab/day
REZLIDHIA CAP	QL= 2 caps/day
REZUROCK TAB	QL= 1 tab/day
RINVOQ ER TAB	QL= 1 tab/day
RINVOQ ORAL SOLN	QL= 12ml/day
riociguat tab	QL= 3 tabs/day
RIVFLOZA INJ	QL= 1 inj/30 days
RIVFLOZA INJ 160MG	QL= 1 inj/30 days
RIVFLOZA VIAL	QL= 2 vials/30 days
rizatriptan ODT	QL= 12 tabs/fill, 3 fills/60 days
rizatriptan tab	QL= 12 tabs/fill, 3 fills/60 days
ROMVIMZA CAP	QL= 8 caps/28 days
ROZEREM TAB	QL= 1 tab/day
ROZLYTREK CAP	QL= 3 caps/day
ROZLYTREK PAK	QL= 6 packs/day
RUBRACA TAB	QL= 4 tabs/day
RYDAPT CAP	QL= 56 caps/28 days
sacubitril-valsartan tab	QL= 2 tabs/day
SANCUSO PATCH	QL= 4 patches/fill
SANTYL OINT	QL= 90gm/30 days
SAPHNELO INJ	QL= 4 inj/28 days
SAPHNELO PEN INJ	QL= 4 inj/28 days
SAPHRIS SL TAB	QL= 2 tabs/day
SAVELLA TAB	QL= 2 tabs/day
SCEMBLIX TAB	QL= 2 tabs/day
SCEMBLIX TAB 100 MG	QL= 4 tabs/day
SIGNIFOR INJ	QL= 2 vials/day
SIMPONI AUTO-INJECTOR 100MG	QL=1 inj/28 days
SIMPONI INJ 100MG	QL=1 inj/28 days
sitagliptin phosphate tab	QL= 1 tab/day
sitagliptin phosphate-metformin hcl er tab	QL= 2 tabs/day
sitagliptin phosphate-metformin hcl tab	QL= 2 tabs/day
SIVEXTRO TAB	QL= 6 tabs/fill; Restricted to Infectious Disease Specialist
SKYCLARYS CAP	QL= 3 caps/day
SKYRIZI INJ 150MG/ML	QL= 1 inj/84 days
SKYRIZI INJ 180 MG/1.2ML	QL= 1 inj/56 days
SKYRIZI INJ 360MG/2.4ML	QL= 1 inj/56 days
SKYRIZI INJ 55MG/0.37ML	QL= 1 inj/84 days
sodium oxybate oral soln	QL= 540ml/30 days
SODIUM OXYBATE SOLN	QL= 540ml/30 days

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
sodium/magnesium/potassium soln	$0 copay for members age 45-75 years; All other members covered at generic copay; Limited to 2 fills/calendar year
SOFOSBUVIR/VELPATASVIR TAB	QL= 1 tab/day
SOHONOS CAP 1.5MG	QL= 56 caps/28 days
SOHONOS CAP 10MG	QL= 56 caps/28 days
SOHONOS CAP 1MG	QL= 28 caps/28 days
SOHONOS CAP 2.5MG	QL= 28 caps/28 days
SOHONOS CAP 5MG	QL= 28 caps/28 days
SOLIQUA INJ	QL= 15ml/25 days
SOLOSEC GRANULES PACKET	QL= 1 packet/fill
SOLU-CORTEF INJ	QL= 1 vial/fill
SOLU-CORTEF INJ 100MG	QL= 2 vials/fill
SPEVIGO INJ	QL= 2ml/28 days
SPIKEVAX INJ	QL= 1 dose/24 days
SPIKEVAX INJ 50MCG/0.5ML	QL= 1 dose/24 days
SPINOSAD SUSP	QL= 1 bottle/fill
SPIRIVA RESPIMAT INHALER 1.25MCG/ACT	QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR (FLUTICASONE/SALMETEROL), BREO (FLUTICASONE/VILANTEROL), DULERA (MOMETASONE/FORMOTEROL), or SYMBICORT (BUDESONIDE/FORMOTEROL)
STEQEYMA INJ	QL= 1 inj/84 days
STEQEYMA INJ 90MG	QL= 1 inj/84 days
STIVARGA TAB	QL= 4 tabs/day
STRIVERDI RESPIMAT INHALER	QL= 1 inhaler/30 days
SUFLAVE SOLN	QL= 2 fills/365 days
sumatriptan inj	QL= 6 inj/fill, 3 fills/30 days
sumatriptan nasal spray	QL= 6 sprays/fill, 3 fills/30 days
sumatriptan tab	QL= 9 tabs/fill, 2 fills/30 days
sumatriptan vial inj	QL= 10 vials/fill, 2 fills/30 days
sunitinib malate cap	QL= 1 cap/day
SUNLENCA INJ	QL= 2 vials/26 weeks; Restricted to Infectious Disease Specialist
SUNLENCA TAB	QL= 4 tabs/28 days; Restricted to Infectious Disease Specialist
SUNLENCA TAB 300MG	QL= 5 tabs/28 days; Restricted to Infectious Disease Specialist
SUNOSI TAB	QL= 1 tab/day
SYMDEKO TAB	QL= 2 tabs/day
SYMPROIC TAB	QL= 1 tab/day
TABRECTA TAB	QL= 4 tabs/day
tadalafil tab 2.5mg, 5mg	QL= 1 tab/day; Step Therapy requires trial of doxazosin tab, prazosin cap, terazosin cap, dutasteride cap, finasteride 5mg tab, alfuzosin tab, silodosin cap, or tamsulosin cap
TAFINLAR CAP	QL= 4 caps/day
tafluprost preservative free (pf) ophth soln	QL= 1 vial/day
TAGRISSO TAB	QL= 1 tab/day

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
TAKHZYRO INJ	QL= 2 inj/28 days
TAKHZYRO INJ 150MG/ML	QL= 2 inj/28 days
TALTZ INJ	QL= 1 inj/28 days
TALTZ INJ 20MG/0.25ML	QL= 1 inj/28 days
TALTZ INJ 40 MG/0.5ML	QL= 1 inj/28 days
TALZENNA CAP 0.25MG	QL= 3 caps/day
TALZENNA CAP 0.5MG, 0.75MG, 1MG	QL= 1 cap/day
TAMIFLU CAP	QL= 10 caps/fill
TAMIFLU CAP 30MG	QL= 20 caps/fill
tavaborole soln	QL= 10mL/30 days; Step Therapy requires trial of both ciclopirox nail soln and terbinafine tab
TAVNEOS CAP	QL= 6 caps/day
TEMPO SMART BUTTON	QL= 1 button/8 months
TEPMETKO TAB	QL= 2 tabs/day
TESTOSTERONE ENANTHATE INJ 200MG/ML	QL= 5ml/fill
testosterone gel 1% 25mg	QL= 1 packet/day
testosterone gel 1% 50mg	QL= 2 packets/day
testosterone gel 1% pump	QL= 4 bottles/30 days
testosterone gel 1.62% 1.25gm	QL= 1 packet/day
testosterone gel 1.62% 2.5gm	QL= 2 packets/day
TESTOSTERONE GEL 20.25MG/1.25GM	QL= 1 packet/day
TESTOSTERONE GEL PUMP 1%	QL= 4 bottles/30 days
testosterone gel pump 1.62%	QL= 2 bottles/30 days
testosterone soln	QL= 2 bottles/30 days
TEZSPIRE INJ	QL= 1 pen/28 days
TIBSOVO TAB	QL= 2 tabs/day
TIROSINT-SOL	QL= 1ml/day; Prior Authorization required for members age 9 years and older
tofacitinib citrate ER tab	QL= 1 tab/day
tofacitinib citrate oral soln	QL= 10ml/day
tofacitinib citrate tab	QL= 2 tabs/day
tolvaptan tab	QL= 2 tabs/day
tolvaptan tab therapy pack	QL= 2 tabs/day
TRADJENTA TAB	QL= 1 tab/day
TRAVATAN Z DROPS	QL= 2.5ml/30 days
travoprost ophth soln	QL= 2.5ml/30 days
TREMFYA INDUCTION INJ 200MG/ML	QL= 2 inj/28 days; 6 inj/year
TREMFYA INJ	QL= 1 inj/56 days
TREMFYA INJ 200MG/2ML	QL= 1 inj/28 days
TRIKAFTA TAB	QL= 84 tabs/28 days
TRIKAFTA THERAPY PACK	QL= 2 packets/day

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
TRINTELLIX TAB	QL= 1 tab/day; Step Therapy requires trial of generic antidepressant: escitalopram, sertraline, fluoxetine, citalopram, paroxetine, fluvoxamine, bupropion, venlafaxine, desvenlafaxine, or duloxetine
TRULANCE TAB	QL= 1 tab/day
TRULICITY INJ	QL= 4 pens/28 days; Diagnosis Restricted – Type 2 Diabetes (E11)
TRUQAP TAB	QL= 64 tabs/28 days
TRUQAP THERAPY PACK	QL= 64 tabs/28 days
TRYNGOLZA INJ	QL= 1 inj/28 days
TUKYSA TAB	QL= 4 tabs/day
TURALIO CAP	QL= 4 caps/day
TWIIST REFILL KIT	QL= 1 kit/month
TWIIST STARTER KIT	QL= 1 kit/month
TYENNE INJ	QL= 2 inj/28 days
TYRVAYA NASAL SPRAY	QL= 2 bottles/30 days; Restricted to Ophthalmology or Optometry Specialist
TYVASO DPI POWDER	QL= 4 cartridges/day
TYVASO DPI POWDER 48-80MCG	QL= 224 cartridges/28 days
TYVASO DPI POWDER MAINTENANCE KIT 32-48MCG	QL= 224 cartridges/28 days
TYVASO DPI POWDER MAINTENANCE KIT 32-64MCG	QL= 224 cartridges/28 days
TYVASO DPI POWDER MAINTENANCE KIT 48-64MCG	QL= 224 cartridges/28 days
TYVASO DPI POWDER TITRATION KIT 16-32-48MCG	QL= 252 cartridges/28 days
TYVASO INH SOLN 0.6 MG/ML	QL= 1 ampule/day
UBRELVY TAB	QL= 10 tabs/30 days, 6 fills/year
UCERIS TAB	QL= 1 tab/day
UPTRAVI TAB	QL= 2 tabs/day
UPTRAVI THERAPY PACK	QL= 1 pack/year
UPTRAVI THERAPY PACK 200MCG	QL= 1 pack/year
USTEKINUMAB-AEKN 45MG/0.5ML	QL= 1 inj/84 days
USTEKINUMAB-AEKN 90MG/ML	QL= 1 inj/84 days
VAGIFEM TAB	QL= 8 tabs/28 days (18 tabs on first fill)
VALCHLOR GEL	QL= 4 tubes/30 days
VALTOCO NASAL SPRAY	QL= 5 doses/fill
VANCOCIN CAP	QL= 56 caps/fill
vancomycin cap	QL= 56 caps/fill
VANFLYTA TAB	QL= 1 tab/day
VANFLYTA TAB 26.5MG	QL= 2 tabs/day
VANRAFIA TAB	QL= 1 tab/day
VARENICLINE TAB	Limited to 180 days/plan year
varenicline tartrate tab	Limited to 180 days/plan year

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
varenicline tartrate tab starter pack	Limited to 180 days/plan year
VARUBI TAB	QL= 2 tabs/day; Restricted to Oncology or Hematology Specialist
VELTASSA POWDER	QL= 1 packet/day
VELTASSA POWDER 1GM	QL= 4 packets/day
VENTAVIS INH SOLN	QL= 9 ampules/day
VEOZAH TAB	QL= 1 tab/day
VERQUVO TAB	QL= 1 tab/day; Restricted to Cardiology Specialist
VERZENIO TAB	QL= 2 tabs/day
VIJOICE GRANULES PACKET	QL= 1 packet/day
VIJOICE TAB	QL= 1 tab/day
VIJOICE TAB 250MG	QL= 2 tabs/day
VITRAKVI CAP 100MG	QL= 2 caps/day
VITRAKVI CAP 25MG	QL= 6 caps/day
VITRAKVI SOLN	QL= 10ml/day
VOGELXO GEL PUMP 1%	QL= 4 bottles/30 days
VONJO CAP	QL= 4 caps/day
VORANIGO TAB	QL= 1 tab/day
VORANIGO TAB 10MG	QL= 2 tabs/day
VOSEVI TAB	QL= 1 tab/day
VOWST CAP	QL= 12 caps/fill
VOXZOGO INJ	QL= 1 vial/day
VOYDEYA TAB	QL= 6 tabs/day
VOYDEYA TAB THERAPY PACK	QL= 6 tabs/day
VYKAT XR TAB	QL= 4 tabs/day
VYKAT XR TAB 150MG	QL= 3 tabs/day
VYKAT XR TAB 75MG	QL= 7 tabs/day
VYNDAMAX CAP	QL= 1 cap/day
VYNDAQEL CAP	QL= 4 caps/day
VYTORIN TAB	QL= 1 tab/day (10/80mg is Not Covered)
VYVGART HYTRULO INJ	QL= 4 inj/28 days
WAINUA INJ	QL= 1 inj/28 days
WAKIX TAB	QL= 2 tabs/day
WELIREG TAB	QL= 3 tabs/day
XACIATO GEL	QL= 1 applicator/fill
XADAGO TAB	QL= 1 tab/day
XALATAN OPHTH SOLN	QL= 2.5ml/30 days
XALKORI CAP	QL= 2 caps/day
XALKORI SPRINKLE CAP	QL= 4 caps/day
XCOPRI PAK 100-150MG	QL= 2 tabs/day
XCOPRI PAK 150-200MG	QL= 2 tabs/day
XCOPRI TAB 150MG, 200MG	QL= 2 tabs/day
XCOPRI TAB 25MG	QL= 1 tab/day

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
XCOPRI TAB 50MG, 100MG	QL= 1 tab/day
XCOPRI TITRATION PAK 12.5-25MG	QL= 1 tab/day
XCOPRI TITRATION PAK 150-200MG	QL= 1 tab/day
XCOPRI TITRATION PAK 50-100MG	QL= 1 tab/day
XDEMVY DROP	QL= 1 bottle/42 days; Restricted to Ophthalmology or Optometry Specialist
XENLETA TAB	QL= 14 tabs/180 days; Restricted to Infectious Disease Specialist
XIFAXAN TAB 200MG	QL= 9 tabs/3 days
XIFAXAN TAB 550MG	QL= 60 tabs/30 days
XIGDUO XR TAB 2.5-1000	QL= 2 tabs/day
XIIDRA OPHTH SOLN	QL= 60 vials/30 days; Restricted to Ophthalmology or Optometry Specialist
XOFLUZA TAB	QL= 1 tab/fill
XOLAIR INJ	QL= 2 inj/28 days
XOLAIR INJ 150MG/ML	QL= 2 inj/28 days
XOLAIR INJ 300MG/2ML	QL= 1 inj/28 days
XOLAIR SYRINGE	QL= 2 inj/28 days
XOLAIR SYRINGE 150MG/ML	QL= 2 inj/28 days
XOLAIR SYRINGE 300MG/2ML	QL= 1 inj/28 days
XOLREMDI CAP	QL= 4 caps/day
XOSPATA TAB	QL= 3 tabs/day
XPHOZAH TAB	QL= 2 tabs/day
XPOVIO PAK	QL= 32 tabs/28 days
XTAMPZA ER CAP	QL= 120 caps/30 days
XULTOPHY INJ	QL= 15ml/30 days
YESINTEK INJ	QL= 1 inj/84 days
YESINTEK SYRINGE	QL= 1 inj/84 days
YESINTEK SYRINGE 90MG	QL= 1 inj/84 days
YEZTUGO INJ	QL= 2 inj/180 days
YEZTUGO TAB	QL= 4 tabs/28 days
YORVIPATH INJ	QL= 1 inj/day
YORVIPATH INJ 294MCG	QL= 1 inj/day
YORVIPATH INJ 420MCG	QL= 1 inj/day
YUTREPIA CAP	QL= 112 caps/28 days
zaleplon cap	QL= 1 cap/day
ZAVZPRET NASAL SPRAY	QL= 6 units/fill; 60 units/365 days
ZEGALOGUE INJ	QL= 2 inj/fill
ZEJULA TAB	QL= 1 tab/day
ZELBORAF TAB	QL= 8 tabs/day
ZELSUVMI GEL	QL= 1 carton/fill, 2 fills/365 days
ZEPOSIA CAP	QL= 1 cap/day
ZEPOSIA STARTER PACK	QL= 1 cap/day
ZILBRYSQ INJ	QL= 1 inj/day
ZILBRYSQ INJ 23MG	QL= 1 inj/day

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
ZILBRYSQ INJ 32.4MG	QL= 1 inj/day
ZIOPTAN OPHTH SOLN	QL= 1 vial/day
ZOKINVY CAP	QL= 4 caps/day
zolmitriptan nasal spray	QL= 6 sprays/fill, 2 fills/30 days
zolmitriptan ODT	QL= 9 tabs/fill, 2 fills/30 days
ZOLMITRIPTAN SPRAY	QL= 6 sprays/fill, 2 fills/30 days
ZOLMITRIPTAN SPRAY, ZOMIG SPRAY	QL= 6 sprays/fill, 2 fills/30 days
zolmitriptan tab	QL= 9 tabs/fill, 2 fills/30 days
zolpidem ER tab	QL= 1 tab/day
zolpidem tab	QL= 1 tab/day
ZOMIG SPRAY	QL= 6 sprays/fill, 2 fills/30 days
ZOMIG TAB	QL= 9 tabs/fill, 2 fills/30 days
ZORYVE CREAM	QL= 60 grams/30 days
ZORYVE FOAM	QL= 60 grams/30 days
ZTALMY SUSP	QL= 1100ml/30 days
ZURZUVAE CAP 20MG, 25MG	QL= 28 caps/365 days
ZURZUVAE CAP 30MG	QL= 14 caps/365 days
ZYBAN TAB	Limited to 180 days/plan year
ZYKADIA TAB	QL= 3 tabs/day

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.

PeakHealth

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-833-569-7325 (TTY 711) or speak to your provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-833-569-7325 (TTY 711) o hable con su proveedor.

Chinese (Simplified): 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-833-569-7325 (TTY 711) 或咨询您的服务提供商。

Chinese (Traditional): 注意：如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-833-569-7325 (TTY 711) 或與您的提供者討論。

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-833-569-7325 (TTY 711) أو تحدث إلى مقدم الخدمة.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-833-569-7325 (TTY 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Korean: 주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-833-569-7325 (TTY 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Japanese: 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-833-569-7325 (TTY 711) までお電話ください。または、ご利用の事業者にご相談ください。

Tagalog (Filipino): PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-833-569-7325 (TTY 711) o makipag-usap sa iyong provider.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-833-569-7325 (TTY 711) पर कॉल करें या अपने प्रदाता से बात करें।

Greek: ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-833-569-7325 (TTY 711) ή απευθυνθείτε στον πάροχό σας.

Bengali: মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-833-569-7325 (TTY 711) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

Russian: ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-833-569-7325 (TTY 711) или обратитесь к своему поставщику услуг.

Italian: ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-833-569-7325 (TTY 711) o parla con il tuo fornitore.

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-833-569-7325 (TTY 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

French: ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-833-569-7325 (TTY 711) ou parlez à votre fournisseur.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-833-569-7325 (TTY 711) an oder sprechen Sie mit Ihrem Provider.

Pennsylvania German: ACHTUNG: Wann du Pennsylvanisch Deitsch schwetzscht, sin Hilfsdienst fer die Sprooch fer dich gratis verfügbar. Passende Hilfsmittel un Dienscht, fer Informatione in zugängliche Formate ze gebbe, sin aa gratis verfügbar. Ruf 1-833-569-7325 (TTY 711) oder schwetz mit dein Anbieter.

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-833-569-7325 (TTY 711) oswa pale avèk founisè w la.

Portuguese: ATENÇÃO: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-833-569-7325 (TTY 711) ou fale com seu provedor.

PeakHealth

Discrimination is Against the Law

Peak Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Peak Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Peak Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Member Service Phone Number on your Member ID.

If you believe that Peak Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Peak Health
ATTN: Appeals and Grievances
Department 1085 Van Voorhis Rd,
Suite 300 Morgantown, WV 26505

1.855.962.7325
TTY Users Call: 711
Fax: (304) 974-3191

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Service Phone Number on the front of your Member ID.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human
Services 200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

